COUNSELLORS' TALK ABOUT THEIR UNDERSTANDING OF, AND PRACTICES IN RESPONSE TO, INTIMATE PARTNER VIOLENCE DURING PREGNANCY: A NARRATIVE-DISCURSIVE ANALYTIC STUDY

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ABSTRACT

South Africa is a very violent society, where violence is often used as a social resource to maintain control and establish authority. Global and local research suggests that there is a high prevalence of intimate partner violence (IPV), a facet of this violence, although little research has been conducted into the effects of IPV during pregnancy in the South African non-governmental organisation (NGO) context. NGOs globally and in South Africa have attempted to address IPV and IPV during pregnancy by providing services that aim to assist (largely female) clients emotionally and logistically.

In light of this phenomenon, this qualitative study presents data generated through the use of a lightly-structured narrative interview schedule. The interviews were conducted over three sessions with eight counsellors, all based at two NGOs in South Africa and experienced in counselling women who have suffered IPV and IPV during pregnancy. This study used Taylor and Littleton's (2006) narrative-discursive analytical lens, infused with theoretical insights from Foucault about power, discourse and narrative in order to identify the discursive resources that shape the narratives that the counsellors shared in the interviews and how these translate into subject positions and (gendered) power relations of the men and women about whom they speak.

Six discursive resources emerged from the narratives, namely a discourse of 'traditional "African" culture', 'patriarchal masculinity', 'nurturing femininity', 'female victimhood', 'female survivorhood' and 'human rights'. These informed the three main narratives that emerged: narratives about IPV in general, IPV during pregnancy, and the counsellors' narratives about their intervention strategies. Within these narratives (and the micro-narratives which comprised them), men were largely positioned as subscribing to violent patriarchal behaviour whilst women were mostly positioned as nurturing and victims of this violence. The counsellors also constructed women as largely ignorant of their options about IPV and IPV during pregnancy; they constructed these phenomena as problems that require intervention and identified a number of factors that indicate what successful IPV interventions should entail. In reflecting upon this analysis, this study also aimed to address the questions of what is achieved or gained by using these narratives and discursive resources, what the significance or consequences are of constructing and using these particular narratives and discourses and whether different narratives or discourses would have been possible.

Recommendations for further research includes incorporating more sites as well as interviewing perpetrators and IPV survivors themselves, perhaps in their home language where relevant rather than English, to gain a broader and more faceted understanding of the dynamics surrounding IPV during pregnancy. A recommendation for practice in intervention against IPV during pregnancy is to introduce more holistic/systemic intervention strategies and working with communities to address this issue.

Keywords: intimate partner violence, pregnancy, counsellors, interventions, Foucault, narrative-discursive analysis, narratives, micro-narratives, discourse, discursive resources, subject positions, gendered power relations

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GLOSSARY OF TERMS USED IN THIS THESIS (from the interview extracts)

Word and pronunciation	Meaning
i- *(ee)*	An *isiXhosa* prefix meaning 'a' or 'the', placed at the beginning of a noun (usually at the beginning of an English noun in the case of my interviews)
inimba *(ee-neem-buh)*	An *isiXhosa* word meaning 'to be nurturing/to nurture' (see also Gobodo-Madikizela, 2011)
ja *(y-ah)*	An Afrikaans word meaning 'yes', equivalent of 'yeah' used in the UK and the US but used ubiquitously in South Africa
ke *(k-eh)*	An *isiXhosa* word meaning 'then'
lobola *(lo-bo-luh)*	An *isiXhosa* word meaning 'bride price'
nantsika *(nun-see-kuh)*	An *isiXhosa* phrase meaning 'what is it?', 'um' or 'like'; equivalent to 'what do you call it?': usually used when trying to recall something (in the case of my interviews)
nhe *(n-eh)*	An *isiXhosa* word meaning 'right' or 'hey', usually used at the end of a sentence to check if the listener understands and/or agrees
sjoe *(sh-o) / (sh-oo)*	An Afrikaans exclamation of surprise or shock (depending on the context) used ubiquitously in South Africa
ukwalisana *(oo-gwuh-lee-suh-nuh)*	An *isiXhosa* word which describes the time when a man leaves his pregnant wife/partner until the birth of their child. During this time he may have affairs with other women. His whereabouts during this time are not questioned.
yho *(y-o)*	An *isiXhosa* exclamation of surprise, disgust, exhaustion or shock (depending on the context) used ubiquitously in South Africa

*The longer, idiosyncratic phrases with their translations are kept in the extracts themselves.

LIST OF ABBREVIATIONS USED IN THIS THESIS

CSSR	Critical Studies in Sexualities and Reproduction
IPV	Intimate partner violence
HHDC	Humanities Higher Degree Council
NGO	Non-governmental organisation
P	Participant
POWA	People Opposing Women Abuse
R	Researcher
RPERC	Research Proposal and Ethics Review Committee
SQUIN	Single question inducing narrative
TQUIN	Topic question inducing narrative

CHAPTER ONE: CONTEXT / INTRODUCTION TO THE RESEARCH

1.1 Introduction

In this study I investigated, by way of three lightly-structured interviews with each participant, what narratives counsellors who are operating in an NGO setting that deals with IPV construct about IPV during pregnancy. I also investigated what discursive resources they draw upon in constructing these narratives, and in turn, how they may position the men and women about whom they speak and how these narratives may serve to re/produce gendered power relations. The aim of the research includes providing a nuanced view of counsellors' understandings of IPV and its causes, during pregnancy, thereby opening up a space to think through challenges in addressing IPV during pregnancy.

In this introductory chapter, I provide an outline of the "culture of violence in South Africa" (Hamber, 2000, p. 5) including a related brief history and some statistics as the backdrop to my research. In this backdrop, I will home in on key literature linked to IPV and IPV during pregnancy, providing some statistics, effects, the (lack of) resources available to women experiencing this, legal transformations and social programmes developed to address this issue. Drawing on this literature context, I will then provide a rationale for this research, my research questions and an outline for the chapters to follow.

1.2 A 'culture of violence' in South Africa and IPV: The backdrop to this research

Around the world, violence has been normalised and is widely tolerated (Vogelman & Eagle, 1991). South Africa especially is a very violent society (Dissel & Ngubeni, 2003, in Kaldine, 2007; Jewkes, Levin, & Penn-Kekana, 2002) where violence is regarded as generally "culturally acceptable", normalised (Joyner & Mash, 2012, p. 3, Cooper et al., 2004) and has become largely tolerated by South African society (CIET-Africa, 2000, Jewkes & Abrahams, forthcoming, Kim & Motsei, forthcoming, Wood & Jewkes, 2001 in Jewkes et al., 2002).

The "culture of violence" (Hamber, 2000, p. 5) in South African society stems back to the colonial era, promoted by battles for land between natives and colonialists and also between different ethnic groups (Etherington, 2004). More recently, the apartheid era, with its institutional and legal racism and related migrant labour system, has also influenced violence in South Africa, as during this time violence was legitimated by all political groups (Britton, 2006; Hamber, 2000) who perceived (and still perceive) physical violence as a legitimate and acceptable "first line strategy for resolving

conflict and gaining ascendancy" (Simpson, 1991, in Jewkes et al., 2002, p. 1604; Britton, 2006; Tshiwula, 1999, in Kaldine, 2007) in a number of environments and circumstances (Vogelman & Simpson, 1990, in Hamber, 2000, p. 1). These include the home, friendship or peer groups, in sexual relationships and in political and industrial spheres (Vogelman & Simpson, 1990, in Hamber, 2000; Vogelman & Lewis, 1993, in Njuho & Davids, 2012). The apartheid era can also be said to have "support[ed] the abuse of [patriarchal] power and violence to control others" (Coker, 2007, p. 174). An example of this violence includes acts of rape which were used a means to ensure control, interracial conformity and obedience (Scully, 1995, in Britton, 2006). Violence against women is a violation of a basic human right, such as the right to equality "before the law, and the right to equal benefit and protection of the law" (Modiba, Baliki, Mmalasa, Reineke, & Nsiki, 2011, p. 873). As a result, this violence, which can be defined as "processes that are inhibiting or negating of the inherent potential of the human being" (Bulhan, 1985, in Swart, 2007, p. 190) has left "all of South African society [feeling] traumatised to some degree" (Hamber, 2000, p. 16). In South Africa, although the epidemic of violence is "gendered in multiple ways" (Shefer et al., 2008, p. 158) and "gender discrimination plays a large part in the particular forms in which violence takes expression in South African society" (Vogelman & Eagle, 1991, p. 212) it is important to note that violence spans across all races and classes and should not be pinned to one of these. Class and race structures cannot be separated from gender relations, especially in South Africa (Vogelman & Eagle, 1991). This is despite past white-run apartheid apparati and practices of constructing other races and classes as dangerous "other[s]" (Shefer et al., 2008, p. 158).

1.3 IPV: Some statistics, definitions and brief explanations

Violence that takes place within sexual relationships, mostly within the home between people in intimate relationships and marriages is generally known as domestic violence or IPV. The Domestic Violence Act No. 116 of 1998 (p. 2) includes "physical abuse", "sexual abuse", "emotional, verbal and psychological abuse" (including "insults, ridicule or name calling", "threats" or "obsessive possessiveness") as well as "economic abuse", "intimidation", "harassment", and "stalking" as part of the definition of IPV. It was also only as recently as 1993 that marital rape was recognised by the South African law (Fedler, Motara, & Webster, 2000, in Britton, 2006). IPV in this study will be conceptualised as "sexual" and "physical" violence, with the understanding that these often go hand-in-hand with "emotional" and "verbal" abuse (see Joyner & Mash, 2011; Mbokota & Moodley, 2004).

South Africa has one of the highest prevalence rates of IPV in the world (Britton, 2006; Joyner & Mash, 2011; Modiba et al., 2011, p. 872; Ntaganira et al., 2008). IPV cuts across all ethnic groups

regardless of education or income level or the victim's or her perpetrator's line of employment (Jeancot et al., 2008, in Modiba et al., 2011). South African research reveals that 19% of women have experienced a lifetime prevalence of victimisation (Seedat et al., 2009a) and 27.5% of South African men reported abusing their current or most recent partner (Gupta et al., 2008).

1.4 IPV during pregnancy: Some statistics, effects and brief explanations

IPV during pregnancy, an aspect of IPV in general, is the second highest form of trauma during pregnancy, second only to motor vehicle accidents (Cokkinides et al., 1999, in Modiba et al., 2011). Studies from around the world reveal that IPV occurs in 2% -13.5% of pregnancies (Devries et al., 2010). In a study conducted in antenatal clinics in Gauteng, 41% of pregnant women who sought antenatal care were found to be victims of abuse (Modiba et al., 2011). These percentages are significant as IPV during pregnancy has damaging effects to both mother and child (Campbell, 2002; Jasinski, 2004).

IPV during pregnancy has implications for reproductive health. Research in America highlights that violence during pregnancy may be more prevalent than conditions which are routinely screened for among pregnant women, such as preeclampsia, gestational diabetes and placenta previa (McFarlane et al., 1996, in Brownridge et al., 2011). These include HIV infection, urinary tract infections, depression, substance abuse, (Pallitto, Campbell, & O'Campo, 2005) foetal distress, pre-eclampsia, antepartum haemorrhage, preterm delivery and low birth weight (Joyner & Mash, 2012). This sentiment is echoed in South African research (Devries et al., 2010, p. 1).

Researchers have suggested that there are a variety of reasons for women becoming victims of IPV during pregnancy: a woman becoming pregnant earlier than intended, the male partner's jealousy of the unborn child (Jasinski, 2004) the stress of first-time parenthood (UNICEF, 2009, in Devries et al., 2010) younger pregnant women being more reliant on their partners (Bacchus, Mezey, & Bewley, 2006) and negotiation about contraceptive usage (Jewkes, 2009; Pallitto et al., 2005). However, "many women are not screened for violence during pregnancy" (Shaw, 2003, in Brownridge et al., 2011, p. 876) even though it is important that this is done so that women can receive adequate care and support. Research has also revealed that women who are abused during pregnancy experience higher rates of psychological aggression both before and during pregnancy compared to non-abused women (Martin et al., 2004, in Brownridge et al., 2011).

In South Africa IPV during pregnancy is problematic particularly in light of the fact that improvements in women's reproductive health have not been fully evident despite progressive

legislative transformation in South Africa. There are still high rates of morbidity, maternal and infant mortality and HIV as well as healthcare providers' lack of training and lack of privacy in clinics (Cooper et al., 2004; Mash et al., 2012). In light of this, Devries et al. (2010) argue that it is imperative that global initiatives aimed at increasing maternal health and decreasing maternal mortality devote more attention to violence against women, particularly IPV during pregnancy.

1.5 Barriers to seeking help for IPV and IPV during pregnancy

There are many barriers that women face in South Africa when reporting that they are experiencing IPV and IPV during pregnancy, both related to resource constraints and social issues. The resource-related barriers include the lack of availability of healthcare or service provision facilities in the first place (Cokkinides et al., 1999, in Modiba et al., 2011; Mbokota & Moodley, 2004; Njuho & Davids, 2012). Other reasons include lack of adequate assistance due to problematic interactions with the counsellors (Rasool Bassadien & Hochfeld, 2005). In terms of social issues, some women may not report abuse due to conservative gender roles (Jewkes et al., 2002. Thus, IPV may be considered normal within relationships due to gender inequalities and women may blame themselves as a coping mechanism or feel that their perpetrator did not harm them intentionally (Silverman, Raj, & Clements, 2004). Women may also feel ashamed about reporting IPV (Lewis, West, Bautista, Greenberg, & Done-Perez, 2005) due the personal, sexual nature of the assault (Vogelman & Eagle, 1991).

These barriers are important to consider as local and international research has shown that effective responses to IPV has many positive effects. These include gaining confidence to leave an IPV relationship (Launius & Jenson, 1987, in Rhodes & McKenzie, 1998) as a result of being able to confide in friends, counsellors or clinicians (Basta, Sullivan, & Davidson, 1995, in Rhodes & McKenzie, 1998; Jewkes et al., 2002; Launius & Jenson, 1987, in Rhodes & McKenzie, 1998; O'Reilly, Beale, & Gillies, 2010, in Hatcher et al., 2013). This could also contribute to increasing the psychological welfare of the victim (Basta, Sullivan, & Davidson, 1995, in Rhodes & McKenzie, 1998).

1.6 Comparisons of IPV between pregnant and non-pregnant women

International research has revealed various trends in IPV during pregnancy compared to IPV experienced by non-pregnant women. Women who experience IPV when they are not pregnant are less likely to be victims of severe violence and to experience negative health consequences compared to their pregnant counterparts (Burch & Gallup, 2004). Pregnant women are also more likely to have experienced attempted and completed femicide by their partners which suggests that pregnant women are often at risk of violence (Brownridge et al., 2011). Burch and Gallup's (2004)

work reveals that scores for injury severity, injury frequency and violence severity were nearly double that for women who were pregnant as opposed to non-pregnant women. Brownridge et al's (2011) work in Canada reveals that pregnant women experiencing abuse were seven times more likely to call the police due to fear than their non-pregnant counterparts.

Pregnant women are more susceptible to IPV than non-pregnant women for a number of reasons. Brownridge et al's (2011) work, drawn from Statistic Canada's 1993 Violence Against Women Survey (VAWS) of women 16 years and older who answered in-depth telephone interviews suggests that reasons for this include the respondent's education being less than high school level, if the respondent is unemployed, if the respondent's partner is unemployed, if the respondent's partner's father is/was violent, if the respondent is married, if the respondent's partner displays jealousy, if the respondent's partner is possessive, if the respondent is socially isolated and if the respondent experienced verbal abuse.

1.7 IPV and Apartheid: Brief historical overview

As can be seen, IPV during pregnancy is a very wide-spread problem and has serious health consequences for women. Women who have been abused whilst pregnant are also more likely, where possible, to make use of healthcare services, with the leading cause of injury to women stemming from IPV (Campbell, 2002). Unfortunately, owing to the lack of improvement in women's reproductive healthcare in South Africa over the last few decades, IPV during pregnancy has not received the kind of attention it requires (Cooper et al., 2004).

Before 1994, the year that South Africa became a democracy after over four decades of apartheid, South Africa was severely racially segregated and black South Africans "were denied political, social, economic and health rights", whilst urban-dwelling whites were able to enjoy well-resourced healthcare (Cooper et al., 2004, p. 70). The public health sector was disjointed and riddled with both racial and geographical inequalities. During the apartheid years, South Africa had no comprehensive policies with regard to reproductive health, with the main focus being on contraceptive services "aimed at limiting population growth" (such as non-reversible, long-lasting contraceptive injections for black women) as well as child and maternal healthcare services (Cooper et al., 2004, p. 71). All other healthcare services were largely inaccessible for the black population and not well developed. Problems linked to maternal clinics included a lack of privacy, insufficient numbers of staff and overcrowding. White women received superior health treatment as many could afford private healthcare.

Gender-based and sexual violence, although severe, was not effectively recognised or dealt with due to the disjointed health services which provided little assistance to victims. Gender-based violence was also largely ignored by much of the police force during this time (Vogelman & Eagle, 1991) who considered IPV to be a phenomenon which took place in the household "within which conflict should be contained and settled without outside interference" (Breines & Gordon, 1983, in Vogelman & Eagle, 1991, p. 211). IPV and violence against women was said to have been exacerbated by living conditions in the townships (due for example to a lack of public transport and poor lighting) (Vogelman & Eagle, 1991). This violence would have been largely unaddressed by the police force whose interests were in the well-being of the white population. Gross underreporting of violence was also a feature of the apartheid era for a variety of reasons including statistics for the homelands and the rest of the country being recorded separately, violence being accepted as the norm by authorities and individuals, shame women may experience when reporting sexual violence, lack of confidence in the efficacy of the police force and the victims' "economic dependence on abusers" (The London Rape Crisis Centre, 1984, Adams, 1987, Vogelman, 1990, in Vogelman & Eagle, 1991, p. 210).

1.8 Lack of appropriate theorising on responses to IPV

In gaining an understanding of the prevalence, trends and effects of the phenomenon of IPV and IPV during pregnancy, it is important to note that there are a variety of reasons as to why IPV and IPV during pregnancy itself may not be adequately addressed. One of these is due to the problematic discourses which inform responses to it. This is because often the local context of the violence is ignored when theories of violence are used in service and policy development and provision (Budlender & Bennett, 2004, in Rasool Bassadien & Hochfeld, 2005). These sectors offer more technical and practical solutions to the social problem of violence and IPV rather than theoretical and ideological solutions which would have arisen from, for example, women's movements. Although much research has been conducted on theorising violence, "the micro-impact of these processes has not been made explicit" (Rasool Bassadien & Hochfeld, 2005, p. 5). Thus, additional work needs to be done to provide more idiosyncratic theorising and thus responses to IPV. Calls have been made in post-apartheid South Africa to produce more relevant, "indigenously developed, locally rooted research and theory" about violence in general as many of the current ones are based on Western theories which are not always appropriate, helpful or relevant within the South African context (Serumaga, 2005, in Rasool Bassadien & Hochfeld, 2005, p. 1).

1.9 Positive steps forward in the healthcare sector and society in general

Despite the inequalities experienced within the South African healthcare sector during the apartheid years, many positive changes have been made which shows some progress in addressing these issues. This takes the form of developments in the reproductive healthcare sector, gender intervention programmes, legislative transformation and NGOs.

In 1990, four years before South Africa's first democratic election, the African National Congress (ANC) founded a health commission comprising of a variety of theorists and anti-apartheid health activists to transform the fragmented healthcare sector into one system with "an equitable distribution of resources and expanded service delivery" (Cooper et al., 2004, p. 71). This was in line with the developing international emphasis on gender equality and human rights as well as a wider definition of reproductive health, such as the inclusion of women's rights. The Department of Health also adopted the Primary Health Care approach in 1994 which aimed at highlighting equitable resource distribution, promotive and preventative health care and also introduced "free primary-level health services" aimed at women and children (Cooper et al., 2004, p. 73; Mash et al., 2012).

In 1995, the Department of Health established the Mother, Child and Women's Health directorate which aimed to increase women's accessibility to appropriate health services and increase gender equality. This was due to the acknowledgment of women often bearing the brunt of problems related to public health and that "gender is an important determinant of health" (Cooper et al., 2004, p. 73).

In relation to gender equality awareness, the emphasis of the inclusion of men in reproductive health services has also been noted (Cooper et al., 2004; Hatcher et al., 2013). More generally, it has also been recently observed that South African men are slowly beginning to change their perspective of a patriarchal society as normative. This can be seen in the positive examples of gender intervention programmes such as the 'Everyday Hero' programme in South Africa, developed to highlight men recognised as heroes within their communities (Dunn, 2000). Another example is that of the Sonke Gender Justice programme whose aims include encouraging healthy, equitable relationships between men and women through the promotion of human rights (Sonke Gender Justice, n.d.). Other South African gender intervention programmes includes the Office for the Status of Women, which aims to promote women's rights, as well as the Gender Commission to monitor and protect gender equality (Shefer et al., 2008). Gender initiatives addressing IPV could also be seen in the form of a decision at a South African national men's meeting to "respect and

protect every woman as [their] mother, wife, daughter, sister and friend" (Gobind, 2005, in Lindegger & Quayle, 2009). However, research has also revealed that men may decide to have more egalitarian views towards women due to the desire for their own protection against persecution (Burnard, 2008, Sikweyiya et al., 2007, in Lindegger & Quayle, 2009).

1.10 The NGO sector in (South) Africa: A brief overview

The South Africa NGO sector has played a role in addressing IPV and IPV during pregnancy. There are a number of safe houses available to abused women within South Africa (Kaldine, 2007) often linked to NGOs. The South African NGO sector also has many organisations related to women's movements, examples of which include Family Welfare Society and Living Hope. These NGOs offer various services including counselling for domestic violence, women's upliftment, empowerment programmes, interventions, legal support and shelter services. These organisations specifically aim to "engage masculinities within 'feminist' frameworks" due to "witnessing the growing institutionalisation and NGO-isation of the South African women's movement" (Britton, 2006, p. 145). This movement is often manifested in group counselling, empowerment programmes, legal support and assistance and intervention and shelter services (Britton, 2006).

One of the disadvantages of NGOs in Africa is that many of them are reliant on foreign aid (Hearn, 2007). This creates dependency and can in turn promote Northern development policy which may not always be suitable to the idiosyncratic needs of their own country (Hearn, 2007). This has also been noted as a phenomenon in some South African NGOs (Hearn, 2001, in Hearn, 2007). Where NGOs are government-funded, difficulties have arisen in terms of the high number of incidences of violence against women in South Africa, and the post-apartheid South African government has not always shown support in addressing this (Britton, 2006). In these circumstances, NGOs, which often rely on the government for funding and are usually aligned rhetorically and theoretically with it, may be in danger of being perceived as disloyal to the government (Britton, 2006). This is due to acknowledging the government's lack of addressing violence against women and IPV and consequently losing funding (Britton, 2006). NGOs in South Africa are often under-resourced and battle to provide services at the individual level, let alone to whole communities or families at a significant level (Rasool Bassadien & Hochfeld, 2005).

1.11 Legislative transformation/reproductive policy implementation with regards to IPV

Legislative transformation and reproductive health policy implementation in South Africa has contributed towards addressing IPV. Since 1994, many reproductive health laws and policies have been passed (termed by Shefer et al., (2008, p. 157) as "gender machinery" mechanisms), one of the

more notable and progressive ones internationally being the aforementioned Domestic Violence Act, passed in 1998 (Cooper et al., 2004; Joyner & Mash, 2011). Within the Domestic Violence Act No. 116 of 1998 are comprehensive definitions of a constellation of terms related to the legal field, weapons and types of abuse, as well as explanations of the procedures of, for example, the making of arrests or being granted a protection order (Domestic Violence Act No. 116 of 1998). The Domestic Violence Act, however, only meaningfully addresses one aspect of the 'public' "when it comes to responses and responsibilities: state institutions" (Rasool Bassadien & Hochfeld, 2005, p. 8). This is not sufficient enough to deal with IPV because the continuation of IPV, supported by social discourses and power relations, prevails across all communities. The Domestic Violence Act No. 116 of 1998, despite facing a number of struggles after the commencement of its implementation (Usdin, Chrisofides, Malepe, & Maker, 2000), such as those noted by Rasool Bassadien & Hochfeld (2005) can nonetheless be seen as an empowering legal adjustment to the societal status of women (Domestic Violence Act No. 116 of 1998; Jewkes et al., 2002).

Similar examples of attempts at empowerment can also be seen in pamphlets distributed by women's social support groups such as POWA (People Opposing Woman Abuse) which provide useful information on how to better understand the workings of, and bodies involved in, the criminal justice system (POWA, n.d). This in turn opens the door to allowing women to perceive their subordinated status in society as abnormal, and provides them with a means of seeking assistance.

1.12 Rationale for the research

In considering the above literature around the extent of IPV and IPV during pregnancy, coupled with current healthcare sector and NGO issues, more research needs to be done into the phenomenon of IPV during pregnancy in order to gain a better understanding of it and how to better address it. Researchers have suggested that this includes examining the relationship between IPV and pregnancy, such as gaining an understanding into the abuser's relationship with the victim, life stressors, as well as what factors increase or decrease the "risk of violent episodes during pregnancy" (Nasir & Hyder, 2003, p. 105). Also, as can be seen above, there is a large neglect of attention to IPV (and IPV during pregnancy) within the reproductive healthcare sector and NGOs face a number of difficulties despite the aforementioned transformational reproductive policy and legal steps. Due to the gap in research addressing IPV and IPV during pregnancy in the NGO sector, where IPV is dealt with on a daily basis, it is felt, overall, that the research findings of this project will be of "social value" (Wassenaar & Mamotte, 2008, p. 7).

In terms of the rationale for the theoretical underpinning, set within a social constructionist paradigm, my research is interested in examining how counsellors within the NGO sector talk about their understanding of, and how they respond to, IPV that occurs during pregnancy. In relation to this, social constructionism examines how social reality can be constructed in various ways in particular cultures: what the conditions are which allow for these constructions and what the consequences may be for social practice and human experience (Willig, 2008). People use narrative to construct reality by bringing events and actions together into a coherent whole to create meaning (Polkinghorne, 1988, in Hiles & Čermák, 2008), drawing on various discourses in order to construct these narratives. Thus social constructionism is a useful paradigm in providing an understanding of how the counsellors construct the reality of their interventions in a certain way. The reason for having chosen counsellors as my participants is due to their involvement in assisting women who have experienced IPV during pregnancy. Their experience and insight into assisting women experiencing these would be useful in helping me explore my research questions. In light of the importance of narrative and discourse to my research and its link to social constructionism, as noted above, Taylor and Littleton's (2006) narrative-discursive analysis will be used to analyse the narratives that the counsellors construct about how they themselves understand interventions.

In order to explore the narratives and discursive resources of counsellors' talk of men and women in IPV during pregnancy situations, set within a social constructionist paradigm, I developed the following research questions:

How do counsellors in NGO contexts talk about their understandings of, and practices in response to, intimate partner violence that occurs during pregnancy?

1. What narratives do the counsellors construct concerning:
   a) how IPV during pregnancy should be understood?
   b) their interventions with women suffering from IPV during pregnancy?
2. What discursive resources are drawn upon in the construction of their narratives?
3. What subject positions do these narratives and discursive resources afford counsellors, women and men in IPV situations?
4. What (gendered) power relations do these narratives, discursive resources and subject positions reproduce?

1.13 Overview of the chapters

As aforementioned, my thesis focuses broadly on how counsellors construct their narratives around IPV during pregnancy and their interventions with women suffering from this. In light of this, my

literature review, **Chapter Two**, will draw on and expand upon literature provided in this introductory chapter in order to provide an overview of this phenomenon by firstly discussing the prevalence and experience of women suffering from IPV and then IPV during pregnancy through the use of statistics. The chapter will then turn to a discussion of IPV and IPV during pregnancy: trends of IPV during pregnancy, and effects, risk factors and explanations for why it may occur. The chapter will close with a discussion of barriers to accessing help for women experiencing IPV during pregnancy.

Chapter Three covers the theoretical concepts that I utilised in order to guide my understanding of the collected data. The chapter will begin by providing an overview of social constructionism that explores micro-level interactions (such as conversations) and social constructionism that illuminates macro-level phenomena (such as the discourses which are drawn upon in the construction of conversations) the overarching paradigm for this research, and its links to the concepts of discourse and narrative: key concepts in my research questions. The chapter will continue by unpacking the concepts of 'narrative' and 'discourse' as well as providing the important distinction between discursive psychology (which explores micro-level interactions) and Foucauldian discourse analysis (which illuminates macro-level phenomena) elements from both of which are important to my research. The chapter then moves on to discuss subject positioning, power relations and then extends this with a discussion of gender power relations, also key concepts in understanding the contexts in which IPV and IPV during pregnancy may occur, in turn assisting me in addressing my research questions and understanding the data.

Having provided the literature relevant to my research area and unpacking the applicable elements to my research within the theoretical framework, **Chapter Four** details the methodology I utilised in order to collect my data: Wengraf's (2001) Lightly-Structured Biographic-Narrative Interview Structure and an explanation for why I chose this particular methodology as a means to elicit narrative. This chapter will include my research design, recruitment and inclusion criteria, sampling and participants, a factual description of the data collection and how I went about my data analysis. Following this will be an outline of my analytical lens (Taylor and Littleton's (2006) narrative-discursive analysis) and the phases of analysis. I have also included the ethics I addressed in the research process, my attempts to create credibility of the research findings and a discussion of reflexivity in the research process.

At this stage, having established how I conducted the study and outlining relevant analytical concepts, **Chapters Five and Six** will reveal my research findings: the micro-narratives of the

counsellors. The first half of **Chapter Five** lists and unpacks the discursive resources that the counsellors drew upon in their narratives and micro-narratives. In the second half of the chapter, I will explore the micro-narratives that the counsellors shared of IPV in general. The first part of **Chapter Six** looks at the narratives and micro-narratives that the counsellors shared about IPV during pregnancy and the second part looks at their constructions of their interventions in addressing this issue. Across both chapters, extracts from the interview transcripts have been utilised to highlight the discursive resources that the counsellors drew upon in constructing their narratives and how these in turn afford certain subject positions to the men, women and counsellors as well as gendered power relations.

In **Chapter Seven** I conclude my work by providing a summary of the main findings in response to my research questions. In **Chapter Eight**, I provide a reflection on my work in the form of limitations of the research, implications of the findings, suggestions for future research and recommendations for practice in intervention.

CHAPTER TWO: LITERATURE REVIEW: IPV/DURING PREGNANCY: STATISTICS, EXPERIENCE, TRENDS, EFFECTS, RISK FACTORS, EXPLANATIONS, BARRIERS TO ACCESSING HELP

2.1 Introduction

Taking into account the literature shared in the previous chapter and the "culture of violence" in South Africa (Hamber, 2000, p. 5) as a backdrop to this research, this chapter will begin by providing a holistic definition of IPV, in order to understand the conceptualisation of IPV in this research, as well as some statistics of IPV and then IPV during pregnancy as a context of its prevalence. I will then move on to discuss the trends in IPV during pregnancy, effects of IPV and IPV during pregnancy and then risk factors and some explanations for why IPV and IPV during pregnancy occur. I will conclude the chapter by looking at the various barriers to reporting IPV and IPV during pregnancy.

2.2 IPV: Towards an holistic definition

IPV in South Africa manifests in many different ways and affects all communities. This includes domestic violence between intimate partners, coercive sex and intimate femicide (Rasool Bassadien & Hochfeld, 2005). Women are more likely to experience IPV in their homes than in other contexts (Jewkes et al., 2002) which is both frightening and paradoxical, as the home is usually considered a place of comfort and safety.

In terms of defining IPV in South Africa, sexual violence, which may or may not be a part of IPV, is defined as "penetrative sex without the partner's agreement, enacted [through] verbal pressure, physical force [including] emotional manipulation, threat, trickery, verbal persistence, not taking 'no' for an answer, being locked in a room and being physically assaulted" (Shamu, Abrahams, Temmerman, Shefer, & Zarowsky, 2012, p. 1). The definition also comprises "acts of forced sex as well as other forms of physical violence" including degradation and psychological coercion by an intimate partner (Campbell, 2002, p. 1331). Whilst the conceptualisation of IPV for this research consists of sexual and physical violence, as noted in the previous chapter, it is important to note that these go hand-in-hand with verbal and emotional violence. This can be seen in a South African study conducted by Joyner and Mash (2011) entailing primary care providers screening adult women for a history of IPV within the previous two years across two urban and three rural primary care units with follow-up interviews, revealing that emotional abuse was the most common form of IPV experienced (82.7% of participants). 68.5% had experienced physical abuse, 42.9% had

experienced sexual abuse and another 42.9% had experienced financial abuse (Joyner & Mash, 2011).

2.3 IPV as a public and private matter

In South Africa it is important to understand that IPV may not be as private or secret as it is made out to be (Rasool Bassadien & Hochfeld, 2005) as suggested by Breines and Gordon, (1983, in Vogelman & Eagle, 1991). Often those in the victim's immediate context will be aware of the IPV even if they do not witness it. This is due to three reasons. The first is that many South Africans live in impoverished communities with dire housing shortages (Meth, 2003, in Rasool Bassadien & Hochfeld, 2005) where houses are built very close together with thin walls. Thus, any IPV happening in the house next door will be heard through the walls by the neighbour.

Secondly, many families living in these contexts will live not only with their immediate family members, but also with extended families, such as grandparents, cousins, et cetera. Often these families will sleep in the same room due to the small size of the house. Thus if IPV is going on in this space, the rest of the family, usually children, cousins and/or in-laws will often know about it as they will witness it. Rasool, Vermaak, Pharaoh, Louw and Stavrou (2002) add to this idea by suggesting that violence is often experienced with others around (in Rasool Bassadien & Hochfeld, 2005), which forms the third reason for how IPV is often witnessed by others, or how others are made aware of it. In Rasool et al's (2002) study, which was in the form of a national survey, female survivors were asked whether they had company or were alone when they experienced their most serious form of physical abuse. 60.4% of women in rural areas, 58.9% in urban areas and 63% in metropolitan areas indicated that they were in company. IPV in South Africa often also occurs in public spaces such as taverns, shopping centres, on the street, et cetera (Artz, 1999 in Rasool Bassadien & Hochfeld, 2005) even though the home is the most common place for IPV to occur. In these situations, acquaintances, colleagues and neighbours are most likely the witnesses (Rasool et al., 2002, in Rasool Bassadien & Hochfeld, 2005). This may in turn create a model for how boys and girls should act in later life when they engage in intimate relationships: men as dominant and women as subordinate (Jewkes et al., 2002).

2.4 Statistics concerning IPV

Research reveals that men are almost always the perpetrators in IPV relationships (WHO, 2000, in Jewkes et al., 2002).[1] Statistics from recent studies conducted internationally and in South Africa

[1]However, it must be mentioned that, although this research focuses on heterosexual abusive relationships, IPV, of course, also extends to homosexual couples (Barber, 2008). It is also interesting to note that men are sometimes the

reveal that IPV is a serious problem. It has been estimated that in America more than 2 million women are physically assaulted annually and 50 million during the course of their life (Tjaden & Thoennes, 2000, in Jasinski, 2004). Between 1985 and 1998, 8% - 14% of women in the USA and Canada reported experiencing violence from a boyfriend, husband or ex-partner (Campbell, 2002) and 40% - 60% of murders of North American women were found to have been conducted by partners (Campbell, 2002). It was also noted that it is five times more likely that a woman's murderer is her spouse or intimate partner than a stranger (Lee, Sanders Thompson, & Mechanic, 2002).

More specifically, South Africa has one of the highest prevalence rates of IPV in the world (Britton, 2006; Joyner & Mash, 2011; Modiba et al., 2011, p. 872; Ntaganira et al., 2008). South African research, as noted in the previous chapter, reveals that 19% of women have experienced a lifetime prevalence of victimisation (Seedat et al., 2009a) and another study revealed that 27.5% of South African men had reported abusing their current or most recent partner (Gupta et al., 2008). A study conducted in antenatal clinics in Gauteng, collecting data through the use of structured interview questionnaires, revealed that 41% of pregnant women who sought antenatal care were found to be victims of IPV (Modiba et al., 2011). When categorising the abuse, 26% had experienced emotional abuse, 17% physical abuse, 5% had experienced both and 9% had experienced sexual abuse. However, these findings, although interesting, must be considered in light of the study being a pilot study thus it had a small number of participants which may not be accurately representative of general IPV trends. Some findings may also have been skewed due to the participants' husbands being present when the women completed the anonymous questionnaire-based survey.

2.5 Risk factors for IPV

There are many risk factors for IPV, including location, level of education and negotiation around contraception. In an American article synthesising literature of different types of violence and its consequences, it was noted that IPV is more likely to occur if a woman's partner was unemployed, "had less than a high school education", were former estranged partners or who had been previously arrested (Lee et al., 2002, p. 531). Stalking and jealousy have also been shown to be factors for IPV (Lee et al., 2002).

Location could be viewed as a risk factor for women who experience IPV. Research conducted in the US revealed that girls residing in suburban communities were less likely to suffer from dating

victims of female violence, but are very often discouraged from reporting abuse instances due to consequential feelings of humiliation, prejudice, discrimination and being ignored by police figures (Barber, 2008).

violence than those residing in both rural and urban areas, although it is more prevalent in rural areas (Campbell, 2002; Jasinski, 2004; Silverman et al., 2004). It also appears that IPV is twice as prevalent in rural than in urban areas in South Africa (Joyner & Mash, 2011).

Local and international literature has suggested that women with lower levels of education and/or lower levels of income status are more vulnerable to IPV, although there have been inconsistent results in a number of studies (Rhodes & McKenzie, 1998). In the US, some women, it has been suggested, who have a higher educational and income status than their spouses feel the need to care for them (Rounsaville, 1978, in Rhodes & McKenzie, 1998) and thus remain in IPV relationships in order to do so. Other studies reveal that women who have experienced chronic IPV were less likely to have a high level of education or to be employed than women who were formally experiencing IPV (Jewkes et al., 2002; Frisch & MacKenzie, 1991, in Rhodes & McKenzie, 1998) which suggests that a woman's level of education may influence her susceptibility to IPV. In South Africa, IPV itself may also play a role in preventing women from furthering their education or pursuing careers (Swart, 2007).

Patterns of negotiation and decisions about the use of contraception in abusive relationships are, in many cases, the antecedent to IPV (see for example Campbell, 2002; Jewkes, 2009; Pallitto et al., 2005; Silverman et al., 2004). Fear of discussing condom use with partners is more likely to lead to lack of condom use as well as forced pregnancy due to IPV (Pallitto et al., 2005; Silverman et al., 2004) and venereal infections such as HIV (Campbell, 2002; Pallitto et al., 2005). Research has also revealed that the odds of having an unintended pregnancy was four times more likely if one lived in a community with largely patriarchal norms (Pallitto et al., 2005) as women may fear their partner's rejection and/or physical abuse if they attempt to discuss condom use (Vargo & Makubulo, 1996, in Manzini, 2001).

Some reasons for the lack of contraceptive use include the idea that condom use reduces men's "sexual potency", threats to the perceptions of male fertility, fertility desires not being met, the "fear of female infidelity" and women not having a voice when negotiating contraceptive or condom use (Doyal, 2002, Simpson, 2008, WHO, 2003 in Lindegger & Quayle, 2009, p. 44; Pallitto et al., 2005, p. 230; Campbell, 2002; Jewkes, 2009). Condom use may also be viewed as wasting sperm and interfering with the important concept of fertility in some African cultures (Caldwell et al., 1994, Grieser et al., 2001, Lachenicht, 1993, in Leclerc-Madlala, Simbayi, & Cloete, 2009). South African research reveals that low condom use within polygamous or multiple concurrent relationships (a common practice within traditional "African" culture (Leclerc-Madlala, et al., 2009)) is a common

feature of IPV (Shai et al., in press, in Jewkes, 2009). Condoms are more likely to be used during casual or commercial sexual encounters as opposed to longer-term relationships as there is a sense of trust and commitment between partners in longer-term relationships (Halperin & Epstein, 2007).

2.6 Statistics for IPV during pregnancy

As mentioned in the previous chapter, IPV during pregnancy is the second highest form of trauma during pregnancy, second only to motor vehicle accidents (Cokkinides et al., 1999, in Modiba et al., 2011). Pregnant women experience many kinds of physical violence in intimate partner relationships. Pregnant women report such violence as being pushed out of moving cars, thrown down stairs, having objects thrown at them and being burnt and choked (Bacchus et al., 2006; Stewart & Cecutti, 1993, in Brownridge et al., 2011). Statistics gleaned from studies from around the world reveal that IPV occurs in 2% - 13.5% of pregnancies (Devries et al., 2010). In Brownridge et al's (2011) quantitative study conducted in Canada with married/common law women, it was reported that 11.3% of respondents to the 1993 Violence Against Women Survey used in the study had experienced violence during pregnancy.

Mbokota and Moodley's (2004) study conducted at an antenatal clinic in Durban, South Africa in which they analysed data from 570 women's standard questionnaire answers found that physical violence was the most common (52%) with 35% of the women revealing that they had experienced abuse during their current pregnancy. 11% had experienced sexual abuse and 36% had experienced a combination of emotional and/or verbal abuse (Mbokota & Moodley, 2004). The study showed that single and married women did not experience differences in the types of abuse (Mbokota & Moodley, 2004). They also found no difference in the types of abuse in women with first pregnancies and those who had already had children (Mbokota & Moodley, 2004). Although it can be seen that the statistics for IPV during pregnancy are high, it is important to note that IPV during pregnancy is an aspect of IPV. This, combined with the finding that IPV during pregnancy is not always picked up in antenatal healthcare (Devries et al., 2010) suggests that these statistics of IPV during pregnancy are a portion of the prevalence of IPV in general and may not fully represent the actual prevalence of IPV during pregnancy.

2.7 Trends in IPV during pregnancy

IPV may be initiated during pregnancy, or it could be a continuation of a pattern of IPV. Where it is a continuation of a pattern of IPV, it may increase or decrease during pregnancy. In relation to this, Brownridge et al's (2011, p. 875) work reveals that "pre-pregnancy violence is one of the strongest predictors of pregnancy violence". That is, violence experienced during pregnancy may be a

continuation of violent behaviour that was happening before the onset of pregnancy. Research reveals that women were more likely to suffer IPV during pregnancy if they had experienced a history of victimisation; thus women with a history of victimisation could be seen as an "at-risk group" (Jasinski, 2004, p. 54) for IPV during pregnancy and that "pregnancy can be a time of increased risk for IPV" (Gazmararian et al., 1996, in Eaton et al., 2012).

While pregnancy can be seen as a risk factor for increased violence among women with a history of victimisation/IPV (see Bacchus et al., 2006; Devries et al., 2010; Jasinski, 2004; Jewkes, 2009; Pallitto et al., 2005), research has also revealed that pregnancy can be a protective factor from IPV in some circumstances. For example, Brownridge et al.'s (2011) work revealed that 88.7% of victimised women did not experience sexual and/or physical violence during pregnancy. However, they do disclaim that their results may be skewed by recall bias as this was a retrospective study asking women to share past experiences of abuse whilst pregnant and the more severe forms of violence reported by these women may not have occurred during pregnancy. The data used were also taken from 1993 so it may also not reflect current trends. Olagbuji, Ezeanochie, Ande and Ekaete's (2010) research in Nigeria reveals that where violence commences before the onset of pregnancy, it can decrease during pregnancy due to the value placed on successful pregnancies and childbirth in some communities (see also Campbell, García–Moreno, & Sharps, 2004, in Devries et al., 2010). Pregnancy being viewed as a protective factor against violence was also noted in other research conducted in the US with women across six ethnic groups with a largely Latina make-up (African American, white, Mexican/Mexican American, Cuban American, Puerto Rican and Central American), where it was also found that violence decreased during pregnancy compared to before the onset of pregnancy (Bohn, Tebben, & Campbell, 2004; see also Janssen et al., 2003, Stewart & Cecutti, 1993, in Brownridge et al., 2011).

2.8 Effects of IPV and IPV during pregnancy

2.8.1 Health consequences

IPV during pregnancy has damaging health effects to both mother and child (Campbell, 2002; Jasinski, 2004). These include HIV infection, urinary tract infections, depression, substance abuse, (Pallitto et al., 2005) fetal distress, pre-eclampsia, antepartum haemorrhage, preterm delivery and low birthweight (Joyner & Mash, 2012), sustained bruising, cuts, dental injuries, concussions, vaginal bleeding, fractures and consistent headaches (Stewart & Cecutti, 1993, in Brownridge et al., 2011). Blows to a pregnant woman's abdomen may result in foetal death or injury, or preterm labour (Modiba et al., 2011). It has also been noted in research that pregnant women often suffer abdominal injuries (Bacchus et al, 2006; Pulido & Gupta, 2002, Stewart & Cecutti, 1993, in

Brownridge et al., 2011). This could be as a result of the male partner's feelings of ambivalence and hostility towards the child, especially if they are unsure of the child's paternity.

Health consequences of IPV during pregnancy are related to the health consequences in general for IPV. There are many health consequences for women who are experiencing IPV (Campbell, 2002, p. 1331). These include injuries to the neck, head, face, thorax, abdomen and breasts, experiencing chronic head or back pain as well as seizures or fainting due to damage to the central nervous system. They may also include gastrointestinal symptoms and disorders (including eating disorders, appetite loss and irritable bowel syndrome) as well as cardiac symptoms including chest pain and hypertension. The main difference between women who have and have not experienced IPV is that women who have experienced IPV suffer consistent long-lasting gynaecological problems. These include a decrease in sexual desire, genital irritation, venereal diseases, bleeding of the vagina, pain during intercourse and in the pelvis, urinary tract infections and fibroids (Campbell, 2002; Pallitto et al., 2005). The odds of having a gynaecological problem were three times higher among victims of spousal abuse (Campbell, 2002). This could be due acts of forced sex resulting in high levels of depression and stress as well as anal, urethral and vaginal trauma. It was also reported that 40% - 45% of women experiencing IPV suffer a combination of both physical and sexual abuse, and those suffering from sexual abuse are more likely to experience health problems than those suffering from only physical abuse.

2.8.2 Psychological consequences

Some psychological consequences have been reported by women experiencing IPV during pregnancy. These include distress, feeling alone and feeling that others have caused them pain or have caused their life to become difficult (Casaneuva & Martin, 2007, in Brownridge et al., 2011). Research has also revealed that women who are abused during pregnancy experience higher rates of psychological aggression both before and during pregnancy compared to non-abused women (Martin et al., 2004, in Brownridge et al., 2011). Psychological abuse is also often used as a way of maintaining control and thus "control is often a key motivation in [IPV]" (Pence & Paymar, 1986, in Brownridge et al., 2011, p. 875).

2.8.3 The turn to alcohol/drugs

Some women who have experienced IPV during pregnancy may turn to, or increase their intake of, tobacco, alcohol and drugs as a way of self-medicating or coping with the violence (Brownridge et al., 2011). South African research reveals that posttraumatic stress disorder, which may arise as a result of the IPV, could cause women to misuse substances (Seedat, van Niekerk, Jewkes, Suffla, &

Ratele, 2009b). Substance misuse may also deter women from leaving relationships where they are experiencing IPV. This is because they may not realise that they are experiencing IPV due to the effects of the alcohol and/or drugs. A study conducted by Eaton et al (2012) using surveys among men and women in drinking establishments in townships near Cape Town, South Africa, revealed that 8.4% of pregnant women indulged in daily or near daily binge drinking compared to 4.2% of their non-pregnant counterparts and it was noted that this may be due to experiencing IPV.

2.9 Risk factors for IPV during pregnancy

The risk factors discussed in the section on IPV are also risk factors for IPV during pregnancy; especially in light of the observation that IPV may precede pregnancy and when it does precede pregnancy, it may increase or decrease. This section explores risk factors where pregnancy is involved or research that has focussed specifically on IPV during pregnancy.

There are a number of risk factors for women becoming victims of IPV during pregnancy. If a woman becomes pregnant earlier than intended, she is more likely to suffer violence from her partner (Jasinski, 2004). This may be due to the male partner's jealousy of the unborn child because the woman's pregnancy could interfere with the woman taking care of her partner (Jasinski, 2004). A variety of studies have revealed that violence could be more probable during a woman's first pregnancy, brought on by the stress of first-time parenthood (UNICEF, 2009, in Devries et al., 2010; Jasinski, 2004). This relates to the idea that "[f]atherhood is feared, because it means commitment, but also desired, especially if the child is a boy" (Connell, 1995, p. 108). Younger pregnant women are usually more reliant on their partners for economic support and less emotionally ready for the pregnancy and thus may be more susceptible to abuse (Bacchus et al., 2006). Other risk factors include alcohol/drugs and isolation of women which will be explored below.

2.9.1 Alcohol/drugs

IPV during pregnancy has been noted to be driven by abuse of alcohol or drugs (Lee et al., 2002). Work by Muhajarine and D'Arcy (1999) in Canada revealed that women were three times more likely to experience IPV whilst pregnant if their partner abused alcohol (in Brownridge et al., 2011). Focus groups conducted in Zimbabwe with pregnant women or mothers and interviews with health workers revealed alcohol to be a factor that caused men to become violent (Shamu et al., 2012). It is suggested that some people may "intentionally use alcohol … to 'hide' behind [it] in order to engage in antisocial behaviour such as violence against their partners" (Ntaganira et al., 2008, p. 5). Alcohol as a risk factor for IPV during pregnancy is important to consider as "South Africa has one

of the highest alcohol consumptions in the world per head for all individuals who drink alcohol" (Seedat et al., 2009b, p. 1015).

2.9.2 Isolation of women

Isolation of women from social contacts, such as family, friends and social support networks by their partners (Adams, 1987, in Kaldine, 2007) or men attempting to control with whom their partners are allowed to socialise (Jewkes et al., 2002) has also been noted as a risk factor for IPV during pregnancy (Brownridge et al., 2011). This is because women who are well-known and active within their community are less likely to suffer IPV (Counts et al., 1992, Levinson, 1989, Schuler at al., 1996, in Jewkes et al., 2002) as they have a greater chance of having knowledge about, and access to, social support networks.

Research shows that women are likely to be kept away from social support networks by their male partners if their partners were jealous of these tight-knit relationships (Bacchus et al., 2006). Their male partners may prevent them from going out, follow them or interrogate them once they had returned. Research has revealed that women are less likely to suffer IPV whilst pregnant if they have a large, easily-accessible support network with whom they can have fun and share personal issues (Mulharajine & D'Arcy, 1999, in Brownridge et al., 2011). Women may also feel isolated due to the IPV being seen as taboo in their community (Modiba et al., 2011; Turan et al., 2012). If women are encouraged that it is not, they may feel more inclined to seek assistance and be informed of relevant available support networks (see POWA, n.d.).

In the South African context, isolation of women from social contacts can be seen to have been aggravated during the apartheid years, where forced removals meant that wives experiencing IPV from their spouses were removed from social contacts such as friends and extended family (Jewkes, 2009; Kaldine, 2007). These situations were also exacerbated by socio-economic stressors, such as the already-low income status and access to resources by black men, who felt that they needed to reassert their patriarchal status by keeping women in their place by abusing them into compliance as a way of making up for their lack of resources (Campbell, 1990, in Vogelman & Eagle, 1991; Jewkes et al., 2002; Kaldine, 2007; Ramphele, 2012). Isolation and its link to IPV has prevailed despite the apartheid regime coming to an end (Jewkes et al., 2002; Swart, 2007) and was only one kind of abuse amidst a dehumanising political system.

Research conducted in America through inventories completed by men convicted of spousal abuse revealed that men may sometimes keep women isolated, or continuously monitor their female

partners' movements if they fear the possibility that their partner may carry a child that is not theirs due to infidelity or rape (Burch & Gallup, 2004). This links to the finding that IPV against pregnant women may also occur if her partner was unsure of the child's paternity (Martin et al., 2004, in Brownridge et al., 2011) or due to the sense of ownership which the man may feel over his partner (Sales & Murphy, 2000, in Brownridge et al., 2011). It was also found that "isolation appears to precede the battering and increases as a result of the battering" (Dutton, 2006, p. 4, in Brownridge et al., 2011; Jewkes et al., 2002; Rhodes & McKenzie, 1998, p. 394).

2.10 Explanations for IPV and IPV during pregnancy

There are a number of explanations of IPV and IPV during pregnancy. These include patriarchal, gendered, economic, religious and cultural practices and circumstances which create an environment in which IPV (and IPV during pregnancy, as an aspect of IPV in general) can occur. These will discussed in turn below.

2.10.1 Patriarchal power relations, gender roles and employment

Violence in Africa is said to have dated as far back as the pre-colonial era (Etherington, 2004) set within a context of patriarchal society where occupational roles went from being considered gender-appropriate (Modiba et al., 2011; Sudarkasa, 1982) but not hierarchically ordered (Sudarkasa, 1976, in Sudarkasa, 1982) to women's occupational roles becoming more inferior to men's due to increased modernisation and societal and economic development brought on by the colonisation of Africa (Sudarkasa, 1982). Little research has been conducted into how patriarchy relates directly to violence against pregnant women (Brownridge et al., 2011) although researchers have attempted to explain IPV and IPV during pregnancy through patriarchal power structures (see for example Connell, 1995, 2002; Hamber, 2002; Lindegger & Quayle, 2009).

Patriarchy is a long-standing belief system where women have been subordinated (Connell, 2002). Researchers have asserted that the patriarchal power relations of most societies, especially within South Africa, have a large influence on IPV (Jewkes et al., 2002) (and IPV during pregnancy) as patriarchy creates a context where women and children are vulnerable and undervalued (Hamber, 2000). This can be seen, for example, in the prevalence of rape cases, used to assert masculine power and enabled in a male-dominated society, many of which go unreported (NICRO, 1993, in Hamber, 2000). Patriarchy views women as sexually passive, objects of seduction and desire for men (Connell, 2002). This 'patriarchal status quo' allows men to be seen as superior and thus to control women through violent means (Gavey, 1989, 2005, 2011; Lindegger & Quayle, 2009).

Firm patriarchal norms in South Africa and their relation to IPV and violence against women in general is linked by researchers to the phenomenon of "hegemonic masculinities" (to be elaborated upon in the theory chapter) an ideology which perpetuates male dominance as an accepted and natural form of male behaviour (Lindegger & Quayle, 2009, p. 43). Considering that power may be used as a way to enforce control in a relationship; pregnancy may have a significant impact on the relationship's power dynamics: it may be a way for women to attempt to reclaim control in the relationship (Bacchus et al., 2006; Pallitto et al., 2005; Brownridge et al., 2011). This is because pregnancy may highlight the idea that the woman now has control over her own body, and her male partner may use violence as a means to try and regain control over her body (Bacchus et al., 2006). The pregnancy may also cause the woman to feel fatigued and emotionally distant, amongst other things, which would hinder her from performing her traditional roles of caretaker and homemaker. As abusers usually subscribe to more "conventional sex role attitudes", the lack of attention to homemaking and emotional response to her partner may cause the male partner to act violently towards his pregnant counterpart (Brownridge et al., 2011, p. 862).

Employment was noted as another possible explanation of IPV and IPV during pregnancy, linked to gender roles. In contemporary society, women care for children and do most of the housework whilst men are more likely to have paid jobs (Connell, 2002). Women who have children are more economically dependent on men and in most places in the world, men believe that because they provide financially in the household and thus their partners are dependent on them, women are "their property – to discard if they wish and to kill if need be" (Connell, 2002, p.2; Hof & Richters, 1999). Financial pressures may cause women to be financially dependent on their male partners and their male partners may control access to finances (Brownridge et al., 2011). This type of restricting of access to finances by the male partner has been reported by a number of women who have been abused whilst they are pregnant (Bacchus et al., 2006; Pulido, 2001, Sales & Murphy, 2000, in Brownridge et al., 2011) as men may exercise control over money in order to control the relationship (Bacchus et al., 2006; Pallitto et al., 2005; Hatcher et al., 2013). IPV in this context may be importantly linked to pregnant women and women who have recently given birth as they are especially vulnerable due to pregnancy-related household stress as well as financial pressures (Noel & Yam, 1992; Jasinski, 2001, in Hatcher et al., 2013). In this way, women are more likely to be victims of IPV, and are less able to end or evade the IPV if they are more dependent on their partner/spouse, as they have fewer support options outside of the relationship (Rhodes & McKenzie, 1998; Truninger, 1971, in Gelles, 1976; Swart, 2007). In relation to this, it was revealed in South African research that household levels of conflict are lower if a woman "receive[s] their household resources mainly through a third party", such as her parents (Jewkes et al., 2002) or via

employment outside the household. Thus, wealth is often placed in the hands of men, influenced by unequal political and economic opportunities afforded the different genders and assists in creating gender divisions (Connell, 2002) and contexts in which IPV can occur.

Whilst men are often the financial providers within the household which is seen as explanation for IPV and IPV during pregnancy, a male's lack of employment could also be seen as a predictor for IPV against women during their pregnancy (Leung et al., 1999, Martin et al., 2004 in Brownridge et al., 2011). As aforementioned, men in general are expected, in a nuclear family model, to be the protector and breadwinner of their family (Connell, 2002; Ramphele, 2012).[2] However, this is not always possible because "many black men lack the capacity and the capability to fulfil these roles" (Ramphele, 2012, p. 23). Thus, "a man's inability to provide financially, or a woman questioning his use of limited household resources, were important triggers of IPV" (Hatcher et al., 2013, p. 415). Consequently, a man may react violently if he feels that his sense of masculinity is under threat, within a context where gender norms are rapidly changing to accommodate the empowerment of women (Koenig et al., 2003, Kaye et al., 2005, Krishnan et al., 2010, in Hatcher et al., 2013) to which this discussion will now turn.

Another facet of finances noted to be a risk factor for IPV and IPV pregnancy is women's economic empowerment, due to a number of reasons. This includes the transitional role of women due to "experiencing greater legal rights, economic opportunities and physical mobility": (Dobash & Dobash, 1998, in Kaldine, 2007, p. 236) women who may show more "liberal ideas about gender roles" (Sugarman & Frankel, 1996, in Jewkes et al., 2002, p. 1613) including becoming household heads (commencing during the migrant labour system of apartheid) (Jewkes, 2009) or who are critical of their partners (Jewkes et al., 2002). Because of this economic empowerment and legal rights, men may feel it necessary keep their female partners in a subordinate position by beating them into submission (Jewkes et al., 2002; Jewkes, 2009). Women experiencing IPV who have jobs are also exposed to other ways of thinking, for example, through conversations with colleagues about their colleagues' home lives, and thus could come to the conclusion that the IPV they experience in their own household is not normal (Gelles, 1976). The "experience of male identity is bound up with experiences of power" (Moore, 1994, in Jewkes et al., 2002) and within patriarchal power relations most men will act out if they even perceive that their powerful societal status is being threatened (Connell, 1995; Jewkes et al., 2002).

[2]Although Campbell, (1990, in Vogelman & Eagle, 1991); Jewkes et al., (2002); Kaldine, (2007) and Ramphele (2012) refer to black men specifically, it is important to remember, as noted in the previous chapter, that violence should not be attributed to one race or class (Shefer et al., 2008) and should be understood in the context in which it is situated (Vogelman & Eagle, 1991). It is also important to consider that it should not be assumed that all men engage in IPV.

2.10.2 Problematic understandings of IPV

Considering the high statistics of IPV and IPV during pregnancy in South Africa, and drawing on some aspects of aforementioned patriarchal power relations, the manner in which IPV and IPV during pregnancy is addressed in South Africa in terms of problematic understandings of IPV (in the form of religious and cultural discourses) has been challenging for a number of reasons, which serves as an explanation for its perpetuation (Rasool Bassadien & Hochfeld, 2005). Some religious teachings and practices in South Africa have condoned wife beating as an acceptable daily occurrence within relationships in order to show a woman her place (Fedler & Tanser, 2000, in Rasool Bassadien & Hochfeld, 2005) as well as the legalisation of wife beating across cultures until as recently as the 1960s (Dissel & Ngubeni, 2003, in Kaldine, 2007). This is interesting to consider when 20% of women consult religious leaders for advice on interventions of IPV, according to a study conducted by Rasool et al., (2002 in Rasool Bassadien & Hochfeld, 2005) in the form of a national survey. Sometimes those experiencing abuse are sent back to their abusive partners to adhere to the male partner's authority in the house as well as to respect the sanctity of marriage (Boonzaier & de la Rey, 2003, in Rasool Bassadien & Hochfeld, 2005). Boonzaier and de la Rey (2003) add to this discussion by sharing that violence is often supported by religious leaders if it was thought to be justified (in Rasool Bassadien & Hochfeld, 2005). Thus it appears in these instances that the maintenance of the marriage, rather than the victim's well-being, is deemed culturally more important (Rasool Bassadien & Hochfeld, 2005).

Specific cultural practices also serve to perpetuate circumstances in which IPV (and IPV during pregnancy) are acceptable (Rasool Bassadien & Hochfeld, 2005). This is because they reaffirm patriarchal power relations (to be discussed later) of male authority (Ramphele & Boonzaier, 1998, in Rasool Bassadien & Hochfeld, 2005) as well as the concepts of women's blame and responsibility (Rasool Bassadien & Hochfeld, 2005). As aforementioned, culture and tradition can be used as an excuse for men to beat their female partners when they challenge male authority or as an acceptable form of punishment for women who are acting against their expected gender roles (such as extra-marital sex or disobedience) (Sideris, 2005, in Rasool Bassadien & Hochfeld, 2005).

In relation to patriarchal norms, forced sex by men toward their pregnant partners has been noted to be a cultural problem. A study in Zimbabwe revealed, through interviews and focus groups with pregnant women and nurses that some women showed a lack of interest in sexual intercourse during pregnancy, especially during the third trimester (Shamu et al., 2012). Men often did not understand this and frequently forced their partners to partake in uncomfortable sexual positions for their own pleasure. This is because norms relating to familial relationships and dynamics, the role of married

women, pregnancy and reproductive health (and cultural expectations) of "when and how sex is to be performed impact on women's agency and facilitate a situation which is conducive to sexual violence" (Shamu et al., 2012, p. 7) as women are seen as inferior in many societies. These inequalities, where women have an inferior position in society, and should take on a role of sexual submission, are reinforced by influential societal and cultural institutions such as the church and those linked to health and family (Shamu et al., 2012).

The cultural practice of *lobola* (bride price), although not intended to be a harmful practice as marriage is considered to be a "positive feature of traditional masculinity" (Lindegger & Quayle, 2009, p. 50) is a practice that, when interpreted in a certain way, can contribute to IPV.[3] In many African cultures, there is a bride price for women (Leclerc-Madlala et al., 2009). In some renditions of this practice, once the wife has been 'bought' by her husband and his family, she becomes his property (Modiba et al., 2011) with an expectation of bearing children to create descendants on the father's line (Leclerc-Madlala et al., 2009). Men may expect sexual intercourse within marriage as practices such as *lobola* "bestow on men the right to be in control of all aspects of their wife/wives, including and especially their sexuality" (Hunter, 2004, WHO, 2003, in Lindegger & Quayle, 2009, p. 44; Leclerc-Madlala et al., 2009; Toefy, 2009) and thus men may become angry if their wife is not willing to comply which may result in IPV.

Once the transaction of *lobola* has been undertaken, it may be difficult for the wife experiencing IPV to return to her own family as the family may be unwilling or unable to return the payment to her husband (Rasool Bassadien & Hochfeld, 2005). Data collected through focus groups across the nine South African provinces revealed that once the bride price or *lobola* has been paid, the woman will also only be allowed to leave the marriage if the man permits her to do so (Rasool Bassadien & Hochfeld, 2005). Thus, it is possible for communities or families to condone or justify IPV (Rasool Bassadien & Hochfeld, 2005) as the man has paid the bride price for his wife and it is difficult to go back on this without trying consequences.

2.10.3 Barriers to reporting and seeking help from IPV

Considering the prevalence of IPV and IPV during pregnancy, as mentioned in the previous chapter, a variety of barriers have been identified in international and local research when it comes to reporting and seeking help from IPV and IPV during pregnancy (Lee et al., 2002; Modiba et al., 2011; Njuho & Davids, 2012) in the service provision and healthcare sector. If help for IPV is not

[3]It is also important to note that the "erosion of traditional social institutions" and functions such as *lobola* becoming linked to Western monetary transactions also denies many men one of the "positive features of traditional masculinity" (such as marriage and reproduction) as it may become unaffordable due to the high rates of unemployment in South Africa (Lindegger & Quayle, 2009, p. 50).

efficient or sufficiently available, it can allow the cycle of IPV to continue. This will be explored below.

One of the barriers is the lack of healthcare or service provision facilities (Cokkinides et al., 1999, in Modiba et al., 2011) in the first place. As aforementioned, Mbokota and Moodley (2004) conducted a study through the use of standardised questionnaires which aimed to gain a sense of IPV during pregnancy in an antenatal clinic in Durban, South Africa. Where women sought support, 39% of them revealed that they did not have access to it. Others revealed that they sought support through NGOs (12.6%) and governmental services (14.3%). They thus called for more support services in the form of social workers, counsellors and trained police personnel to attend to those experiencing and executing the IPV: the victims and the perpetrators.

Njuho and Davids' (2012) South African study confirms this lack of resources by reporting that 60% of the respondents to their survey (ages ranged from child to adult, both genders, who resided in informal, formal, rural and urban areas) about their perceptions of physical assaults occurring in their communities and the government's responses to women and child victims specified that there are insufficient services for dealing with abuse in their communities. 40% of the respondents in their study also reported not having knowledge of the emergency services that were available in their communities. In relation to this, when women do access these facilities, the women often lack access to protection, justice and the necessary services following sexual violence (Mobida et al., 2011). Women experiencing IPV are sometimes denied access to free medical services or are charged for these services (Mobida et al., 2011). Others are placed in shelters which do not adhere to minimum requirement standards and experience a lack of consistent, co-ordinated or formal referral approaches (Mobida et al., 2011).

These aforementioned barriers, in the form of a lack of resources, deter women from seeking help and reporting IPV and this underreporting of IPV (Lee et al., 2002; Modiba et al., 2011) may skew the statistics of IPV, suggesting that the problem is more prevalent than what research may reveal. There are various reasons for why women may not report IPV (Rasool Bassadien & Hochfeld, 2005). Sometimes the counsellors themselves draw on aforementioned problematic understandings (problematic religious and cultural discourses) when they attempt to assist women who are suffering from IPV. The overarching cause for this is the prevailing problematic heavily patriarchal power relations which shift the IPV which is a public matter, into the home: a private, supposedly secret sphere (see also Breines & Gordon, 1983, in Vogelman & Eagle, 1991). The belief that IPV is a private matter and thus assistance is sought in isolation contributes to the IPV being hidden and

thus not public knowledge (Breines & Gordon, 1983, in Vogelman & Eagle, 1991; Rasool Bassadien & Hochfeld, 2005).

A concentration on violence in the public sphere often hides violence on the private level. Thus Rasool Bassadien & Hochfeld (2005) suggest that instead of addressing IPV through formal policy, discourses around IPV instead "tend to privatise domestic violence, obstruct violence from becoming the business of the state and reinforce the patriarchal status quo, all of which are deeply harmful to women" (p. 8). This may in turn create a barrier for women accessing help from IPV: counsellors may sometimes view IPV as a private matter, or that it is a normalised phenomenon, possibly leading to lack of action or non-interference (Artz, 1999, in Rasool Bassadien & Hochfeld, 2005; Breines & Gordon, 1983, in Vogelman & Eagle, 1991). This lack of action by others may in turn influence the victim's inactivity in addressing this issue which may allow the IPV to continue.

Counsellors and healthcare workers themselves may also be considered a barrier to reporting IPV. Even if abused women are able to access service provision and healthcare they may not receive the assistance that they need. Research into a Latino community in the USA revealed that counsellors sometimes did "not consider some potentially important personal barriers to reporting" such as the victim's shame and were afraid to intervene on behalf of community members when dealing with IPV (Lewis et al., 2005, p. 81). This links to work by Vogelman and Eagle (1991) who suggest that the victim may feel shame, for example, when reporting assault of a sexual nature. In terms of the South African healthcare sector, one of the main problems is the lack of acknowledgement of IPV altogether (Joyner & Mash, 2012). IPV is often not recognized by primary care providers and when it has been diagnosed, the treatment has often been badly coordinated, fragmented, has missed important aspects and has lacked continuity (Joyner & Mash, 2012). This may be due to the lack of appropriate or sufficient training which healthcare workers receive globally (Watts & Mayhew, 2004) and locally (Mash et al., 2012).

Effective help from counsellors and healthcare professionals is vital when attempting to address IPV. Indeed, "[a]chievement of an efficient healthcare system which enhances respect for women and children is likely to contribute to a reduction of violence in communities and subsequently boost the quality of life in South Africa" (Njuho & Davids, 2012, p. 280). As noted in the previous chapter, an American review of domestic violence literature by Horton and Johnson (1993 in Rhodes & McKenzie, 1998) reveals that an influential reason for women receiving help concerning, and perhaps even leaving, a relationship where they experience IPV was their ability to share their experience with an external source of assistance, be it a friend, clinician or marriage counsellor (see

also Jewkes et al., 2002; Basta, Sullivan, & Davidson, 1995, in Rhodes & McKenzie, 1998) which could also contribute to increasing the psychological welfare of the victim (Basta, Sullivan, & Davidson, 1995, in Rhodes & McKenzie, 1998). Hatcher et al.'s (2013) research into decreasing violence against pregnant women suggests that women may feel safe to pursue support for IPV if they have a continuous relationship with their healthcare workers during their antenatal care (O'Reilly, Beale, & Gillies, 2010, in Hatcher et al., 2013). It was also revealed that women who had access to, and utilised the services of counselling centres, were able to consider options for solving problems within the relationship, increase their emotional well-being and also develop an enhanced ability to physically remove themselves from the abuse (Launius & Jenson, 1987, in Rhodes & McKenzie, 1998).

If women receive inadequate assistance when reporting IPV, or if there is a lack of service provision in the first place, women may develop strategies to cope with the IPV and thus remain in the relationship if they feel that they have no control over reducing or preventing their partner's IPV (Rhodes & McKenzie, 1998). Some women may stay in the relationship as they feel that the violence towards them may escalate if they make attempts to leave the relationship (Walker, 1983, in Rhodes & McKenzie, 1998). In relation to not leaving an IPV relationship, the aforementioned study conducted by Rasool, et al, 2002, (in Swart, 2007, p. 197) in all 9 provinces in South Africa, using a survey completed by 1000 women revealed that women "do not necessarily recognise the different types of abuse they experience as abuse" and that they were "most likely to define abuse according to physical aspects, even when they had experienced other forms of abuse". This has implications for whether or not women may seek intervention from this abuse: if they are only experiencing emotional abuse in their relationship they may not think it serious enough to seek external intervention strategies and thus may remain in the IPV relationship.

In some contexts, reporting IPV is discouraged as sometimes it is not considered socially acceptable to seek help in the first place (Lee et al., 2002). This may be due to social stigma which is attached to reporting violence, or the "cultural sanctioning of violence" in some communities (Cokkinides et al., 1999, in Modiba et al., 2011, p. 872). Another reason for this is the way in which some cultural groups in South Africa resolve issues of IPV by speaking to authorities or elders within their community (or a woman will speak to her mother-in-law) rather than seeking external support such as through a traditional court (Rasool Bassadien & Hochfeld, 2005). This is because the case has to be presented by the woman's family if it is to be heard in court which is an unlikely occurrence (Rasool Bassadien & Hochfeld, 2005).

Confiding in family or friends about IPV may serve to perpetuate violence against women and consequently lead to a woman to not seek help (Rasool Bassadien & Hochfeld, 2005). Work in South Africa by (Rasool Bassadien & Hochfeld, 2005) reveals that whilst some women have reported that their female confidants offer support and comfort, others have noted that older family members may downplay the IPV or side with the perpetrator. This is because in African culture when a woman marries a man, she not only marries him but also his family. Thus if she leaves him she is leaving his whole family and thus her family might encourage her to stay and reconcile with her husband. This reinforces the 'wife' role as caring, nurturing and reconciliatory (Boonzaier & de la Rey, 2003, in Rasool Bassadien & Hochfeld, 2005). Older, married female relatives also sometimes inform the younger married women that IPV is an expected part of marriage and should not be considered a serious issue (Rasool Bassadien & Hochfeld, 2005). Linking to the importance of marriage and reconciliation, an aforementioned local study conducted by Mbokota and Moodley (2004) revealed that where women sought support they found that 63% of women were reconciled with their spouses; 92% of these for financial reasons, 6% for emotional reasons and 2% were forced to reconcile. 16.5% also revealed that they sought support from a relative and 56.6% revealed that they sought support from friends. These findings show that being financially dependent on men may cause them to reconcile with their partners (as opposed to leaving the relationship) and that women often do seek the support and confidence of friends when they are experiencing IPV as opposed to relatives.

Policy itself, or the lack thereof, can be seen as a deterrent to women in IPV relationships seeking help and also links to the previous mention of others being in the know about IPV (Rasool Bassadien & Hochfeld, 2005). This is because policy often fails to recognise the patriarchal discourses that "dictate social responses to gender violence" and also "ignores a core element that determines a survivor's help-seeking patterns after abuse" (Rasool Bassadien & Hochfeld, 2005, p. 12). Public education campaigns often work on the false assumption that abuse is hidden: it is only known by those experiencing the IPV and thus they should disclose it. This may be helpful in situations where the victim's IPV is unknown to others. However, often others (family members and/or friends) are aware of the abuse. The encouragement to disclose it by external parties could undermine the support and suggestions to seek advice that the victim may have already received from friends and/or family. The victim may then be further isolated in these cases and future attempts at seeking help may be negatively viewed by those in whom she previously confided.

Work in South Africa reveals that women may also be more reluctant to report abuse, and therefore do not make attempts to leave the relationship or seek interventions, if they hold conservative views

of gender roles (Jewkes et al., 2002). That is, they may believe that experiencing IPV is seen as normal or acceptable in society. It is also interesting to note in global research that IPV is often underreported because the victims accept the perpetrator's excuses, feel that their perpetrator did not harm them intentionally, or the victim blames themselves as a coping mechanism (Silverman et al., 2004). Women may also not report IPV for fear of "economic deprivation and community retribution" (Turan et al., 2012, p. 3).

2.11 Conclusion

In this chapter, it was noted that IPV and IPV during pregnancy, an aspect of IPV, are major problems globally and locally, revealed through statistics gained from research. There are various effects of IPV and IPV during pregnancy, including health and psychological effects and the possible turning to alcohol. Explanations for IPV and IPV during pregnancy include patriarchal power relations, economic factors and gender roles and problematic discursive understandings influencing how IPV and IPV during pregnancy are perceived and thus addressed. There are also a variety of noted barriers in terms of accessing help for IPV, including a lack of access to facilities, the belief that IPV is a private matter and should be dealt with in the home, counsellors drawing on problematic discourses and policy, the stigma attached to reporting IPV and conservative gender roles. Now that literature surrounding IPV and IPV during pregnancy and related interventions has been explored, the following chapter will examine the theoretical concepts relevant to my research. These theoretical concepts will assist me in providing explanations for how the IPV and IPV during pregnancy discussed in this chapter can occur. It will also provide me with a lens with which to better understand the theoretical terms in my research questions as well as a lens with which to analyse my data.

CHAPTER THREE: THEORETICAL FRAMEWORK

3.1 Introduction

In this chapter, I discuss a variety of theoretical concepts appropriate to my research. These will provide a lens which I will use in order to make sense of my data: how these theoretical concepts enable me to further my understanding of the phenomenon of IPV and the circumstances which allow for it to occur. The chapter is divided into six main sections. The first section addresses social constructionism, the overarching theoretical framework for this research along with brief limitations: its takes on narrative and discursive work (the second and third sections) and important distinctions between discursive psychology (linked to micro social constructionism which explores micro-level interactions such as conversations) and interweaved insights from Foucault about discourse and narrative (linked to macro social constructionism which illuminates macro-level issues such as discourses drawn upon in the construction of conversations) along with brief limitations. Following this I will explain why elements of these two methods are useful for my data analysis. The concepts of narrative and discourse, insights provided by Foucault, are also useful in gaining an understanding of the narrative-discursive methodology proposed by Taylor and Littleton (2006) (to be discussed in the following chapter). The fourth section looks at subject positioning which is an important element in addressing my research question: how one positions others and how one can be positioned by others. The fifth section focuses on Foucauldian theory of power, drawing on various elements of his work including power relations and knowledge, and linking it back to discourse and subject positioning. The sixth and final section draws on the fifth section by applying the concepts of power, knowledge and discourse to further our understanding of gendered power relations. This section also includes an unpacking of the concepts related to gender of 'masculinity', 'patriarchy' and 'hegemonic masculinity' touched upon in the previous chapter.

3.2 Social constructionism: A brief overview

Social constructionism, the overarching paradigm for this research, is informed by literary studies, sociology (Young & Collin, 2004) and postmodernism and is applied particularly to critical psychology and sociology (Stainton-Rogers, 2003). Social constructionism suggests that everything that we experience is mediated through history, language and culture (Willig, 2008). Its interest is on the social (Young & Collin, 2004) and is centred on the idea that "knowledge in some area is the product of our social practices and institutions, or of the interactions and negotiations between relevant social groups" (Gasper, 1999, p. 855, in Young & Collin, 2004, p. 376). It is interested in people's actions and their attempts to make sense of the social world: their negotiation and navigation of their lives within it (Stainton-Rogers, 2003). In other words, it examines how social reality can be constructed in various ways in particular cultures: what the conditions are which

allow for these constructions and what the consequences may be for social practice and human experience (Willig, 2008). This is because what we experience and see is not necessarily what is actually happening, but "should be understood as a specific reading of these conditions" which in turn suggests that there are different types of knowledge (Willig, 2008, p. 7). Social constructionism argues that social practices maintain knowledge, that knowledge and social action fit together and thus the emphasis of enquiry should be on social processes, practices and interaction (Young & Collin, 2004). Its focus is less on the mental domain or the cognitive processes of the individual although some researchers argue that too much attention on social processes "reifies and externalises the mental world which itself is constructed through discourse" (Martin & Sugarman, 1999, in Young & Collin, 2004, p. 376).

Berger and Luckmann (1967, in Stainton-Rogers, 2003) suggest that there are three facets of social reality within social constructionism which are constantly interacting: 'externalisation' (the way in which societies and cultures make sense of their social world and thus how they produce social institutions and constructs); 'objectification' (when one views these social institutions and constructs as real, not just as ideas); and 'internalisation' (when one mentally understands and adopts these social processes as part of their everyday life). Willig (2001) adds to this idea by suggesting that social constructionism is also interested in what these implications may be for social practice and human experiences (in Stainton-Rogers, 2003).

A particular understanding of language is an integral part of the social constructionist paradigm. Within social constructionism language is seen as not reflecting but rather creating reality. It is a "pre-condition for thought and a form of social action" (Young & Collin, 2004, p. 377). Social constructionism acknowledges the significance of discourse (to be addressed later in the chapter) as discourse is manifested through language and language constructs meaning. This focus on language defies the manner in which individuals' experiences are understood by traditional researchers and theorists who work with meanings that have been decontextualized. Language is a salient element of knowledge that has been socially constructed (Willig, 2008). This is because the same thing can be applied in various ways, sometimes some areas being emphasised more than others, but this does not mean that any one description is wrong. This relates to the idea that there are different types of knowledge in existence.

Social constructionism as a whole (as it has varying strands including that of metaphysical and empirical) although noted to be a useful research paradigm, has received a number of critiques. These include the suggestion that it has been too reliant on the concept of language to the exclusion

of what falls outside of language (Cromby & Nightingale, 2002, in Young & Collin, 2004). Another critique has asked the question whether, and if so, how much, one can remove oneself from the world and look at it objectively in order to examine it. Martin and Sugarman (1999, in Young & Collin, 2004) add to this debate by asking, if the world is historically, socially and culturally constructed, how human agency and change are possible.

Now that the central tenets of social constructionism and some critiques have been covered, it is important to note that there are two main types of social constructionism, namely, micro social constructionism which explores micro-level interactions and macro social constructionism which illuminates macro-level issues (Burr, 2003). These should not be seen as mutually exclusive. Micro social constructionism is important in understanding the minutiae of everyday social interaction whilst macro social constructionism allows for one to make sense of these in the context of certain power relations and ideologies which have been constructed in that society (Burr, 2003). That is, in terms of micro and macro social constructionism "we need to take account of the situated nature of accounts ([micro]) as well as the institutional practices and social structures within which they are constructed" ([macro]) (Burr, 2003, p. 22). This idea of combining both micro and macro social constructionism in order to understand the wider context of an individual's speech is similar to Taylor and Littleton's (2006) narrative-discursive analysis (which I will be elaborating upon in the following chapter.) This is because their analysis is interested in examining, on a micro level, the speaker's talk, and also the macro level as they are interested in investigating how the discursive environments shape the speaker's speech.

3.3 Discourse

The concept of discourse is important to Foucault's concept of power. Discourses can be considered as not a string of text or a collection of signs but rather as "practices which systematically form the objects of which they speak" (Foucault, 1972, p. 49). That is, they are "broad patterns of talk – systems of statements – that are taken up in particular speeches and conversations, not the speeches or conversations themselves" (Terre Blanche, Durrheim, & Kelly, 2006, p. 328) and are "the organised and regulated, as well as the regulating and constituting, functions of language that it studies" (Bové, 1990, in Jackson & Mazzei, 2012, p. 50). Discourse aims to describe the links between institutions, intellectuals, knowledge, power, the modern state and the control of populations (Bové, 1990, in Jackson & Mazzei, 2012). Young and Collin (2004, p. 379) suggest that discourses "are not single, unitary or bounded perspectives, but fairly fluid frames, that enable us to hold thoughts, discussion and action together in a way that is meaningful for a particular purpose at a particular time." Thus, discourse, rather than being a 'thing' which can be examined in

isolation, is a phenomenon which creates something else, such as an effect, utterance or concept (Mills, 2004) and is not static. Different discourses have different implications for what can be considered knowledge, and this in turn allows us a level of possibility for acting on the world as knowledge brings with it different implications for power (Burr, 2003). Thus, "where there is knowledge, there is power" (Burr, 2003, p. 79).

In Macleod's (2002, p. 18) discussion of discourse, she states that various conceptualisations of discourse (see for example, Burman, 1994; Dreyfus & Rabinow, 1982; Widdicombe, 1995) contain three features, that discourse has: "(1) an underlying regularity;" (2) it has "constructive effects" and (3) it has "implications in terms of meanings and practices". The underlying regularity of discourse suggests that statements arise in a discourse group around what is considered a topic in terms of culturally available understandings (Macleod, 2002). They are achieved over time "within particular power relations" (Macleod, 2002, p. 18) that is, discourses are "transformed … on the basis of power relations" (Foucault, 1980a, p, 70). Discourses are viewed as constructive because they not only describe the social world but are the "mode through which the world of 'reality' emerges" (Macleod, 2002, p. 18). Finally, discourse has "implications in terms of meanings and practices" because, in a Foucauldian sense, discourses should be deconstructed to identify their underlying meaning: dominant discourses should be "disrupt[ed] [to identify] taken-for-granted notions of a subject" (Dant, 1991, in Macleod, 2002, p. 18).

There are many different kinds of discourses which all compete for power (Gavey, 2005). Discourses are not only shared social meanings and practices, but are also said to enter our bodies and minds and in this manner become the norm and govern us internally (Weedon, 1987, in Gavey, 2005). In relation to this idea, "[i]t is through discourse that material power can be exercised and that power relations are established and perpetuated" and that all discourses exist in relation to other discourses (Gavey, 2005, p. 85). The dominant discourses appear to the public as unquestioned and thus natural and part of our common sense, or through prominent cultural values (Gavey, 2005). This could be seen in the form of patriarchal power relations which allow men to be dominant as these discourses have become the norm. Threats to patriarchal dominance could result in IPV (Connell, 1995; Jewkes et al., 2002) as women begin to question and challenge these dominant discourses.

Mills (2004) suggests the importance of the notion that discourses have effects and how the elements of knowledge, power and truth contribute to these effects. Truth is created through various restrictions which are instilled through numerous societies (Foucault, 1979, in Mills, 2004). These societies control what is seen as truthful through various mechanisms and may be allowed certain

status for producing and thus reinforcing truth (Foucault, 1979, in Mills, 2004). In terms of truth and the discourses which are seen as more truthful, it is important to consider then that discourses are constantly in conflict with one another and with social practices which "inform them over questions of truth and authority" (Mills, 2004, p. 17). Foucault (1981) is interested in examining how dominant truth discourses are produced and how others are treated as suspicious and untrustworthy and are consequently marginalised (in Mills, 2004).

Foucault suggests that language is linked to discourse, as noted earlier, in that it plays a role in constituting subjects through a relational hierarchy (in Mills, 2004). Discourse theory suggests that struggles are acted out within language and discourse is a tool for struggles to occur. Language is a tool which creates socially organised systems comprising of rules for how we act and talk about something (Gavey, 2005). Thus language is also able to create, organise and maintain social structures with their related knowledge claims. As will be discussed, knowledge is linked with power as what is considered knowledge at any particular socio-historical moment concurrently enables and restricts particular social relations and actions (Gavey, 1989). This could be seen in the way in which women are continually constructed as inferior social subjects through patriarchal discourses, manifested through language, that grant men powerful social positions. The powerful status of men enables a context in which women are abused. In terms of language, as Cameron suggests, (1994, in Mills, 2004) the language we use has consequences and there are those who prescribe certain forms of acceptable linguistic terms within society. In other words, discourse has constructive effects in that reality can emerge from discourse; it is not only a mode which can be used to describe the world (Macleod, 2002).

We as individuals are products of discourse and culture, due to the constitutive nature of discourse and language; for example, becoming gendered subjects through the "social technologies of gender" (Lauretis, 1987, in Gavey, 2005, p. 92). This can be seen within the idea of sexual practices, where every day we could (and often do) choose to constantly repeat the norms within society by allowing our bodies to be "recruited into the material practice of normative (hetero)sexuality" (Gavey, 2005, p. 92). This links back to social constructionism in that discourses exist in society and in turn shape our reality. However, Foucault suggests that discourses are in a constant state of shift and are flexible as they are vulnerable to being exposed and undermined which in turn allow them to be impeded (1987, in Macleod, 2002). An example of discourses being flexible and fluid, in relation to IPV, is that women in an IPV relationship may perceive themselves as victims by drawing on the discourse of victimhood. However, they may then be informed about the discourse of survivorhood through friends or support networks. This may help them to realise the IPV they are experiencing

under patriarchal power structures and they may in turn leave the IPV relationship, or at least fight against it.

3.4 Narrative

Narrative psychology as a research method is relatively new and is also known as "narrative oriented inquiry" (Hiles & Čermák, 2008, p. 147). The idea of sharing stories has been around for many years in the psychological field and is useful for studying biographies, life stages and case studies. Narratives are "stories with words and meanings" that are linked to certain social groups and communities and inform one of the experiences and ways of life of these groups and communities (Jovchelovitch & Bauer, 2000, p. 58). Narratives allow us to create a sense of meaning in our chaotic daily lives rather than just recording events and facts (Hiles & Čermák, 2008). This is because they allow one to bring events and actions together into a coherent whole which enables us to create meaning, even though we may not fully understand the reasons for the events and actions which we share (Polkinghorne, 1988, in Hiles & Čermák, 2008). Narratives also have the potential to share the same facts and stories but narrators may choose to place different emphasis or attach different meaning to different aspects of the story (Polkinghorne, 1988, in Hiles & Čermák, 2008). Thus, linking back to the concept of social constructionism, one's ability to think in a narrative way is important in order to make sense of and understand reality.

Truth and reality are presented through narratives, although each person's narrative is idiosyncratic to their life experiences: (Hiles & Čermák, 2008) "narratives enable human experiences to be seen as socially positioned and culturally grounded" (Hiles & Čermák, 2008, p. 149; Young & Collin, 2004). Thus, they are reflective of a wider culture (such as that of a society dominated by patriarchy) as our stories are all shaped by where we come from and what socially- and culturally-influenced experiences we have had. This is similar to Taylor's (2006, in Morison, 2011) suggestion that we create narratives that are contextualised and local to our experience, drawing upon various discursive resources. In this way, narratives can be seen as both a process and a product (Larsen, 1999, in Bujold, 2004). As a process, it is a "form of self-construction or fluid self-awareness" where one creates meaning from one's experiences (Larsen, 1999, in Bujold, 2004, p. 472). The product is the story of the narrative as a finished piece, which can then be examined and interpreted by researchers (McAdams, 1988, in Bujold, 2004).

Narratives, like the aforementioned fluidity of discourses (Foucault, 1987, in Macleod, 2002), allow us a chance to create social change as they are performative or "constructed and enacted [through] … talk" (Abell, Stokoe, & Billig, 2004, in Taylor & Littleton, 2006, p. 24) and are not merely an account of experiences. Thus, our identities are able to be altered as we have the ability to change

the way we position ourselves in relation to others in our narratives (Hiles & Čermák, 2008). This is because, through narratives, we are able to take steps towards overcome suffering, oppression and discrimination as we are able to reposition ourselves in society and construct different, more updated narratives of ourselves. This can be seen in Haaken's (2010) work where she found that women create narratives about themselves whilst experiencing IPV and how some talk about how they removed themselves from it by overcoming the suffering and oppression.

Micro-narratives, a type of narrative, are also an important theoretical concept to my research. Micro-narratives can be defined as "short bursts of narrative interactionally embedded in question-answer sequences: several stories produced often in intricate relations to one another" (Blommaert, 2006, p. 181), often take the form of smaller, personal stories (Fok, 2011) and are "provisional, contingent, temporary, and relative" (Barry, 1995, in O'Donovan, 2006, p. 475). Thus, micro-narratives are usually produced as a response to questions, such as in an interview setting, where there may not be space or time for the speaker to elicit long stretches of uninterrupted narrative (Blommaert, 2006). They may be, for example, pessimistic, optimistic, sarcastic or heroic and as noted earlier in the unpacking of narrative, are influenced by culture and local experience and provide insight into one's experiences (Doevenspeck, 2011; Fok, 2011).

3.5 Micro social constructionism: Micro-level interactions and discursive psychology

Discursive psychology, linked to discursive psychologists Potter and Wetherell (1987) and influenced by ethnomethodology and conversational analysis (Willig, 2008) is interested in examining the language which we use during our everyday interactions and how we use language to express or perform traditional psychology's interest of internal workings, such as emotion and memory (Burr, 2003). Discursive psychology is interested in analysing "the situated use of language in social interactions" and thus tends to not focus on wider societal structures such as ideologies (Burr, 2003, p. 62). Discourse analysis, according to discursive psychologists Potter and Wetherell (1987, p. 32) is an approach with many effects for all discussions in the socio-psychological field because of its examination of the "constructive, active use of language in everyday life". This shows the importance of studying texts and speech in order to gain a better understanding of everyday social interactions (Potter & Wetherell, 1987) and realities constructed through language (Stainton-Rogers, 2003). Potter and Wetherell (1987) argue that people make tactical use of language in order to accomplish certain social tasks, or to perform functions, such as making requests, persuading, accusing, et cetera. Discourse analysis, examined through a discursive psychological lens, is interested in examining what these are (Stainton-Rogers, 2003).

The study of discourse in discursive psychology is usually focused on small extracts of naturally-occurring talk, such as in counselling sessions, in order to examine peoples' 'linguistic repertoires' (Potter & Wetherell, 1987, in Stainton-Rogers, 2003, p. 85). What is shared in conversation is "viewed as [being] constructed from a pre-existing, shared manifold of linguistic repertoires, predicated upon collectively shared and understood ideas (that is discourses)" (Stainton-Rogers, 2003, p. 85). These linguistic repertoires serve as resources which people use to draw from in order to construct descriptions, arguments, et cetera in order to achieve certain functions and purposes through their speech. These transform and shift as the conversation goes on. Thus, discursive psychology is interested in examining language as discursive practice: what the situation or context of the speech is, what the person is wanting to achieve with their speech in certain parts of the conversation, and which discursive practices they are using to achieve these aims (Stainton-Rogers, 2003). It is 'discursive' because it links to the making of meaning and the term 'practice' relates to behaviours.

Although it can be seen that discursive psychology is noteworthy in terms of helping us understand small-scale instances of talk and what might be being achieved, it "limit[s] its analysis of discourse to the texts that constitute its data" (Willig, 2008, p. 107). Discursive psychology depends on the idea that meaning is created through and in small-scale texts. Thus there is no need to look beyond these or examine their contexts in order to gain further information to better interpret the texts. This is because the focus is less on whom the speakers are or what their words mean in the wider context and more on the way in which the speakers interact within the small-scale context. However, the way interactions work is reliant on wider-scale social structures and thus it is important to consider these, as well as the context in which the interaction took place, in order to gain a better understanding of what is happening in the text. The limitations which have been noted in discursive psychology have led researchers to try Foucauldian discourse analysis (Willig, 2008). My research is examining extracts of small-scale talk shared in the interviews, as is the focus of Potter and Wetherell's (1987) work, but I will be making use of the interwoven insights of narrative and discourse from Foucault in order to analyse them. These insights will be discussed below.

3.6 Macro social constructionism and insights from Foucault about discourse and narrative

In this section I discuss insights from Foucault about discourse and narrative which links to social constructionism that explores macro-level issues. This will include the concepts of discourse, power and subject positions (the last one will be discussed later in the chapter) and how they can be utilised in discourse and narrative analysis. The micro (discursive psychology) and macro (large-scale discourses and their effects) perspectives are different in many respects but there are some similar elements within each perspective which offer important theoretical insights for my analysis.

3.6.1 Insight from Foucault about discourse

There are various elements of Foucault's insights into discourse which are useful in my research: the 'discursive' aspect of Taylor and Littleton's (2006) narrative-discursive analysis. Foucault's insight into discourses allows us to see how they able to limit, enable and constrict what can be said, in which circumstances and by whom; what discourses may be available in certain cultures, and what consequences it has for those who live within and make use of it (Willig, 2001, in Stainton-Rogers, 2003). As discourses are culturally-available ways in which we make sense of our environment and everyday life, this in turn suggests that language, as aforementioned, is located within discourse and that discourse allows us to examine meaning and actions which are socially produced and manifested through language (Gavey, 2005). In addition to this idea, we use discursive resources available to us, which are embedded in cultural practices, in order to produce a particular understanding of a person, experience or event (Smith & Sparkes, 2008, Taylor, 2006, in Morison, 2011).

To summarise, then, it can be seen that a common element of the Foucauldian and discursive psychological methods of discourse analysis is their concern with the role of language in how reality is constructed (Willig, 2008). The two methods are less interested in the individual's internal processes (Young & Collin, 2004) and more so in the interactions between people and how these interactions are shaped by discourse: what it allows and constrains of the individual (Willig, 2008). However, there are also various elements of each method which differ. Discursive psychology is more interested in examining how people create meaning and achieve certain tasks with a focus on smaller segments of conversation. Foucauldian discourse analysis, on the other hand, is more interested in the macro scale of the use of language; how it can be used to constitute psychological and social spheres of life. It examines how people make use of available discursive resources as well as how discourses can create certain power relations, subject positions and identity; what kinds of subjects and objects discourse constructs and "*what kinds of* ways-of-being these objects and subjects make available to people" (Willig, 2008, p. 96, emphasis on the original).

Although Foucauldian insights into discourse have been useful in providing a theoretical tool with which to analyse data, there are of course, debates concerning investigating issues of ideology and power, how far reality can restrain discourse, if discourse is said to create reality and whether we can only rely on discourse "for a sense of identity to be formed" (Willig, 2008, p. 123). However, space and word limitations do not allow for a full explication of these in this thesis. This chapter will now turn to examine narrative insights of Foucault's work taken up by other scholars as a means of gaining an understanding of the concept of narrative in my analysis chapter.

3.6.2 Foucauldian insights on narrative

Tamboukou (2008) suggests that Foucauldian theory can be used as a diverse tool in understanding narrative: how people talk about and thus understand and utilise power and discourse and what subject is being created. This may allow us an insight into the subject that is being created through this sharing of experience, such as that of a woman experiencing IPV or one who is in the position to help abused women. That, is Foucauldian insights into narrative can help us to understand how these realities are created, how discourses are sustained or challenged and how meaning is generated which relates to the 'narrative' aspect of Taylor and Littleton's (2006) narrative-discursive analysis.

Narratives about the body specifically also allow us a deeper understanding of the speaker or those about whom they speak (Tamboukou, 2008). This is because they provide us with a more complex perspective of those involved in the narrative as they are now embodied and their bodies are able to create a deeper understanding of their experiences and make them as people more tangible and real. This is especially prevalent in narratives about abuse, where stories may be told through wounded storytellers (see Frank, 2003). The body can also be seen as a "spatial site of interactional material and symbolic forces, a battlefield of power relations and antagonistic discourses" (Tamboukou, 2008, p. 114). This is especially interesting when it comes to analysing narratives of IPV (see Haaken, 2010) where the female body can be viewed as a site of violent domination for men.

In concluding, it can be seen that Foucauldian insights into narrative allows us a useful methodology in order to attempt to gain an understanding of what is being shared in the narrative according to Tamboukou (2008). Linked to Foucauldian insights on discourse, it helps us to gain an understanding of how people establish themselves through the deconstruction of discourse, how knowledge and truth are created and how people negotiate themselves and make sense of their classifications through technologies of the self. It can also aid in helping us understand how narratives about the body can create more authentic versions of the people mentioned in the narratives.

3.7 Subject positioning and IPV

Social constructionism claims, in bringing together the concepts of discursive resources, language, narrative and subject positions mentioned earlier in this chapter, that individuals are "the products of language" as language within narratives manifests certain discourses or frameworks of knowledge, allowing us to construct and produce experiences of others and ourselves (Burr, 2003, p. 62). That is, language, or one's discursive resources, can construct the human subject (Burr,

2003) known as subject positioning: the ways in which we understand ourselves and others (Gavey, 2011). Davies and Harré (1990) suggest two types of subject positioning: 'interactive positioning' where one person positions another by what they say and 'reflexive positioning' where one positions oneself. Positioning happens unintentionally and one lives life continuously positioned by oneself and others**.**

Subject positioning is an important concept in narrative and discursive work. A subject position within a discourse, according to Davies and Harré, (1990) "identifies a location for persons within the structure of rights and duties for those who use that repertoire" (p. 35, in Willig, 2008, p. 116). This means that discourses can construct subjects and objects and thus offer positions that speakers may choose or place others within a matrix of meaning (discourses) (Willig, 2008). For example men usually being positioned heads of their households which in turn positions women as dependent on them. Subject positions are not the same as roles, as roles determine a part which one acts out, while subject positions "offer discursive locations from which to speak and act" (Willig, 2008, p. 116). In relation to this idea of discursive locations influencing our speaking and acting (and thus influencing our interaction with others) knowledge is an activity which produces subjects and constitutes the way in which we interact with one another and within material reality (Jackson & Mazzei, 2012, p.). In this way, "a knowing subject is an acting subject" (Jackson & Mazzei, 2012, p. 60).

We, as people, are positioned through discourse (Burr, 2003) and this in turn, as aforementioned, binds us to a set of obligations and rights provided by that discourse. This discourse regulates our actions and speech and shapes our sense of self, our internal workings such as our metaphors, ideas and self-narratives which we use to perceive and think about ourselves. Thus we have an emotional investment and commitment to our subject positions. The subject may already be positioned within discourse through the way they narrate their reality, but it is possible for them, as aforementioned, to negotiate positions for themselves as they attempt to make sense of themselves and others within their stories in their interactions (Bamberg, 2004d, in Morison, 2011). Thus, a person could be described as all the subject positions in discourse that they presently inhabit and a person may resist the discourses or positions with which they are presented (Burr, 2003). In relation to this, it is important to note that people respond to discourses differently and may choose to gain power by "negotiating with the seemingly powerless positions which they have been allowed" (Mills, 2004, p. 84). An example of this can be seen within interviews where the speakers have the option to contest or own the position which has been conferred upon them (Wetherell, 1998, in Morison, 2011). Burr (2003) suggests that it is better to view ourselves as both being able to manipulate and

produce discourse, which allows us an opportunity for social and personal change, as well as having the ability to identify, understand and resist the discourses which position us as certain subjects.

Foucault (1980, in Jackson & Mazzei, 2012) was interested in how power can show us how the subject can be constituted and created by cultural practices and social relations. He suggested that power becomes ingrained in the inner being of people and constitutes their attitudes, actions, learning processes and discourses. This power can be seen to exist "*within* the body, rather than *from above* it" (Foucault, 1980, in Jackson & Mazzei, 2012, p. 50, emphasis in original). Power is, furthermore, not static, but constantly changing in response to conditions or situations – "the active process of taking up certain subject positions in an ongoing process of "becoming" – rather than merely "being" - in the world" (Jackson & Mazzei, 2012, p. 53). Subjects are able to, within certain environments, take up different subject positions as they are 'vehicles' of power (Jackson & Mazzei, 2012).

Mills and White (1999) add to the notions of power and resistance by suggesting that subjects negotiate discourses, that discourses are not merely imposed (in Mills, 2004). We have the ability to select parts of discursive constructs and refuse others. People may experience discomfort when making these selections and refusals of discourses and may misinterpret this discomfort as a "sign of their own inadequacy or as the oppressiveness of society's views of women" (Mills, 2004, p. 86). Individuals are constantly evaluating their position against discursive norms as well as their consideration of how others, groups and individuals, feel their position should be. Thus, one can never fully achieve a space within discourse as one is constantly weighing up one's position and "inevitably, constantly shifting one's perception of one's position and the wider discourse as a whole" (Mills, 2004, p. 87).

In relation to subject positioning is Foucault's idea of (1972) enunciative modalities. One of the characteristics of these modalities is that "the position of the subject is specified by the situation that it is possible for him to [sic] to occupy in relation to the groups of objects" (p. 51, in Macleod, 2002, p. 22). Foucault extends this idea by asking who the speaker is, and who is qualified to use a type of language as well as identifying the "institutional sites from which the person speaks", (1972, in Macleod, 2002, p. 22). Speakers may be positioned by "who they already are" as well as their "previous identity work" (Taylor & Littleton, 2006, p. 25, as cited in Morison, 2011, p. 103). A person is always positioned from the start of every interaction (Taylor & Littleton, 2006, in Morison, 2011). When a speaker shares a narrative, they will not be starting afresh, but rather they will continue to (re)present what has been previously told (Taylor & Littleton, 2006, in Morison, 2011). This provides consistency within their narrative and reinforces the person's identity and

experiences, as the person is not refuting the past or providing a completely new account of their narrative (Taylor & Littleton, 2006, in Morison, 2011). The positions which the speakers adopt in past interactions may act as a resource and constraint for present and future interactions (Taylor & Littleton, 2006, in Morison, 2011). This relates to the idea of Foucault's concept of 'ontology of the past', which examines the past in order to make sense of the present in narrative (Tamboukou, 2008).

3.8 Power relations and IPV

This section will turn to a focus on power as understood by Foucault. Foucault's work on discourse, power, truth and knowledge has provided us with great insight into how power is created and reproduced in society. Power is not something which restricts someone from doing something or something that one possesses but rather there is a complicated set of practices which all make up the concept of power (Mills, 2004). In *The History of Sexuality, Volume 1,* Foucault (1978) provides four facets of power in order to show its complexity. He states that it is 1) a multitude of force relations; 2) processes of struggles that serve to strengthen, reverse or change these relations; 3) a support in which relations meet and either strengthen one another or create divides according to differences; and 4) approaches where power "crystalliz[es] and is embodied in the state apparatus" and practices of everyday life (Foucault, 1978, p. 93). Foucault uses a productive model of power in that he views power as something which is distributed within society and dictates what are acceptable and unacceptable behaviours (in Mills, 2004). In this way, power relations, then, can be seen as creating types of behaviour and subjects rather than merely repressing them. Foucault (1997, p. 24) suggests that power has the ability to create discourses of truth that are able to have very "powerful effects". He argues that power relations are intrinsically linked to discourses, in that discourses, through their production, amassing and circulating in society, allow power relations to function.

In relation to this, Foucault was less interested in who was exercising power over whom, and more in how power was exercised: what mechanisms were used to gain power and what its effects are (1980, in Jackson & Mazzei, 2012). Individuals are simultaneously exercising and undergoing power; they are not an end-point of power, or sites of power application but are rather "vehicles of power"; "[t]he individual is an *effect* of power … [and] … the *element* of its articulation" (Jackson & Mazzei, 2012, p. 56; Foucault, 1980b, p. 98). This is because power has the ability to "reach into the very grain of individuals, touches their bodies and inserts itself into their actions and attitudes, their discourses, learning processes and everyday lives" (Foucault, 1980e, p. 39). In relation to this, power can work from, through and on people; it does not merely oppress them but it is negotiated

and resisted at different discursive environments (such as the home/family) (Jackson & Mazzei, 2012). There is also often no "single source of power" that may be negotiated or resisted as power relations are idiosyncratic to situations (Foucault, 2000, in Jackson & Mazzei, 2012, p. 59). Rather, as Foucault suggests, power "is everywhere; not because it embraces everything, but because it "comes from everywhere" as power relations are constantly negotiated between individuals, the conduits of power (Foucault, 1978, in p. 93). The resisting and negotiating of power relations can be done using different techniques, such as accusations and rebuttals (Jackson & Mazzei, 2012).

Power is not something that belongs to a person or group, but rather it is everywhere and there are many different forms of it (Gavey, 2005). For example, the act of sexual intercourse and sexuality can be seen as a form of power, as it is a way of maintaining social control since it positions men and women in certain ways within society (Foucault, 1980, 1981, in Gavey, 2005) where men have more power over women and that sexual intercourse is meant to be available to men whenever they desire it. Foucault (1981) also suggested that the act of sexual intercourse for reproduction rather than pleasure could be seen as a way of regulating society and regulating sex as a discourse where heterosexuality and coitus are natural and culturally produced and thus seen as the norm (in Gavey, 2005).

Foucault (1997) suggests that there is not a "unified, central agent of power in society" but rather that it is widely distributed, and functions in a diffuse and intimate manner (in Connell, 2002, p. 59). Power also functions in a discursive manner, that is, it is reproduced in the way we think, talk and write. It functions not far away, but close up, on people bodies, as well as influencing the way people identify themselves and their place in the world. However, this discursive power can be contested and resisted (Connell, 2002; Gavey, 2005).

Resistance is an important part of the concept of power in that "where there is power, there is resistance" (Foucault, 1978, p. 95) and indeed can only be exercised over free subjects (Foucault, 1979, in Gavey, 2005). Freedom in this sense is taken to mean that individuals are free to choose from a number of ways of behaving, and freedom is mutually exclusive with power; that is, where there is power there is no freedom (Foucault, 1982, in Gavey, 2005). This resistance to power can perhaps be seen in ways in which women may resist their oppressive situation by drawing on a discourse of human rights which entails being treated equally to men.

Foucault suggests that resistance brings about change and that this is linked to the shifts in knowledge throughout history (in Faith, 1994). That is, "resistance to power is resistance to specific

strategies by which power relations are patterned" (Faith, 1994, p. 58). It has also been suggested that resistance may not occur in one wave, but in different places and perhaps addressing different groups within society. Examples of resistance can be seen at the level of the body in structures such as counselling for women experiencing IPV. These forms of resistance, manifested in these structures and procedures could be seen in the example of a rights discourse. Ironically, women are making use of the male-dominated system of power to challenge "a privileged male system of rights" (Faith, 1994 p. 60). The manifestation of these discourses of rights and empowerment utilised by women also shows that, as Foucault suggests, freedom is ubiquitous if there are power relations everywhere, as one can make use of power in order to free themselves (in Faith, 1994).

3.8.1 The power/knowledge nexus

In examining the above discussion on power, it is important to consider the nexus between power and knowledge. Power, as aforementioned, should not be considered a 'thing' but rather it should be seen as a "relation – as always, moving and circulating among people – also enabl[ing] a different analysis of knowledge: how knowledge is an *effect* of power" (Jackson & Mazzei, 2012, p. 49). Power relations have interweaving effects (Foucault, 1980b). In *Power/Knowledge: Selected Interviews and Other Writings*, Foucault (1980c, p. 119) suggests that what allows power to continuously operate and be accepted is that it creates discourse, knowledge and pleasure, it "doesn't only weigh on us as a force that says no". In Foucault's (1980c) analytics of power, he is concerned with the multiple functioning of power within certain networks of relations (i.e. how power works and the effects it produces). Specific practices within networks of power relations are important, not for their meanings or truth value, but rather for the way in which they spread knowledge and how they continue or disrupt power relations (Foucault, 1980c).

Knowledge can also be seen as an effect of power (Jackson & Mazzei, 2012). Power and knowledge do not restrain one another but rather they "merge and become visible as forms of power/knowledge in cultural and material practices within specific conditions" (Jackson & Mazzei, 2012, p. 60). Power can be manifested in the restraint or dissemination of knowledge and knowledge can be seen in activities that are practices of power, such as refusing or confirming certain subject positions. When discussing knowledge, Foucault made the distinction between *savoir* and *connaisance*, both of which refer to knowledge (1980, Dreyfus & Rabinow, 1983, in Jackson & Mazzei, 2012). *Savoir* refers to knowledge which one constructs about oneself and it is produced in relation to, and the experience of, others: sociological knowledge (Foucault, 1978; Foucault, 1980d). It is an active type of knowledge and "captures a subject's process of modification and transformation" and how they respond to the world (Jackson & Mazzei, 2012, p. 50). *Connaisance* denotes the knowledge that the

subject receives, rather than influencing the way a person participates in the world, actively creating it or responding to it through social processes (Foucault, 1980, in Jackson & Mazzei, 2012).

Power and knowledge are continuously working with one another in human social practices. Power is not knowledge and vice versa but rather they express one another and are effects of one another (Foucault, 1980e). The power/knowledge nexus allows us to see "how people's actions are local reactions and responses, even struggles and resistances, and are temporarily embedded within specific, and shifting, relations of power" (Jackson & Mazzei, 2012, p. 49). They are also both linked to the subject in that power produces certain types of knowledge about people (the subject) and thus allows us to see how people are understood and might navigate, negotiate, accept and disrupt associated power relations and knowledge about themselves. Thus, the subject may respond to power relations in different ways over time according to what knowledge they absorb, process and then transform when they manifest it. An example of this might be a woman becoming subordinate to her husband through knowledge that he is the head of the household and has the right to physically discipline her. Once she has absorbed new knowledge about human rights, and thus new knowledge about herself, she may attempt to resist the violence and unequal power relations as she now knows that it is unacceptable.

Although understanding power through a Foucauldian lens has many helpful aspects in research in providing us with the links between discourse, power, subject positions and language, it is important to note that criticisms have been levelled at Foucault's theory of power linked to sexuality and gender (Gavey, 2005). This is because he has not adequately discussed the dynamics of gender: how sex may be used as a form of power that may be different between men and women (Gavey, 2005). Foucault has also been criticised for being dismissive of gender when he unpacks the discursive foundations of power relations and "thereby represent[s] and contribute[s] to the androcentricity of dominant discourses" (Faith, p. 61, 1994). Thus, theory on gender power relations is necessary to provide a more holistic understanding of IPV in my research, which will be unpacked in the following section.

3.9 Gender, power relations and IPV

Gender "is a way in which social practice is ordered" (Connell, 1995, p. 71). That is, in terms of gender procedures, life is organised according to a "reproductive arena" such as human reproduction and bodily make-up: what we do with our bodies (Connell, 1995, p. 71). Gender relations are an important aspect of social structure and thus related gender politics are "the main determinants of our collective fate" (Connell, 1995, p. 76).

Connell (2002) suggests that gender, like discourses, is not a stable state; one is not born masculine or feminine but rather "acquires and enacts masculinity [or femininity] and thus becomes a man [or a woman]" (p. 4). Nature does not determine our womanhood or manhood and these categories are also not solely imposed upon us from the outside. We instead construct ourselves as feminine or masculine by how we conduct ourselves and also how we respond to the "place we have been given" (Connell, 2002, p. 4). That is, gender is constructed in our social interactions (Connell, 1995). Gender relations then, the way people respond to and interact with one another through the reproductive sphere, should be understood as not isolated actions but rather actions displayed within larger social spheres and thus "when we speak of masculinity or femininity we are naming configurations of gender practice" (Connell, 1995, p 72) including the discourses of expected behaviours of femininity and masculinity which links to these behaviours.

Connell (2002, p. 9) links gender to social structures by suggesting that gender is "a matter of the social relations within which individuals and groups act", the patterns among which are known as "structures". Thus gender can be viewed as a social structure. It is a design in our social arrangements and these arrangements control our everyday activities by bringing awareness about bodily distinctions and related behaviours. Power structures serve to socially reproduce and constrain these gender arrangements and thus they often appear to be static (Connell, 2002). However, like discursive power, they are able to be challenged or resisted through knowledge, laws, campaigns, et cetera. This is because gender identities are discursively produced and discourses themselves are flexible (Connell, 2002).

In relation to the discourses of masculinity and femininity, one can identify a discourse through the organisation of concepts, opinions, ideas, and related ways of behaving and thinking which are created within a context and as a consequence of thoughts and behaviours (Mills, 2004). Thus it is also possible for there to be discourses of masculinity and femininity due to the different behaviours linked to these discourses which people take up when they define themselves as gendered subjects. These discourses, then, create the boundaries for what it means to be male or female. One engages with certain discourses when one claims a particular identity. For example, a woman might subscribe to a discourse of heterosexual femininity when taking on the identity of a woman by subscribing to a feminine discourse which may dictate what she is expected to wear, her posture or how she perceives herself and others in terms of power relations.

There are also links between gender identity and the discourses attached to gender. Wendy Hollway, a post-structuralist critic of psychology, suggested that gender identities are constantly

fragmenting and moving because "multiple discourses intersect in any individual life" (1984, in Connell, 1995, p. 72). This is located at the site of ideology, culture and discourse, where gender is arranged according to social and symbolic practices which outlive individuals. These symbolic and social practices could include the constructions of, for example the aforementioned concept of hegemonic masculinity (to be addressed later in this section) which could be viewed as a masculine system of control. There is a gender configuration of a masculine system of control in many spheres of life, including practical routines, division of labour as well as "ways of mobilizing pleasure and consent" (Franz et al., 1989, Grant & Tancred, 1992, in Connell, 1995, p. 73). Connell (1995) links pleasure and consent with sexual desire which can also be connected to gender order. Connell (1995) asks whether pleasure is given and received equally and whether the relationships are coercive or consensual, which leads us to question the link between heterosexuality and male dominance in society. Gender arrangements can serve to create sources of identity, recognition and pleasure whilst simultaneously can be viewed as places of harm and injustice, as different masculinities or femininities are accepted or rejected (Connell, 2002).

Leading on from the previous unpacking of the concept of gender, masculinity is a "fairly recent" concept, developed over the last few centuries (Connell, 1995, p. 68). Connell suggests that it is important to understand the link between masculinity and men's bodies as "true masculinity is almost always thought to proceed from men's bodies": it is expressed through men's bodies and is in inherent in them (1995, p. 45). The body can limit action, such as the discouragement of homosexuality or caring for children, or it can direct (aggressive) action, such as being violent or lustful. The control of emotions and the denial of sexuality are also important aspects in the construction of masculinity (Hearn, 1987, Siedler, 1989, in Connell, 1995). This, in turn, suggests that if someone is unmasculine, they would manifest different types of behaviour, for example, displaying a lack of interest in sexual conquest or being peaceful as opposed to being violent. Masculinity has often been thought to be unchanging; that men cannot change (Connell, 2002). Various discourses lend themselves to this construction, as we use the terms 'natural men', 'real men' and 'deep masculine' to refer to this unchanging state of masculinity (Connell, 1995, p. 45). In this way, perpetrators are also often excused for their behaviour because they learnt it through their own abusive fathers and thus they did not know that there were alternative (non-abusive) ways of being a husband/partner and/or father (see Jewkes et al., 2002; Rasool Bassadien & Hochfeld, 2005). It is important to understand that masculinity is not something that should be viewed in isolation, or as an object, but rather that it is part of a larger gender structure. One should view masculinity in relation to femininity; that is, how men and women conduct their lives in relation to one another. Thus, masculinity can be perceived as "simultaneously a place in gender relations, the

practices through which men and women engage in that place in gender, and the effects of these practices in bodily experience, personality and culture" (Connell, 1995, p. 71).

Within the concept of masculinity, it is salient to consider hegemonic masculinity as an important concept in understanding IPV and IPV during pregnancy. 'Hegemony' is a concept derived from Antonio Gramsci's work on class relation analysis and denotes the "cultural dynamic by which a group claims and sustains a leading position in social life" (Connell, 1995, p. 77). The concept of multiple masculinities across race and class strata has become a common recognition, but Connell (1995) warns against thinking about, for example, *a* middle-class masculinity or *a* black masculinity (italicised in the original). Rather, it is important to understand the relations between them and thus the term 'hegemonic masculinities' is more acceptable. This is because there are different masculinities acted out across race and class strata (for example, Western versus African masculinities, or middle-class versus upper class masculinities). Manhood should thus be considered a "social practice" that reveals itself in various forms and therefore should be spoken of as 'masculinities' in the plural form (Ratele, 2008).[4]

The ideals or models of hegemonic masculinities theory include: engaging in risky sexual behaviour; "an essentialised and uncontrollable sex drive" (Lindegger & Quayle, 2009, p. 43); obligatory heterosexuality to emphasise manhood and dominance[5] and a lack of emotion entailing lack of vulnerability (Courtenay, 2000, in Myrie & Gannon, 2013; Khunou, 2008, Luyt & Foster, 2001, Waetjen & Mare, 1999, in Lindegger & Quayle, 2009). This relates to the idea that masculinity is often seen to be embodied through toughness, (Courtenay, 2000, in Myrie & Gannon, 2013) competitiveness, dominance, aggression, assertiveness and a sexual appetite whilst women are characterised as being modest, emotional, irrational, passive and dependent (Vogelman & Eagle, 1991). Other tenets of hegemonic masculinity include men regarding women's bodies as objects, providing for their female partners (Khunou, 2008, Luyt & Foster, 2001, Waetjen & Mare, 1999, in Lindegger & Quayle, 2009) in turn placing women in a subordinate position (Pattman, 2002, in Lindegger & Quayle, 2009) and men holding the sexual decision-making power in relationships (Horizons Report, 2004, in Lindegger & Quayle, 2009). Men may also sometimes feel that they are

[4]Ratele (2008) also suggests that hegemonic masculinities, situated within studies of inter-group power relations, are often researched in highly-industrialised, high income countries. This may in turn fail to understand the intricacies of violence in the poorer African context, influenced by different history and culture. This could result in African hegemonic masculinities possibly being viewed as subordinate to, or less important than, Western hegemonic masculinities which should not be the case.

[5]Heterosexuality was also noted as an important feature of South African relationships, where the man is often the (usually sexual) initiator of these relationships and often assumes power in the relationship whilst the woman is the expected complier (Vogelman & Eagle, 1991).

socially expected to beat their wives and thus engage in such behaviour (Campbell, 1990, in Vogelman & Eagle, 1991; Eaton et al., 2012; Jewkes et al., 2002).

Hegemony does not mean total control and is not automatic, but rather it is able to be disrupted and is can even disrupt itself (Connell, 1995). This is unpacked in the idea that hegemonic masculinity is not a fixed character type, always and everywhere the same. "It is, rather, the masculinity that occupies the hegemonic position in a given pattern of gender relations, a position always contestable" (Connell, 1995, p. 76). When hegemonic masculinity comes under threat, one way of addressing it is through violence. Throughout history, men have assumed the role of being in control of, and having power over, women, (Delius & Glaser, 2002, in Jewkes, 2009) at times through violent means (Jewkes, 2009). Thus, "violence against women manifests as an intrinsic, pervasive facet of gender relations" (Vogelman & Eagle, 1991, p. 210). Ratele (2008, p. 516) elaborates on this idea by suggesting that hegemonic masculinity is "a mesh of social practices productive of gender-based hierarchies, including violence that supports these hierarchies; that is, the unequal relations between females and males *as groups*" (emphasis in original). Coercive sex is also viewed, through a hegemonic masculine lens, as an "expression of love" (McPhail, 1998, in Lindegger & Quayle, 2009, p. 46). This is because the cycle of violence being viewed as a normative social practice has blurred the lines between what is considered consensual and coercive sex within relationships and "young women internalise male notions of teenage love [as] having to include sex and [IPV] as an expression of love" (Wood & Jewkes, 1997, in MacPhail, 1998, p. 78).

There are different types of masculinities existing in social and cultural practices at different social-historical moments and one type of masculinity will be exalted over others (Connell, 1995). Thus hegemonic masculinity is seen as a currently recognised tactic, or a cultural dominance within society. Hegemonic masculinity, then, can be defined as "the configuration of gender practice which embodies the currently accepted answer to the problem of legitimacy of patriarchy" which in turn ensures, or is assumed to ensure, the subordination of women by the dominance of men (Connell, 1995, p. 77). The mark of hegemony is manifested in the successful claim to authority rather than direct violence, although direct violence often supports or establishes this authority. This is because, within hegemonic masculinity, as with masculinity itself, certain groups of men and women are subordinated (Connell, 1995). Within each group, we would find complicit, dominant and subordinate masculinities.[6] Homosexual men, for example, are placed at the bottom of the

[6]This also rings true for the phenomenon of different African masculinities, where males find themselves not only "gendered subjects" but also subjects of ethnicity (for example "black South African language speakers versus black language speakers from other African countries"), race (white versus black) and political choice (Ratele, 2008, p. 521). In this way, there is a complicated relationship between African hegemonic masculinities and Western hegemonic

gender hierarchy, as obligatory heterosexuality is considered important. This is because homosexuality is often likened to femininity which is also subordinated.[7] Women are expected to make themselves sexually accessible to men and thus heterosexuality is thus also forced on, disciplined into and expected of, other men (Connell, 1995). In this way, certain groups in society are also marginalised as one group takes authority and subordinates others.

These gender politics within masculinity can thus be seen to exploit, intimidate, exclude, include, et cetera (Connell, 1995). Control can also be seen in the phenomenon of IPV, where husbands beat their wives as they feel they are "exercising a right, maintaining good order in the family" and punishing wives for not doing their housework effectively (Connell, 1995, p. 213.) Hegemonic masculinity can thus be seen to keep its power by setting standards, establishing popular acceptance and punishing those who do not meet its standards through subordination, marginalisation and violence. Power is not maintained through institutions but rather by being continuously practiced through those interested in being in authority (Connell, 1995).

3.10 Conclusion

This chapter began by examining the paradigm of social constructionism as a lens for understanding how reality is constructed: the paradigm I will be using in order to analyse my data. The interweaving concepts of 'narrative' and 'discourse', set with in a social constructionist paradigm are important in that they allows us to understand how people shape their environment and construct their reality through stories or narratives, produced through language. Discourses are embedded within language and in turn reproduce certain power relations and position people in certain ways. The unpacking of the concepts of 'narrative' and 'discourse' and Foucault's insights into these are important in gaining a sense of how these concepts are infused with Taylor and Littleton's (2006) narrative-discursive analysis. The theoretical concepts of subject positioning and specifically power and gendered power relations and the related tenets of hegemonic masculinities embedded in the latter help us to gain an understanding of how IPV (and IPV during pregnancy) may occur due to these social structures which place men and women on different hierarchical

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masculinities as "African males are a very heterogenous group … and being a man or boy is often quite internally inconsistent" (Ratele, 2008, p. 522).

[7]Along with subordination and its related marginalisation, is the idea of complicity. Connell (1995, p. 79) argues that many men do not scrupulously practice a hegemonic masculine lifestyle, but they serve to benefit from the "patriarchal dividend" of the consequential subordination of women. Masculinities which are constructed in such a way as to perpetuate patriarchal benefits, but without the danger of being seen as the main symbols or promoters of patriarchy are thus considered complicit. This is because these men buy into and aspire to the cultural ideals of hegemonic masculinity.

levels and how IPV is used to maintain the status quo of the dominant position of men. Having outlined the theoretical concepts relevant to my research, the next chapter will look at the interview methodology, data collection and analysis procedures. My related research questions will be illuminated through the discussion in this chapter in terms of the theoretical elements of ‘discourse’, ‘narrative’, ‘subject positions’ and ‘gender power relations’.

CHAPTER FOUR: DATA COLLECTION AND ANALYSIS PROCEDURES

4.1 Introduction and overarching aim of the research

My research aimed to investigate how counsellors at two NGOs talk about their understanding of, and practices in response to, IPV that occurs during pregnancy. I was interested in analysing what discursive resources they may draw upon when they construct their narratives and micro-narratives about these, how these discursive resources position the men and women in IPV situations when they speak about them and what gendered power relations may be evident. I investigated this by means of three interviews with each participant and I used Taylor and Littleton's (2006) narrative-discursive analysis, infused with insights of narrative and discourse from Foucault, as discussed in Chapter Three, in order to analyse the selected interview extracts.

In this chapter I will begin by presenting my research questions and briefly outlining my research design. This will be followed by my data collection procedure with information about the participants and the recruitment procedure. I will also explain my data analysis procedures, including a description of Taylor and Littleton's (2006) narrative-discursive analysis which I utilised and the phases of analysis. This will be followed by ethical considerations and how the privacy, anonymity and confidentiality of the data were addressed. Following this will be a discussion about the potential consequences of the research to the participants and then a section on the credibility of my research process where I explain what procedures I took in order to be rigorous in obtaining good quality data. I close off the chapter by providing a discussion of reflexivity in my research process.

4.2 Research questions

As previously mentioned, this study is interested in investigating what discursive resources, subject positions and gender power relations may be afforded to the counsellors and men and women in IPV situations in the counsellors' narratives. In relation to these aims, I used the following research questions to conceptualise the aim of my research and to lead me into the analysis:

How do counsellors in NGO contexts talk about their understandings of, and practices in response to, intimate partner violence that occurs during pregnancy?

1) What narratives do the counsellors construct concerning:
    a) how intimate partner violence during pregnancy should be understood?
    b) their interventions with women suffering from IPV during pregnancy?
2) What discursive resources are drawn upon in the construction of their narratives?

3) What subject positions do these narratives and discursive resources afford counsellors, women and men in IPV situations?
4) What (gendered) power relations do these narratives, discursive resources and subject positions reproduce?

4.3 Research design and pilot study as a methodological refinement process

Keeping the research questions in mind, in order to collect my data, I made use of a lightly-structured narrative design interview methodology, "focus[ing] on the elicitation and provocation of story-telling [and] … narration" (Wengraf, 2001, p. 111). I decided to use interviews rather than other methods of data collection because we create narratives that are contextualised and local to our experience (Taylor 2006, in Morison, 2011) drawing upon various discursive resources in order to construct our reality and in turn positioning those about whom we talk. In relation to this, I wanted to see how the counsellors construct IPV during pregnancy and their interventions with women who have experienced IPV during pregnancy, drawing on their experiences of cases that they have managed.

I adapted Wengraf's (2001) narrative interview design to use for my interviews which were semi-structured, in-depth and audio recorded. I will explain the interview methodology below, integrating how I made use of a pilot study with a non-participant to better prepare myself for the actual interviews. The pilot interview, observed by my supervisor and a research colleague, also served as a refining process, the details of which will be discussed later in this chapter. My supervisor and I decided that we would only practice sub-sessions one and two during the pilot interview as we felt that it was enough of an opportunity to experience the interview dynamics and the workings of Wengraf's (2001) interview methodology.

4.4 Wengraf's lightly-structured depth biographic–narrative interview methodology

4.4.1 Sub-session 1: Initial elaboration of story around topics

The design of the first sub-session, according to Wengraf (2001) is not for the researcher to come to the interview with pre-defined questions based on assumptions of what he/she thinks might be shared in the interview. Rather it is to give the power to the interviewee in terms of sharing their own experience and using what they say in the first sub-session to create questions for the second and third sub-session. Wengraf (2001) also suggests letting the participant speak as long as they need to when answering questions so as not to disrupt their gestalt.

In the first subsession, I asked the pilot interviewee one question which is designed to produce a full narrative (Wengraf, 2001). This question is called a SQUIN (single question inducing narrative) (Wengraf, 2001). An example of the SQUIN which I asked following Wengraf's format (2001) and tailoring it to make it relevant to my own research is:

> "I would like you to tell me about how you understand IPV during pregnancy and how you respond to it in your practice; all the events and experiences which are important for you. Start whenever you like. Please take all the time that you need. I'll listen and my co-researcher will take some notes for her and I to discuss afterwards" (adapted from Wengraf, 2001, p. 119).

We realised afterwards that this way of asking the SQUIN was quite confusing for the participant and I had to repeat myself. We also noted that sometimes the participants might not be sure how to answer cognitively-termed phrases like 'how [do] you understand…' and 'how [do] you respond…'. We thought it might be better and simpler to say something like, 'I am going to ask you one big question and let you to speak about it. I won't interrupt. Take as much time as you need. My big question is, 'Tell me about IPV during pregnancy and tell me about how you deal with it when women come to see you''. I used this refinement of the SQUIN in my first few data collection interviews and refined it even further when the problem arose of participants only addressing one part of the SQUIN (the part about IPV and pregnancy). We refined the question to warn the participant that there were two questions coming (the second one being about interventions) and that they should address each of them as much as possible. (See the last section of this chapter on credibility of the research for more on attempts at assuring rigour).

In preparation for the TQUINs (topic questions inducing narrative) which would be asked during sub-session two, we used this time to discuss some possible TQUINs and reiterated the importance of keeping the topic questions in the order that they were spoken about in the narrative. Wengraf (2001) advises keeping this order because the interviewee has ordered their topics in a certain way as they have some thought or memory connection in that order which may not become evident to the interviewer. If the interviewer does not keep this order when constructing questions, it interferes with the participant's gestalt (Wengraf, 2001).

4.4.2 Sub-session 2: Extracting more from the topics

In the second sub-session I asked for more narration via TQUINs about the topics which emerged in the first narration as advised by Wengraf, (2001) that I wanted to follow up on. An example of a TQUIN which I asked was, '"Can you give me ANY example of an occasion when you helped a client experiencing IPV while she was pregnant?" (adapted from Wengraf, 2001, p. 141). 'Tell me

more about…' is a phrase that Wengraf (2001) suggests using to ensure that narrative-eliciting questions are asked. I utilised this phrase in the pilot interview and it worked well in terms of eliciting more data.

During the discussion with my supervisor and colleague after sub-session two during the pilot session, it was suggested that I try and avoid asking too many 'why' questions as they can become difficult to answer. We restated the importance of asking for specific cases or examples that the participant had experienced. We also suggested starting the questions with a statement such as 'you spoke about' to show that I had been following the original narrative and wanted to ask more about a topic that had been raised therein. It was suggested that I should not look at the clipboard of questions before the participant was finished speaking, as this may seem as though I am not listening and wanting to rush on to the next question. In relation to this idea of rushing, the importance of silence was also addressed as I felt that during the second sub-session in the pilot session I had rushed through the questions due to my anxiety, and had not left space between questions for the participant to reflect upon or add more narrative if they had wanted to. I was reminded that I must ensure that I use the participant's choice of words as suggested by Wengraf (2001) as there were a few instances where I was aware that I had tried to summarise what the participant had said using my own words. This then may frame the participant's thought processes in a different way as to how they were originally mentally processing things when sharing their narrative in sub-session one. This could in turn affect the data as it may not be a true reflection, or capture the essence of what they were sharing. The issues that I picked up on in the pilot interview were carried through in the actual interviews.

4.4.3 Sub-session 3: Further questions arising from preliminary analysis of sub-sessions 1 and 2

To complete the explanation of the interview methodology, according to Wengraf (2001), once the interview recordings have been transcribed from the first and second sub-sessions, the researcher returns to the site to conduct a third and final round of interviews with each participant. As aforementioned, I did not do sub-session three in my pilot interview, but I did do it for my main study. After I had conducted the first two sub-sessions with the participants from both sites, which took a period of about one-and-a-half weeks in total, I transcribed the interviews according to Ian Parker's (1992) transcription conventions which I adapted slightly (see Appendix 1) and constructed questions on the topics which I wanted to follow up on with guidance from my supervisor. The process of this will be discussed later.

In reflecting on the pilot interview, it was immensely helpful for me for various reasons. It was a useful exercise in experiencing how it felt to interview someone and the awareness of being sensitive to, respectful of, and interested in their narrative. It a;sp helped me to realise the importance of the inclusion of a co-researcher and it was indeed very helpful to have someone writing notes in the actual interviews which allowed me to give my participants my full attention. The pilot interview was also an opportunity for my supervisor and research colleagues to provide me with helpful interview etiquette and question-constructing advice which would help to elicit good quality data.

4.5 Main study

Now that I have discussed the pilot interview as a refinement process, I will go on to discuss the logistics around the main study.

4.5.1 Recruitment and inclusion criteria

The selection criteria for the participants I required for my main study were quite specific: trained counsellors/social workers from NGOs who are currently helping, or have in the past, helped a client who is experiencing/has experienced IPV whilst pregnant. Participants were recruited via purposive sampling manner as my target group was very specific.

4.5.2 Sampling and participant recruitment

In order to recruit my participants, I contacted the head of research of one of the NGOs and the director of the other. I shared my letter of consent and letter of agreement between participants and researchers with them (see Appendices[8] 2 and 3 respectively) as well as my RPERC and HHDC-cleared research proposal and RPERC letter of ethical clearance (see Appendix 4 for the ethical clearance letter) to inform them about the nature of my research. They then shared this information with their colleagues (counsellors) at their staff meetings. According to Taylor (2001), people may volunteer for interviews because they feel that their particular situation (such as where they live, or their experiences) could be of interest and value to the researcher (in Taylor & Littleton, 2006) and which they may enjoy speaking about in the interview (Redman, 2005, Taylor, 2001, in Taylor & Littleton, 2006). In my case, there were some participants at each site who informed the head of research and director respectively that they would like to be interviewed once they learnt about my

[8]Please note that on all the appendices except Appendix 1 the term "service providers" has been used instead of "counsellors". When my research was first conceptualised, I used the term 'service providers' to refer to NGO staff working with women who had experienced IPV (and IPV during pregnancy). As the research progressed, I learnt that counselling is the main part of their work (without it no IPV intervention options can be suggested to the client). Thus the term "counsellors" was used as it was felt a better term to describe the main work that they do. The use of the term "counsellors" as being more appropriate was confirmed by one of the NGO gatekeepers.

research. This was because they fit the criteria for my research as they had had experience assisting women who have experienced IPV during pregnancy, which would be useful in helping me explore my research questions.

4.5.3 Data collection sites and participants

The study was conducted with eight participants (counsellors) who all fitted my aforementioned recruitment and inclusion criteria. The participants were sourced from two NGOs located in two different urban areas of the Eastern Cape. Both NGOs use a client-centred approach in their sessions which "enhances the control and status of the client" (Chewning & Sleath, 1996, p. 390). Data were collected across these two sites for the sake of diversity (a large versus small city) and to assess whether the counsellors' narratives and discursive resources are similar across the two sites, even though it was not explicitly a comparative study. I also used two sites to ensure that I had enough participants to provide sufficient material to analyse in order to address my research questions.

The first site's services include counselling for women experiencing IPV, relationship counselling, parent-child counselling and women's empowerment. They also work together with the police and magistrate's court on IPV cases. The second site assists with rape cases and provides counselling for women experiencing IPV. They also partner with the police and magistrate's court to process paperwork and assist with logistical support and the legal aspects of cases of IPV and sexual violence (such as opening protection orders, maintenance orders, divorces, et cetera.) I chose these two sites as their counsellors deal with IPV that occurs during pregnancy on a regular basis, as opposed to antenatal healthcare settings where IPV is often overlooked as it is not their main focus (see Jewkes et al., 2002; Kim & Motsei, 2002; Kurz, 1990, in Rhodes & McKenzie, 1998).

At the first site, the interview time and date were negotiated between me and the participants according to what suited both of us. At the second site, I provided the head of research a long time in advance with the dates of the week in which I was planning to come to the site. A schedule of participant interviews was then drawn up for me, negotiated between the secretary and participants, which I received upon arrival at the site. This saved me time in approaching participants individually about my research as the interviews were scheduled in advance with the willing participants. Even though I did not have a gender specification for my participants, the counsellors who fitted my inclusion criteria all happened to be female. This links to Connell's (2002, p. 3) work on gender which suggests that women are usually "recruited into jobs that repair the consequences of violence: … psychology, and social work". All the participants were black except for one who

was white, as I had no race specification. The information about the participants is captured in the table below. I asked them to choose their own pseudonyms resulting in some English and some *isiXhosa* names.

Table 1

Participant Information

Site	Pseudonym	Race	Gender
1	Amanda	White	Female
	Mrs X	Black	Female
2	Shelly	Black	Female
	Nomsa	Black	Female
	Lwando	Black	Female
	Amandisa	Black	Female
	Duvi	Black	Female
	Leigh	Black	Female
Total number of participants	8		

I ensured before embarking on the interviews that I had co-researchers (one co-researcher per interview) who could help me with the interviews, as recommended by Wengraf (2001). I recruited the co-researchers by contacting friends and research colleagues. In the end, one of my co-researchers was a qualified psychologist, another was a psychology intern and the other was a social worker. I was unable to use the same co-researcher for both sites as no-one was available for that amount of time. Thus the interviews were assisted by different co-researchers but this did not seem to pose a problem. The co-researchers were all clearly briefed beforehand about what I expected of them in the interview process. This included how many sub-sessions there would be, what their role was during and post sub-sessions (providing containment if necessary, writing notes and co-constructing questions) and confirming that they were also familiar with and respectful about the confidentiality of the interview content that they would be sitting in on.

It is necessary at this point to provide some context for the demographics of my participants and what this may mean for the data collected. In South African society "[o]ne of the most striking features … is its stratification along class, race and gender lines" (Vogelman & Eagle, 1991, p. 214) stemming back from the apartheid era. This resultantly places whites, the politically and economically enfranchised sector of the population at the time (Shefer et al., 2008) as largely privileged, middle- to upper-class citizens and coloured, Indian and black South Africans as middle- to working-class and impoverished citizens. As noted in Table 1, all except one of my participants were black and spoke *isiXhosa* as their first language. Also, both NGOs were situated in areas that were accessible for people of a low socio-economic status. Although none of the counsellors explicitly stated the race of their clients, it is safe to assume, from the areas in which the NGOs were situated, the socio-economic circumstances, as well as the cultural practices of the counsellors themselves and many of their clients mentioned in the narratives, that they serve a mostly black, working-class clientele. It is this racial, socio-economic and cultural context in which the micro-narratives of the counsellors' experience and interventions are based, and which will be used as a means of informing many of the micro-narratives in the analysis chapters. However, it is important to keep in mind that IPV is not something which comes out of certain race or class groups (Shefer et al., 2008; Vogelman & Eagle, 1991).

4.5.4 Data collection procedure

After considering the suggestions from my supervisor and colleagues during the pilot interview, and after having recruited my participants and organised interview dates and times with them, I proceeded with my first two sub-sessions with my participants.

4.5.4.1 The first and second sub-sessions/first round of interviews

Before embarking on each interview, I explained to each participant who I was, my university, degree, and the purpose of my research. (Please see Appendices 2 and 3 for full details of what I explained to the participants about my research.) I also checked that they would be willing and available to participate in a follow-up interview a few months later. I then introduced them to the co-researcher and explained the co-researcher's job description and role in the interview. The co-researcher would sit in the corner and take notes and not ask questions during the interview. They would also be available to provide containment if necessary (as suggested by Wengraf, 2001). The interviews were conducted in English as the participants were comfortable conversing in this language, which I checked with the NGO gatekeepers before the participants were finalised.

Once I had conducted the few first sub-sessions with the participants, similar to the pilot interview, one of my co-researchers noted that the SQUIN was still quite long. She suggested that it should be broken up into two different questions so that the participants did not become confused or only answer half of the question (the one asking about IPV during pregnancy, and not much discussion on the interventions). I took this advice, and for the rest of the first sub-sessions, I said to the participants that I had two questions which I wanted them to answer: one was asking them to tell me about domestic violence during pregnancy, and the other was how they helped the women who come to see them. This seemed to help as the participants attempted to cover both aspects of the question instead of mostly focusing on the first part of IPV during pregnancy. While the participant was responding, I provided prompts (for example, 'yes', and 'tell me more') and reassurances (for example, 'that is interesting') to reassure them that I was listening to and following their narrative. I allowed the narration to continue until the interviewee made it clear that they had no more to share, according to Wengraf (2001), either verbally or non-verbally (such as a smile and/or silence).

I noted during the interviews that some of the participants felt slightly confused as to why I only asked them one question in the first sub-session. This occurred even though I had explained that I would be asking them one question and then after a break we would be reconvening to have another interview with more questions, based on the narrative that they had shared with me previously. Many of the participants were very interested to talk and said they had numerous stories to share.

After the first sub-session the co-researcher and I reviewed their notes in the 15-minute break and prepared further questions (the TQUINs) for the interviewee based on these. This exercise was very helpful as it allowed the co-researcher and myself a chance to discuss some cases in the interviews which were slightly unclear. It also allowed the co-researcher to at times draw on their own knowledge, insight and experience to make sense of some of the information which the participant had shared. We were careful to construct our TQUINs in the same order as the participants' narrative so as to respect the participants' gestalt as suggested by Wengraf (2001). In a few instances, the participants did not provide us with much narrative content from the first sub-session with which to construct TQUINs so the co-researcher and I had to think quite hard about what we thought would be useful to follow up on and how to construct the TQUINs out of these. We attempted to construct the TQUINs largely starting with a case or story from the participants' narrative, such as 'you mentioned that…' and then ended it with a question asking her to elaborate more on the case or to provide examples of other cases of this. (This was a useful tool I could draw on which I had learnt from the pilot interview.) We also constructed more TQUINs starting with

'tell me more about…' These proved to be useful in encouraging the participants to speak more about their work.

I noticed in the second sub-session that most participants were familiar with the structure and dynamics of an interview, which was clearer now that I had a structured set of TQUINs to ask which perhaps felt more comfortable for them. Many participants spoke for as long as they felt necessary and then made often non-verbal gestures to let me know that they had finished answering that question and they were happy for me to continue, such as smiling or looking down at my set of questions. The verbal gestures often included phrases like 'okay' or 'I'm done' or 'next question'. One participant, however, did not seem to be familiar with the structure of an interview and did not give me any indication that she had finished speaking after each question. I often let her remain silent when the silences came, as I was unsure if they were spaces in which she was thinking or if she did not have any more to say but was unsure how to tell me so. Sometimes I had to take the prerogative and continue with the interview as I was aware of the time it was taking out of the participants' work as counsellors. I was grateful that we had discussed silences in the pilot interview as I was aware that it was important to leave silences, even though, when working on my transcriptions after the second sub-sessions, I realised that sometimes I did not leave as long or as many silences as I should have. It was often difficult not to feel awkward during the silences but in many cases it did allow the participants a chance to say more which would have been lost if I had not allowed that silence as a chance for the participants' reflection. I was grateful for having left the silences as I felt that I did not miss out on gaining good-quality data by allowing the participants to think and speak more if they chose to in those instances.

4.5.4.2 The third sub-session/second round of interviews

After I had conducted the first two sub-sessions with the participants from both sites, I transcribed the interviews (as suggested by Wengraf, (2001)) verbatim in preparation for the third sub-session. Some of the transcriptions I passed on two friends, experienced and proficient in transcribing, in order to save some time. I used the *QSR NVIVO10* software package to play the recorded interviews and to type them into the speech box below the sound clip whilst listening to the recording. I used Parker's (1992) transcription conventions (see Appendix 1) which I adapted slightly and ensured that my transcribers used them as well. I then read through the transcriptions whilst listening to their matching interview recordings in order to check for accuracy and consistency of transcription content and convention utilisation. It was also an exercise in reflecting on the interview content, becoming more intimate with my data and seeing what parts of the narrative I wanted to follow up on before conducting the third (and final) sub-session.

In preparation for the third sub-session, in light of the research questions and on the basis of the preliminary analysis of the transcriptions, I developed a set of questions for each participant including the same type of story-eliciting questions found in sub-sessions one and two. As with the second sub-session, these questions were largely idiosyncratic to each participant's narrative as recommended by Wengraf (2001). When preparing the questions, I made comments and constructed rough questions on the parts of the transcriptions which I thought were interesting and relevant to my research questions. I then gave these to my supervisor for perusal and further comments upon her request. Her comments on a portion of them gave me a guideline as to which of my questions I should keep or change on the remaining transcriptions. Once I had collated her and my questions for all the interviews, I went back to the sites and conducted the follow-up interviews (the third and final sub-session) the time and date of which was organised in advance with each participant, in the same manner as was done with each site for the first and second sub-sessions.

The interviews which I conducted for the third sub-session were almost all much longer than the ones in the first and second sub-session. I feel that this was because I had more questions for each participant. I also knew this was the last chance I would have to interview all of them and thus I took opportunities to follow up on questions that I thought would be interesting and important to my research questions. I was much more relaxed and I think this was because I had an idea of what to expect in the interviews in terms of dynamics in the first and second sub-sessions. I also felt slightly more familiar with each participant as we had spent time together before and thus we had had had a chance to build a relationship.

4.5.4.3 Working with the co-researchers and reflections on the methodology

Working with the co-researchers was an enjoyable and helpful research experience. Their presence in the room made me feel more comfortable and relaxed, rather than being nervous about being observed (as I had felt during my pilot interview). During the 15-minute break in-between the first and second sub-sessions, we were able to construct questions quickly and productively as the interview content was still fresh in our minds. The topics also seemed to be fresh in the participants' minds when they re-joined us for the second sub-session. This saved time in the interviews as we usually did not have to remind the participants about their topics. The co-researchers and I often chatted afterwards about the content of the interviews. This allowed me some time to process and de-brief about some of the difficult cases which I had heard and felt slightly concerned or distressed about.

During the interviews, the co-researchers respected my status as the main researcher and did not at any point try to take over the interview by asking the participants their own questions. The co-researchers' note-taking during the interviews also allowed me to feel respectful to my participants as I was able to give my participants my full attention.

The co-researcher's role was especially helpful in one situation where one of the participants did not feel comfortable with our interview being recorded after the ethics had been explained to her. I was very grateful that the co-researcher, in that instance, a counselling psychology intern, was there to help me, as I was unsure at first of how to assure the participant of her anonymity. We managed this situation in a number of ways: by assuring her that the interview recording would not be shared with anyone else except perhaps research colleagues of mine who would handle the content in a respectful manner, that we would not use her real name (I made use of her chosen pseudonym in the interview to confirm this) that the co-researcher was available for debriefing if she felt it was necessary (the participant did not take up the opportunity) and that only I would transcribe and listen to her interview recording (which I did). She also said that she did not feel comfortable with her level of English but I reassured her that I could help her with some translations which I was able to do at times. When my co-researcher and I spoke about this afterwards, we came to the conclusion that the participant's level of English, and not the fact that she was being recorded, was actually what seemed to be the issue. The participant said after the interview that she enjoyed talking about her work.

In light of the above challenge, I found Wengraf's (2001) interview procedure a very interesting and useful interview methodology. I liked that the participants (counsellors) were given an opportunity to talk as the experts and to share their own experiences of IPV cases they had dealt with and the various intervention strategies they had available to them. I liked that I was not approaching the participants with pre-defined questions about what I assumed they do or do not deal with, as some of the stories they shared surprised me as I did not know that certain trends existed. I felt comfortable interviewing the participants about their work and not about IPV that they may have experienced themselves. Although a few of the counsellors did share narratives of personal experiences of IPV, I felt comfortable to have the freedom to construct questions which only elicited data about their work if this is what they felt comfortable with. It felt respectful using the language and themes they had shared when my co-researcher and I constructed the TQUINs. This was also useful in not diverting from what they had shared, or not framing what they had shared with me in a different way.

4.6 Data analysis procedures

Now that I have outlined my data collection procedures, I will turn to unpack Taylor and Littleton's (2006) narrative-discursive analysis which I used to analyse my data.

4.6.1 Taylor and Littleton's narrative-discursive analysis

My research is set within a social constructionist paradigm, drawing on Foucault's analyses of power, as outlined in the previous chapter. This theoretical orientation was used to inform my analysis of the discursive resources manifested through language, and, as aforementioned, what consequential subject positions and (gendered) power relations may be evident in the counsellors' micro-narratives. I utilised Taylor and Littleton's (2006) narrative-discursive analysis, infused with insights from Foucault's work on the interlinking concepts of discourse and narrative, in order to guide my analysis of the data gained from the interviews, the workings of which will be unpacked below. Taylor and Littleton's (2006) narrative-discursive analysis allows the researcher an in-depth data analysis as it permits one to see both the content of the narratives as well as providing the researcher with the means to examine what discursive resources were drawn upon in the narratives' construction.

Taylor and Littleton's (2006) analytical approach focuses on the "personal biography" or "narrative as a version of the interviewee's ongoing identity work across different interactions" (Taylor & Littleton, 2006, p. 23). (However, my work is not focusing so much on identity per se but more on the content of the narratives that the participants produce.) This means that the interviewee's narrative is situated in a particular time and place, but each time it is different as it is shaped by both previous versions of talk as well as understandings which exist in the "wider discursive environment" (Taylor & Littleton, 2006, p. 23). It is this environment (linked to Foucauldian insight on discourse and narrative) and how it shapes one's talk, in which Taylor and Littleton's (2006) narrative-discursive approach is particularly interested. They also believe that talk is "constitutive": (Taylor & Littleton, 2006, p. 24) and "performative" or "constructed and enacted" (Abell, Stokoe, & Billig, 2004, in Taylor & Littleton, 2006, p. 24) not merely an account of experiences as it is continuously changing and thus not fixed or stable. Taylor and Littleton's (2006) research approach is concerned with both how people present themselves to the world: how they "act upon it" (Plummer, 2001, p. 4 in Taylor & Littleton, 2006, p. 23) who they create themselves to be, as well as "who that world makes and constrains them to be" (Taylor & Littleton, 2006, p. 23). This suggests that talk is "situated" and social (Taylor & Littleton, 2006, p. 26).

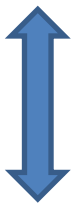
It is important at this stage to note that for my research, I infused the aforementioned steps of Taylor and Littleton's (2006) narrative-discursive analytic method with the analysis of subject positioning and power relations, enabled through the participants' discursive resources. To recap, we use discursive resources available to us, which are embedded in cultural practices, in order to produce a particular understanding of a person, experience or event (Smith & Sparkes, 2008; Taylor, 2006, in Morison, 2011). Thus, language, or one's discursive resources, "a set of meanings that exist prior to an instance of talk and [are] detectable within it" (Reynolds, Wetherell, & Taylor, 2007, p. 335) can construct the human subject (Burr, 2003). This is linked to the concept of subject positioning (see also Davies & Harré, 1990): the ways in which we situate ourselves and others when we speak about them (Gavey, 2011). The most powerful discourses are those which have become everyday common-sense and thus are difficult to identify and resist (Gavey, 2005). These are the ones, then, that we would manifest when we speak about ourselves and our experiences, and the ones that would become apparent as discursive resources in the counsellors' narratives.

4.6.2 Phases of analysis

I used Taylor and Littleton's (2006) narrative-discursive analytical method, infused with Foucauldian analytics of power, to analyse the data collected from the three interviews/sub-sessions. The break-down and discussion of my engagement with my data are highlighted in the table below.

Table 2

Phases of Analysis

PHASE	Description of Process
Transcribing, familiarisation with data, checking for accuracy  **Grouping the findings**	• At first I transcribed the interview recordings, listening to the interviews whilst reading through the transcriptions to check for transcribing accuracy and to start to gain a sense of the shape of the micro-narratives. • I asked two trustworthy friends, both proficient and experienced in transcribing, to transcribe a portion of the interviews for me due to time constraints. I then asked one of these friends, fluent in both English and *isiXhosa* to translate the necessary *isiXhosa* sections of the transcriptions into English. In line with confidentiality of the data, both transcribers signed the "Confidentiality form for Transcribers" (see

Appendix 5).

- I then generally grouped the findings of the narratives.

Narrative-Discursive Analysis	**Task 1:** Taylor and Littleton's (2006) narrative-discursive analytical method has two tasks. The first task focuses on the interviews' narrative aspect. In this task (through the use of coding in *QSR NVIVO 10* research software) I examined what kind of micro-narratives the participants constructed: how they talk generally about their understandings of, and response to, IPV in general and IPV occurring during pregnancy, and categorised them according to their content. I selected only those narratives which were spoken about the most for discussion due to time constraints for this thesis. I also attempted to understand the logical progressions within the narratives (their shape) in this task. **Task 2:** The second task is discourse-related and requires the analyst to identify "a resource within the context of a particular interview" (Taylor and Littleton, 2006, p. 29). When writing up the analysis chapters, I unpacked the discursive resources first by explaining what the discursive resources look like and their various elements. I then examined how these discursive resources were drawn upon by the interviewees in order to position themselves, men and women in relation to IPV that occurs during pregnancy and what gendered power relations surface as a result of these.

In both tasks, I was also interested in examining potential "common elements which occur across different interviews and also at different points in the same interview" (Taylor & Littleton, 2006, p. 29). This was in order to identify patterns in the material: that is, potential similarities in the narratives and discursive resources produced by the counsellors across the two sites. These findings are highlighted and discussed at relevant points in the following chapter. I will now turn to the ethical considerations that I undertook in my research.

4.7 Ethical considerations

Before commencing with the interviews I received ethical clearance from the university's RPERC (see Appendix 4) and permission to conduct the research from the two sites (see Appendix 6 for the latter) where I had planned to collect data. In order to be transparent with what I expected of the

participants in the interviews, I assured them that we would not be asking them directly personal questions: only questions focusing on their experience as counsellors helping women experiencing IPV during pregnancy. I also informed the participants that the co-researcher would be taking notes during the interview and that the participants were welcome to speak to them if they felt that they needed to de-brief about the content of the interviews which might bring up traumatic memories for them (as recommended by Wengraf, 2001). One of the participants did become upset after one of the interviews at remembering the various cases she deals with, among other things, and she and I and the co-researcher resolved this by unpacking it with her after the interview and showed appreciation for her participation. We also offered for her to speak to the co-researcher in private as a de-briefing option but she did not take up the offer as she said that she felt better after the interview.

Before commencing with the interviews, the participants signed forms indicating their agreement to participate in the research and to acknowledge that they understood what was expected of them in my research. I made sure before each interview commenced that they were comfortable with being audio recorded and that they were aware when I switched the recorder on at the beginning of the interview and then off at the end. (See Appendices 2 and 3 for the full ethical procedures I shared with my participants).

4.7.1 Privacy, anonymity and confidentiality of data

In terms of addressing the participants' privacy and anonymity in order to protect their identity, I asked the participants before commencing with the first sub-session/interview, as aforementioned, to choose a pseudonym with which they would like me to address them in the interview which I made a point of using. I also asked the co-researcher to write the pseudonym which the participant chose on the top of the page of notes that they would write during the interviews so that the signatures on their letter of consent which I would attach to their notes could not be matched to any names. The participants were informed that any personal information that they chose to disclose would be rendered so that the participants and those about whom they speak are not identifiable, for example, names of people, and also areas, shops, or work places mentioned in the interviews which could be traced back to the participants or those in their narratives. The names of the NGOs and the cities in which the NGOs are located would also not appear in any transcriptions, publications or research reports.

In terms of confidentiality with regards to the storage of data, I informed the participants that electronic data collected from the interviews (in the form of audio recordings and transcriptions)

would be stored in password-protected files and hardcopy data would be stored in a secure storage space within the CSSR building in locked filing cabinets. This would be kept for a period of five years after which it will be destroyed. Only researchers working on this research study (and other CSSR researchers which may find the data useful) will have access to these data. Confidentiality was also ensured as I asked two friends, as aforementioned, both proficient and professional at transcribing, to transcribe a portion of my interviews for me due to time constraints. Before commencing with the transcribing, they both signed a "Confidentiality Form for Transcribers" (see Appendix 5 for a blank example) in which they acknowledged that they would keep the content of the interviews private.

4.7.2 Potential consequences of the research

I anticipated that the participants might find their participation in my research beneficial as during or after their interviews they may have a chance to reflect on their professional practices: assessing ways they may be able to improve their skills or positively reminding themselves of why they do their line of work. This is something which one of the site directors mentioned may be beneficial to the participants when I first went to visit the site which confirmed that my research would be mutually beneficial. Many of the participants did indeed reveal during and after the interviews that they found it helpful to think about the kind of work which they do and that it reminded them why they have chosen to become counsellors. Some of the participants mentioned that the successful cases were also encouraging and motivational memories for them.

4.8 Credibility of the research

The credibility of the research findings is "the quality that enables one['s research] to be believed (Webster, 1828; see also Kouzes & Posner, 1993; in Farling, Stone, & Winston, 1999, p. 57). Credibility also involves the reliability of information and its trustworthiness (Bass, 1990, Clampitt, 1991, in Farling et al., 1999). These are important concepts and ones which I considered during my data collection process.

One way of checking for credibility in qualitative research, according to Elliott, Fischer and Rennie (1999) is to check one's understanding of the topics/accounts with participants. I addressed this point by asking the participants for clarification or elaboration where necessary on certain topics that arose during the second and third sub-session as far as time and opportunity would allow. As aforementioned, I found that this was easier to do in the third interview as I felt more relaxed. Another similar credibility check suggests discussing the collected data with a fellow researcher in the field (Elliott et al., 1999). I addressed this point by discussing the co-researcher's notes with

them which they had taken during the interview, as aforementioned. This allowed us to check for errors or oversights informed by the co-researcher's experience in the field, such as the refinement of the SQUIN.

Transferability of the findings, which also relates to the credibility of the research findings (O'Leary, 2005) would be revealed if the findings were similar across the two contexts. The concept of transferability (Guba, 1990) of the data also relates to the external validity of this study, which has been considered in this research project. This requires of the researcher to provide a sufficient and explicit description of the context in which the study took place so that others have the opportunity to judge whether this same data collection would be able to be conducted within a different context (Guba, 1990). I feel that this would be possible as I attempted to provide a sufficient explanation of the methodology in this chapter as well as how it was adjusted to gain good quality data, for example the SQUIN refinement. Other measures taken to ensure the collection of good quality data were to have sections of the transcriptions translated if necessary (from *isiXhosa* to English). This was to ensure that the data were understandable to me so that I was able to get as clear a picture as possible of what was happening in order to process it.

The interview methodology itself was also a way of ensuring good quality data collection. It was very respectful as it placed the participants in the position of expert. Thus, I felt that they were able to "teach" me about what they do, which I could see that they enjoyed and this created a good relationship between us, based on respect from the beginning. Using their own words and themes when creating the TQUINs and the questions for the third sub-session was also respectful and unpresumptuous and assisted in created a positive relationship which in turn also assisted in elicited good quality data. I also tried my best to make the participants feel comfortable by giving them my full attention when I was listening to them which also contributed to the elicitation of good quality data as the participants shared many stories. Finally, co-constructing the TQUINs with the co-researchers I feel also contributed to collecting good quality data. This is because they were able to share their insight into understanding the narratives and helped me to construct open-ended TQUINs which allowed for much data elicitation.

There were, however, some challenges that I faced during the data collection which I feel may have hindered me in collecting good quality data. As I already mentioned, one of the participants apologised for her lack of fluency in English. During the interview, it was not too difficult to follow her. However, when I was transcribing her interview recordings a while later, it was sometimes quite difficult to hear what she said. This means that small parts of the data may have been lost as

certain words were inaudible, even though I listened to these sections many times to try and work out what the participant was saying.

Throughout both rounds of interviews I was painfully aware of time constraints as many of the participants had appointments to attend at a fixed time an hour or two after the interview's commencement. There were some instances, especially during the third sub-session, where I would have three or four questions left to ask and I only had time for one more, so I had to choose the one that I felt was the most important. I was slightly disappointed that I was not able to get through all the questions as I feel that they did not allow me to gain as much data as I would have liked. Speaking of potential loss of narrative, I also feel, as aforementioned, that sometimes this may have occurred in instances when I did not allow the participants enough silence to think and then elaborate on their answer when it appeared that they had finished answering a question and I continued onto the next question.

Another slight data collection hindrance took the form of the recorder's batteries running out during one of the interviews, even though I made a point of checking regularly on its power level. Unfortunately, some of the data were lost due to the recording cutting out (although some of the co-researcher's notes on that section did help to fill the gap slightly). Having to make alternative recording arrangements (I recorded the rest of the sub-session on my cell phone with the participants' permission) disrupted the narrative as we moved onto the next question without realising that the previous question's answer had not been fully recorded. However, the participant herself did not appear distressed at the disruption.

4.9 Critical reflexivity in the research process

Reflexivity in research is important and denotes the "ability to notice our responses to the world around us, to stories, and to other people and events, and to use that knowledge to inform and direct our actions, communications, and understandings" (Etherington, 2004, p. 601, as cited in Morison, 2011). The need for and importance of reflexivity in the research process is emphasised by discourse analysts (Macleod, 2002). Pillow (2003) adds to this idea by suggesting that reflexivity in the research process is a mental process that should commence from the outset of the research; vigilance and critical self-awareness should be woven into the research process as well as one's analytical strategies (in Morison, 2011). Thus, reflexivity ranges from smaller observations and thoughts experienced as well as the meta-analysis of the research where the research is revisited by the researcher.

Qualitative researchers are encouraged to develop this awareness and apply it to their methodological procedures in order to develop their subjectivity, self-awareness of, and involvement in, their research. In relation to this idea, it is important for the analyst to "reflect on where s/he is coming from and his/her social positioning" (Fairclough, 2001, p. 236) as this may influence what is discovered in the data under analysis. I as the analyst am influenced by my upbringing, and thus how I make sense of the world due to the experiences of my upbringing. I have been born into certain discourse positions such as race (white) class (middle) and gender (woman) and some I have chosen to buy into such as religion (Christian) (Frosh, Phoenix, & Pattman, 2003, in Frosh & Emerson, 2005). There may be assumptions made on my part about the narratives under analysis due to how my discursive positioning influences how I make sense of them. This relates to Bakhtin's (1981) idea that "there is no creation of language in the discourse that is not influenced by certain social groups, classes, discourses, conditions or relationships" (in Li, 2009, p. 91). In relation to these aforementioned ideas, when undertaking this analysis and according to recommendations for good qualitative research practice, I attempted to ensure as far as possible that I mentally "own[ed] [my] perspective" in that I "attempt to recognise [my] values, interests and assumptions and the role these play in [my] understanding [of the texts under analysis"] (Elliott et al., 1999, p. 221; Frosh & Baraitser, 2008). These will be discussed later on in this section.

In terms of the interview process, Bhavnani (1990, in Macleod, 2002) suggests that there are two types of power relations within a research relationship which are important to keep in mind when firstly considering the quality of the data and secondly analysing it. The first is the researcher's position as the expert. However, as aforementioned, I did not feel that I was an expert entering the interviews with pre-defined questions based on assumptions that my participants might share. I rather placed the interviewees in the position of expert and allowed them to share their expertise with me, using their narratives of their expertise and experience to construct further questions. How I analyse the micro-narratives will bring a sense of "scientific legitimacy" (Macleod, 2002, p. 19) as I have engaged with literature in this field and have drawn on it, as well as being aware of my own aforementioned assumptions or understandings of the data in order to make sense of the narrative and discursive content.

The second aspect of power relations in the research relationship are those which may occur because of race, gender or class differences between the researcher and the participants (Bhavnani, 1990, in Macleod, 2002). This relates to how the participants view the researcher (thus demonstrating 'interactive positioning' where one person positions another) (Davies & Harré, 1990) and how this may influence what was shared in the interviews. When reflecting upon this, I did not feel that my presence as a young, white researcher had a great influence on what most of the

participants shared. In a few instances my race and home language of English was apparent when some of the counsellors apologised in advance for not being able to speak English well. The fact that the counsellors felt a need to apologise speaks to the power relations inherent in command of English as a colonial language. However, the co-researcher and I did manage to follow the content of their interviews without much difficulty. Sometimes the participants aligned themselves with me in terms of gender when they used the term 'us' inclusively to talk about women, and the shared problems we as women experience, such as being subordinated within society. I also feel that they were probably more comfortable talking to me as a woman about IPV, as in many instances the man in their micro-narratives was the perpetrator and thus they positioned him as the 'other', whom both the participants and I were different from.

On the other hand, I did at times notice a definite difference between me, a white, educated, well-resourced, middle-class woman, and my participants (all of whom, except one, were black and lower-middle class). This difference between the participants and myself could be seen in such references as 'in the *isiXhosa* culture' or 'in our culture', which would refer to the culture of being black, often still making use of traditional African cultural practices. In the case of the phrase 'in our culture' the 'our' was an exclusive 'our' as I, as a white person, do not belong to the *isiXhosa* culture. This is interesting to consider in the context of "increasing Africanisation, both within educational institutions and elsewhere, [where] 'whiteness' becomes equated with 'imperialism' and 'oppression'" (Macleod, 2002, p. 19). Thus, a definite distinction was often made during the interviews between the cultural, racial and thus experiential standpoints of the participants and myself. This race and class difference, however, did not manifest negatively or make me feel marginalised or segregated from them, but rather provided opportunities for the participants to share aspects of their culture that were helpful to me in gaining a better understanding of the phenomenon of IPV and IPV during pregnancy in their narratives.

In light of the above discussion on how interview dynamics may influence how the data are collected and then how the data are analysed and understood, another credibility check that I adhered to was making field notes during the course of the data collection stage. These notes allowed me to go back to my observations and impressions of the interviews conducted at each site and how they helped me to further make sense of the interview findings. According to the guidelines for qualitative research, proposed by Elliott et al., (1999, p. 221) I also attempted to address this point of credibility of my findings by "ground[ing] [my findings] in examples" as far as possible in order to substantiate and further illustrate my findings when writing up my analysis.

4.10 Conclusion

In this chapter, I discussed my data collection and analysis procedures, including the pilot study as a refinement process where I was able to learn measures that would ensure as good quality data as possible through the use of Wengraf's (2001) interview methodology. I provided a description of Taylor and Littleton's (2006) narrative-discursive analysis and phases of analysis in which I will be infusing insights from Foucault of the concepts of narrative and discourse in order to gain an in-depth analysis into the counsellors' narratives: their understanding of IPV during pregnancy and how they intervene. Thus, how the speakers' talk on the micro scale is influenced by discourses on the macro scale. I included a reflexive account of how I as a white researcher may have influenced the collected data which the mostly black participants were sharing, but how this added insight into the data. I also included an introspective discussion into how my discursive positioning may influence how I analyse the data as qualitative research is never fully free of political and social influences. In the following chapter I will cover the process of the analysis of selected extracts of the transcriptions produced from the data collection interviews and the presentations of the main findings of that process.

CHAPTER FIVE: ANALYSIS AND DISCUSSION
DISCURSIVE RESOURCES THAT THE COUNSELLORS DRAW UPON IN THEIR MICRO-NARRATIVES

5.1 Introduction

Having outlined my data collection and analysis procedures I shall now commence with my analysis and discussion of the selected interview transcription extracts. This is the first of two chapters in which I will present the analysis and discussion of my research findings. This chapter consists of two parts. In the first part I will unpack the discursive resources[9] which the counsellors[10] draw upon in order to construct their narratives. This will provide a base/context for the discursive resources that are identified in the micro-narratives in this and the following chapter. The second half of the chapter will look at how the counsellors speak about IPV in general, drawing on the discursive resources which were unpacked in the first half and examining the subject positions and (gendered) power relations that these make available. I will now examine the discursive resources that the counsellors draw upon in their micro-narratives. These include the discursive resources of 'traditional 'African' culture', 'patriarchal masculinity', 'nurturing femininity', 'female victimhood', 'female survivorhood' and 'human rights'. Throughout the analytical chapters I have inserted sub-headings where necessary for ease of reading.

5.2.1 Traditional "African" culture

Traditional "African" culture was one of the discursive resources which the counsellors drew upon in their micro-narratives. Within traditional "African" culture, women are expected to respect men, and there is competition between the man and newborn child for the partner/mother's attention resulting in separation. Talk about contraception is considered taboo as well as seeking the advice of a counsellor. These will be unpacked in turn below.

The counsellors constructed 'traditional African culture' as requiring the women to respect the men as seen in Extract 1:

Extract 1:

R: (.) So the woman has to:: listen to the man?
Amandisa (P4): Mmm mmm [yes] /mmm/ our culture /yes/ …
R: …
Amandisa (P4): …*sihlonipha amadoda and amadoda azibheka ngathi zinkosi* [we respect the

[9]Please note that the terms 'discursive resource/s' and 'discourse/s' will be used interchangeably.
[10]Please note that the terms 'counsellor/s' and 'participant/s' will be used interchangeably.

men and men act like they are kings] big king /like the king *ja* /yeah/ if *ufuna into yonke eh::funeka ucele u:: ul:: u:: ingathi ungumntana but ungumfazi wake uyabona* [if you want anything you have to beg for it as though you were a child even though you are his wife]

Here Amandisa states the importance of women respecting men in "our culture" (meaning 'traditional "African culture'). This requirement of respect, however, is seen as belittling of women: that in "our culture" men are treated like kings and that women have to beg the men if they need anything. Here we can see the manifestation of an element of hegemonic masculinity, a "configuration of gender practice" which ensures, or is assumed to ensure, the subordination of women by the dominance of men (see also Connell, 1995, p. 77). That is, what is noted in this extract is likely a patriarchal gender order and set of power relations (of which hegemonic notions of masculinity are a part) playing out in the context of marriage and the family within a traditional "African" cultural context. This in turn highlights unequal gendered power relations between men and women within the discourse of 'traditional "African" culture'.

Within the discourse of 'traditional "African" culture', the counsellors shared that there may be competition for the partner's/mother's attention between her male partner and the newborn. This may result in the male partner leaving her for a while. This is noted in Extract 2 below:

Extract 2:

Leigh (P6): first of all:: as a… new mother /mmhmm/= you focus … to the child /mmm/ … (.) so… in the house there is a competition between … the husband [and] the child … and also that … in our culture /mmhmm/ when you:: have:: a … newborn baby you must stay with the elders:: … so:: the husband (.) get (eh) the chance to:: have … another woman … outside… the relationship

As noted above, in "our culture" (traditional "African" culture) women are expected to care for their newborn. This time of separation during the breastfeeding period is known as *ukwalisana:* where it is acceptable for men to philander (see Leclerc-Madlala et al., 2009). Traditionally, once the child is born into the relationship, post-partum sex is not promoted until the wife has stopped breastfeeding the child, which can sometimes last as long as a year (see Leclerc-Madlala et al., 2009). It is thus acceptable during this period for the man to seek sexual satisfaction outside of the marriage as sexual intercourse with his wife during this period is thought to "pollut[e] the blood of the child" resulting in negative health consequences for the child (Leclerc-Madlala et al., 2009, p. 21). Alternatively, women are expected to stay at home and take care of the child as noted in the extract above, during which period they often stay with the elders and the women are not permitted to have external affairs. In this way, men are constructed as adulterers within the discourse of 'traditional "African" culture.

Some of the counsellors shared that within the discourse of 'traditional "African" culture, it is considered taboo to talk about contraceptives. This can be noted in the extract below:

Extract 3:

Duvi (P5):	… mostly you see that in our culture /mmm/ (.) we don't talk about those things [contraception] =/mmm/= there are few people who do talk (.) they just … grow up (.) they just eh *nantsika* get ... pregnant =/mmm/= without planning =/okay/= mmm =
R:	So it's not a big thing to talk about
Duvi:	It's not a big thing (.) it's not a big thing
R:	… Why don't people talk about it? =/why/= *ja*
Duvi:	… maybe it's embarrassing =/mmm/= because you see that … during my time we were not exposed to see … in a Model C [school] you see =/mmm/= we even (.) learn a lot from our children who are exposed to those schools

In the extract above, we can see that Duvi shares that it is "embarrassing" to talk about contraception in her (*isiXhosa*) culture. This may result in women becoming pregnant "without planning" to. The taboo surrounding talk of contraception links to the lack of condom use in long-term relationships because of the assumption of trust and commitment of each party (Halperin & Epstein, 2007). Condom use in some marital relationships is regarded as wasting sperm as well as interfering with the important concept of fertility in some African cultures (see also Caldwell et al., 1994, Grieser et al., 2001, Lachenicht, 1993, in Leclerc-Madlala et al., 2009). If a woman attempts to negotiate condom use she might be challenging her partner's fidelity (even though this is a relatively accepted practice within the discourse of 'traditional "African" culture') or he might suspect her of being unfaithful (see also Campbell, 2002; Jewkes, 2009; Pallitto et al., 2005)) which is not widely accepted within the cultural discourse. We can see in the above extract that views around contraception may be starting to change, though, as the older generation are learning about contraceptives from their "children who are exposed to [education about contraceptives] in … Model C [schools]".

Along with the existence of a taboo in terms of discussing contraception, another taboo within the discourse of 'traditional "African" culture', as shared by one of the participants, is that of seeking advice from a counsellor. This is noted in Extract 4:

Extract 4:

> Amanda (P7): with the cultural difference::s … like in the *Xhosa* culture … it's actually very infra dig[11] (.) to go to a counsellor /mkay/ you are meant to sort it out yourself or … to sort it out with your elders =/mmm::/= um (.) if your elders can't sort it out you go to your priest and then =/okay/= and only then … people go to a counsellor … a lot of my clients … by the time they come here they've done [been to] their elders and they've done [been to] the priest and now they're at [name of organisation]

In the extract above, Amanda makes it quite clear that in 'traditional "African" culture, seeking the help of a counsellor should be considered the last resort in terms of conflict resolution ("it's actually very infra dig to go to a counsellor"). There is an order which should be followed first: firstly with one's partner, failing which, consulting the elders, then a priest and then only a counsellor. This relates to the idea that elders are often consulted for advice as their opinions are considered quite important in African communities (Rasool Bassadien & Hochfeld, 2005).

5.2.2 Patriarchal masculinity

The discourse of patriarchal masculinity is also drawn upon in the counsellors' micro-narratives and constructs men in a variety ways. Within the discourse of 'patriarchal masculinity' as drawn upon by the participants, men are positioned as the head of the household and financial providers and maintain control by disciplining their wives. These will be unpacked in turn in the following sections.

Within the discursive resource of 'patriarchal masculinity', as aforementioned, the counsellors positioned men as heads of households. In this role, they are the financial providers whilst women, according to the counsellors, are financially dependent on men, notable tenets of hegemonic masculinity (see also Brownridge et al., 2011; Connell, 2002; Hof & Richters, 1999, and Vogelman & Eagle, 1991). In this light men may also often perceive that they can control those whom they finance, as noted in Extract 5, linked to Extract 6 below:

Extract 5:

> Shelly (P1): some of [the] women are staying with … their husbands =/mmm/= because they don't have the sustainability of finance

Extract 6:

> Duvi (P5): most cases you see it's the power =/mmm/= that made men to be abusive =/mmm/= they think that … they own this woman =/yes/= they own the children =/m mm/= they own everything (.) so no one (.) can change their mind set =/mmm/= if they want some things to happen this way (.) it must go that way (.)

[11] "Beneath one's dignity, unbecoming" (Sykes, 1982, p. 514).

Women's staying with their partners for financial stability limits the possibility for women's agency and predisposes them to the risk of IPV as they may find it difficult to leave the IPV relationship, according to the participants. This phenomenon also relates to Connell's work on gender relations where he suggests that men often feel that women are "their property – to discard if they wish and to kill if need be" and to treat as they will (2002, p.2). In this way, men are generally positioned as the perpetrators of IPV, whilst women are the victims of IPV.

In relation to this, within the discourse of 'patriarchal masculinity', the counsellors constructed women as being financially dependent on men which may cause them to feel bound to them, especially if they are pregnant. This can be noted in the following extract:

Extract 7:

Shelly (P1): …when I was pregnant (.) I was like 'what I must do?' (.) 'what is going to happen because I am carrying this child= /mmm/ =now he's … chasing me out … (1) … what is going to happen because …I'm not working?'= /mmm (1) sure/ (.) so:: when he's chasing me … out I really just come … back again 'cau::se [I] was like (.) 'who's going to maintain?...'

Shelly, sharing her own experiences of IPV in this extract, highlights the discursive resource of men as heads of households and financial providers within the discourse of 'patriarchal masculinity'. In this way, women are positioned as inferior subjects as they are financially dependent on men (see also Brownridge et al., 2011; Connell, 2002; Hof & Richters, 1999, and Vogelman & Eagle, 1991) and thus have little agency/power when attempting to leave an IPV relationship. This finding reveals unequal gendered power relations between men and women within a financial context in an IPV relationship.

Within the discourse of 'patriarchal masculinity', the counsellors shared that husbands maintain control in the household by disciplining their wives through the use of IPV (see also Connell, 1995; Kim & Motshei, 2002). This contributes to the context where IPV can occur, as can be seen in the extract below:

Extract 8:

Mrs X (P8): back in our culture (1) eh:: it was normal for a:: male to hit a woman /mmm/ and … there was nothing done by that [there was nothing done about it] and even =/mmm/= our traditional leaders would say, 'no (.) … the man … must discipline (.) his wife' =/mmm/= so I think that is what h::as promoted the violence…

In Extract 8 we can see that men's disciplining their wives is not perceived as IPV as it is part of everyday marital relations: it is in fact condoned by "traditional leaders": "the man must discipline

his wife" (see also Rasool Bassadien & Hochfeld, 2005). This condoning of IPV in turn predisposes women to the risk of IPV as it is not considered a problem which should be addressed. This in turn perpetuates unequal gendered power relationships between the men and women: men having power over women through IPV.

5.2.3 Nurturing femininity

'Nurturing femininity' was a discourse which the counsellors drew upon very often in their narratives. Women being bound to their children through the metaphorical *inimba* (see Gobodo-Madikizela, 2011) was revealed as an element of the discourse of 'nurturing femininity'. This can be seen in Extracts 9 and 10 and extended in Extract 11 below:

Extract 9:

Shelly (P1): The woman:: (.) is having (.) that thing called … umbilical cord =/mmm/= you know (.) a woman cannot <u>just</u> do things =/mkay/= … in *Xhosa* we call it *inimba*… the man do not have that =/yes/= it's only women =/mmm/= that is why they taking time to act even if the woman … is in an abusive situation (.) it [she] takes time to <u>act</u> =/mmm/= on it =/okay mmm/= it's because they have that *inimba*

Extract 10:

Shelly (P1): They [women] also think about the baby … they also think about the man =/mmm/= they also think about the people around them =/mmm/= she's not thinking about her only … it's not easy to act as a …woman =/mmm/= you take time to <u>act</u> … it's because they are having that =/umbilical cord/… [yes] they are attached to everybody

Extract 11:

Lwando (P3): when we talk to women … [we tell them that] (.) they should be aware of that =/mmm/= whatever they do … they must not leave their children =/yes/= with the men =/*sjoe* /= because … (.) women … were born with (.) taking care (.) of their children [they are nurturers] =/mmm/= more than anyone

In Extract 9, Shelly suggests that women have an *inimba* which lessens their agency when attempting to leave an IPV relationship. This is because they may need "take time to act" as they have to consider those around them. Gobodo-Madikizela (2011) suggests that the concept of *inimba* is used to describe the connection the mother has to her child (and others who are not related to her) which allows her to feel sympathy for them or to understand their feelings. Shelly extends the explanation of the *inimba* in Extract 10 where she claims that because women have an *inimba* they are "attached to everybody": they are emotionally and physically linked to their children and emotionally to those around them. Drawing on these ideas of the *inimba* in Extracts 9 and 10, in Extract 11 Lwando suggests that mothers are born as nurturers. Thus it is an innate, suggestively

inescapable feature of womanhood and a role which should be fulfilled and respected despite the circumstances.

5.2.4 Female victimhood

Many of the counsellors drew upon the discourse of 'female victimhood' in their micro-narratives. This is noted in the extracts below:

Extract 12:

Shelly (P1): … the phone rang and he took [picked] up the phone and answered it =/mmm/= in front of me … I don't mind if … he answers the phone =/yes/= but … (1) maybe the person [on the other end of the line] was saying, (.) 'can you answer the phone in front of your wife?' … because he said =/mmm/ (.) 'I don't <u>care</u> this is my <u>phone</u>, I can answer the phone anywhere … at any time' … and I was like, '… who is on the phone?' =/yes/= and I took the phone and broke it and (1) he <u>beat</u> me =/*sjoe*/= he <u>beat</u> me

Extract 13:

Nomsa (P2): in most cases … they [the women] cling because of … the financial /mmm/ … status because … in most cases … they are unemployed /mmm/ so they stay because they said, 'no he's the one who's supporting me and my children' /mmm/ some<u>times</u> they … said no they still love:: (.) the man … the man still loves her though he is beating (.) her up =/mmm/= mmm sometimes =/*sjoe*/= it's [there are] cases like that

Extract 14:

Amandisa (P4): sometimes the:: wife wants … money to buy (.) *i*-clothes for the children /mmm::/ sometimes the woman wants money to:: paid these fees /yes/= at school /mmm/ *ja* /okay mmm/ and then the … domestic [violence] starting from there =/mmm sure/ 'specially [if] the woman is not … working /mmm/ the man is a [the] <u>head</u> of the house =/yes/ and using the power /mmm/ to beat up the woman /<u>yes</u>/ yes /mmm/= and then the woman suffering

We can see in the above three extracts that the discourse of 'female victimhood' or women becoming victims can occur for a variety of reasons, according to the participants. One of the explanations is women challenging their partner's behaviour (Extract 12). In Extract 13 we see that women can become victims of their circumstances by being financially reliant on their partners and willing to experience the IPV in return for financial security for themselves and their children. It appears here that the woman still views the man as loving her even though he beats her. Another side of finance being liked to victimhood is unpacked further in Extract 14, where women may ask for money to cover clothes and school fees' costs and are beaten because their husbands cannot provide for them and to discipline the women for highlighting his lack of provision for his family. This is linked to a tenet of hegemonic masculinity where women are positioned as inferior subjects

as they are financially dependent on men (see also Brownridge et al., 2011; Connell, 2002; Hof & Richters, 1999, and Vogelman & Eagle, 1991) as mentioned earlier and men using IPV to maintain order in the house and disciplining their wives (see Connell, 1995; Kim & Motshei, 2002). This in turn highlights unequal gendered power relations between the men and women in these extracts.

5.2.5 Female survivorhood

Some of the counsellors drew upon the discourse of 'female survivorhood' in their narratives. This will be examined in the following extracts.

Extract 15:

Shelly (P1): I was like it's me <u>really</u> 'cause if I didn't ask (.) maybe there will [would be] no fight you know =/ok yes/ (.) /mmm/ … up to now but now he cannot do that to me now =/no/= he cannot do that =/mmm/ … never

Extract 16:

Nomsa (P2): she told herself that 'if I allow him beating me up …he would never stop beating me up' … she got courage … she <u>fought</u> back (1) and … then he stopped (.) that day he was never beat her up again

Extract 17:

Amanda (P7): we (.) … kno::w (.) from experience and from … theory from all different countries … that the most dangerous time for (.) for people is when they actually make a stand to do something different because /okay/ the (.) perpetrator … <u>relies</u> on the victim remaining a victim

In Extracts 15 and 16, it can be seen that the women (Shelly herself in Extract 15 and one of Nomsa's clients in Extract 16) have removed themselves from IPV situations. That is, they attempted to "negotiat[e] … the seemingly powerless positions which [they] have been allowed" (Mills, 2004, p. 84; see also Jackson & Mazzei, 2012) by fighting back against the inferior subject position (that of victim) in which their perpetrator was placing them. In this way the women are placed in the subject position of survivor. Jackson and Mazzei (2012, p. 60) state that "a knowing subject … is an acting subject" and this could be seen in that the woman was aware that the IPV that she was experiencing was a problem and she was able to fight back. In Extract 17, Amanda provides an insight into how the dynamics between perpetrator and victim play out. She suggests that when a victim decides to act out against her situation (as noted in Extracts 15 and 16) it is "the most dangerous time for them". This is because they are breaking the cycle of the perpetrator subordinating them, potentially resulting in further IPV as a means to discipline the woman which reveals unequal gendered power relations.

The fact that the woman (and many others in the narratives) came to see the counsellor in the first place also shows agency in that she is attempting to assertively gain more information to possibly

remove herself from the IPV relationship. The women are also challenging the discourse of 'traditional "African" culture' in which it is considered a taboo to visit a counsellor. As Young and Collin (2004) suggest, through narratives, we are able to overcome suffering, oppression and discrimination as we are able to reposition ourselves in society and construct different, more updated narratives of ourselves. This was seen in the way in which some of the counsellors themselves (in this instance, Shelly) were aware that the IPV that they were experiencing was a problem. With this awareness, they were able to remove themselves from those relationships and can now use their experience to help other women who find themselves in IPV relationships. This may in turn allow the counsellors a reflexive subject position of wounded healers. The counsellors' helping the women allows us to see that counsellors view successful intervention as taking the form of women leaving an IPV relationship. This in turn reveals that gendered power relations shift when female clients become more powerful than the men by removing themselves from their IPV relationships through the counsellors' assistance. The counsellors thus play a role in this success through this power shift. These extracts can also be seen as an example of a story of deliverance (see Haaken, 2010, p. 84) as the women here are "plotting [their] escape".

5.2.6 Human rights

The discursive resource of 'human rights' was drawn upon in various instances by the counsellors as a response to IPV: counsellors shared that they spent a lot of time and energy "educating" their clients and also those in their communities about their rights. Action taken against the perpetrators was linked to police and legal systems, in the form of, for example, maintenance, divorce and protection orders. This may also include arrests, as IPV is viewed as a crime and a desecration of human rights (see also Modiba et al., 2011, who also suggest that violence against women is a violation of a basic human right, such as the right to equality). Examples of this 'human rights' discourse can be seen in the extracts below:

Extract 18:

Mrs X (P8): (1) No =/mmm/= it's … not that common [husbands beating wives to discipline them] because I think our women of … this generation =/mmm/= have realised that they've got the rights =/mmm/= and (.) they cannot be pushed around

Extract 19:

Leigh (P6): … women /mmhmm/ (2) must stand up /mmm/ for their rights:: /mmm/ and break (.) the silence /yes/ (.) seek … help /mmm (1) that's important/ … because if they are:: (.) not stand up and speak out … when you … live in a abusive relationship your health is infected [affected] /mmm/ (1) so it is everybody's business /yes/ women's rights and health are everybody's business

Extract 20:

> Amandisa (P4): these days … those women are open minds [open-minded] /mmm/= because [name of NGO] is there (.) to educate the women /yes/= about their human rights … all the stakeholders … tell about their human [rights] it's not [name of NGO] only … to tell … the community about their services

It can be seen in Extract 18 that women standing up for their rights has played somewhat of a role in reducing IPV. This standing up for one's rights is noted as being encouraged by the counsellors, as seen in Extracts 19 and 20, who claim that they "educate" the women about their rights and also spread this awareness and their services in the wider communities. Thus, in these extracts, human rights are seen as empowering tools which help women overcome their victim status.

5.2.7 Conclusion

This section looked at the discursive resources that the counsellors draw upon in their micro-narratives. This included the discourses of 'traditional "African" culture', 'patriarchal masculinity', 'nurturing femininity', 'female victimhood', 'female survivorhood' and 'human rights'. The next section examines how counsellors talk about IPV in general, drawing on the above discourses where relevant, to highlight how the counsellors have constructed their micro-narratives. This in turn serves to (re)produce various subject positions of, and highlighting gendered power relations between, the men and women about whom they speak.

COUNSELLORS' MICRO-NARRATIVES OF IPV IN GENERAL

This section will look at the counsellors' micro-narratives of IPV in general: that IPV occurs in a context of unfair gender relations, that it is a result of social dysfunction and that it has dire consequences for women and children. These will be unpacked in turn below. The reason for discussing IPV in general and IPV during pregnancy as separate sections (the latter will follow later) is that not all talk cohered around IPV during pregnancy specifically but also about IPV in general.

5.3.1 IPV occurs in a context of unfair gender relations

A narrative used by counsellors cohering around IPV was that IPV occurs in a context of unfair gender relations. This narrative had two facets to it: women are expected to be submissive in marital relationships and they are re-victimised if they attempt to fight back. This is discussed in the sections below.

5.3.1.1 Women are expected to be submissive in marital relationships

Some of the counsellors shared that women are expected to be submissive in marital relationships. This can be seen in Extracts 21, 22 and is extended somewhat in Extract 23, where the main focus is on submission in sexual relationships/sexual intercourse.

Extract 21:

> Amandisa (P3): our culture [*isiXhosa*] =/mmm/ the man (1) is the (.) top of the:: house /okay/ … the man can … use that power (1) (on the woman here) /okay/…*sihlonipha amadoda aye ayasi-user baya kuba esithi ngawo la lapha phezulu e*-top)[we respect the men and they use us because they say that they are the ones at the top]…

In Extract 21, Amandisa draws on the discursive resource of 'traditional "African" culture' to explain gender relations: that women should "respect the men" ("*sihlonipha amadoda*"). She also draws on the discourse of 'patriarchal masculinity' by highlighting that men are the head of the household and use control to maintain this position. That is, men ensure their subordination of women often in the form of IPV (Connell, 1995, p. 77). In relation to this, when hegemonic masculinity comes under threat, one way of addressing it is through violence (see Connell, 1995; Jewkes, 2009; Vogelman & Eagle, 1991) as can be seen in the phrase "the man can … use that power on the woman". In this way, Amandisa also draws on the discourse of 'female victimhood' as the woman is the one experiencing the IPV and as a result the woman is positioned as the victim and the man as the perpetrator. This in turn indicates unequal gendered power relations between men and woman within the discourse of 'traditional "African" culture'.

In the extract below, Shelly provides another example of the expectation of women's submission in marital relationships with the discourse of 'traditional "African" culture':

Extract 22:

> Shelly (P1): my husband is having … [an affair with] another woman =/yes/= I cannot ask where he is coming … from …I have to (.) understand =/yes/= and even if I'm understanding him =/mmm/= I have to … (2) make things for him … = like … I have to iron or I have to cook for him …whereas (.) I'm hurt inside =/yes/= you know =/mmm/ (.) I cannot fight back /yes/

In Extract 22, Shelly draws upon the discourse of 'patriarchal masculinity' where women are subservient to men (men being the heads of households). The expectation of the submissiveness of married women also contributes to a context where IPV can occur (see Jewkes et al., 2002; Cokkinides et al., 1999, in Modiba et al., 2011; Rasool Bassadien & Hochfeld, 2005) as married women should not question their husbands' behaviour, even if they are "hurt[ing] inside". Here Shelly also alludes to men as being adulterous within the discourse of 'traditional "African"

culture'. In this way, Shelly draws on the discursive resource of 'female victimhood' which places her in the position of victim and her husband in the position of the perpetrator which reveals unequal gendered power relations between her and her husband.

One of the counsellors shared that women are also expected to be submissive when it comes to sexual intercourse in relationships in that there is little or no space for negotiation around this. This is highlighted in Extract 23:

Extract 23:

Nomsa (P2): it (.) all begins with the …power /mmm/ =of men … they want to exercise over [women]… they don't negotiate sex …it's always (.) about the man man man … men … put them in this [these] situations

Nomsa suggests that sexual intercourse is "always about the man": for his pleasure and thus sexual intercourse is not viewed as a mutual pleasure. Here, Nomsa draws on the discourse of 'patriarchal masculinity' by suggesting that men are the heads of the households and maintain control over women, in this way through sexual intercourse: that men hold the sexual decision-making power in relationships (see Horizons Report, 2004, in Lindegger & Quayle, 2009). This relates to work by Connell (1995) who links pleasure and consent with sexual desire which can also be connected to gender order. He asks whether pleasure is given and received equally and whether the relationships are coercive or consensual which leads us to question the link between heterosexuality and male dominance in society. In this instance, we can see that pleasure is not given and received equally, revealing unequal gendered power relations as the pleasure is only afforded the man: his interests are adhered to above and before the woman's in this extract. In this way, Nomsa draws on the discourse of 'female victimhood' as the woman in this extract is victim to the man's sexual appetite and there is little room for her to negotiate sexual decision-making within this subject position.

5.3.1.2 Women are re-victimised if they fight back

As aforementioned, the participants shared that men may at times feel that their position of control in the household is threatened. One such way in which they may feel threatened, according to the participants, is when women attempt to fight back against their control. This can be seen in the Extracts 24 and 25 below:

Extract 24:

Amandisa (P4): if you [the woman] getting power … … (covering your … rights) the man starting … domestic (violence)

Extract 25:

Duvi (P5): he said to me that, 'I will never listen [to] anything from a woman =/*sjoe*/= my father has told me that (.) /wow …/ I will never stop beating her (.) …she must listen to me'

In Extract 24, Amandisa draws on the discursive resource of 'human rights' which states that women and men should be treated equally and that IPV is a desecration of human rights (see Modiba et al., 2011). In Extracts 24 and 25, as aforementioned, if women stand up for their rights men may feel that their authority is threatened and resort to IPV to reassert their superior gender position as head of the household (see Connell, 1995). In this way, Amandisa and Duvi respectively utilise the discourse of 'patriarchal masculinity' as a way of explaining men's superior status. This can be noted in Extract 25, where Duvi reveals the man making use of violence to discipline the woman in that she "must listen" to him, an ideal passed down from his father. In this way, Duvi draws on the discursive resource of 'traditional "African" culture' where women are expected to respect men and are disciplined if they do not. Extract 24 shows an example of a story of bondage (being bound into an IPV relationship) as the woman here is realising that the household is "a site of danger" (Haaken, 2010, p. 84) and with this knowledge she is attempting to stand up for her rights and find a way of addressing the IPV. As such, Amandisa draws on the discourse firstly of 'female survivorhood': "[the woman] getting power" and then a discourse of 'female victimhood' (as does Duvi for the latter in Extract 25) as the women fall victim to the man's "domestic (violence)" and "beating" respectively. This discourse of 'female victimhood' shows that there are unequal gendered power relations between the men and woman in these extracts: the man being the perpetrator and the woman being the victim.

5.3.2 IPV is a result of social dysfunction

Counsellors constructed IPV as being a result of social dysfunction. Examples of social dysfunctions which may lead to IPV include alcohol abuse and financial constraints. These will be explored in the section below.

5.3.2.1 Alcohol abuse

According to the participants, men consuming copious amounts of alcohol was noted as a social dysfunction which is a risk factor for IPV in general (see also work by Muhajarine & D'Arcy, 1999, in Brownridge et al., 2011; Jewkes et al., 2002; Kaldine, 2007; Lee et al., 2002; Ntaganira et al., 2008, and Shamu et al., 2012). This can be seen in the three extracts below:

Extract 26:

Amanda (P7): we don't forget about … social norms and expectations of the men (.) to be these strong masculine men and (.)… what goes with that =/mmm/= … because … when you unpack the violence (.) … it's coming back to:: the men in South Africa generally (.) … there is that expectation =/mmm/= to be a main man ['man' pronounced in Afrikaans, 'mun'] …and you show it through your sexuality through your drinking

Extract 27:

Amanda (P7): people are [who] have got employment they do feel more self-worth and less:: perhaps:: likely to drink and less likely to:: abuse

In Extract 26, Amanda provides a context for the importance of alcohol consumption in South African society amongst males. Here she draws on the discourse of 'patriarchal masculinity' as a way of explaining men being violent. She in turn indirectly draws on the discourse of 'female victimhood' as they would be the ones experiencing the men's violence.

In Extract 27, Amanda draws on the discourse of 'patriarchal masculinity', in this case linking to employment, as well as the expectation of men being financial providers. If men are unable to fulfil their role of the financial provider for the family, they may feel less "self-worth". They may then use IPV as a means to exert their frustrations about their lack of ability to provide and to re-assert their control on their partners and family (see also Leung et al., 1999, Martin et al., 2004, in Brownridge et al., 2011; Hatcher et al., 2013; Ramphele, 2012). In relation to this, the IPV may also occur if a male's female partner questions his success as a man by being unable to provide for the family (Hatcher et al., 2013). In this way, men are also constructed as problem-drinkers, as they behave violently after consuming alcohol. Amanda draws on the discursive resource of 'female victimhood' as this IPV resulting from the man's intoxication in turn places women in an inferior subject position as they are the victims receiving the alcohol-induced IPV from their male partners. These discourses of 'patriarchal masculinity' and 'female victimhood' are drawn upon in the same way by Amandisa in the extract below:

Extract 28:

Amandisa (P4): said 'no if I'm come that … house (.) to (.) … to drink … the liquid I have got … power /o::kay/ … to do everything to beat … even (their) children even (her) husband [his wife]

In Extract 28, Amandisa also shares that alcohol provides a way for men to feel unintimidated, uninhibited and powerful and this manifests in him beating his wife and children: highlighting unequal gendered power relations between the man and woman in these extracts.

5.3.2.2 Financial constraints

Financial constraints were highlighted by the counsellors as another social dysfunction which contributes as a risk factor for IPV. An example of this can be seen in the following extract:

Extract 29:

> Amandisa (P4): [the man says] 'no I don't give you money … m::ust go with me [to the shop] and then …the woman said 'no I won't buy the (pads)' [the man says] 'no… I:: haven't got … money … you must buy food only food…' treat (the woman) like a:: child you know /okay/ …/ and then the woman man have come (.) in her house then the woman sometimes shouting the man…and then the man …beating [her]

Here Amandisa draws on the discursive resource of 'patriarchal masculinity': men are positioned as the financial provider and "head of the house": tenets of hegemonic masculinity (Connell, 2002; see also Brownridge et al., 2011; Hof & Richters, 1999 and Vogelman & Eagle, 1991) in order to establish the reason for the IPV. When men cannot provide sufficiently financially for the partner and/or family or if there are disagreements about how the money should be spent if the man is the financial provider the man may resort to IPV to reassert their control and reproduce their female partners as inferior subjects. In this way, Amandisa draws on the discourse of 'female victimhood' to explain that the woman in this case is the recipient of the man's IPV ("the man beating [her]") revealing unequal gendered power relations between the man and woman.

5.3.3 IPV has dire consequences for women and children

This section shows how counsellors constructed IPV as having dire consequences for women and children. This includes how IPV itself is a risk factor for future IPV and how women are often stigmatised when they experience IPV. The discussion will also examine how women may become isolated through IPV and, in relation to the above two extracts, how children are often affected by IPV.

5.3.3.1 IPV itself is a risk factor for future IPV

Some of the counsellors noted that IPV itself being a risk factor for future IPV can be seen in the form of children witnessing IPV in their homes. This links to research by Rasool Bassadien and Hochfeld (2005) and Jewkes et al., (2002) who share that in South Africa, violence is often witnessed by multiple family members in their homes. This can be seen in Extracts 30 and 31 below:

Extract 30:

Mrs X (P8): the physical violence … how it's affecting the unborn child /yes/ and also how it's affecting … the six-year-old that they had /mmm/ because all these activities happen in front of the six-year-old /wow/

Extract 31:

Leigh (P6): there is nothing can change him … (1) for example if he grew up (.) in the abusive home =/mmm/ (1) see his father and mother /mmm/= solving the problems:: … with fist =/mmm/= and shouting (and) … he took [learnt] that (1) /mmm/ it is good to solve the problems … with fighting [fighting seems to be a good way to solve problems] /mmm/

Extract 30 suggests that IPV affects not only the unborn child but also the young children in the home who witness the IPV. This idea is taken further in Extract 31 which suggests that witnessing IPV promotes the idea to children that solving conflict in a violent manner is acceptable: it may provide a model to children as to how to conduct themselves in intimate relationships in later life (see also Jewkes et al, 2002). In this manner, Mrs X and Leigh draw upon the discursive resource of 'patriarchal masculinity' where men maintain control through violent means. In this way, the counsellors draw upon the discursive resource on 'female victimhood' which reveals unequal gender power relations between men and women. This reinforces men as dominant which in turn places women in an inferior subject position of victim.

5.3.3.2 Women are often stigmatised when they share that they experience IPV

Some of the counsellors mentioned that women experience stigma when they reveal that they have been experiencing IPV. This can be noted in the following extracts:

Extract 32:

Lwando (P3): women don't report the case =/mmm/= because they are afraid of being … laughed [at] =/mmm/= by the neighbours

Extract 33:

Amandisa (P4): the people (are scared) … to tell other people because other people … laughing … her:: problem sometimes said 'no (.) I had … four years we stay in the domestic violence' /mmm *sjoe*/ couldn't … tell … anyone because I not trust (them) because /mmm/ those people laughing'

Extract 34:

Lwando (P3): being beaten u::p (.) but we don't go to the court … don't go to the police =/mmm/= but .. even yourself you cannot say that 'my husband =/mmm/= beat me' (.) because you are afraid … (.) people will find out (.) you are being a victim or you are being a survival [survivor] (.) of a domestic violence

Extract 35:

> Amandisa (P4): Okay:: sometimes (1) … if I tell my friend about … the [IPV] relationship with my husband /okay/ … and then …the husband hear those news [that] we tell .. the:: … friend /mmm/ my relationship is broken =/okay/= sometimes mmm

In the above extracts, it is noted that women experiencing stigma from others when revealing that they are in an IPV relationships has various consequences. The stigma experienced by the women may discourage her from reporting the IPV (see also Cokkinides et al., 1999, in Modiba et al., 2011) as noted in Extracts 32, 33 and 34. In Extracts 32 and 33 it can also be seen that counsellors reveal that the women are being "laughed at" which suggests that the women are singled out as somebody worthy of ridicule. This stigmatisation of women experiencing IPV goes against the ethos of the concept of *ubuntu* within traditional "African" culture where the community is collectively responsible for its members' well-being (see Gobodo-Madikizela, 2011). Women may also fear separation from their husbands through betraying them by revealing that they are being abused by them (Extract 35) due to factors such as financial dependence upon them or because of the respect for men by women which the discourse of 'traditional "African" culture' prescribes. This stigmatisation attached to IPV in turn permits men to continue their violent, controlling behaviour (and consequently reinforces women's subordinate subject positions) as the men would not be convicted if they are not reported and this in turn limits the women's agency.

The counsellors in these extracts reveal unequal gendered power relations between men and women by drawing on the discourse of 'patriarchal masculinity': in this way by constructing men as violent perpetrators and in turn drawing on the discourse of 'female victimhood' which places women in the inferior position of victim. The stigma highlighted in the above extracts also relates to the finding in local work by Rasool Bassadien and Hochfeld (2005) that in some communities when women confide in friends or family that they are experiencing IPV, it may be downplayed due to the "cultural sanctioning of violence" in some communities (Cokkinides et al., 1999, in Modiba et al., 2011, p. 872).

5.3.3.3 Women are often isolated through IPV

In relation to the aforementioned micro-narrative of women experiencing stigma through sharing that they are experiencing IPV, the participants revealed that women may become isolated through a lack of support as well as controlling partners (see also Bacchus et al., 2006; Dutton, 2006, in Brownridge et al., 2011; Jewkes et al., 2002; Jewkes, 2009; Adams, 1987, in Kaldine, 2007;

Modiba et al., 2011; Rhodes & McKenzie, 1998; Swart, 2007; Turan et al., 2012). This can be seen in the following extract:

Extract 36:

Lwando (P3): the husband will isolate you … [from] … all those people that are important to you =/mmm/ (.) so that you … stay in the house =/mmm/= so he will make sure that he controls (.) you totally in terms of communicating with the people that you love =/mmm/= communicating with the people that you know (.) so that nobody will come to you … you cannot …share your problems

Here, Lwando shares that sometimes husbands will isolate their wives from social contacts; "all those people who are important to you" to eliminate a possible external support base (see Bacchus et al., 2006; Mulharajine & D'Arcy, 1999, in Brownridge et al., 2011). We can see here that Lwando draws on the discursive resource of 'patriarchal masculinity': men controlling their partners, to explain that men re-assert their control and dominant subject position in the household through isolating their partners. In this way she also draws on the discursive resource of 'female victimhood' as women are in turn positioned as the victims who are isolated from their social contacts, highlighting unequal gendered power relations between men and women.

5.3.3.4 Children are affected by IPV

The counsellors constructed IPV as not only affecting women but also children, as was noted earlier. This finding is extended in the following extracts:

Extract 37:

Amandisa (P4): They [the children] don't … focus at school … sometimes (.) if the teacher [asks] 'why you:: …[tired]? /mmm/ sometimes …the children at school like so [staring into space] /oh/ or sleeping /sure/ don't focus /mmm/ then the teacher asks 'why do you sleep in this class sometimes?' *ke* [the child answers] 'you know I … couldn't sleep … my father beat up my mother last night' =/mmm::/ (.) (you know) /shame/ that's why *i*-domestic violence affecting the children

Extract 38:

Shelly (P1): the eldest one didn't finish school =/okay/= the second one .. had a brain tumour =/oo shame/= nearly died =/wow/= the third one (.) … every book he had was very dirty =/oh ok/…the fourth one (.) is a person that is withdrawn =/mmm/= that … doesn't want to talk =/mmm/= the fifth one (.) is on drugs =/oh:: shame/= the sixth one (.) is … a withdrawn person doesn't want to talk /mmm/ they are affected [in] different ways

Extract 39:

Shelly (P1): if they want to fight with you they will put the children [in between the two of

	you] =/wow/ (2) /*sjoe*/= but I don't do those things (.) if I'm fighting with him I'm fighting with him =/yes/= I don't put my children in-between =/okay/
R:	Why do you think the husband might do that?
Shelly:	It's because he doesn't have …the *inimba* =/umbilical cord/= *ja* he doesn't have (.) he do[es] what suits him

Here we can see that there are various effects of the IPV that children may witness/experience. In Extract 37, Amandisa shares that children are unable to focus at school as they are distracted by traumatic memories of witnessing their father engaging in IPV against their mother. This relates to local work done by Rasool Bassadien and Hochfeld, (2005) and Jewkes et al., (2002) (and noted earlier) who suggest that in South Africa, IPV is often witnessed in the house by other family members due to whole families living in one room in some contexts and may provide a model for how men and women should behave in intimate relationships. That is, the father beating up the mother may influence the child's construction of the father as the perpetrator and the mother as the victim. This also links to the idea that IPV can become the norm: the child may assume that this is a "normal" way of resolving conflict in the household. In Extract 38, Shelly talks about a family where all six children were seriously affected by IPV in a variety of ways through having witnessed it in the household. Extract 39 shows that children are sometimes drawn into the IPV that the parents are engaging in. In this extract, Shelly draws on the discourse of 'nurturing femininity' by explaining that the man does not have the *inimba*: he cannot feel empathy for others, which allows him to draw the children into the violence without feeling guilty about this, whilst the woman would feel guilty as she has an *inimba*. In the above three extracts the counsellors draw upon the discursive resource of 'patriarchal masculinity', as men are constructed as violent and controlling, whilst the children are positioned as the victims who bear the brunt of this violence, in this way showing unequal power relations between the man and his children.

5.3.4 Women sometimes do not act against IPV

Counsellors shared that women may not act against IPV as they are unaware of it in the first place and thus are unaware that it is a problem. The counsellors also constructed IPV is a problem and that women may stay in IPV relationships to hold the family together. These findings will be explored in the following section.

5.3.4.1 Women are unaware that IPV is a problem

The counsellors' micro-narratives revealed that sometimes women are unaware that the IPV that they are experiencing is a problem. This can be seen in Extract 40:

Extract 40:

Shelly (P1): you can be amazed because … I give birth =/mmm::/ (.) [to] three children (1) while I was staying that … abusive relationship *=/sjoe/* =and I didn't realised that (1) I am being abused … my husband beat me … =but … it was not recorded =/mmm/= in my mind

Shelly shares here that she did not actually "realise" that she was "being abused". As aforementioned, it is often considered acceptable for men to beat their wives as a form of discipline, as violence is "cultural sanction[ed]" in some communities (Cokkinides et al., 1999, in Modiba et al., 2011, p. 872). In this way, Shelly draws on the discursive resource of 'patriarchal masculinity' and hegemonic masculinity where, as aforementioned, men are expected to be violent in order to maintain the subservience of women within relationships (Connell, 1995). As a result, women may not know that the IPV that they are experiencing is illegal and unacceptable as IPV is considered a normal part of marriage and the man's responsibility. In light of this unawareness it may be difficult for women to be aware of their options when they come for counselling if they were under the impression that IPV is acceptable. This relates to the idea that discourses, such as the acceptance of wife-beating in marriage, can become unquestioned and uncontested norms (Weedon, 1987, in Gavey, 2005) and serve to keep women in inferior subject positions. In relation to this, Shelly reveals unequal gendered power relations between her husband and herself in the extract by drawing on the discourse of 'female victimhood' to explain that she saw herself as the victim in this situation whilst her husband was the perpetrator.

The lack of awareness of IPV is also noted by Lwando in the following extract:

Extract 41:

Lwando (P3): …there are some shocking cases whereby you find that a woman feels that (.) a husband (.) it's his responsibility to beat her =/*sjoe* (.) mmm/ they do not see that …to be beaten up it's violence =/mmm/= or it's an abuse

Here, Lwando shares that sometimes she needs to inform her clients that domestic violence is a problem: that it is "shocking" that women are sometimes unaware that IPV is a problem. This in turn positions the clients as less knowledgeable and un(der)educated and that she sees herself in the reflexive subject position of knowledgeable and educated as she is aware that the IPV is a problem and should be addressed accordingly. Here Lwando shares that the woman "feels" that her husband should beat her and this is not considered abuse ("they do not see that … to be beaten up it's … violence"). This is because it is considered the man's responsibility (see also Connell, 1995; Fedler & Tanser, 2000, in Rasool Bassadien & Hochfeld, 2005; Jewkes et al., 2002; Jewkes, 2009; Kim & Motsei, 2002, whose research shows similar findings). In this way she draws upon the discursive

resource of 'patriarchal masculinity' which places the man in the position of perpetrator who uses IPV to maintain control in the relationship and discipline his partner into compliance. In this way, she also draws upon the discourse of 'female victimhood' to explain that the woman in this extract is the victim of the IPV, indicating unequal gender power relations between the man and woman.

5.3.4.2 Women stay in IPV relationships to keep the family together

Some of the counsellors' micro-narratives revealed that women often stay in IPV relationships to hold the family together. This can be noted in the extracts below:

Extract 42:

Amanda (P7): when it's working (.) it seems like (.) it's worth making it work so =/mmm/ even if there's:: treading on eggshells and fear and that (.) it's … that sense of belonging and having the family … but … it's a (.) contradiction … that power of holding it (.) together (.) constantly amazes me …that on one level you can look at it and say (.) 'this is so unacceptable' and on another level … the forces to stay in it (.) are still (.) … so strong … holding people there

Here Amanda draws on the discourse of 'nurturing femininity' (more particularly the concept of the *inimba*) to explain why women may stay in IPV relationships. Women may feel strongly about keeping the family structure together due to commitment and the social expectations of family, the sanctity of marriage (see Boonzaier & de la Rey, 2003, in Rasool Bassadien & Hochfeld, 2005) as well as their gendered role of looking after their children (see Connell, 1995, 2002; Modiba et al., 2011; Moller Okin, 1991, MacKinnon, 1989, Evans, 1997, in Rasool Bassadien & Hochfeld, 2005; and Sudarkasa, 1982) through the bond they have with them through the "*inimba*". This is also noted and extended in the following extract:

Extract 43:

Amandisa (P4): others … (.) run away for (separation… others (1) take a decision to … divorced /(.) mmm/ (1) so (that is) domestic violence /(1) *sjoe*/ (6) others … stay with a domestic a long time [stay with an abusive partner for a long time] /mmm/ it's because (.) think the … (.) the husband [will] change … (but) the:: husband (1) doesn't change:: (.) things (.) but the … husband [wife] … stay for (the sake of the children) … sometimes the wife (.) stay in [the IPV relationship for] years and years (.) to protect her …*i*-family

Similar sentiments are shared by Amandisa in Extract 43, although she provides the additional explanation that the wife may also stay in the IPV relationship in the hopes that her husband will change his behaviour. In these two sections it can be seen that there are limitations on women's ability to act against IPV because they are tied to their family through the *inimba*. In both of these extracts, the discourses of 'patriarchal masculinity' and 'female victimhood' are drawn upon: the

men are constructed as violent perpetrators, whilst the women are the victims who feel an emotional and social responsibility to endure the IPV relationship for the sake of keeping the family together. This in turn highlights unequal gendered power relations.

5.4 Conclusion

In the first section of the chapter it was noted that the counsellors drew on a number of discursive resources in the construction of their narratives about IPV in general. The discursive resources included 'traditional "African" culture,' 'patriarchal masculinity', 'nurturing femininity', 'female victimhood', 'female survivorhood' and 'human rights'. In the second section of the chapter, counsellors' micro-narratives of IPV in general, drawing on these discursive resources, revealed various facets of IPV. The counsellors shared that IPV in general occurs in a context of unfair gendered power relations which subordinates women and gives men authority. This includes the expectation of women to be submissive in marital relationships and women being re-victimised if they attempt to fight back against this submission and challenge male authority. IPV was noted to be a result of social dysfunction, including alcohol abuse, financial constraints and children witnessing IPV. The counsellors shared that IPV has dire consequences for women and children, including women experiencing stigmatisation and isolation and children being affected by IPV. Finally, women may not act against IPV for a variety of reasons, including their unawareness of IPV as a problem in the first place and staying in IPV relationships to keep the family together. The next section will examine the counsellors' micro-narratives of IPV during pregnancy specifically.

CHAPTER SIX: ANALYSIS AND DISCUSSION
COUNSELLORS' MICRO-NARRATIVES OF IPV DURING PREGNANCY

6.1 Introduction

Having examined the identified discursive resources deployed by counsellors in their talk about IPV in general and IPV during pregnancy, as well as counsellors' micro-narratives about IPV in general, in the first section of this chapter I will examine the counsellors' micro-narratives about IPV during pregnancy specifically. As was done with the second part of the previous chapter, these micro-narratives' constructions will be analysed according to the discursive resources that the counsellors draw upon and how these reveal certain subject positions and related (gendered) power relations, as well as incorporating relevant literature and theory. The second part of this chapter will examine the counsellors' constructions of their interventions, again analysing the discursive resources and related subject positions and (gendered) power relations and drawing upon relevant literature and theory examined in previous chapters.

I will now examine the counsellors' micro-narratives of IPV during pregnancy, an aspect of IPV in general. This section has two elements. The first element examines the micro-narratives counsellors use to explain IPV during pregnancy. This is shown in unequal sexual and reproductive negotiating power, exacerbating IPV when pregnancy occurs. The second element examines how the counsellors' micro-narratives construct women's relationships with their pregnancies: how women manage IPV during their pregnancies in complex but nurturing ways.

6.2.1 Unequal sexual and reproductive negotiating power exacerbates IPV when pregnancy occurs

One of the narratives used by the counsellors was that IPV is exacerbated during pregnancy owing to unequal sexual and reproductive negotiating power. This unequal negotiating power manifests in the suspicion and accusation of infidelity of women by men, conflicts around abortion, men finding their female partners unattractive and men accusing women for a lack of contraceptive use. Each of these will be discussed below.

6.2.1.1 The suspicion and accusation of infidelity of women by men

Some of the counsellors mentioned that suspicions and accusations of infidelity can exacerbate IPV when pregnancy occurs. This can be noted in the following extracts:

Extract 44:

Amandisa (P4): the man said 'oh:: you (not want) (… sleeping) with me you:: you sleep with another man /mmm::/ starting (.) beating up /*sjoe*/ … said '…your son in your stomach is not my son because … you not want to sleep with me…'

Extract 45:

Amandisa (P4): sometimes the woman (1) is not want to sleep the (man) all the time /mmm/ if.… she pregnant /mmm/ mmm /yes/ and then the man (.) force them (.) to sleep [with him] … and then after that if the:: woman said (.) always 'I …don't want to sleep with you' and then the man [makes a clap sound] /mmm/ (.) started [beating] sometimes the husband [wife] said 'aye (.) my body is sore' or 'my stomach … is sore' [making excuses not to sleep with her husband]

In Extract 44 we can see that the man's accusations of his partner's infidelity is coupled with the assumption that the unborn child in her stomach is that of her supposed lover ("your son is not my son because … you not want to sleep with me") (see also Burch & Gallup, 2004). Thus, not only is she supposedly sleeping with someone else but has also become pregnant by them and thus the accusation appears harsher. In Extract 45, the suspicion and accusation of infidelity is extended as the man suspects that the women's pain from pregnancy ("my body is sore", "my stomach is sore") is an excuse not to sleep with him, resulting in IPV due to punishment and anger. Here Amandisa draws on the discursive resource of 'patriarchal masculinity' as the man is positioned as the head of the household and in control of the woman through violence ("beating"). By constructing the man as the head of the household and one who uses violence to control and punish the woman, Amandisa is, in turn, drawing on the discursive resource of 'female victimhood' which positions the woman as inferior and as the victim to his accusations, suspicions, beatings and rape, thus highlighting unequal gendered power relations between the woman and her partner in these extracts.

6.2.1.2 Conflicts around abortion

Some of the counsellors mentioned that sometimes differing opinions about abortion may lead to IPV. This is highlighted in the following extracts:

Extract 46:

Mrs X (P8): let's just make an example of unmarried couple /okay/ they did not have an agreement for the pregnancy that 'we should plan to have a baby' the pregnancy just came /mmm/ and there's a lot of resentment there … the partner … will say 'no terminate the child' and the mum will say 'no I'm not going to terminate' /*sjoe*/ so you find that the … the male partner … is not wanting anything to do with that child while the lady's still pregnant /okay/ … you find that there is no:: bond between the child …and the father while the baby's still within the tummy of the mother /yes/

Extract 47:

Duvi (P5): Okay what I understand *nhe* /mmhmm/ is the conflict … in …their (.) … relationship /mmhmm/ (.) after the man (.) has heard that (.) his wife … is pregnant /okay/ and then the man … doesn't want to accept it

In Extract 46 Mrs X draws on the discursive resource of 'nurturing femininity' (and the related concept of the *inimba*) to suggest that the male partner may find it less difficult to demand an abortion because he does not have the "bond between the child" and himself. In this way, Mrs X is constructing the woman as nurturing as the woman is interested to "not terminate" the pregnancy and thus take care of the children even though the pregnancy was unplanned. This discursive resource of 'nurturing femininity' can also be seen in Extract 47, as conflict arises between the couple because the man "does not want to accept" the pregnancy which suggests that the women does and is interested to care for the unborn child. This idea of the "conflict" surrounding differences in opinion about abortion may take the form of IPV. The man may feel powerless against the woman because in this situation she has more control over the unborn child as it is within her body which shows unequal gendered power relations between the man and woman: the woman being more powerful in this instance. Thus the man may respond through deciding not to support her (suggested in Extract 46) or through IPV ("conflict") (Extract 47). In both extracts, Mrs X and Duvi draw on the discursive resource of 'patriarchal masculinity' as the man in constructed as violent and 'female victimhood' as the women are subject to the men's conflict at disagreeing to continue with the pregnancy. This in turn highlights unequal gendered power relations.

6.2.1.3 Men find their pregnant female partners unattractive

Some of the counsellors noted that men often treat their pregnant partners badly as they find them unattractive. This can be noted in the extract from an interview with Duvi below:

Extract 48:

Duvi (P5): in most of my cases …the men cheated =/oh/= on their relationship =/okay/= and if the men cheated on the relationship (.) *yho* things are not right at home [during pregnancy] =/mmm/= mmm and even …calling the woman names, '*yho* you are so fat =/s*joe/*= … and ever since you got pregnant you don't wash properly' you see those insults =/mmm/= *ja* =/shame/= so it's not nice …for a woman (.) [the man says] 'you're always saying that you are tired you are tired'

R: …are there many cases that you've seen where this has happened where the man changes his behaviour when the woman becomes pregnant?

Duvi: Yes yes… I can say 40% =/*ja*/= of my cases

Duvi shares here that it is acceptable for men to be adulterous during pregnancy ("the men cheated on the relationship") and draws on a tenet of hegemonic masculinity that men view women as sexual objects (Khunou, 2008, Luyt & Foster, 2001, Waetjen & Mare, 1999, in Lindegger &

Quayle, 2009). In this case the man finds his female partner unattractive ("you are so fat") and verbally abuses her. As noted in the extracts in the previous section, the man accuses his female partner of being uninterested in sexual intercourse during pregnancy (see also Bacchus et al, 2006; Pulido & Gupta, 2002, Stewart & Cecutti, 1993, in Brownridge et al., 2011; Shamu et al., 2012). this way, Duvi constructs men as being verbally abusive and holding the sexual decision-making power in relationships whilst the woman is positioned as being expected to be sexually submissive (Shamu et al., 2012) and sexually available to her partner (see also Connell, 1995) and the victim of his verbal abuse. The woman's fatigue during pregnancy links to research which argues that the lack of attention to homemaking and emotional response to her partner as well as fatigue may cause the male partner to act violently towards his pregnant counterpart (Bacchus et al., 2006; Brownridge et al., 2011). In relation to this idea, pleasure and consent are not equally negotiated in this situation. Duvi draws on the discourse of 'patriarchal masculinity' as we can see that sexual pleasure is expected by the man which reinforces general male dominance in society. She also draws upon the discourse of 'female victimhood' as the woman is the victim to his sexual urges and related abuse if these are not met, highlighting unequal gendered power relations. She also alludes to men being adulterous by drawing on the acceptability of this behaviour within the discourse of 'traditional "African" culture'. The prevalence of the man becoming more violent toward his partner when she falls pregnant can be seen in the statistic of 40% of the cases that Duvi works with.

6.2.1.4 Women are accused for lack of contraceptive use

Women being accused for a lack of contraceptive use was highlighted as another risk factor for IPV according to the counsellors (see also Campbell, 2002; Jewkes, 2009; Pallitto et al., 2005; Silverman et al., 2004). This can be seen in the following extracts:

Extract 49:

Amandisa (P4): when she tell (.)[s her partner/husband] 'I'm pregnant' =/mmm (1) hmm/ every weekend (.) the man (.) come in our house (.) drunk /aw::/ after that (.) beat up the:: woman to tell … [and says to her] 'why did[n't] you (prevent)?'

Extract 50:

Duvi (P5): when a woman … becomes pregnant most men do think that it's you who wanted to be pregnant /mmm/ not taking into consideration that … during that time when things were fine you see that they didn't think that 'maybe I can impregnate this woman' /mmm/ but the moment the woman becomes pregnant it's the responsibility of that woman

In Extract 49, Amandisa shares that women are prone to IPV as they are physically punished "beat[en] up" for their lack of responsibility in using contraception. This is contrary to mainstream literature which suggests that women may be afraid to discuss condom use with their male partners (Pallitto et al., 2005; Silverman et al., 2004). This is because, as aforementioned, condoms are not usually used in long-term relationships because of the sense of trust and commitment between partners (Halperin & Epstein, 2007) and condom use in some marital relationships is regarded as wasting sperm as well as interfering with the important concept of fertility in some African cultures (Caldwell et al., 1994, Grieser et al., 2001, Lachenicht, 1993, in Leclerc-Madlala et al., 2009). If a woman attempts to negotiate condom use she might be challenging her partner's fidelity or he might suspect her of being unfaithful (Campbell, 2002; Jewkes, 2009; Pallitto et al., 2005) as noted earlier. Within the discourse of 'traditional "African" culture' it is also taboo to discuss condom use amongst older generations which may deter these conversations from occurring in the first place. In Extract 49, Amandisa also constructs men as problem-drinkers, linking to the finding in the previous chapter that alcohol abuse was noted as a social dysfunction which makes men prone to IPV; "the man come in our house … drunk". In this way, she highlights the phenomenon of unfair gendered power relations in that it is acceptable for men to go out and drink, whilst women are expected to be at home and take care of the household and family and be responsible for the contraception, even though engaging in sexual intercourse is a mutual activity.

In Extract 50, Duvi draws upon the discursive resource of 'nurturing femininity' as even though it is suggested that the contraception is ideally a mutual negotiation and agreement, the women is still expected to take care of the child if the pregnancy is unplanned. In both extracts, the counsellors also draw upon 'patriarchal masculinity' to explain the men as being violent ("beat up") (noted in Extract 49) and controlling which in turns constructs women as the victims, for which the counsellors draw upon the discursive resource of 'female victimhood', again highlighting unequal gendered power relations.

6.2.2 Women manage IPV during pregnancy in complex but nurturing ways

Now that the phenomenon of unequal sexual and negotiating power as a factor which exacerbates IPV during pregnancy occurs has been explored, this section will now examine how counsellors constructed women as managing IPV during their pregnancy in complex but nurturing ways. This includes the need to protect an unborn child and women becoming pregnant on purpose in order to have involved partners. These findings will be explored below.

6.2.2.1 The need to protect an unborn child and related concerns about bringing a child into an IPV relationship

Counsellors spoke about how IPV during pregnancy is difficult because of the need to protect another. This is because it adds an extra dimension of physical danger and emotional trauma to the IPV as can be seen in the following extract:

Extract 51:

Nomsa (P2): I think … it's worse [than IPV without pregnancy] to (the) woman because (1) now she's carrying (.) another life …she doesn't have to protect (.) herself only …if she is … being beaten up /mmm/ =if she was going to protect her … face… /mmm/ (.) … she must also (thinks of) protecting … her stomach now /yes/ … because there's also life … (here)… so (.) … I think … it's (.) …*ja* it's very painful … 'tis dangerous because … she might lose the child /mmm::/ … double trauma /*sjoe*/ =trauma of violence and … trauma of losing a baby

In the above extract, Nomsa draws on the discursive resource of 'nurturing femininity' and in so doing constructs the woman as a nurturing subject who is interested in the well-being of her unborn child as she fears "losing [her] baby" through the traumatic IPV. This investment in protecting the child is likely due to the *inimba* which binds her to it. Nomsa also draws on the discursive resource of 'patriarchal masculinity' here and in turn the man is positioned as the perpetrator of the IPV: he is the one executing the IPV from which the woman must "protect" herself, which in turn positions the woman as the victim, enabled through the discourse of 'female victimhood'. This shows that there are unequal gendered power relations in this situation where the woman is being subordinated through victimisation.

If women are experiencing IPV during pregnancy they are likely to be concerned about bringing a child into an IPV relationship. This is due to uncertainties about how their partner will treat them, financial dependency on their partners and the related difficulty of leaving the relationship. These factors limit the woman's agency in leaving the relationship. These findings can be seen in the extract below:

Extract 52:

Nomsa (P2): it [IPV] is more painful if you are pregnant … you become also anxious that … how you are going to raise this child? because … it is clear that if you … experience violence now … you gonna be alone … to … raise this child

In this extract, Nomsa draws on the discursive resource of 'nurturing femininity' as she reveals the woman's uncertainties or "anxi[eties]" about raising and nurturing a child in an IPV environment. The discursive resource of 'nurturing femininity' is also evident as Nomsa suggests that the mother is invested in the child's healthy upbringing, likely due to the concept of the *inimba.* Along with this, she draws on the discourse of 'patriarchal masculinity' which constructs men as the financial

provider and resultantly women as dependent on them for financial support: she suggests that "rais[ing] [the] child" alone, the other option for the child's upbringing, is an anxiety, as well as men being the perpetrators of IPV. In this way she draws on the discursive resource of 'female victimhood' as the woman in this extract is positioned as the victim of the man's IPV, in turn indicating unequal gender power relations between the man and woman in this situation.

6.2.2.2 Keeping the family together: Women become pregnant on purpose to have involved partners

As noted earlier, some of the counsellors constructed men as often being adulterous and at times not accepting responsibility for their child. The counsellors also highlighted the importance of the family structure. In relation to the importance of the family structure and the concern about unfaithful or unsupportive partners, the counsellors shared that women may become pregnant on purpose in order to have involved partners. This is noted in Extracts 53 and 54 below:

Extract 53:

Lwando (P3):	They [husbands/male partners] become involved whereby … they will take care of the woman like (.) he will … take care of the household =/mmm/= like cleaning the house … (.) cooking and all that stuff so that (.) the wife … is happy =/mmm/= I also have … a case [of] whereby the woman said, 'you know what (.) I like to [about] become [being] pregnant … it's when my husband (.) he sleeps (.) in the house all the time he makes sure that he comes early' (.) and … as a result she's got five children … he is a caring person =/mmm/= when she got [is] pregnant
R:	And what happens when she's not pregnant did she say?
Lwando:	He goes back to abusiveness /wow/ (.) chase her away from the house with those children

Extract 54:

Lwando (P3):	=… this is also (.) a domestic violence abuse … because their husband if ever she's not pregnant she's [he's] not sleeping the house she [he] won't come with the money but if she's pregnant it's where (.) the love the care (.) the (caring) is all about /wow/ =so this woman take that as … keeping /mmm/ =the husband (.) through the pregnancy

In the extracts above, Lwando highlights the importance placed on reproduction within marriage (which is also found in other research (Caldwell et al., 1994, Grieser et al., 2001, Lachenicht, 1993, in Leclerc-Madlala et al., 2009)) as the husband of her client behaves responsibly and assists his wife in the household to ensure she has a safe and comfortable pregnancy. In this way, pregnancy can be constructed as a protective factor against IPV (see also work by Bohn et al., 2004; Saltzman et al., 2003, in Brownridge et al., 2011; Campbell, García–Moreno, & Sharps, 2004, in Devries et al., 2010; Janssen et al., 2003, Stewart & Cecutti, 1993, in Brownridge et al., 2011; Olagbuji et al., 2010) evidenced in Extract 53 in the five children that her client has had, and also a way of

temporarily ensuring financial security and the husband's involvement and his "love and care" (as noted in Extract 54). The woman in these extracts may also be attempting to assert her rights and establish a sense of power by drawing on the importance of reproduction in traditional "African" culture as a way of "keeping her husband [at home] through the pregnancy". In this way, Lwando draws on the discourse of 'human rights'. This is in opposition to her client's husband's treatment of her when she is not pregnant; where Lwando draws on the discursive resource of 'patriarchal masculinity' to explain that the husband in this situation "goes back to abusiveness" and "chase[s] her [and her children] away from the house" (as seen in Extract 53). The man is also constructed as adulterous as he does not sleep in the house when the woman is not pregnant, suggesting that he has another relationship elsewhere and stays with that person during those times. In this way Lwando draws on the discursive resource of 'female victimhood' as the women is positioned as the victim in these situations when the husband resumes his abusiveness once the pregnancy stage is over. This in turn highlights unequal gender power relations between the man and woman.

6.3 Conclusion

This section looked at the counsellors' micro-narratives of IPV during pregnancy. Reasons for why IPV during pregnancy may occur include the suspicion and accusation of infidelity, conflicts around abortion, men finding their female partners unattractive and accusations for lack of contraceptive use. It was also noted that there is variability in the way women manage their relationships with their pregnancies. Pregnancy can either be seen as a) a fearful phenomenon in terms of a woman needing to protect her unborn child and being concerned about bringing a baby into an IPV relationship, or b) as a tool to keep their partners at home and in turn attempting to regaining a sense of power by gaining their partner's input in caring for her and later her child.

COUNSELLORS' CONSTRUCTIONS OF THEIR INTERVENTIONS

6.4 Introduction

This section will look at the counsellors' constructions of their interventions. I will first unpack counselling as emotional labour and how the counsellors manage this. I will then go on to examine the counsellor's micro-narratives about their interventions, including session management tools, providing options to the clients (and how these are sometimes refuted) as well as the other services which the counsellors offer. This section, as with the previous analysis sections, will also highlight the discursive resources and related subject positions and gendered power relations that construct the micro-narratives.

6.4.1 Counselling IPV victims is emotional labour

The counsellors shared that counselling is an emotional labour for a variety of reasons: the difficulty at times to remain objective and thus the need to look after themselves. Despite this, they indicated that the counselling was worthwhile by reflecting upon the positive outcomes of their work. This will be unpacked in the following section.

6.4.1.1 It is difficult for us to remain objective in our work

Some of the counsellors mentioned that as a result of the emotional impact of their work they sometimes experience difficulty in remaining objective when assisting a client. This can be seen in Extracts 55 and 56 below:

Extract 55:

> Shelly (P1): I got angry when … (.) a woman is staying … in an abusive relationship /mmm/ I got angry very angry =/okay/ … because … I stayed (.) but I don't want someone to stay there because I know (.) how it's pain … *yho* I know that

In Extract 55, Shelly's struggle to remain objective can be seen in her revealing that she feels angry when her clients choose not to leave IPV relationships. In constructing this micro-narrative, Shelly alludes to the concept of the *inimba* within the discourse of 'nurturing femininity' as it appears that she cares empathetically for her clients and is interested in their well-being because of the emotional bond she has with them. This can be seen in her remark that she understands the "pain" that the woman in this case is going through. This evident emotional bond links to Vogelman and Eagle's (1991) work who suggest that women are often characterised as being emotional which may also provide an explanation for Shelly's emotional response to her client's choice to not leave the IPV relationship. The anger Shelly feels at her client's inability to see the necessity of leaving the relationship links to Frank's (2003) work on wounded storytellers who suggests that anger or "chaos [is] in the claustrophobia of confronting others' inability to see what [one] so clearly feel[s]" (p. xv). If Shelly feels that a successful intervention involves helping her clients remove themselves from an IPV relationship, it may impact on her perception of work efficacy if the woman decides not to leave as Shelly is not able to implement the intervention how she sees fit. The client deciding not to leave the relationship also suggests that Shelly situates herself in the reflexive subject position of being more knowledgeable than her client in that her client is making the wrong (and less educated) choice to stay in the relationship. Shelly also draws upon the discursive resource of 'patriarchal masculinity' which constructs men as violent or "abusive" and on 'female victimhood' as the woman in this extract is the victim in this "abusive relationship". This in turn highlights unequal gendered power relations between the man and woman in this situation.

Extract 56:

> Amanda (P7): …if they had to … choose to stay together and work this out =/mmm::/= it would be one of those cases where I have (.) real reservations because *=/ja/=* their patterns are so entrenched … (.) as much as:: (.) I believe that people can change and that's why I'm in:: … this work

As Shelly does in Extract 55, Amanda in the above extract draws on the discursive resource of 'nurturing femininity' as she feels an empathetic bond towards her client. This can be seen in the "reservation" she has about her client deciding to stay in the IPV relationship. Amanda also highlights an important issue here where she says that "their patterns are so entrenched". This relates to the idea that we use the terms 'natural men', 'real men' and 'deep masculine' to refer to an unchanging state or pattern of masculinity (Connell, 1995 p. 45) (e.g. one that is constantly dominant and violent). In this way she draws on the discourse of 'patriarchal masculinity' and in turn on the discourse of 'female victimhood' as the woman is the victim of the man's violence that is creating the necessity for the relationship to be "work[ed] out". In this way, Amanda also holds the reflexive subject position of the educated counsellor who, through professional experience, knows what constitutes an effective solution to an IPV relationship, in this case: for the woman to leave. Thus the reservation she feels may be due to the woman not knowing better and rather choosing to stay in the relationship and attempt to work things out with her partner.

6.4.1.2 As our work is emotional labour, we need to look after ourselves

As a result of their work being emotionally taxing, the counsellors spoke about trying to look after themselves and one another in order to do their work effectively. An example of how they go about this can be seen in Extract 57 below:

Extract 57:

> Nomsa (P2): We still have the [weekly] supervision … so each week we bring … all those worrying cases /mmm/ and also we … get … advices from the:: other … colleagues /okay/ ...we … present your [our] case [P claps] and all other … colleagues will intervene in your case /that's great/= [we] discuss discuss discuss (.) and then you go back clever

Here, Nomsa draws on the discursive resource of 'nurturing femininity' as she and her colleagues are interested in supporting one another and are concerned about one another's well-being in light of the emotionally taxing work that they do. The empathy that they feel through the metaphorical *inimba* which binds them together could also be perceived as an explanation for why these women feel that it is important to support and assist one another. In turn, it appears that these women are placing themselves on an equal level (no inferior or superior subject positions or power relations) as

they are all interested in the well-being of one another. Nomsa also alludes to the idea that IPV is a problem in that it creates harm and trauma, in this case for the counsellors who are attempting to help those who are experiencing IPV. In this way, Nomsa draws on the concept of the *inimba* in another way to suggest that the counsellors take on the burden of their clients' IPV experiences and feel empathy for the clients. Related to this, there is an underlying drawing upon of the discourse of 'female victimhood' as the counsellors, through feeling empathy for their clients, could also be seen as victims of the IPV by proxy due to the effect that their cases have on them.

Continuing the examination of the counsellors' self-care, one of the counsellors mentioned that she attends private counselling sessions in order to help her process some of the traumatic cases she has worked on. This can be noted in the following extract:

Extract 58:

Amanda (P7): I have in the past (.) organised … (.) consultations with:: … a private person or someone =/mmm::/= … to deal with that =/yes/= … to make sure that it doesn't overwhelm [me]

In the above extract, due to the effect of her work on her emotional well-being , Amanda draws on the discursive resources of 'female victimhood': she has become an emotional victim by proxy through feeling empathy towards her clients and in turn taking on some of their pain through the concept of the metaphorical *inimba*. In this way, she also draws on the discourse of 'nurturing femininity' because she wants to help her clients as best as possible by taking care of herself.

6.4.1.3 Although our work is emotionally taxing, it is worthwhile when we reflect on the positive outcomes of our work

Overall, despite the emotional labour of counselling IPV victims and the related necessity for self-care, the counsellors revealed that they enjoy their work and find it a positive experience to reflect on the successful outcomes of it which in turn make it worthwhile. Examples of these positive reflections can be seen in the following extracts:

Extract 59:

Shelly (P1): And …you know you feel good when you are helping [others]

Extract 60:

Lwando (P3): Women … they (.) becoming brave to report these cases that makes me very happy =/mmm/= and even if the case has been taken to court and then the perpetrator is being sentenced =/yes/= that makes me very happy

Extract 61:

R:	Do you get lots of stories like that where the women:: (.) are … successful:: and are doing well…?
Duvi (P5):	… There are lots of stories …
R:	… is it common that the women phone you to say 'I'm doing well'?
Duvi:	*Yho* it's common =/really?/= and even referring (.) other women to me

Shelly's emotional satisfaction in Extract 59 ("feel[ing] good") that she experiences when helping clients suggests that successful counselling interventions entail making their client's life better or helping them overcome IPV situations (see also Lewis et al., 2005). Thus Shelly feels good when she is able to help people because she feels that she is doing her work effectively. By "helping people" she also places herself in a superior reflexive subject position to her clients as "helping people" entails being more knowledgeable than them in the area in which they are both working. These subject positions can also be noted in Extracts 60 and 61, where Lwando and Duvi respectively are also helping the women and also emphasise that the counsellors view successful interventions as those where the women leave the IPV relationships. In Extracts 60 and 61, the discourse of 'patriarchal masculinity' is drawn upon as the men are constructed as the perpetrators of the IPV. In turn, the opposing discourse of 'female victimhood' becomes one of 'female survivorhood' in these extracts as the women in the cases have been "brave" (Extract 60) and have been able to stand up against the IPV that they are experiencing as victims: they have become survivors by taking the cases to court and having the perpetrator sentenced (Extract 60) and are leading successful lives (Extract 61) after having left the IPV relationship. In this way, women are regaining their power and challenging the unequal gendered power relations of men being perpetrators and women being victims of IPV.

6.4.2 Narratives about their interventions: Session management tools and intervention options

The counsellors shared that they utilise a variety of session management tools in order to create a positive environment and appropriate counsellor-client session relationships/dynamics. They do this by praising the clients for coming to see them, providing a space to listen empathetically and attentively, building trust through ensuring confidentiality and exploring their clients' rights and options. These will be unpacked in turn below.

6.4.2.1 We praise the clients for coming to see us

Some of the counsellors indicated that they praise their clients for coming to see them. This, they explained, forms a positive relationship between the client and counsellor as can be seen in the following extracts:

Extract 62:

Duvi (P5): so the woman straight away she's going to be straight and say that 'enough is enough /hmm/ *ja* 'when I am looking at myself … I see that I'm going nowhere' /hmm/ hmm …I even congratulate her /mmm/ saying that 'no-one forced you to come here' /mmm::/ meaning that you are ready to take any step

Extract 63:

Lwando (P3): as for us at [name of NGO] (.) once a woman take[s] a step <u>forward</u> =/mmm/ (.) to look at <u>herself</u> =/mmm/ (.) we see that as a survivor person =/mmm/= because once you find that … you need *i*-advice =/yes/= you need *i*-solution /mmm/ you need to find out what will <u>work</u> for you /mmm/ so once you take a step (.) we take you … as a great survivor

In the above extracts, Duvi and Lwando assume that by the clients coming to see them that the client is ready to remove herself from the IPV relationship. This reinforces the idea that intervention is viewed by the counsellors as something that helps the women out of their IPV situation. This in turn allows us to see that the clients in these extracts are challenging unequal gendered power relations of men as perpetrators and women as victims of IPV. We can also see here that Duvi is attempting to build a positive relationship with her client by "congratulat[ing]" her for coming to see her and Lwando by "see[ing] that [person] as a survivor". In this way, Duvi and Lwando draw on the discourse of 'female survivorhood'. By praising the client, it can be seen that counselling is also viewed as a space where the client should feel valued and encouraged. It may also, in line with the tenets of a client-centred approach used at the NGO, serve to "enhance[] the control and status of the client" (Chewning & Sleath, 1996, p. 390). This is because the client is being encouraged for being assertive in coming to see the counsellor and in turn being motivated to continue in her assertion in making a choice about how to best address her status as victim in an IPV situation. This extract also reveals an example of a story of bondage and then a story of deliverance (see Haaken, 2010) as the women here are realising that they are being abused and are attempting to create a way to remove themselves from these IPV relationships.

<u>6.4.2.2 We build trust with our clients through being empathetic and attentive listeners</u>

Some of the counsellors mentioned the importance of providing a space to listen empathetically and attentively to their clients as an important counselling management tool. This can be seen in Extracts 64 and 65 below:

Extract 64:

Lwando (P3): it's … the matter of (.) putting yourself (.) in her shoes… you listen and then you understand (.) what actually is happening … your intervention will be based (.) on the things that (.) come up …listening it's a very important because your response (.) will depend (to) [on] the story =/yes/ =because the stories are very different

Extract 65:

Duvi (P5): when you are in a session… for counselling … I can say that the important thing is the listening skills /okay/ you must listen /okay/ and then while you are listening you are trying to … put things together =/yes/ and separate other things

In Extract 64, Lwando draws on the concept of the '*inimba*' within the discourse of 'nurturing femininity' as she speaks about being empathetic towards her client by "putting herself in her [client's] shoes". That is, empathy is noted as an important element of intervention: trying to assist the client by attempting to understand her story, as well as attentive listening ("put things together and separate other things" as seen in Extract 65) and thus providing the most appropriate intervention options. In this way, the bond between the counsellors and their clients through the *inimba* is also evident as the counsellors care for the clients by feeling empathetic about their situations and wanting to help them. The importance of listening empathetically and attentively is also allowed through the space that is created for the client by the counsellor to share her story in the first place. This suggests that the counsellors see intervention as a way to healing by providing a space for the clients to tell their story to provide the most relevant and effective assistance. The importance of being able to share a story in a comfortable space resonates with Moon's (2006, p. 257) work who states that "storytelling [is] fundamental to catharsis [and] healing". By encouraging the women to share her stories and listening empathetically and attentively, Lwando and Duvi are placing themselves in a superior subject position as ones who are able to help and provide relevant intervention options to the client through their skills, experience, expertise and knowledge. This in turn suggests that counsellors see themselves as knowledgeable and superior to their clients. This superior subject position of these two counsellors here may also be seen as an acting out of the discursive resource of 'nurturing femininity' as they want to care for their clients by helping them.

6.4.2.3 We build trust with our clients through ensuring confidentiality

Some of the counsellors noted that ensuring confidentiality of what is shared in the counselling sessions is another important counselling management tool. This is because it allows the clients to establish a sense of trust with the counsellors whom they approach. Examples of this can be seen below:

Extract 66:

Amandisa (P4): There's … [a lot] of trust mmm (with) the client … is because there's a … place to share our problem /mmm/= and then your problem is stay there /yes/ there's no-one to listen [in on] your problem /mmm/ and … (1) I … not give anyone … your details

Extract 67:

Lwando (P3): it's very important that (.) the woman (.) understand =/mmm/ =why she (came to) you =/yes/ =and trust you

In Extract 66, Amandisa, as noted by Lwando in the previous section, suggests that creating a "place to share [one's] problem" is considered an important element of counselling and thus intervention, as stories allow one a chance to gain healing (see Moon, 2006). Amandisa also reveals that trust and confidentiality (and Lwando confirms the importance of trust in Extract 67) are important aspects of effective intervention as they provide this safe space in which the client can share her stories. Amandisa positions herself in a superior subject position to her client in her extract by suggesting that she is aware of the formalities and professionalism of counselling: the example of confidentiality in this instance. Lwando does this in a similar way, and in turn also positions herself as a superior subject in Extract 67, by stating that she is aware of the formalities of counselling by helping her client to understand her reasons for visiting her and that she should feel that she can trust the counsellor. By showing this knowledge, the counsellors are creating an atmosphere for the client to be aware that she can be helped through their counselling. Amandisa and Lwando here are also seen to be acting out the discourse of 'nurturing femininity' by wanting to help their clients. By "nurturing" their clients the counsellors is turn position themselves as the carer and their clients as in need of care. In these two extracts, through the counsellors' knowledge of appropriate treatment of the clients in the sessions, they see themselves as more powerful than the client.

6.4.2.4 We educate the clients about their rights and intervention options

The counsellors mentioned that they educate their clients about their rights and available interventions options for addressing the IPV relationship that they are in. An example of this can be seen in Extract 68 below:

Extract 68:

Amandisa (P4): women come to me to tell the story [and I am] (offering) counselling … (educate) them about their rights /yes/ … we are giving *i*-advice … because I give *i*-option …I don't say …'do these things' … I give option …(they have) to listen to take other … option [they have to listen to learn about and choose an option]

Here, Amandisa reveals her subject position as "educator" and advisor to her clients. In this way, Amandisa suggests that women are ignorant, and in turn positions them as less knowledgeable or un(der)educated and in need of information in order to best decide how to manage their IPV situation. By allowing her clients space to share their stories as a springboard for assessing

intervention options, Amandisa is positioning herself in the role of carer as she sees her client as in need of help, thus placing her client in an inferior subject position. This may reinforce the idea that counselling could be viewed as a space where women are helped, and thus the helper (counsellor) possesses more knowledge than their clients (in the form of the "options" they provide their clients for addressing their IPV situation) who are seen as the help-seekers. Foucault extends this idea of knowledge possession, in this case, of the counsellors, by asking who the speaker is, and who is qualified to use a type of language as well as identifying the "institutional sites from which the person speaks", (1972, in Macleod, 2002, p. 22). Thus, as the counsellors are speaking from an institutional space of helping women with IPV situations, they are considered qualified to speak about interventions because of their skills, expertise and knowledge in the field.

One of the options the counsellors offer their clients is individual and couple counselling, where they play the role of mediator. This can be seen in Extract 69 below:

Extract 69:

> Lwando (P3): sometimes … I write a letter to call that man … to (talk) … about this situation

The act of Lwando sometimes playing the role of mediator, and thus reflexively positioning herself as such in the form of summoning her client's male partner for counselling, suggests that another element of effective counselling is understood to take the form of hearing both sides of the story (of the man and the woman involved in the IPV relationship). Lwando in this way positions herself in a superior position to the man as she is able to assertively contact the man for questioning. In this way, Lwando in her position of counsellor is challenging the discourse of 'patriarchal masculinity' where men are dominant and women are subordinate. When Lwando is the mediator she is in a superior subject position to both parties as she is the one who is knowledgeable on the intervention options and is able to control the trajectory of the counselling sessions through questioning. If the man decides not to participate in the counselling, Lwando continues to assume a superior subject position and power by making a decision with her client and without the man about how to address the IPV that her client is experiencing.

6.4.2.5 Women need to gain strength from the counselling

Some of the counsellors feel that once women are aware of their rights and intervention options, they must be ready to take up an option by gaining strength through the counselling process. This is noted in Extracts 70 and 71 below:

Extract 70:

Shelly (P1): I always tell them (.) it's very good to talk =/mmm/= not to keep inside you mmm/= talk about it so that …when you are talking …you're also getting the answers …because the answer is not coming from people … that you are sharing with (.) it's also coming with from you =/mmm./… you started to do this by yourself =/mmm/= you have to be strong for that

Extract 71:

Shelly (P1): maybe I'm saying … 'you have to apply for *i*-protection order' then you say 'I'm going to apply for it' [Shelly says to the client:] 'what you are going to do? =/mmm/= you are going to … apply … but … you are going to … withdraw it … =/oh/= within no time =/okay/= because you are not ready yet to do it =/mmm/= you have to be ready'

In Extract 70, Shelly suggests that an important element of intervention is the counselling sessions giving women strength ("you have to be strong for that") to take the next step to address the IPV that they are experiencing. In this way, counselling is considered a temporary space for women and then they are expected to manage alone. This suggests that Shelly is constructing her client as having her own agency and responsibility for her future. On a larger scale, this implies that we are all ultimately responsible for our own welfare and the life choice we make in pursuit of that welfare. In relation to this idea of individual responsibility and agency, in this this extract Shelly alludes to the client-centred counselling approach (Chewning & Sleath, 1996) (based on Western cultural ideals of individualism (Gobodo-Madikizela, 2011)) that she and her colleagues utilise as an important means to producing a successful intervention: the counsellors are interested in helping the client idiosyncratically through the client's narrative ("when you are talking… you're also getting the answers… it's also coming …from you"). She also draws on the idea of stories being a means to heal (see Moon, 2006) in her encouragement that "it's very good to talk… not to keep inside you". Shelly's utilisation of the client-centred counselling approach is in contradiction with traditional "African" cultural ideals of *ubuntu*: "an ethical framework …part of the deep cultural heritage of African people based on communitarian principles … : [an identity based on the concept of] "I am because we are"" (Gobodo-Madikizela, 2011, p. 548). *Ubuntu*'s ethos focuses on encouraging co-operation in the interests of the greater community through social relationships (Gobodo-Madikizela, 2011). Thus it is interesting to note that the counsellors make use of a Western-based client assistance approach. This because the counsellors appear proud of their traditional "African" (*isiXhosa*) culture through their use of terms such as 'in our culture' noted in previous extracts and use it as a means of understanding the phenomenon of men, women, their role as counsellors and IPV and IPV during pregnancy and their interventions.

In Extract 71, Shelly explains the consequences of clients not being confident or strong in their decision to remove themselves from IPV situations: withdrawing a protection order which would

reinforce the clients' status as victim. In this way it can be seen that Shelly draws on the discourse of 'female victimhood'. In these two extracts, Shelly also draws on the discourse of 'female survivorhood' and suggests that this is manifested in the client taking a stand against the IPV and being strong enough to carry their decision through to fruition.

6.4.3 We provide moral guidance and suggestions

As was noted in this chapter, the counsellors indicate that they provide their clients with options for ways out of the IPV relationships that they are in. However, the counsellors also spoke at times about encouraging their clients to engage in certain practices/behaviours through moral guidance or suggestions. Thus, it appears that the client's decisions may be influenced by the counsellors: that the counsellors feel that what they say is right. These suggestions include encouraging women to look after themselves during pregnancy and to consider the children: not to leave them behind if the woman is thinking of leaving an IPV relationship. These suggestions will be explored below.

Some of the counsellors mentioned that their moral guidance and suggestions sometimes take the form of encouraging their clients to look after themselves during pregnancy and keeping the children in mind when considering leaving an IPV relationship. This is opposed to letting the woman freely choose their options without these suggestions. Examples of this can be seen in Extracts 72 and 73:

Extract 72:

> Mrs X (P8): I always remind them that it's only temporary that your tummy is big you're going to have your baby in your arms no more in your:: tummy after nine months so for the nine months that the baby is depending on you for survival you need to take better care of yourself

Extract 73:

> Shelly (P1): what are you going to do? /yes/ (.) becau::se (2) if you … go home /(1) yes/ it can be (a problem) /mmm/… if you think to go [if you are thinking of leaving the IPV relationship] you must think about your children= /yes/ if (you feel you) (2) go out from that door= /mmm/ (.) to me:: (.) it's better to <u>put</u> your children in front (.) not to leave the … children behind'

In Extract 72, Mrs X is attempting to reassure her client that the pregnancy is temporary and that her client must "take better care of [her]self". In this way, Mrs X is drawing on the discursive resource of 'nurturing femininity' as she is attempting to allow her client to see that a healthy pregnancy is important and that it is a woman's responsibility to have a healthy pregnancy to ensure

a healthy child later. In this way, Lwando is placing herself in a superior subject position as she feels that she has the power, knowledge and expertise in the field in order to make such a suggestion.

In Extract 73 we can see that Shelly states that if a woman is thinking of leaving an IPV relationship, she "must think about [her] children". As with Mrs X, Shelly is placing herself in a superior subject position as she feels that she has the status, knowledge and expertise in order to provide this moral guidance. Shelly is also drawing on the discursive resource of 'nurturing femininity' to construct a woman as a good mother if she takes her children with her when leaving an IPV relationship as this suggestion is in the best interests of the children as well as their mother, her client.

6.4.4 We offer other services besides counselling

Some of the counsellors mentioned that they offer other services or options to their clients such as logistical support including relevant referrals. This can be seen in the following extracts:

6.4.4.1 We offer logistical support and referrals

Extract 74:

Leigh (P6): … we provide them with legal counselling /okay/ … and when she take a decision that she want to apply for a maintenance against the partner the father the husband /mmm/ our maintenance form are in English /okay/ not everybody understanding the English /mmm/ so we assist them /yes/ to fill in the maintenance form /mmm/ ... and also give them to submit it to the court

Extract 75:

Amandisa (P4): we refer (2) … to relevant stakeholders /okay/ if the:: the woman wants [to] open the case /mmm/ like … if the man (.) beat (her) up …the client tell me 'I want (this service)' and I said 'okay' /mmm/ I (listen) to you (1) these things (2) you must go to the (police) … I call the:: police station … (and I say) … 'I want refer a client who is (in the:: clinic) today' the police said ('okay you are here') and then I write a letter go to the police station … and then … open the case

In Extract 74, it can be seen that Leigh views effective counselling as one in which external resources are drawn upon; in this instance the court, in order "to apply for maintenance". Thus, effective intervention is multi-faceted and does not only take place in the counselling room. In this way, Leigh creates for herself the subject position of mediator (between her client and the court); a superior subject position as she has the knowledge and expertise to help her client in this way. In

Extract 75, Amandisa also provides an example of where she draws upon external resources: that of the police in order to open a case. This suggests that Amandisa may also view effective counselling as that which is multi-faceted and which involves collaboration with external sources to provide the client with the correct, effective channels of action.

6.4.4.2 We create public awareness in our local communities about IPV and human rights

Some of the counsellors mentioned that they also work outside of their counselling rooms by going out into the community to create awareness about human rights. This is noted in Extracts 76 and 77:

Extract 76:

Leigh (P6): we go outside to [of] … our communities /mmm::/ to gather(ed) the womens together (.) to educate them … about the women's human rights

Extract 77:

Shelly (P1): now the headmen and the (.) the traditional leaders =/mmm/= are (.) are always … asking us to go and have talks =/okay/= whereas … it was not like that before but they are (.) accepting us to come and talk about these things

In Extract 76 Leigh draws on the discursive resource of 'human rights' and states their importance by sharing that she and her colleagues take the time to go out into communities to "educate" women about them. Intervention in this way can also be viewed as not only taking place on a one-on-one basis in the counselling room but also through wider-scale public awareness in the communities. As the counsellors see themselves as "educating" the women, they position themselves as superior to the women whom they address, as they see the women as un(der)educated and in need of education and assistance.

Shelly provides an example in Extract 77 of how she and her colleagues go about creating public awareness about IPV by acquiring permission from relevant stakeholders or gatekeepers: in this case, the "traditional leaders" to enter certain communities. It can be understood that this is an effective way of creating awareness because people often approach their traditional leaders for advice (see Rasool Bassadien & Hochfeld, 2005) and thus if the traditional leaders endorse the counsellors sharing knowledge human rights then the community may be more likely to see this knowledge and education as positive and worth listening to.

6.5 Conclusion

This section examined the counsellor's constructions of their interventions. The section began with the finding that the counsellors construct their work as emotional labour: thus the counsellors need to look after themselves, but it is worthwhile when they reflect on the positive outcomes of their work. The section then moved to the counsellors' narratives about their interventions in the form of session management tools: praising clients for visiting them, building trust with their clients through being empathetic and attentive listeners and through ensuring confidentiality in the sessions, educating the woman about their rights and intervention options and that women need to gain strength from the counselling sessions in order to go forward with their decision to leave the IPV relationship. The counsellors shared that despite offering the women intervention options the counsellors sometimes provide moral guidance and suggestions in the form of encouraging women to engage in certain practices/behaviours. The counsellors shared in their narratives that offer other services besides counselling including logistical support and referrals and creating public awareness in their communities about IPV and human rights.

In the following chapter I will provide an overall conclusion to my research. In it I will look back at my research questions and address them by firstly concluding how the counsellors talk about their understandings of IPV during pregnancy and what discursive resources and related subject positions and gendered power relations these afford to the counsellors, men and women in the micro-narratives. I will then do the same for the counsellors' micro-narratives about their interventions.

CHAPTER SEVEN: CONCLUDING THE RESEARCH

7.1 Recapping: The purpose of the research

First and foremost, when attempting to understand the counsellors' narratives, it is important to consider that the narratives shared in my research are mostly not the authentic experiences of the participants: they are narratives from the cases that they have worked on. Thus the narratives may be different to how the women experiencing IPV themselves may perceive IPV, IPV during pregnancy, their perpetrators and the counsellors' interventions.

The purpose of my research was to examine how counsellors talk about IPV during pregnancy: how their micro-narratives reveal how they understand this phenomenon and how this influences what interventions they use in response to it. That is, how their narratives constructed the reality of their perceptions of IPV and IPV during pregnancy and how this influences their interventions. In order to do this I examined the discursive resources (on the macro level) that the counsellors utilise in their narratives (on the micro level of the everyday, interpersonal) and how this affords certain interactional subject positions of the men and women by the counsellors, reflexive subject positions of the counsellors themselves and how these reproduce certain (gendered) power relations. In this chapter I will summarise the findings of the previous analysis chapters, drawing on some theoretical elements from Chapter Three in order to answer my research questions. In reflecting upon this analysis, this study also aimed to address the questions of what is achieved or gained by using these narratives and discursive resources of the counsellors, what the significance or consequences are of using these particular narratives and discourses and whether different narratives or discourses would have been possible. These will be addressed at the end of each section.

7.2 Review of the findings: How the counsellors feel that IPV during pregnancy should be understood

The counsellors constructed the phenomenon of IPV during pregnancy as occurring in the wider context of IPV in general, and that it is a problem that should be addressed or resolved. With regard to IPV in general, it was noted that it is often a result of social dysfunction including alcohol abuse and financial constraints and consequentially, children often witness IPV which is a risk factor for IPV later. IPV has a constellation of consequences for women and children, including women experiencing stigma, isolation which limits her agency in seeking help from IPV and children being abused as part of the IPV. The stigmatisation of women experiencing IPV goes against the ethos of the concept of *ubuntu* within traditional "African" culture where the community is collectively responsible for its members' well-being (see Gobodo-Madikizela, 2011). As IPV during pregnancy

occurs in the context of IPV, as noted in Chapter Two, it can be said that these findings related to IPV would largely apply to IPV during pregnancy as well.

The counsellors shared that IPV during pregnancy should be understood as occurring for a variety of reasons, including conflicts around abortion (where the woman wants to keep the child and the man does not) and experiencing emotional abuse at being perceived as physically unattractive by their male partners due to their changed body shape. It was noted that IPV during pregnancy is managed by women in complex ways. It is a source of fear as women are anxious about bringing a child into an already violent relationship and feel traumatised from the violence they and their unborn child are experiencing. It also could be used as a tool in an attempt to keep their partners at home and be involved in caring for them and their baby and child/ren. This was highlighted through the importance of the family unit due to social expectations and a mother's nurturing instinct which attempts to keep the family unit together. The latter was assisted by the important concept of reproduction within the discourse of 'traditional "African" culture' (see Caldwell et al., 1994, Grieser et al., 2001, Lachenicht, 1993, in Leclerc-Madlala, Simbayi, & Cloete, 2009). In relation to this, the discourse of 'nurturing femininity' was often drawn upon in order to construct women as nurturers and thus pregnancy as an important feature of womanhood.

The counsellors' micro-narratives constructed men as the perpetrators of IPV and IPV during pregnancy, drawing on the discourse of 'patriarchal masculinity' to construct men as violent, dominating, adulterous, the head of the household and often the financial provider for his female partner and family. These trends stem from the patriarchal ordering of society which comprises ideals of hegemonic masculinities (see Connell, 1995, 2002; Lindegger & Quayle, 2009; Ratele, 2008) where women are subordinated in society and men are expected to have a voracious sexual appetite, be heterosexual and use violence to assert control when their authority is threatened.

Within the discourse of 'traditional "African" culture', drawn upon by the counsellors, women were expected to respect men and be submissive in marital and sexual relationships. These were other contributing factors to IPV and IPV during pregnancy. Men often made use of IPV as a tool to maintain women's respect and submission which in turn places women in a subordinate position to men. IPV during pregnancy could thus be seen as a discourse being acted out upon the women's bodies by men (see Connell, 2002).

As a result of the cultural expectations of submissiveness, women may be unaware that the IPV that they are experiencing is a problem and thus may not seek help. In relation to this, the counsellors

interactionally positioned women (Davies & Harré, 1990) as the victims of IPV and IPV during pregnancy, the discourse of 'female victimhood' very often being drawn upon in order to do so. In this way, it was noted that IPV during pregnancy occurs in the context of unfair gendered power relations. As such, the discourse of 'female victimhood' of IPV during pregnancy manifested in a variety of ways including women being re-victimised if they attempted to fight back against the IPV/IPV during pregnancy, being accused of infidelity and a lack of contraceptive use and often having limited agency when it comes to leaving IPV relationships due to their financial dependence on their male partners. Where women were sometimes re-victimised for fighting back against IPV, this could be seen as an example of where men were rejecting the discourse of attempted feminine assertiveness and responded to it through IPV (see Connell, 2002). However, the discourse of 'female survivorhood' was also drawn upon at times by the counsellors to highlight that women were sometimes able to remove themselves from IPV situations and overcome the oppressive discourse of 'patriarchal masculinity' which was being imposed upon them.

As can be seen, the counsellors' micro-narratives served to present the men and women in a certain light. In examining how men and women are constructed by the counsellors, the counsellors' utilisation of the discourses of 'nurturing femininity' and 'patriarchal masculinity' could be viewed as essentialising discourses. Women were constructed as fulfilling domestic roles in the household and as being mothers (and victims and survivors of IPV) and men, as their counterparts, were constructed as largely adulterous, violent, dominating, heads of household and financial providers. In this way, the micro-narratives do not allow the men and women much opportunity for taking up other subject positions.

In reflecting upon the counsellors' narratives, examining the discourses they drawn upon and how these serve to position the men and women when speaking about their cases and well as how IPV and IPV during pregnancy is constructed, what is achieved or gained by using these narratives and discourses is that women are positioned largely as nurturers and victims (and sometimes survivors). The men were positioned largely as subscribing to ideals of hegemonic masculinity and patriarchal behaviour and as the perpetrators of the IPV and IPV during pregnancy: largely essentialising discourses as aforementioned. In terms of the significance and consequences of these discourses and narratives, the counsellors, who in this study are all women and who had sometimes experienced IPV in their own relationships, may also be constructing women as victims in order to empathise with them. In doing so, the counsellors may perhaps to invite me, a female researcher, to share in this empathy, perhaps drawing on the ethos of *ubuntu* in that IPV has collective effects: IPV affects women whether they have experienced it first-hand (physically and emotionally) or not

(emotionally). It also serves to shift responsibility and blame for the IPV solely onto the men. This in turns suggests that the women who experience the IPV are not to blame for causing it and thus should be cared for and assisted in removing themselves from it in an empathetic/sympathetic manner.

When one considers whether a different narrative or discourse may have been possible, it does not seem likely. This is because the counsellors shared that it is nearly always men who are the perpetrators of IPV and IPV during pregnancy. By utilising these narratives and drawing upon these discourses, the counsellors may also serve to perpetuate the reality that they construct: that men are nearly always the perpetrators of IPV and IPV during pregnancy.

7.3 Review of the findings: The counsellors' interventions with women suffering from IPV during pregnancy

Overall, the counsellors revealed through their narratives that they see themselves as people whose job it is to respond to the phenomenon of IPV and IPV during pregnancy. The counsellors shared that counselling women who are victims of IPV and IPV during pregnancy is emotional labour. Thus it is difficult to remain objective in their work and there are methods they utilise to manage the emotional impact of their work including group and individual therapy. It appeared as though the counsellors were attempting to gain sympathy from me as the researcher for the women who suffer from IPV. This was done through the narratives that they shared: the counsellors themselves, through the emotional toll their work takes on them, reveal their own sympathy for the women and in turn were inviting me to share in their sympathy for their clients.

When examining the methods that the counsellors indicated that they use to address IPV during pregnancy, it can be seen that they assist women on an individual basis and treat them idiosyncratically. This is in contrast to the traditional "African" ideals of *ubuntu* where the focus is on creating a community in the best interests of its members through collective interest and input (Gobodo-Madikizela, 2011). This lack of *ubuntu* ethos in the counselling methods and related intervention options could be used to explain the prevalence of the problem of IPV: there is little focus, other than the public awareness that the counsellors create in their communities of IPV, at addressing IPV and IPV during pregnancy on a wider scale in terms of constructing IPV and IPV during pregnancy as a collective issue with consequential collective responsibility for the community's well-being and the perpetrators' accountability. Despite the prevalence of IPV and IPV during pregnancy, the counsellors feel that it is a positive experience to reflect upon their successful cases. In relation to this, the concept of the *inimba* (see Gobodo-Madikizela, 2011) arose

often as a means of explaining the counsellors' bond to their clients as they were interested in their well-being and in helping them out of IPV relationships.

Through the counsellors' micro-narratives, it was evident how they perceive what appropriate counsellor-client session relationships/dynamics should entail. This includes a number of elements: the women being praised for attending counselling, the counsellors providing a space to talk in which trust is built through the insurance of confidentiality; where empathetic and attentive listening of the counsellors takes place in order to provide the most relevant intervention options, having referral options (drawing on external resources such as the court and police) counselling being a temporary space where women can gain strength, creating public awareness and ultimately helping a woman out of an IPV relationship. The idea that women need to gain strength from the counselling suggests that they are ultimately responsible for their own well-being and success. This goes against the important ethos of *ubuntu* in traditional "African" culture which suggests that the community is collectively responsible for its members' well-being (see Gobodo-Madikizela, 2011).

Counselling was viewed as being successful if the client left the IPV relationship after having received counselling, and thus counsellors may view themselves as not performing a successful intervention if they are unable to help their clients leave the IPV relationship. This is also related to the idea that IPV and IPV during pregnancy are viewed as traumatic, harmful experiences, i.e. a problem which should be treated with intervention. Thus, if the IPV intervention is not successful, then the problem of IPV/IPV during pregnancy in those cases is not resolved. This lack of success in an intervention was manifested in the counsellors advising women to choose certain options but women deciding not to. A related example of this took the form of one counsellor feeling anger and another having reservations about their clients deciding not to take up the option of leaving an IPV relationship.

The counsellors constructed their interventions as being largely successful and in turn were inviting me to admire them for these successes through the many stories of success that they were able to share with me in the interviews. In this way, the counsellors were attempting to convince me that their model of intervention is an effective one as many women were able to successfully leave IPV relationships, according to the counsellors, through the counsellors' interventions and assistance. However, this overall success is questionable when considering that the phenomenon of IPV and IPV during pregnancy is still a widespread phenomenon despite the time, energy, experience and resources the counsellors invest into assisting their clients.

In terms of the options that the counsellors provide their clients, although the counsellors did provide options to women, they also at times simultaneously provided moral guidance for what they thought were the best options. For example, the counsellors drew on the discursive resource of 'nurturing femininity' to encourage women to take their children with them if they were thinking of leaving IPV relationships or taking care of oneself during pregnancy: that is, reminding their female clients of the importance of their role of mother when attempting to leave an IPV relationship.

In some instances, the counsellors drew upon the discourse of 'female survivorhood', where women were positioned as survivors for having the strength to recognise that they are experiencing IPV and to leave these IPV relationships. In this way, the women could be seen as resisting their subject position (Burr, 2003; Mills, 2004) of victim. Overall, the fact that women come for counselling in the first place also shows their defying of the taboo or infra dig concept of seeing a counsellor for help with IPV in marital relationships within the discourse of 'traditional "African" culture' as opposed to seeking advice from elders, priests and traditional leaders within their community (see Rasool Bassadien & Hochfeld, 2005).

When considering that many women do attend counselling, it could be seen that their knowledge about their IPV situation provided them with power, as they were then able to resist their IPV situation in the form of attending counselling as a means to seek help. In this way, the counsellors themselves could also be seen as resisting the discourse of patriarchy, and the related unequal gendered power relations of men over women (see Burr, 2003; Connell, 2002; Faith, 1994; Foucault, 1978; Foucault, 1979, 1982 in Gavey, 2005; Foucault, 2000, in Jackson & Mazzei, 2012; Gavey, 2005; Jackson & Mazzei, 2012; Mills & White, 1999, in Mills, 2004). This is because they are attempting to help the woman remove herself from the patriarchal power structures which are serving to oppress her through IPV.

The counsellors revealed that they see themselves in the reflexive subject position (see Davies & Harré, 1990) of educators as they educate the women about their rights and intervention options. They also reflexively positioned themselves as helpers as they help the woman to remove herself from IPV relationships through various logistical means such as links with the court and police. When attempting to help the women understand their options, the counsellors largely drew on the discourse of 'human rights' to explain to women that these should be utilised in order to address their IPV situation. In this way, the counsellors largely positioned the women as un(der)educated and in need of help. The counsellors at times reflexively positioned themselves as mediators by calling the male partner in for a session when necessary. They positioned themselves generally as

superior to clients through knowledge, skills, experience and expertise. In this way, the counsellors saw themselves as being qualified to make assertions about the intervention options through the institutional knowledge and discourses they had on hand (see Foucault, 1972, in Macleod, 2002). Thus, power relations could also be noted in the counsellors being more powerful than, and superior to, their clients.

In reflecting upon what is achieved by the narratives that the counsellors constructed of their interventions and the discourses they drew upon in order to do so, it can be seen that the counsellors positioned themselves as superior to their clients in terms of the counsellors' expertise, knowledge and experience. The clients as a result were positioned as un(der)educated, largely ignorant of their intervention options and in need of help. Coupled with this were the many successful cases of their clients leaving IPV/IPV during pregnancy relationships they shared with me: the counsellors wanted to be seen as helpful; they invited me to share their successes and opened a space where I could praise and acknowledge them for this. The idea that the counsellors' work is emotional labour and thus they need to look after themselves should also be considered here. This finding furthers the idea that they take their work seriously: even though there is an emotional toll, they are prepared to help the women which in turns further shows their commitment to their work and that they take their work seriously despite the personal consequences of it. In this way, and addressing the significance and consequences of these particular narratives and discourses elicited by the counsellors, the counsellors are able to construct a reality which convinces me, the researcher, that they are qualified, knowledgeable and professional in the manner in which they assist their clients, that their counselling and the logistical support that they offer their clients is effective and successful and that they are committed to their work despite the emotional toll it takes on them.

When considering whether alternative narratives and discourses may have been constructed and utilised in terms of the counsellors' interventions, this does not seem likely. The counsellors want to appear knowledgeable, professional, successful and hardworking and thus they would construct narratives and utilise discourses which show themselves in this light. They would also need to do this by positioning women as being ignorant, to further highlight that the counsellors themselves are knowledgeable and effective in their work.

Taking into account the conclusions drawn from the research, in the following section I will provide a reflection of the research in terms of the limitations of the study and suggestions for future research. It will also look at implications of the research and recommendations for practice in intervention. These will be discussed in turn below.

7.4 Limitations and suggestions

7.4.1 English interviews

After having conducted the research, I feel that there are some limitations that should be noted, in terms of the language in which the interviews were conducted, the data collection sites and the sampling of the participants. In addressing the first limitation, as the interviews were conducted in English, and all of the participants except one were first-language *isiXhosa*-speaking, I felt in hindsight that the data may have been more in-depth if the interviews were conducted in *isiXhosa*. This is especially in the case of Amandisa, who struggled with speaking English and was notably shy about this. Although I feel that the participants elicited rich, authentic stories, I think that at least some of the participants may have felt more comfortable in expressing themselves and sharing the details of their counselling cases in their first language.

7.4.2 Limited research sites

Considering the pervasive nature of IPV, although having two sites allowed for a relatively broad opportunity for data collection, only having two sites could be viewed as a relatively small portion/understanding of the bigger picture of IPV and IPV during pregnancy. Collecting data across more sites would allow for a wider perspective of understanding IPV and IPV during pregnancy and seeing if different narratives emerge from different sites across the country (geographically, class-related, et cetera).

7.4.3 Interviewing victims, perpetrators and male counsellors

A suggestion for future research takes the form of interviewing the victims and perpetrators themselves in order to gain a more holistic understanding of IPV. I did feel at times that the stories shared in my research were perhaps not completely authentic, as they are taken from the counsellors' perspectives and thus were 'second-hand' stories which could be seen as a limitation of this study. If the narratives came from the victims themselves they may be different as they would be first-hand (the IPV would have been self-experienced) and perhaps clearer. It may minimise forgetting or confusing the details of the stories if they came from the victims themselves which would elicit better quality data (even though this did not seem to be a real problem when the counsellors were recalling cases in their narratives in my study). It would also be interesting to compare the victims' and perpetrators' narratives to the counsellors' narratives to see what may be different or similar in their content and to understand the phenomenon from multiple perspectives and experiences. Considering that my research participants were all female counsellors, it may also be interesting to see if male counsellors as participants may construct IPV and IPV during pregnancy, as well as position men and women in their cases, in different ways than the female

counsellors did. This is in terms of the different perspective that the male counsellors may have on IPV, being men themselves, and men usually being the perpetrators of IPV and IPV during pregnancy.

7.5 Implications of the research and recommendations for practice in intervention

The narratives that the counsellors shared confirm the reviewed literature that IPV and IPV during pregnancy is a serious problem. These counsellors' narratives could be seen to address Haaken's (2010) call for sharing narratives around IPV in order to broadcast its prevalence and re-encourage women's anti-violence campaigns to address it. The counsellors revealed through their narratives that they used a client-centred approach (Chewning & Sleath, 1996) when assisting their clients. This is an implicit model in the process of intervention that relies heavily on an individualistic conception of subjectivity and personal responsibility. That is, the counsellors focus on each women's case individually, which in turn means that the women are ultimately individually responsible for their own well-being once they have received counselling and have discussed/been provided with suitable intervention options. This method of individual counselling, or assisting the clients on an individual basis, goes against traditional "African" notions of *ubuntu* (see Gobodo-Madikizela, 2011) which focuses on creating a better community for all through collective input and interest in the community's needs. The fact that the counsellors feel overwhelmed by their caseloads may be due to the utilisation of the client-centred approach: the counsellors feel responsible for each individual and that there is little focus on mobilising large-scale collective responsibility for, and accountability to, IPV and IPV during pregnancy. There is little addressing of IPV and IPV during pregnancy on a wider scale, besides going into the community to create awareness about IPV, human rights and the NGOs' services. It is important that wider-scale intervention takes place in order for the IPV to be more successfully and broadly addressed. The following sections will look briefly at how this can possibly be addressed: through systemic/holistic intervention strategies to address community issues and working with communities.

7.5.1 Systemic/holistic intervention strategies to address community issues

Wider-scale intervention of IPV could take the shape of a community partnership model that addresses perpetrators. These could include group discussion platforms which address issues of hegemonic masculinity, patriarchy as well as gender roles within the household at a grass-roots level. Other intervention methods could include addressing community issues that are risk factors for IPV such as alcohol, lack of contraceptive negotiation, women's financial dependence on men and subsistence availability. One option for this could be encouraging community members to plant a community vegetable garden which could contribute towards food security. This may also aid in

minimising household expenses on groceries: women would not be so financially dependent on their male partners as they are able to produce their own food. This may in turn assist in promoting less subservience and perhaps even result in less IPV.

7.5.2 Working with communities

As was noted in Chapter Two, there are a variety of problems when it comes to women accessing and then receiving assistance from IPV and IPV during pregnancy. Devries et al. (2010) argue that it is imperative that global initiatives aimed at increasing maternal health and decreasing maternal mortality devote more attention to IPV, particularly violence during pregnancy. This is because "IPV during pregnancy is more common than some maternal health conditions routinely screened for in antenatal care" (Devries et al., 2010, p. 1). IPV during pregnancy is also the primary cause of maternal deaths (Ntaganira et al., 2008). A possible solution to this takes the form of the call for working with communities.

Rasool Bassadien and Hochfeld (2005) suggest that much work should be done with communities in developing helpful resources for counsellors when women experiencing IPV (and IPV during pregnancy) approach them for assistance. One way of addressing this is their suggestion to dialogue with cultural and religious leaders in a focused and thoughtful manner despite the inevitable conflict that may arise. This would be useful in creating protective, long-term changes in communities, as many people approach leaders and counsellors for assistance and these leaders may be helpful in providing assistance with or access to relevant resources and different perspectives on IPV. Recognising and challenging IPV not only at the political and social policy level but also at the individual and familial level where problematic discourses prevail will hopefully also allow women experiencing IPV a way of seeking help, or having successful attempts at doing so. As Rasool Bassadien and Hochfeld (2005, p. 12) suggest, "changing social discourses is politically charged, yet this should not mean we abdicate responsibility for doing so".

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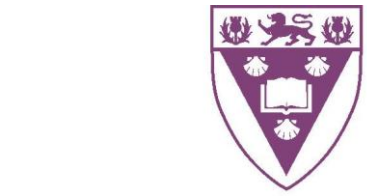
APPENDIX 1: IAN PARKER'S (1992) TRANSCRIPTION CONVENTIONS (ADAPTED)

Symbol	**Meaning**
Round brackets ( )	Indicates doubts arising about the accuracy of material
Ellipses …	To show when material is omitted from the transcript
Square brackets	To clarify something for the reader
Forward slashes	Indicates noises, words of assents and others
Equals sign =	Indicates the absence of a gap between one speaker and another at the end of one utterance and the beginning of the next utterance
Round brackets with number inserted, e.g. (2)	Indicates pauses in speech with the number of seconds in round brackets
Round brackets with full stop (.)	Indicates pauses in speech that last less than a second
Colon ::	Indicates an extended sound in the speech
Underlining _____	Indicates emphasis in speech
Single inverted commas ‘’	Indicates words or phrases which have been quoted; either the counsellor quoting themselves or quoting their clients

APPENDIX 2: LETTER OF CONSENT TO PARTICIPANTS



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PSYCHOLOGY DEPARTMENT

●Tel: (046) 603 8500 / 8501 ● Fax: (046) 622 4032 ● Email: annie.fleischack@gmail.com

Dear Service Provider,

Request for Your Participation in a Research Project

The Rhodes University Psychology Department is running an umbrella research programme, namely, Critical Studies in Sexualities and Reproduction (CSSR). My research, which forms part of this programme, aims to investigate how service providers understand and respond to intimate partner violence (IPV) that occurs during pregnancy when clients present with this issue.

The research is funded by the Andrew W Mellon Foundation and will be conducted by me, under supervision of:

- Catriona Macleod, Professor, Psychology Department, Rhodes University;
- Werner Böhmke, Lecturer, Psychology Department, Rhodes University.

In this letter we request that you participate in this research. Your participation will involve being interviewed on three different occasions (twice on one day and once on another) about your understanding of, and response to, clients who have suffered from intimate partner violence that has occurred during pregnancy.

The purpose of this letter is to inform you of your rights, should you decide to participate in this study. Please note that ethical clearance for this project was obtained from the Rhodes University Ethics Committee (RPERC) on the (xx date), and that permission to conduct the research has been obtained from the Psychology Department at Rhodes University.

Your involvement in this study would be entirely voluntary. This means that you do not have to participate and if you have reason to remove yourself from the study, you are free to do so. Please be aware that this study is not an assessment of your performance at your NGO and your decision to participate (or not participate) will in no way affect your relationship with your employer. The interviews will be audio recorded if you provide consent to be interviewed. You will not be expected to share any information that you feel may be too personal, or that would make you feel uncomfortable.

Please note that **the data from your participation will not be shared with your colleagues or employers.** There will be a co-researcher sitting in on the interviews in order to take notes while I conduct the interview who will also abide by the ethical principles of confidentiality in their note-taking. In addition, **your name will not appear on any written reports and no identifying features will be provided in order to protect your identity.** All of the data collected will be stored in a locked cabinet for a period of five years, and only the researchers involved in this project and other CSSR projects (as it part of the larger CSSR research programme) will have access to it.

In addition, please note that:

- The name of the NGO at which you work and the city in which the NGO is located will not appear in any publications or research reports;
- If you wish, feedback will be provided to you and your employers after the study and the nature of the feedback will be negotiated;
- We will be conducting the study at two NGOs and the results from both NGOs will be aggregated so as not to reveal where the findings may originate and thus cannot be linked back to any individual.

We formally request that you participate in the research. Please see the attached consent form which we shall ask you to sign should you agree to participate. Please do not hesitate to ask any further questions regarding this project.

Yours sincerely,

Miss Anne Fleischack
Psychology Masters-by-Thesis Student
Tel: 084 299 3513
Email: annie.fleischack@gmail.com

Professor Catriona Macleod
Project Supervisor
Tel: 046 603 8500
Email: c.macleod@ru.ac.za

Mr Werner Böhmke
Project Supervisor
Tel: 046 603 8508
Email: w.r.bohmke@ru.ac.za

APPENDIX 3: AGREEMENT BETWEEN PARTICIPANT AND RESEARCHER

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Agreement between Participant and Researcher

I, (name)_____, agree to participate in the research project of Anne Fleischack which involves a study of service providers' understandings of, and dealings with, intimate partner violence that occurs during pregnancy. I have read the consent letter which outlines the broad aim of the research.

I understand that:

- The researcher is a student conducting research as part of the university requirements for a Masters-by-Thesis in the Psychology Department at Rhodes University and is being supervised by Professor Catriona Macleod and Werner Böhmke;
- The research is about service providers' understandings of, and dealings with, intimate partner violence that occurs during pregnancy;
- The research is not an assessment of my work performance at the NGO and my participation will no way change my relationship with the NGO or my employers;
- I should not volunteer to be part of the project if this topic would cause me any psychological distress;
- My participation will involve participating in two one-on-one interviews with the researcher;
- The interviews will be digitally audio recorded. I grant permission for this with the understanding that only the researchers will have access to these recordings and that the tapes will be stored in a safe, locked cabinet;
- I am invited to express any concerns that I have with regard to my participation to the researcher and to have them addressed to my satisfaction;
- I am free to withdraw from the project at any time. However, I will commit myself to full participation unless some unusual circumstances occur or I have concerns about my participation that I did not originally anticipate;
- I understand that my identity will be protected, and that details of the interview will only be used for the purpose of the project;
- The data from my participation will not be shared with my colleagues or employers;
- The name of the NGO will not appear in any reports and it will not be possible to identify myself of the NGO;
- If I wish, feedback will be provided to me and my employers after the study and the nature of the feedback will be negotiated between you and I as to what form it will take. The feedback constructed from participants from both NGO clinics involved in this research will be aggregated so as not to reveal where the findings may originate and thus cannot be linked back to any individual;
- All data collected during the study will be kept in a safe, locked cabinet in the CSSR building and will be available for re-use only for the researchers involved in this project and other CSSR projects as it part of the larger CSSR research programme;
- All data will be stored for the next five years and then destroyed.

Signature of Participant:

_____

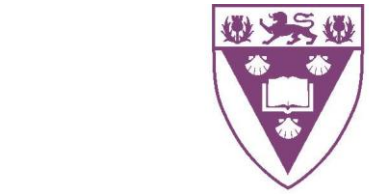
Date: _____

Signature of Researcher:

_____

Miss Anne Fleischack
Psychology Masters-by-Thesis Student
Tel: 084 299 3513
Email: annie.fleischack@gmail.com

SEPARATE FEEDBACK REQUEST FORM FOR PARTICIPANTS



RHODES UNIVERSITY

Grahamstown • 6140 • South Africa

PSYCHOLOGY DEPARTMENT

●Tel: (046) 603 8500 / 8501 ● Fax: (046) 622 4032 ●Email: annie.fleischack@gmail.com

Research Project Feedback: Service providers' talk about their understanding of, and practices in response to, intimate partner violence that occurs during pregnancy

I do/do not wish to receive a copy of the feedback emanating from this research.

This can be sent to me at the following postal address or e-mail address:

_____

_____

_____

_____

APPENDIX 4: RPERC LETTER OF ETHICAL CLEARANCE

RHODES UNIVERSITY
Grahamstown • 6140 • South Africa

DEPARTMENT OF PSYCHOLOGY
Tel: +27 (0)46 603 8500 • Fax: +27 (0)46 622 4032 • Website: http://www.rhodes.ac.za/academic/department/psychology

RESEARCH PROJECTS AND ETHICS REVIEW COMMITTEE

21 May 2013

Anne Fleischack
Department of Psychology
RHODES UNIVERSITY
6140

Dear Anne

ETHICAL CLEARANCE OF PROJECT PSY2013/09

This letter confirms your research proposal with tracking number PSY2013/09 and title, 'Service providers' talk about their understanding of, and practices in response to, intimate partner violence that occurs during pregnancy: A narrative-discursive analytic study', served at the Research Projects and Ethics Review Committee (RPERC) of the Psychology Department of Rhodes University on 21 May 2013. The project has been given ethics clearance.

Please ensure that the RPERC is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators.

Yours sincerely

CHAIRPERSON OF THE RPERC

APPENDIX 5: CONFIDENTIALITY FORM FOR TRANSCRIBERS

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CONFIDENTIALITY AGREEMENT:

Transcription Services

I, _____, (name of transcriber) agree to maintain full confidentiality in regards to any and all audio recordings and documentation received from Anne Fleischack (name of researcher) related to his/her (circle appropriate) research study on Service providers' talk about their understanding of, and practices in response to, intimate partner violence that occurs during pregnancy: A narrative-discursive analytic study. (title of research)

Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audio-taped interviews, or in any associated documents;

2. To not make copies of any audiotapes or computerized files of the transcribed interview texts, unless specifically requested to do so by Anne Fleischack (name of researcher);

3. To store all study-related audio recordings and materials in a safe, secure location as long as they are in my possession;

4. To return all audio recordings and study-related documents to Anne Fleischack (name of researcher) in a complete and timely manner;

5. To delete all electronic files containing study-related documents from my computer hard drive and any backup devices.

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audio recordings and/or files to which I will have access.

Transcriber's name (printed) _____

Transcriber's signature _____

Date _____

APPENDIX 6: DATA COLLECTION PERMISSION REQUEST LETTER TO NGO GATEKEEPERS

RHODES UNIVERSITY
Grahamstown • 6140 • South Africa

PSYCHOLOGY DEPARTMENT

●Tel: (046) 603 8500 / 8501 ● Fax: (046) 622 4032 ●Email: annie.fleischack@gmail.com

[address of NGO]

28 August 2013

Dear [name of Director],

Request for Permission to Recruit Research Participants from [name of NGO]

I am a Masters-by-Thesis student in the Psychology Department at Rhodes University under supervision of Professor Catriona Macleod and Mr Werner Böhmke. I am conducting research investigating how service providers understand and respond to intimate partner violence (IPV) that occurs during pregnancy. I will be conducting three one-on-one interviews with service providers as main informants on this topic with the understanding that they will have on-going experiences of counselling clients who are victims of intimate partner violence that occurs during pregnancy. The participants would thus be able to share about the topic in a meaningful way. I would very much appreciate being given permission to recruit participants from [name of NGO]. Ethical clearance has been granted for this research project on 13th May 2013 by the Research Projects and Ethics Review Committee (RPERC) of Rhodes University.

If you are in agreement, I would like to talk to service providers about the research and to ask for their participation in the interviews during one of the weekly staff meetings. This should take no longer than five minutes. Participants will be provided with information regarding the study and what their involvement will entail. I hope to interview five participants three times, in which I seek to gain insight from the participants about their understandings of, and how they respond to, clients who suffer from IPV that occurs during pregnancy. The interviews will be audio recorded for data analysis purposes.

The following procedures will be adhered to:

- Participation will be entirely voluntary and participants will have the choice of withdrawing from the study at any time if they so wish;
- Participants will be not be obliged to answer any questions that they feel may be too personal;
- There will be a co-researcher sitting in on the interviews in order to take notes while I conduct the interviews who will also abide by the ethical principles of confidentiality in their note-taking;
- The names of the participants and [name of NGO] will not appear in any document of the research;
- It will be made clear that the research will not in any way be a form of performance assessment and that the participants' participation in this study will not jeopardise their state of employment at [name of NGO];
- Electronic data collected from the interviews (in the form of audio recordings) will be stored in password-protected files and hardcopy data will be stored in a secure storage space within the Critical Studies in Sexualities and Reproduction (CSSR) building. This will be kept for a period of five years after which it will be destroyed;
- Only researchers working on this research study and other CSSR research projects will have access to these data.

It is hoped that the benefits of this study to the participants will include the chance to reflect on their practice and how they may be able to improve or alter their professional practices. The interviews will take place in a private room at [name of NGO] to ensure privacy during the interview. This will also be for the convenience of the participants as they will not have to travel or take a lot of time out of their working day in order to participate in the interviews.

If you have any queries or concerns, please do not hesitate to contact me or my supervisors, Professor Catriona Macleod and Mr Werner Böhmke. Please also contact me if you would like a copy of the final report. The form of feedback will be negotiated with you and the participants once the study has been completed if you are interested in receiving it.

If you are in favour of my recruiting participants from [name of NGO], please kindly sign the attached permission-to-conduct-research form. I very much appreciate your help in this regard.

Yours sincerely,

_____

Miss Anne Fleischack
Psychology Masters-by-Thesis Student
Tel: 084 299 3513
Email: annie.fleischack@gmail.com

_____

Professor Catriona Macleod
Project Supervisor
Tel: 046 603 8500
Email: c.macleod@ru.ac.za

_____

Mr Werner Böhmke
Project Supervisor
Tel: 046 603 8508
Email: w.r.bohmke@ru.ac.za

I, [name]the Director of [name of NGO], hereby grant permission for Anne Fleischack to recruit participants from [name of NGO] for the purposes of conducting interviews to explore how service providers talk about their understanding of, and response to, intimate partner violence that occurs during pregnancy.

Signature:_____