

‘Our Darkest Hour’: Women and Structural Violence under Ireland’s 8th Amendment

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ABSTRACT

This article analyses women’s stories of violence in the context of the 8th Amendment. Our analysis of 773 anonymous women’s narratives from *In Her Shoes* reveals instances of rape and partner violence, health disparities, forced travel, barriers to care, and withholding of information by healthcare providers. Posts described the impact of structural violence on women’s medical care and lived realities. While scholars have produced essential analyses of structural violence in twentieth-century Ireland, assessing how harm has impacted women and children in particular, most works focus exclusively on the institutions run by the state and Catholic Church: schools, asylums, laundries, and homes for unmarried mothers. Here, we argue for the expansion of the concept of structural violence, demonstrating that it also affected women and children who were not institutionalised. Anti-abortion policies, we contend, are part and parcel of gendered structural violence. In Ireland, the 8th Amendment enacted interconnected forms of violence on many of Ireland’s women and, in some cases, girls. Despite the violence these women faced, their voicing of their experiences served as resistance, demonstrating how support and storytelling, in some instances, can help start the process of healing the individual and collective wounds of the past.

Keywords: abortion, structural violence, Ireland, obstetric violence, violence

INTRODUCTION

In early 2021, the Irish Republic published its long-awaited report on the country’s mother-and-baby homes, titled *Final Report of the Commission of Investigation into Mother and Baby Homes* (2021). Subsequent criticism of the report denounced its failure to take surviving women’s stories and experiences seriously (Hogan, 2021; Regan, 2021). This botched attempt to overcome the country’s ‘collective amnesia’ and account for the state’s abuse of so-called ‘deviant’ women has shed light on why both individual narratives and social recognition are essential to correcting long-standing silences and healing the wounds of a violent past. The process that is required to work through violence took another form during Ireland’s movement to repeal its anti-abortion 8th Amendment (1983). Except in cases of imminent threat to the life of the pregnant person, abortion remained illegal in the Republic of Ireland until 2018 when, by popular referendum, citizens voted overwhelmingly to clear a pathway for legal abortion. While media attention contributed to the social and cultural awareness of the campaign to overturn the 8th Amendment, it was individual conversations and stories that most successfully fuelled the Repeal movement and convinced citizens to vote ‘yes’ (Barr, 2019; Browne, 2020; Mullally, 2018).

Through campaigns led by grassroots activists designed to target voters with emotive testimony, the Repeal movement succeeded, with 66.3% voting in favour of it in May 2018 (Fischer, 2020). One notably effective campaign was *In Her Shoes*, a social media project aimed at convincing undecided voters to support Repeal. Via Facebook and Twitter, *In Her Shoes* encouraged women to openly discuss the impact of the 8th Amendment by anonymously sharing their actual abortion stories and lived, embodied realities (Darcy, 2020). Many of the narratives revealed through *In Her Shoes* exposed women’s experiences of structural violence under the 8th Amendment: institutional and obstetric violence perpetrated by healthcare providers and the Irish state; physical violence at the hands of partners or abusers; and the emotional violence that shame, silence, and stigma created. These forms of violence were interlinked, supporting and upholding each other, and creating obstacles for women seeking adequate healthcare and bodily autonomy.

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Through a content analysis approach, this research analyses Irish women's¹ stories of structural violence in the context of the 8th Amendment. We collected a total of 773 social media posts from *In Her Shoes* on Facebook and Twitter, spanning from January to September 2018. This timeline is significant because it covers the origins of *In Her Shoes* through the aftermath of the referendum (May 2018), ending with the signing into law of the 36th Amendment, the act that repealed the 8th Amendment (September 2018). We then read through each entry, identifying repeated terms and common themes. We labelled these terms and themes as codes. Using HyperResearch coding software, we applied our previously identified codes to all *In Her Shoes* posts. Through this method, we identified structural violence as a dominant theme in *In Her Shoes* narratives, and we then categorised the forms of violence that contributors discussed into dominant subthemes: obstetric violence, interpersonal violence, and emotional violence.

After defining structural violence and linking it to abortion and the 8th Amendment, the article proceeds to lay out the ideological and cultural contexts that allowed violence to flourish in Ireland in the twentieth and twenty-first centuries. We then explore women's narratives, illustrating how obstetric violence jeopardised women's health and denied them control over their bodies. Specific stories, for example, elucidate how the medical system adopted a foetal-centric perspective and thus categorised women's bodies as solely reproductive, denying them full personhood. Next, we move to an analysis of interpersonal violence, examining abuse and intimate-partner violence within the context of the 8th Amendment. Ireland's anti-abortion system, we argue, exacerbated interpersonal violence; by denying women access to abortion, the state and medical system forced women to bear the children of their abusers and, in some cases, remain with abusers, who would again commit violent acts. Lastly, we turn to an examination of emotional violence, exploring how the shame and silence that was integral to Ireland's anti-abortion regime forced women to lie, keep secrets, and endure the trauma of travel. The results, we posit, included emotional distance from family and friends as well as feelings of alienation more generally.

While scholars have produced essential analyses of violence in twentieth-century Ireland, assessing how harm has impacted women and children in particular, most works focus exclusively on the institutions run by the state and the Catholic Church: schools, asylums, laundries, and homes for unmarried mothers (Buckley and McGregor, 2019; Clark, 2021; Garrett, 2017; Fischer, 2016; Pembroke, 2019; Sebbane, 2021; Smith, 2007). Here, we argue for the expansion of the concept of structural violence, demonstrating that it also affected women and children who were not institutionalised. Anti-abortion policies, we contend, are part and parcel of gendered structural violence. In Ireland, the 8th Amendment enacted interconnected forms of violence on many of Ireland's women and in some cases girls. Despite the violence these women faced, however, their voicing of their experiences also served as resistance, demonstrating how support and storytelling, in some instances, can help start the process of healing the individual and collective wounds of the past.

VIOLENCE AND THE 8TH AMENDMENT

Violence, of course, can take many forms. In this article, we adhere to the comprehensive definition put forth by Husso et al. (2021: 4):

The concept of violence includes psychological threat, blame, humiliation and devaluation as well as the actual use of physical force or power, which may result in injury, death, psychological harm or deprivation. Violence is embedded in the social structures of power, inequality, institutions and regimes as well as in the symbolic order. It is manifested in human interaction, institutional and affective practices and ideological structures of cultural discourses and representations.

This definition of violence, which recognises both the physical and psychological, also underscores more abstract structures and symbols, which were integral in perpetuating structural violence in late twentieth-century Ireland (Solnes Miltenburg et al., 2018: 87). Structural violence does not only describe formal structures but takes a more inclusive view, considering how violence originates in, and is perpetuated by, social views and norms, culture and religion, politics, economics, and social policies. These forces create inequality, marginalising the most vulnerable. Structural violence is essentially 'the violence of injustice and inequity. Shifting away from individual experiences, it focuses attention on the often-unnoticeable systems (legal, political, economic, and sociocultural) and social relations that are part of the fabric of society and that shape individuals' experiences, including health and wellbeing' (Nandagiri et al., 2020).

States enact structural violence by limiting healthcare to the most marginalised in a society and denying people their basic needs. In Ireland, for example, the 8th Amendment denied abortion to those who could not afford to

¹ We use the terms 'woman' and 'women' in this article for consistency; however, we recognise that people who are not women, including trans, nonbinary, and gender nonconforming people, also need abortions, and some of their stories appear on *In Her Shoes*.

travel or to those who, like asylum-seekers, were not permitted to travel outside of the state. Although the Amendment theoretically applied to every Irish citizen, those who had means and connections were able to travel to the United Kingdom for abortions. The 8th Amendment therefore was a tool of structural violence in limiting access to healthcare by the most vulnerable.

Structural violence may manifest through institutions, including hospitals and medical-care facilities, and at the hands of medical practitioners. Religious and cultural traditions that pathologise female sexuality are also part of the system of violence. In Ireland, legal and medical systems were at the heart of structural violence, but historical social and cultural forces were their bedrock. Analyses of structural violence, then, must consider the ideologies and attitudes that buttress policies and actions. In the case of Ireland, long-standing misogynistic attitudes, patriarchal social norms, and foetal-centric ideologies affected both the passing of the 8th Amendment and its implementation. As Gallen (2020: 46) has argued, state investigations into institutional abuses have ‘failed to address the nature and persistence of patriarchal social norms that influenced the establishment and operation of these institutions and practices.’ Without recognising the state’s pattern of allowing patriarchy and repressive ideologies targeting female sexuality to define its laws, constitution, and medical system, we cannot fully understand the extent to which structural violence was imbedded in Irish culture and society.

A colony of Britain in the nineteenth century, Ireland was home to a powerful nationalist movement seeking to create an independent state defined in opposition to the coloniser. In the nationalist imaginary, this Ireland would be Catholic and ‘traditional’, eschewing the modernisation and secularisation of the coloniser. Dating to the late nineteenth century, a revitalised Catholic Church particularly affected the emerging imagined Irish nation (Delay, 2019b: 314; Fischer, 2016: 822). Gender was central to Catholic ideology, which positioned Irish women as maternal, domestic, and sentient, focused on marriage and especially married motherhood.

After several years of revolution and war, part of Ireland earned independence from Britain in 1922². In subsequent years, the new state enshrined married childbearing as central to the nation’s survival and identity. As Conlon (2015: 243) writes, ‘the nation came to be increasingly symbolised by motherhood’. The 1937 constitution presented motherhood as the sacred and natural duty of Irish women and their main contribution to the state and nation (*Constitution Text*; Kenneally, 2012: 225). Additionally, a series of new laws effectively designed to enforce domesticity and ‘remove women from public life’ curtailed married women’s abilities to work outside of the home, serve on juries, or seek divorce (Whitty, 1993: 853).

A particular focus of the new state was fertility within marriage. The state tasked married women with birthing the nation, which had become particularly meaningful in a postcolonial Ireland as well as a white Europe worried about fertility decline and ‘race suicide’. Informed by Catholic ideology and with the support of Church leaders, Irish legislators acted to restrict fertility control under the guise of ‘the protection of public morality’ (Conroy, 2015: 35; Earner-Byrne, 2010: 207-208). In 1929, The Censorship of Publications Act outlawed the dissemination of all print information relating to contraception and abortion. Shortly thereafter, in 1935, the Criminal Law Amendment Act prohibited contraception altogether (Luddy, 2017). Upon independence, Ireland also retained Britain’s 1861 Offences Against the Person Act, which outlawed abortion and recommended life imprisonment for both a woman seeking to induce miscarriage and anyone who assisted her (*Offences Against the Person Act*, 1861).

While married women in the new Ireland faced extreme pressures to reproduce, unmarried women were cautioned to remain ‘pure’ until marriage. Sexual activity and pregnancy were forbidden for those women who were not married. ‘Women’s sexuality and social behavior,’ writes Fischer (2016: 822-823), ‘were subjected to intense scrutiny, as visible transgressions of purity, especially, were met with opprobrium and punishment’. Isolating and containing the bodies of unmarried pregnant women and mothers in institutions became almost as prevalent as the emigration, sometimes voluntary, sometimes forced, of single pregnant women to England (Redmond, 2008). All Irish women, then, were controlled and constrained in a new state informed by Catholic norms that deemed women worthy only in terms of their reproductive capabilities. Still, Irish women, married and single, attempted to control their fertility.

When the Abortion Act made abortion permissible in most of the UK in 1967, it gave rise to what is known as the ‘abortion trail’ or ‘Ireland’s hidden diaspora’: a phenomenon, over the subsequent fifty years, in which thousands of Irish women travelled across the Irish Sea for legal abortions (*Abortion Act*, 1967; Rossiter, 2009). Between 1967 and 2016, over 200,000 women followed the ‘abortion trail’ to Britain (Earner-Byrne and Urquhart, 2020: 9-10). These journeys often were, of necessity, hidden, secret, and shameful. Ellison (2003: 323) writes that a lack of public discussion about, or recognition of, women’s abortion stories ‘signals the implicit structural violence (Kleinman, 2000) that underlies normative models of female sexuality and fertility and the rhetoric of what it means to be a ‘good’ and worthy woman, mother, and wife’. The ideological underpinnings of the Irish state’s structural violence should not be overlooked: the unique Catholic Church–State consensus that emerged

² In 1922, the 26-county Irish Free State was created, with six counties in Northern Ireland remaining part of the United Kingdom. The Free State was known as Éire from 1937 until 1949, when the Republic of Ireland was formed.

after independence attempted to harness women into restricted roles as wives and mothers while silencing any public discussion of sexuality and reproduction.

Even as Irish women accessed abortion services via travel in the late 1960s, 1970s, and early 1980s, feminist movements and legal transformations both at home and abroad caused trepidation amongst Irish anti-abortion groups who feared that legal abortion might make its way to Ireland (Delay, 2019c). A small but growing feminist movement in Ireland increasingly made birth control and, to a lesser extent, abortion, central to its mission (Kelly, 2019). In 1973, a legal decision made the importing of contraception for married women possible. Meanwhile, several years after the 1967 Abortion Act in Britain, *Roe vs. Wade* in the United States (1973) decriminalised abortion for millions of women in the Irish diaspora. These developments spurred anti-abortion activists within Ireland to act. The result was a dedicated anti-abortion campaign intent on introducing a new constitutional amendment to ensure that abortion would remain prohibited in Ireland (Schweppe, 2008: 304).

In 1983, Irish people voted on the 8th Amendment to the Constitution, which stated: 'The state acknowledges the right to life of the unborn and, with due regard to the right to life of the mother, guarantees in its laws to defend and vindicate that right' (8th Amendment, 1983). The amendment passed by a popular vote of 66% to 33%, and, as article 40.3.3, was added to the Constitution in 1983 (*Department of Housing, Planning, and Local Government*). The 8th Amendment went much further than previous dictates. By affirming the fundamental 'right to life' of foetuses, it equated foetal lives with the lives of pregnant people and defined women's bodies as reproductive. According to feminist scholars, this diminished citizenship and whole personhood for Irish women, creating a culture of fear and surveillance that would shame them and deny the reality of their experiences (Conroy, 2015; De Londras and Enright, 2018). In the words of Barry (2015: 122), 'the systematic disembodiment of women is a counterpoint to the granting of legal rights to the fetus' (Barry 2015: 122).

The goals of the structural violence that we describe here were to surveil and control, deny freedom and autonomy, and shame, with the effect of silencing women and enforcing existing power structures. The resulting 'widespread, endemic, and profound' harms, which include 'social marginalization, political exclusion, and economic exploitation', were particularly gendered (Gallen, 2020: 41). Research on violence and gender in Irish history and culture has expanded recently, shedding light on important topics such as sexual assault in the Irish Revolution, the abuse inflicted on children in religious homes and schools, and gendered institutional violence, most notably demonstrated by Magdalen laundries and mother-and-baby homes (Connolly, 2021; Fischer, 2016; Garrett, 2017; G. Clark, 2020; McAuliffe, 2020; S. Clark, 2021). Scholars such as Gemma Clark have urged us to examine not only significant acts of political violence in Ireland's past and present but also the 'everyday violence' that is still often overlooked (G. Clark, 2020). Clark's definition of 'everyday violence', which she applies to the Irish Civil War, however, is limited to physical acts. We can, however, expand this notion of 'everyday violence', recognising that it involves more than direct interpersonal physical acts and instead often becomes a tool of structural violence. 'Everyday violence' also tends to be gendered, affecting women and girls disproportionately. Ireland's infliction of state-sponsored violence on women's reproductive autonomy stemmed from the 8th Amendment's enshrinement of religious and 'moral' ideals as the foundation of political and medical regulations. Other nations have faced similar challenges in the realm of reproductive rights, but Ireland's particular history of subjugation of women and their reproductive choices is unique in that it has been unwaveringly discriminatory (Bloomer, 2014; Cook and Dickens, 2009; Drajčkiewicz et al., 2020; Kim, 2019). Nandagiri et al. (2020: 83) have examined 'how institutionalized and everyday forms of violence restrict and affect abortion access and quality of care'. When the Irish state enforced the 8th Amendment, requiring women with nonviable pregnancies to carry to term those pregnancies or travel abroad away from their family and support systems as well as suffer health risks and consequences during miscarriage, it created a marriage between institutional and everyday violence. Compelling providers to deliberately withhold information about reproductive options is further evidence that the state inflicted violent harm on women's reproductive bodies (Berer, 2013; Bloomer, 2014; Broussard, 2020; Drajčkiewicz et al., 2020; Enright and Ring, 2020; McReynolds-Pérez, 2017). Ensuring that only those with the financial means were able to access abortion care both in the comfort and privacy of their own homes through abortion pills or in a clinic setting outside of Ireland was a discriminatory practice that oppressed marginalised women experiencing physically, emotionally, and economically challenging pregnancies (A. Aiken et al., 2017; A. R. A. Aiken et al., 2018; Jelinska and Yanow, 2018).

In two landmark cases in 2016 and 2017, the United Nations Human Rights Committee (UNHRC) found that Irish anti-abortion law violated women's rights under the International Covenant on Civil and Political Rights. The UNHRC based its decisions on the rights to freedom from cruel, inhuman and degrading treatment; privacy; and non-discriminatory and equal enjoyment of other rights. It ruled that forcing people to travel abroad to terminate pregnancies failed to pass a test for substantive equality; that is, compared to those in a similar situation (i.e., women with nonviable pregnancies who choose to carry to term), the rights of women who wished to terminate were violated (Sękowska-Kozłowska, 2018). The following year, with Repeal, the Irish public too seemingly recognised the harm inflicted on Irish women by an oppressive state.

OBSTETRIC VIOLENCE

During the Repeal campaign, Irish women described a myriad of ways that their bodily autonomy and reproductive choices were severely limited. All aspects of reproductive health were affected by the 8th Amendment, including contraception, pregnancy, childbirth, as well as pre- and post-partum care. The 8th Amendment's anti-abortion focus was part and parcel of a larger system in which the power of medical professionals, and the lack of agency afforded to parturient women, were enforced (Murphy-Lawless, 1988, 1998). During both pregnancy and labour, some women suffered at the hands of doctors acting under the 8th Amendment. Medical staff at various hospitals performed unwanted procedures, withheld care, and made decisions in the interest of the foetus or newborn, ignoring the effects on their mothers. As one woman wrote: 'After 20 hrs and every intervention possible, my daughter was born. As the doctor stiched [sic] me up, she told me my 'contractions were too short.' She sounded pissed off with me. That is when I learned that she had performed the episiotomy [sic] during my labour without consultation. It still gives me problems to this day' (June 2018). Another woman described her needs being ignored because the midwife was unconcerned about the risks to her body, focusing only on the health of her son:

14 hours later I gave birth to my beautiful son, even though I was overwhelmed with love and emotions, I was also still in agony. It was at this point that the midwife told me he has been in the wrong position and that he'd actually come out on his side, and so I'd torn and ripped internally, and that usually this would have warranted intervention, but because the baby wasn't in distress, she hadn't felt the need to do that, she was happy enough to let me keep pushing. SHE was happy enough. I didn't have a choice (June 2018).

These accounts expose the structural violence—'the violence of injustice and inequity' (Nandagiri et al., 2020: 83)—at work in the Irish medical system.

Structural violence related to reproduction can be categorised as 'obstetric violence'. Obstetric violence is a term that was created by scholars in Latin America to describe the forms of violence that parturient women experience, often at the hands of a powerful medical system that does not put patient needs first. Obstetric violence is 'expressed through dehumanizing treatment, medicalization abuse, and the conversion of natural processes of reproduction into pathological ones' and often involves 'bullying and coercion... by health care personnel [...]' (Diaz-Tello, 2016: 56; Vacaflor, 2016: 1). It can manifest through numerous medical procedures including forced episiotomies, coerced Caesarean sections, and other interventions performed without consent or with medical coercion. Obstetric violence, therefore, is considered violence not only because of the actual procedures performed on women's bodies but also because of the coercive nature of those procedures and the fact that often women are not able or willing to give their consent to those procedures.

Ireland's history of obstetric violence is extensive. The practice of symphysiotomy, which entails cutting through the cartilage and ligaments of the pelvic joint to widen the opening of the pelvis to allow delivery of an obstructed infant, was an alternative to Caesarean sections practised in Ireland through the 1980s (Delay and Sundstrom, 2020; Khaleeli, 2014; O'Connor, 2010). This surgery is described as excruciatingly painful and carries lasting side-effects, with survivors reporting lifelong incontinence, walking difficulties, post-traumatic stress disorder, and permanent disability. Symphysiotomy was rarely practised in the rest of Europe after the 1950s, but an estimated 1,500 Irish women experienced this procedure between 1940 and 1990 (Khaleeli, 2014). The practice continued for a variety of reasons: a Catholic aversion to Caesarean sections (which, it was believed, could limit the number of children that a woman can bear), the need to train medical students in procedures that could be carried out without electricity in rural parts of the world where they would later practise, including nations in Africa, and a general disregard for women's autonomy and well-being for the sake of the cause of continued reproduction (Fischer, 2019; Khaleeli, 2014).

Patient consent was often not sought for symphysiotomies, and many survivors of the procedure did not know they had received it until well after the fact (Delay and Sundstrom, 2020). Alongside other examples of obstetric and reproductive violence in Ireland, symphysiotomy is not a distant history but rather living memory. Survivors of symphysiotomy have fought in recent decades for the right to be compensated for the abuse perpetrated on their bodies without their consent or knowledge, and many of them are still fighting (O'Connor, 2010). Symphysiotomy paved the way for the realities faced by women under the 8th Amendment, revealing the persistence, across decades, of structural violence aimed at reproductive women (McCarthy, 2016; McCarthy et al., 2008). In twentieth-century Ireland, an institutionalised, medicalised model combined with unique religious and cultural realities to present an extreme example of obstetric violence and thousands of women who were disempowered during childbirth.

Ireland's culture of reproductive coercion and obstetric violence had a chilling effect on doctors' abilities to perform their jobs in a compassionate and safe manner. Moreover, some women encountered providers who would decline to perform procedures or withhold information due to what they saw as the potential for violating

the 8th Amendment. Women witnessed their doctors make choices not for their health, but for legal protection, refusing to perform procedures that could be construed as ending pregnancies unless the mother was at death's door. The most notable of these cases is that of Savita Halappanavar, who died in 2012 as a result of her doctors' hesitation to terminate a nonviable pregnancy. Although Savita was miscarrying, her foetus's heart was still beating. Because her doctors were concerned with the legal implications of their actions, including potential criminal prosecution, they refused to perform a therapeutic abortion. There was no elaboration in the law or guidance about how 'in danger' the life of the mother had to be in order to justify a termination of pregnancy. Halappanavar died of fulminant septic shock due to her delayed care (Berer, 2013).

Even in acute cases, waiting for a woman to become sick enough that it was legal to terminate her pregnancy showed how following the law resulted in medical neglect. One woman described her experience of being treated as merely a vessel for her pregnancy:

A neurologist visited my bedside to explain things. Basically we're worried that you've got a bleed on your brain and this bleeding is going to cause a stroke or worse. We think it's caused from high blood pressure from the pregnancy [...] Ok so if we think this pregnancy is threatening my life shouldn't we end it? Awful and all as that may be? Well now we can't do that because right now at this moment you are not dying. Sorry? Doesn't it make more sense to stop this now before it kills me? Yes, it does. But it's against the law, your baby has a right to live until the moment it starts to kill you, it's not killing you now, it could, but it's not right now. Ok if this bleeding does start to kill me how quickly will it happen? Hard to say, but most likely pretty quickly, minutes. And then you'll act? Yes, we'll whip you up to surgery and attempt to save your life [...] IF THERE'S TIME (February 2018).

Women with life-threatening or chronic conditions including cancer also were faced with uncertain futures: if they were to become pregnant, their life-saving treatments would be stopped, as this woman recounted: 'The radiotherapy and chemotherapy would have had serious consequences on any developing embryo and any pregnancy would have been unsustainable. But despite that, if I had become pregnant there would have been no help for me here. I would have had to travel for an abortion or stay here and cease treatment until such time as the pregnancy terminated itself' (January 2018). In another example, a woman explained how her concerns about her dangerous ectopic pregnancy were ignored and her life put at risk because there was an extremely faint heartbeat:

The pregnancy wasn't progressing as it should have been. However, there was a heartbeat. Very faint [...] I was told 'my hands are tied' due to the heartbeat. It turned out I had a scar ectopic pregnancy. Very rare and dangerous. It was gone too far along to remove, because all the weeks previous no one would listen to me as there was a faint heartbeat. I knew something was wrong. I ended up having a massive haemorrhage and my body was septic...my life was put on the line for a faint heartbeat and my baby was never going to develop (April 2018).

In some cases, providers were unable to discuss with patients all available options for pregnancies with Fatal Foetal Abnormality (FFA). The silencing nature of the 8th Amendment meant that mentions of early inductions or terminations were covert or vague, providing cover for providers who risked prosecution, but failing to properly inform the women who relied on those providers. Abortion information was challenging to find and often withheld. In many cases, women were unaware there were any options at all:

I decided I would visit my GP where it was confirmed, I asked her what are my options, she said she could not give me any information on services. I rang around organisations trying to get information on my options – I wasn't aware of who could help me, I must have rung ten most told me they couldn't help me and they don't provide information on abortion (February 2018).

Providers occasionally referenced 'other options', but were not permitted or willing to discuss them in detail:

He then went on to tell me of my choices, 'you can continue with the pregnancy which could have some problems at labour because there is no skull, or you can do the other option which we can't discuss with you'.

Information about the progress of a pregnancy with FFA was also withheld, particularly during scans and ultrasounds. Some of this withholding may have been due, in part, to the knowledge that nothing could be done if an abnormality was detected:

She scanned my belly and there he was but she was so silent. My senses started to kick in 'is everything okay?' my heart pounding. Yes, it's fine we'll just book you back in for another scan next week with the

doctor little man isn't being very compliant she giggled...The appointment came and I checked in and was asked to come to a room. We were left there for a few minutes with a big book sitting in front of us neither of us opened it. Then a woman walked in and sat 'let me explain to you about trisomy.' Wait...WHAT! Hold on we are just here for a scan!! 'Oh...I thought you knew' (March 2018).

Yet another instance of state-sponsored violence was the difficulty, or in some cases impossibility, of burying the body of an infant in Ireland after being forced to travel for care. The inability to mourn at the grave of a child was an act of cruelty reinforced by the government. As one story explained,

Our little boy was born at 18 weeks and 2 days gestation, and we were given time to say many goodbyes to him. He couldn't travel back with us. Due to my husband's religious beliefs, he had to be buried where he died. So part of us too remains in Liverpool... I wish that we didn't have to travel abroad to seek help in our darkest hour, and that our little boy was buried in Ireland, close to home, where we could visit on Sunday afternoon (March 2018).

For those who were able to bring the bodies of their children home, the ordeal was prolonged by overseas trips. Women described the logistics of traveling back and forth to end a wanted pregnancy and then retrieve the body of an infant as a cruel joke: in the hour of need, more obstacles. One woman wrote, 'To be honest I cannot put into words how that felt. Sitting in an airport waiting for your flight, knowing that you had just left the body of your tiny baby, who only fit into your hands, behind in a hospital room. That when you came back here in a few weeks it would be to collect her ashes' (May 2018). Another woman described the experience of transporting the body of her son home on the ferry, explaining, 'They gave us a coffin for him and we took him home on the boat. We put a coat over the coffin so as not to upset strangers' (April 2018).

Obstetric violence under the 8th Amendment had significant real-world effects, resulting in deaths, illness, and other poor healthcare outcomes for pregnant people. Essential to this violence was the patriarchal and pronatalist ideology that underpinned Irish culture: one that constructed unmarried pregnant women as pariahs, forcing some to emigrate, a culture that contained and controlled so-called sexual 'deviants', and declared that married women's lives were only as important, and sometimes less important, than their foetuses. Functioning alongside, and intersecting with, these institutional forms of violence were instances of interpersonal violence that further demonstrated the misogynistic nature of Irish culture.

INTERPERSONAL VIOLENCE

Intimate partner violence can involve 'physical, verbal, psychological and/or sexual abuse' (Diver 2019: 2). Historians including Cara Diver, Lindsey Earner-Byrne, and Louise Ryan have examined how the post-independence Irish state constructed an ideal of the Catholic nuclear family that necessitated hiding or ignoring cases of family violence. 'When families deviated from accepted norms,' writes Diver, authorities 'attributed such behaviour to outside influences,' including 'foreign books, newspapers, and films' (Diver, 2019: 6; Earner-Byrne, 2017; Ryan, 2002). It is likely that Ireland, compared to other states, 'was more reluctant to address the problem of violence within marriage' (Diver, 2019: 7); many Irish women, consequently, lacked institutional support in dealing with partner violence.

While interpersonal violence is often interpreted as private, its links with the state are evident. The 8th Amendment exacerbated interpersonal violence. It gave institutional and cultural support to intimate-partner violence and abuse, child abuse, rape, and other forms of gender-based violence by refusing to allow survivors of violence to control their fertility and bodies. Without the ability to choose abortion, some survivors of violence were unable to escape their abusers; those who bore their abusers' children were linked to their abusers for years. Studies have shown that women in abusive relationships are at increased risk of unintended pregnancy and, therefore, a need for abortion (Pallitto et al., 2013). Moreover, women in violent relationships who experience increased levels of fear and control at the hands of their partners are less able to prevent pregnancy or negotiate contraceptive use, and women experiencing unintended pregnancies are at increased risk of further physical and sexual abuse (Goodwin et al., 2000; Pallitto et al., 2013). These women, in addition, are often coerced into reproductive decisions by manipulative partners.

Through *In Her Shoes*, some women described fear of abusive partners as a central factor that exacerbated the difficulty of terminating their pregnancies: 'There's no way I can get out if he finds out I'm pregnant. There's no way I can survive a pregnancy in this house with him' (January 2018). Women who were able to travel for abortion discussed making the choice to terminate while in abusive relationships out of concern for their existing children. As one woman wrote, 'In time I got away and was able to the best of my ability focus on my two beautiful children... My children who were already alive needed me. I'm forever grateful I at least had the opportunity to travel. I will always put my living children first' (May 2018). Some explained that deciding between another

pregnancy or providing for their existing children threw their lack of options into stark relief: to travel, surmounting the barriers of abuse at the hands of the government and their partners, or risk being even more deeply trapped.

While those who could travel to Britain for legal and safe abortions were in a privileged position compared to those who did not have such options, forcing women to travel far from their homes and support systems was another manifestation of the structural violence that these women experienced, serving as a continuation of the violence they experienced at the hands of their abusers. Delay (2019a: 219) has argued that traveling for abortion services had lasting effects on Irish women, who often viewed trips as 'involuntary exiles marked by displacement, dislocation, and a sense that going home again was nearly impossible'. For some abortion migrants, Delay (2019a: 222) further argues, 'moving through space and across borders ... does not comprise an act of identity construction; rather, it serves to fracture some women's sense of national identity'. As one contributor to *In Her Shoes* wrote, 'I can barely put to words the feeling of shame and guilt of having to leave my home country, my beloved Ireland, in the dead of the night to access a medical procedure that is my right...' ³ The state's anti-abortion laws and enforced travel, then, could even fracture a woman's connection to her country.

For some women, of course, travel was not possible. Women in violent relationships were subject to the confinement of not only state laws but also their abusive partners. As a helpline volunteer later recalled: 'My first call (volunteering for Abortion Support Network) on Wednesday was from a woman who was frantic because her abusive partner had stolen her passport. "He's told me he'll kill me if I have an abortion", she told me' (January 2018). Without access to legal abortion in Ireland, these women found their options even further restricted; attempting to travel to England was not a choice for those whose partners monitored their actions, controlled their finances, and thus prevented travel. For women choosing termination, other options had to be weighed carefully, but quickly. As one woman posted: 'I can't travel, illegal pills are my only hope. I'm desperate' (January 2018). Procuring abortion pills was illegal, but some women had no other viable choice: there was no option for legal abortion domestically, and for some with abusive partners, travel abroad was impossible. Individual actions and interpersonal violence, then, contributed to the system of structural violence, exposing the 'cumulative' nature of violence in Ireland (Nandagiri et al., 2020). By restricting abortion access and therefore essentially forcing some women to give birth, the state also ensured that women would be tied to their abusers through parenthood. One woman explained how her unintended pregnancy linked her to her abuser forever:

The day after I finished my exams I found out I was pregnant. He was delighted. I was devastated as I knew my shot at freedom had been taken from me. He had always held my passport and I wasn't allowed to learn to drive. There was no way I could ever afford to travel or even get to an airport or ferry port without him knowing. I was alone. I did eventually get away from him but I am forever tied to this person. I need his permission any time I leave the country. I will never fully be free from his grasp (September 2018).

Women and girls who were victims of rape and child abuse dealt with the additional burdens of shame and stigma when attempting to make choices about their unwanted or nonviable pregnancies; additionally, they often lacked legal and medical support and information about their reproductive options (Cullen, 2019; Erdman, 2019; Goodwin et al., 2000; Pallitto et al., 2013). The effects of the 8th Amendment meant that women and girls were left unaware of their options or struggled to access them under the weight of an unsupportive system and cultural norms that trivialised their suffering.

Through *In Her Shoes*, some women described the abuse they endured as children, which led to pregnancies that they were unable to terminate safely at home. One woman wrote, 'I was 12 when it happened. I was raped by someone at least four years older than me. At the time I didn't realise what had actually happened, I never said no. Looking back I never gave my permission. It was rape. I was 12' (June 2018). Other women reported being groomed by adults and then tormented by their abusers when they became pregnant:

I had very much gone there to flee an abusive relationship with the Lutheran Pastor of my parish who had started grooming me when I was 13 and finally began sexual relations with me when I was 17.... I ended up having to go to London... The father, that pastor, was f***ing with me all the time, first wanting me to terminate when I was considering carrying to term, then opposing the abortion when I wanted it (August 2018).

Compounding the shame and stigma of rape, women and girls also had to deal with a legal system set up against them. Even when they were able to tell their stories, many were not believed, and for some, the legal system proved inaccessible or hostile (Molloy, 2018). Even when some were able to travel abroad for abortion, they often were unable to access legal recourse:

³ March 12. Emphasis ours.

I was much younger than the other girls in the clinic. I wanted everyone to think I was older. I think even the staff in the clinic were shocked by my age. Nobody ever suggested contacting the authorities, or pursuing an investigation. Those things simply weren't considered. Everyone's attitude was to say as little as possible. Me included (May 2018).

In these women's recollections, authorities were uninterested in supporting victims and survivors of rape or sexual assault, even when women did attempt to report such incidents: 'I tried many times back then to report it. It happened in the North, I was from the South. Neither the gardai or the police felt they could help' (July 2018).

In a continuation of the cycle of violence and abuse, one woman described being raped after terminating a pregnancy (also by rape): 'I walked home. I couldn't call anyone; no one knew I was pregnant. The last time I saw him, he raped me. I was still bleeding from the termination' (May 2018). The persistent and pervasive denial of bodily autonomy enacted by the 8th Amendment further prevented healing for rape victims. Denied legal means to face their rapists, women were also refused the right to decide what to do with their bodies without traveling to a foreign country. One writer explained, 'I have seen a lot of anti choicers express how abortion can't "un-rape" you, no it can't, but I woke up every day feeling possessed by my rapist, knowing a product of him was still inside me, knowing my body was still owned by this event, and I can confidently say that in my case, and no doubt many others, abortion helped me heal' (February 2018). Women maintained that having the option of abortion in Ireland would have provided some measure of comfort and control, yet that remained impossible under the 8th Amendment.

EMOTIONAL VIOLENCE

As women's narratives reveal, the psychological and emotional effects of abortion-related trauma and violence were real and pervasive. Women seeking abortion navigated not only an unhelpful and sometimes-hostile Irish medical system, cultural burdens, and financial stress, but also the pressure to hide or keep secret their experiences. An Irish woman named Angela described her experience seeking an abortion in London as follows: 'I didn't tell anyone but my ex where I was going for the weekend...I had been in London many times before, had even lived there for a while. But this was like a secret visit' (Ruane, 2000: 22). Others who shared their experiences on *In Her Shoes* similarly expressed the silence and secrecy that surrounded their pregnancy terminations. They spoke of abortion as a 'family secret' that was 'hidden,' or of not being able to tell their stories for years, if ever. They noted the isolation and alienation that accompanied their silence as they travelled across the sea.

The notion of silence in Irish women's lives and history has a pervasive presence in existing scholarship. Throughout the twentieth century, the shame and prudery linked to sexuality in Irish culture and history intertwined with a public taboo on most things related to the body and sex (Inglis, 2005). This cultural system was enforced by not only legislation and Church dictates but also a web of institutions that isolated sexual 'deviants', notably unmarried women, from the rest of society. Inextricably intertwined with silence, then, was a heightened public awareness of 'deviant' female sexuality, a concomitant surveillance of women's bodies, and an abundance of what Dolezal (2016) calls 'body shame' (also see Dolezal and Petherbridge, 2017). 'The history of the Irish state,' write Enright and Ring (2020: 68), is 'littered with shamed bodies.'

First-hand accounts of abortion testimonies remind us that the system of structural violence included shame and silence. After 1967, when the 'abortion trail' to Britain began, Irish women seeking abortion made their voyages, and their plans, in secrecy, constructing 'cover stories and lies' to explain their travel and absence (Ruane, 2000: 55). In January 2018, one woman wrote on *In Her Shoes*: 'We had to tell so many lies about traveling ... We had to have our story straight for when we got back, what we did, what we saw, so many lies' (January 23). Several months later, another contributor posted:

I can barely put to words the feeling of shame and guilt of having to leave my home country, my beloved Ireland, in the dead of the night to access a medical procedure that is my right. The mental anguish that ensues behaving like a criminal. The suffocating secrecy of it all. The fake sick certs, the lies told to colleagues and college tutors alike (April 24).

For this woman and many others, the lies and secrecy that were bound up with abortion went hand-in-hand with feelings of shame that were tied to being a parturient woman specifically in Ireland, making it impossible to 'put to words' individual thoughts and experiences. In April 2018, another contributor posted:

What I am angry about is the circumstances around my abortion. The lies. The travel. The cost—emotionally, mentally and financially. The fact I was alone. The fact that after undergoing a medical procedure I had to take a tube, a train, a plane and a taxi before I could climb into my own bed to recover. The lies (April 24).

For this abortion-seeker, being alone throughout travel and navigating unfamiliar spaces were significant traumas that nevertheless were eclipsed by 'the lies' that she invented. The individual accounts featured on *In Her Shoes* consistently linked the personal with the national. The lies that women told in their own lives mirrored the greater lie that Irish society upheld for decades: the myth that Ireland, unlike other places, did not have 'vices' such as abortion.

Many women lamented the reality that they told no one about their experiences and did not feel as if they could share their abortion with others. One woman posted about her abortion decades earlier, recalling clearly the isolation of the experience along with the 'secret' that she and her partner kept for years:

Got pregnant, and my partner and I decided on an abortion. I travelled alone to London leaving my children and partner at home. It's a memory I try to forget but can't. We since had 4 children of our own, and are now married, in our sixties with grandchildren. Our secret will stay with us forever and our sadness (February 7).

Despite the secrecy and silence that accompanied this woman's abortion, forgetting was impossible. Abortion experiences, then, remained locked in the minds of women, becoming a part of them but resisting expression. Another contributor recalled:

The procedure was a painful and lonely experience. But the aftermath—the silence and secrecy—was more painful and lonely than I could have ever imagined. We told no-one for over a year and he refused to speak about it with me, instead just pretending that it never happened. I bottled it up. ... Neither of us regret the decision to have an abortion but the shame, silence and secrecy that surrounded it were absolutely horrific (February 7).

In these narratives, the inability to talk about their abortions—the deafening silence that accompanied such experiences—served as a source of violent trauma, one that stayed with women for years and sometimes decades, troubling not only individual well-being but also partnerships and family life.

When women travelled to Britain for abortions, they often encountered other Irish women making similar voyages. Still, the silence and secrecy of Irish culture also travelled with these women; their ability to communicate with each other even across the sea remained nearly impossible. Moreover, conversation with partners, friends, or family who accompanied women on their abortion stories was similarly constrained. One woman recounted:

The day after we arrived [in England] I got the train to the clinic I felt scared and emotional, while in waiting room I got talking to another 2 Irish girls who were in the same boat as myself, we didn't speak much. ... After the procedure I sat in a room with other women feeling numb. ... My friend met me out of the clinic where I just cried and cried on his shoulders. We got our flight home the next day and we sat in silence, he didn't know what to say to me I felt so alone. I still feel alone in the issue (February 10).

Another clinic waiting-room narrative read as follows:

My baby sister (19) rang me in a state. She'd just taken a pregnancy test and it was positive... [In London] we went to the clinic the waiting room was full of Irish girls, it was so shocking. ... It's like you're sitting there and it feels like someone needs to say something but no one does, there's nothing to say. Nods of acknowledgement and head down until you're called next (February 9).

These personal and interpersonal silences involving friends, family, and strangers undergoing a similar experience reflected the larger national absence of a dialogue about the realities of reproduction. Indeed, the inability of individual Irish people to articulate abortion realities in words stemmed directly from the long-seated cultural narratives that linked women's bodies and reproduction with shame and hiding. The institutions and ideologies that had long constrained Irish women's reproductive lives continued to isolate and alienate women, making it nearly impossible for them to speak at all, and perpetuating the continuum of violence that characterised reproduction in the twentieth century (Sanger, 2016).

CONCLUSION

Combatting and resisting structural violence are difficult endeavours, but ones that begin with individual stories and social support. Interpersonal support and small acts of resistance from friends and family members, emotionally, physically, and financially, were a vital source of strength and resilience for the women who shared

their stories: ‘The girls are my family, and rallied around to support me. They all pooled in money together, and one had a friend in the UK that had a couch for me to crash on’ (January 2018). Support from providers, both in person and through phone helplines and websites, also contributed to access to reproductive counselling and choices. Women reported positive experiences with online resources and phone lines as they sought information and resources after being denied that support by their country and their medical providers:

Abortion Support Network met me with the kindest support. They truly are pro-woman, pro-My-life. They understand the vast reasons people need abortions, and really helped me when I felt I had no one to turn to. I was completely supported if I wanted to continue my pregnancy, and given local options for counselling. I was completely supported in being firm in my knowing what I needed and wanted (February 2018).

Many women also related support from clinic providers overseas who gave them the kindness and compassion they deserved, but could not receive at home. One woman who was able to travel abroad explained

When I arrived at the clinic in Manchester, I was treated with kindness and understanding and empathy for the first time since I’d become pregnant. They made a very unpleasant experience as comfortable as possible for me. It sickened me that I had to fly to another country to be treated like a human being with rights (June 2018).

Some Irish providers even risked breaking the law by discussing abortion options, which women described as being done quietly and under the table. Covert advice from providers was provided only secretly, but was a valuable source of support and respect: ‘Before we left, we were told furtively and quietly to “think about your options.” We knew what we were being advised to consider’ (June 2018). Another woman described her provider secretly passing her information: ‘On receiving the worst news imaginable at our 20 week scan I was covertly handed a brown envelope under the table from the kind doctor and I was told I should consider these options’ (May 2018). Encouragement and assistance by Irish people, doctors and providers at home and abroad, and international organisations were acts of resistance against the dominant culture of shame and stigma around abortion. This support provided a vital role for abortion-seeking women, stepping in where the country and government had failed. Although these instances resisted structural violence, they could not dismantle it. Indeed, the process of dismantling, which must include state involvement, has only just begun.

In 2020, a special issue of *Éire-Ireland* examined transitional justice in the Irish context. It explored how the state could begin to address the institutional violence of the twentieth century, referencing the harms inflicted by ‘Magdalen laundries, county homes, mother-and-baby homes, child residential institutions, child foster care, and the closed, secret, and coercive adoption system’ (O’Donnell et al., 2020: 10). As the editors write, recently, the theory and practice of transitional justice have expanded, moving beyond applications only in war and conflict situations to also include a recognition of ‘systematic institutional abuse and injustice in settled democracies’ (O’Donnell et al., 2020, p. 10). We, in turn, hope to expand the application of transitional justice in Ireland beyond institutions, arguing that the obstetric, interpersonal, and emotional violence imposed and enforced by anti-abortion legislation should be recognised as structural violence in Ireland’s past and present and should provoke a new movement toward transitional justice and reconciliation.

Transitional justice must involve ‘truth-telling, accountability, redress and reparation, and guarantees of nonrecurrence’ (O’Donnell et al., 2020: 12). In the case of violence under the 8th Amendment, while accountability, redress and reparation, and guarantees of nonrecurrence have not occurred and are unlikely to, the process of truth-telling through platforms such as *In Her Shoes* has been successful and indeed overwhelmingly influential. Perhaps this can lead to some sort of state recognition of the structural harm that women needing abortions experienced in the past. Gallen (2020: 45) writes, ‘To address a violent past meaningfully—to know what happened, who was responsible, and what should be done—the truth about past wrongdoing must be established’.

In Her Shoes made public Ireland’s endorsement and enactment of structural violence against women. Our analysis of women’s narratives from *In Her Shoes* reveals instances of rape and partner violence, health disparities, forced travel, barriers to care, and withholding of information by healthcare providers. Hundreds of vivid posts described the impact of structural violence, stigma, and shame on women’s medical care and their lived realities. Many women’s stories also included narratives of how the 8th Amendment continued to impact their lives years after the specific experiences they discussed in their posts. However, as demonstrated through stories detailing hundreds of instances of support both large and small, the experience of feeling and being supported can be an act of resistance against the dominant culture.

Our discussion of abortion and structural violence in the Irish context has larger implications. In their work on COVID-19 and abortion, Nandagiri et al. (2020: 83) call ‘for more research that grapples with structural and indirect forms of violence that surround and shape abortion trajectories’. Scholars studying abortion tend to focus

on a particular system—legal or medical, for example—that affects women's abortion access and/or realities. The concept of structural violence, however, forces us to recognise the impact of interlocking systems and forms of violence, including those that are sometimes less visible to scholars. This article suggests that we can only understand the real consequences of gendered structural violence by listening to women's narratives and validating their experiences. The opportunity to tell one's story and invite readers to take a walk in another person's shoes can be liberating for contributors to social media. But the state too must engage with truth-telling, recognition, and compassion. It must listen to women. By recognising the violent past, hearing women's stories, and committing to supporting parturient women, the Irish state, and other states, could champion the rights of women and girls better as they continue to try to make reproductive decisions in often difficult circumstances.

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