

An Exploration of the Specialised Service Provision for BME Women who have Experienced Domestic Violence with Reference to Three Support Providers in the North West of England.

By

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Abstract

This study addresses the question 'does service provision need to be sensitive to racial difference?' It involved a series of semi structured interviews with a small sample of twelve women working within BME specific services for domestic violence. Analysis is centred around various themes including: these women's understandings of service provision, their experiences of providing support, how provision responds to the needs of BME women and, whether specific provision is required to meet the needs of different women. By focussing on three BME specific organisations in the North West of England where such provision is thinly spread, the study offers an in-depth examination of provision from the perspective of BME service providers. It highlights a number of limitations placed upon specialist BME services and the challenges faced by participants when trying to support BME women who have experienced domestic violence.

The findings strongly support the case for the existence and continuance of BME specific organisations by echoing research which highlights the very specific and complex needs that BME women may have including language difficulties (Chopra et al, 2007), barriers created by a lack of cultural awareness or sensitivity (Burman, Smailes and Chantler, 2004), and problems that arise in relation to immigration both in terms of the legal status of women (Anitha, 2010)) and the additional problems that arise such as loneliness and isolation (Wilson, 1978; Sanghera, 2007). It also highlights the very complex relationship between commonality and difference and suggests that this relationship require intensive attention and analysis. Furthermore, the discussions that emerge within the interviews suggest that despite their small numbers and limited resources such organisations are vital because of their ability to attend to the specific needs of BME women as well as their willingness to consider the very difficult and

uncomfortable questions that arise when supporting women who fall outside of dominant understandings of what being a woman means.

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Chapter 1

Introduction

My analysis of service provision for domestic violence centres on the question 'does service provision need to be sensitive to racial difference?' It proceeds from a recognition of the extensive work carried out by groups set up to specifically deal with the needs of black and minority ethnic (BME) women such as Southall Black Sisters, Imkaan and Newham Asian Women's Project. These groups have highlighted the particular problems that BME women face when seeking support and have done much to make their plight known and address the issues.

Building upon this important work, the present study involved an in-depth examination of the perspectives of women who provide support to BME women who have experienced domestic violence. I focussed in particular upon the rationale behind specific provision and the challenges that women who provide support face in ensuring that such provision is available. Analysis centred upon these women's understandings of service provision, their experiences of providing support, how provision responds to the needs of BME women, and whether specific provision is required to meet the needs of different women. The study aims to address issues of difference, speaking positions and representation in ways that ensure that violence against women remains the main issue whilst still paying attention to other forms of identity that cannot be separated out in women's lives.

The motivation behind this study is borne out of a strong personal and political commitment to addressing violence against women in a way that recognises the subtle and complex differences between women. As a white skinned woman who is the granddaughter of migrants and travellers and

who has experienced violence of varying degrees, I am aware that I occupy a position that is both similar to some women (in relation to my experiences of violence being heavily influenced by my gender) and different (in that other aspects of my constructed and perceived identity have shaped my understandings of that violence and avenues open to me – or not – when dealing with the violence). Undertaking this research project, I was particularly mindful of how speaking about collective groups such as ‘women’ or ‘BME women’ may present that discourse about violence against women that excludes or marginalises certain women. This debate is considered in the literature review where I document and explore works that have challenged white, western feminism for its failure at times to address the specificities of BME women’s experiences of violence thus causing further problems for certain groups of women trying to articulate their oppression and experiences of violence (Ahmed, 1998; Gunew, 1991; hooks, 1984; Razack, 1994). I return to this debate in the final chapters in my analysis of the ways in which service providers interpret the needs and experiences of BME women who access services but awareness of the dangers inherent in speaking for others (Alcoff, 1991) remain a central concern throughout. The purpose of this study is not only to ensure that BME are not disadvantaged by a failure to pay attention to the above, but also to offer an analysis that would do good by benefitting both women who experience domestic violence, and the services designed to support them.

The study involved a series of semi-structured interviews with a small sample of women who work in organisations that provide specific support and services to BME women for domestic violence. Only twelve women from three separate organisations were interviewed for two reasons. The first was that the number of BME specific services in the North West of England is comparatively small; the second was the time and resource constraints placed upon women who work within these organisations. The difficulties in obtaining access (discussed further in chapter 3) did not necessarily hinder the study but

supported the main findings by shedding further light upon the conditions in which participants have to work in.

Questions focussed upon the support needs of women who access services, what support provision entails, the specific challenges that participants face when providing support and how participants interacted with external agencies when providing that support. The findings echo previous works that have documented the specific experiences that BME women may have including: language and cultural barriers (Burman, Smailes and Chantler, 2004); the constraints placed upon women because of cultural constructions of shame and honour (Sanghera, 2007) and; forms of abuse that are linked to or exacerbated to women's immigration status (Anitha, 2010). My analysis considers the ways in which these specific and complex experiences and support needs impact upon BME women who access services and the women whose role it is to provide support. The accounts of participants provide a strong case for the existence and maintenance of BME specific services that recognise the additional problems that BME women may face as well as understanding how BME status may intensify problems that all women may encounter when they experience, or attempt to flee, domestic violence.

Chapter 2

Review of the Literature

2.1: Introduction

There is a large and growing body of work on violence against women and, more specifically, domestic violence. This chapter sets out previous research on the wider issue of violence against women and moves towards the more specific topic of domestic violence experienced by BME women. It begins by looking at the broader debates around violence against women (VAW) with a brief history of feminist works in this area and around domestic violence as a specific form of VAW. I consider how women who have experienced domestic violence have been supported and what has been done to make domestic violence a major public and policy concern before moving on to an exploration of the relatively small but strong body of literature that documents and analyses domestic violence as it is experienced and understood by BME women. I start with the specificity of BME women's experiences of domestic violence before considering what specialist services are and why they are required. The literature hints at the necessity of specialist services because of a range of problems that women may face in mainstream agencies and so I examine works that highlight these problems before finally examining the current state of BME specialist provision. The final section considers the production of knowledge about domestic violence and BME women before offering a discussion of Kimberle Crenshaw's intersectionality approach and Margaret Abraham's ethno-gender approach. Whilst both approaches offer a means of approaching the topic of violence against BME women, the ethno-gender approach is more appropriate for this particular study.

The literature on violence against women, and specifically violence against BME women, is not confined to academia, and indeed it could be argued that much of the important work has been produced by organisations such as End Violence Against Women (EVAW), Southall Black Sisters (SBS) and Imkaan. The literature search began with a re-reading of earlier texts by key authors such as Liz Kelly (1988), Dobash and Dobash (1987) and Audrey Mullender (1996). I then proceeded with a search of databases such as EBCO and JSTOR as well as Google Scholar. Key word searches for domestic violence or interpersonal violence were bringing up large numbers of works from the USA that were based on a psychological perspective. I had decided early on in my work that these materials would not be central to the present study. I attempted to narrow the search by including 'BME women', 'UK' and 'Race and Gender' in my searches. Much of the work covered in the section on intersectionality was found this way. However, for the most part it was websites run by SBS and Imkaan as well as Women's Aid and EVAW that were most useful in providing additional sources of information used in the literature review.

2.2: Violence against Women

Throughout history, women have suffered violence at the hands of men. In 1988, Liz Kelly brought together the whole range of violent acts experienced by women and used the term continuum to 'describe the extent and range of sexual violence' (Kelly, 1988:76). This helped to highlight the seriousness of all forms of violence with her continuum referring to prevalence rather than degrees of severity:

There are forms of sexual violence which most women experience in their lives and which they are more likely to experience on multiple occasions. Whilst these more common forms are more likely to be defined by men as acceptable, they are connected to the forms of violence which are currently defined as crimes within the law" (Kelly, 1988: 76)

More recent works have also shown that all forms of VAW are connected and have the same underlying causes (Itzin, 2006: 28). Women's position in society and their relationships with men make them more vulnerable to violence which is a common occurrence in some women's lives. Whilst forms of violence can be separated in law, in research categories and in service provision, they tend to be intertwined in the lives of many women (Kelly and Lovett, 2005). This understanding of violence against women as interrelated is crucial for developing strategies for dealing with it.

The extensive work by second wave feminists has stressed that VAW is something that can and should be challenged. The most effective way for this challenge to take place has been to ensure that women's voices are not only heard, but listened to and responded to. The history of feminist work on violence against women began with qualitative descriptions usually obtained by women (Griffiths and Hanmer, 2005: 24). These feminist analyses of violence have resulted in a move away from models based on individual behaviour and towards an understanding and evaluation of the cultural acceptance of such violence. The early feminist work on VAW started a migration away from victim blaming and justifications for VAW and highlighted the potentially devastating lifelong effects on the physical and mental health of victims (Itzin, 2006: 1).

VAW involves a whole range of acts carried out against women and girls including but not limited to rape, sexual harassment, incest and domestic violence. This is not to say that men and boys may not experience these forms of violence, but it has been shown that such acts, when carried out against women and girls, do have a gendered pattern (Itzin, 2006: 28). How this violence is acted out, understood and responded to, is shaped by a wider context of power and inequality. It has been argued that such violence is carried out by men in an attempt to maintain rather than challenge existing power relations (Kelly, 1988) that are so deep rooted in society:

Both masculinity and male sexuality are rendered synonymous with power and hence are socially constructed to be oppressive. Men's abuse of women can be understood only in this context. It is an extension of normal, condoned behaviour in a context of social inequality, not individual deviancy (Mullender, 1996: 63).

Domestic violence is one form of VAW that occurs within this context of gender inequality. It is not a product of individual pathology but as Kelly and Mullender (above) note, it is behaviour that is often condoned because of power and inequality. This power imbalance has been recognised by a number of feminists and shapes much of the literature considered in this chapter.

2.3: Domestic Violence

There is no statutory definition for domestic violence but there are various 'official' definitions. The ambiguity in the definitions make it quite difficult to clearly explain exactly what domestic violence is. Whilst it is not a crime in itself, the various behaviours and actions that it encompasses may be. In March 2013, the Home Office altered its previous definition of domestic violence to include coercive behaviour and persons aged 16-17. The new definition is:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of their gender or sexuality

Whilst the new cross government definition is gender neutral, the United Nation's definition recognises the gender specific dimensions and sets the definition of domestic violence as:

Any act of gender based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary

deprivations of liberty, whether occurring in public or private life (Article 1, UN Declaration of Violence Against Women, 1993).

Whilst it is important to note that a small number of women do assault men research has consistently shown that more women than men are or have been victims of violence and that women experience more severe violence (Mullender, 1994; Walby, 2005; Itzin, 2006) They are also more likely to be fearful of their partners (Walby and Allen, 2004). In a recent fact sheet produced by Women's Aid a more user-friendly definition is given to help women identify what it is:

“In Women's Aid's view domestic violence is physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive or controlling behaviour. This can include forced marriage and so-called 'honour crimes'. Domestic violence may and often does, include a range of abusive behaviours, not all of which are, in themselves, inherently 'violent'. Crime statistics and research both show that domestic violence is gender specific and that any woman can experience domestic violence regardless of race, ethnic or religious group, class, disability or lifestyle” (Women's Aid, 2009).

Statistics show that domestic violence accounts for approximately 15% of violent crime nationally. There is a great gender disparity as it accounts for 31% of all violence against women compared to 5% of violence against men. On average two women a week are killed by a male partner or former partner. One in four women will be a victim of domestic violence in their lifetime and they experience a greater degree of repeat victimisation and serious injury. 89% of those suffering four or more incidents of domestic violence are women (Home Office, 2006). These figures are reflected in research carried out by Walby and Allen. They found that nearly half of women (48%) who had experienced intimate partner violence since the age of 16 had experienced more than one type of violence (Walby and Allen, 2004).

Similarly, the British Crime Survey estimated that 45% had experienced at least one form of interpersonal violence in their lifetime (Walby, 2005; Kelly and Lovett, 2005).

In 2011/12, 1.2 million women reported having experienced domestic abuse (Women's Aid, 2013). Yet this figure will be an under-estimate. According to the BCS, only 40.2% of actual domestic violence crime is reported to the police (Dodd et al, 2004) yet the police receive over 570,000 calls a year relating to incidents of domestic violence (Stanko, 2000). The level of harm suffered by women who experience domestic violence has been widely documented with feminist writers explaining how it is almost always a multiple victimisation crime that escalates in frequency and severity over time. Victims generally suffer a high degree of violence relative to victims of other violent crimes (Morley and Mullender, 1994: 5). Similarly, Walby notes that domestic violence is often a series of repeated actions, including those of a greater and lesser severity, which has a cumulative impact on the victim (Walby, 2004: 31).

Recognition of the specific forms that domestic violence can take as well as an awareness of the gendered nature of such violence is required because the use of overarching terms without an explicit definition is limiting. Whilst 'domestic violence' may be useful as a contrast to stranger violence, and serves to highlight the fact that a large amount of violence occurs in domestic relationships, its generality is not helpful with regard to theoretical and policy concerns (Mooney, 2005: 26). Whilst violence against women in the family setting can be carried out by persons other than the male intimate partner, such as in forced marriage, female genital mutilation and so-called honour crimes (Domestic Violence, a National Report, March 2005: 7), it is predominantly carried out by men. When women are perpetrators it is usually alongside male family members. The victims are still overwhelmingly women and victimised precisely because they are women. It has been noted that although these crimes involve physical violence, this is usually but one aspect of a now well documented pattern of abuse which

includes verbal threats, intimidation, sexual abuse, psychological abuse, physical and social isolation, economic deprivation (Morley and Mullender, 1994: 2).

The 2013 Home Office definition includes a variety of violent acts that take place between persons over 16 and that are committed by various people within the family. The definition includes VAW in the home but also encompasses violence between women or towards men, elder abuse and violence between siblings. Whilst these issues are serious and demand attention, a definition of domestic violence that fails to address gender does little to develop an understanding of domestic violence in a wider context of VAW. It has been repeatedly pointed out that domestic violence is a violence that is overwhelmingly committed by men towards women and children. It is well known from previous British Crime Survey studies that the majority of perpetrators of interpersonal violence are men who are known to their victim (Walby, 2004: 57). Other writers have also shown that the majority of perpetrators of violence, especially the most lethal forms, are male (Horvath and Kelly, 2007: 11). It has also been noted that women are far more likely than men to suffer injuries and other negative consequences that necessitate community intervention (Beeble, Post, Bybee and Sullivan, 2008: 1713) for example, from refuges, the police or other social services.

It has been argued that in government policy, the scale and impact of domestic violence have been underestimated (Walby, 2004: 100). There is a very substantial body of research-based evidence that demonstrates that domestic violence has a negative impact on mental health and how women who have suffered domestic violence are more likely to attempt or commit suicide. It is not only the physical injuries that women suffer that sometimes have fatal conclusions; women who have been subjected to domestic violence have much higher rates of suicide than other women (Walby, 2004: 56). This harm, along with the physical injuries women suffer make domestic violence a significant concern and its eradication is a key component is tackling women's oppression nationally and globally.

2.4: What has been done to make domestic violence a major public and policy concern?

Public attitudes began to change in the 1960s and it was towards the end of the decade when the women's liberation movement started. From this came the movement against domestic violence and Women's Aid which is arguably the central force behind the drive to end violence against women (Hague and Malos, 1998). It has, since the 1970s, had a key role as a campaigning organisation working to end domestic violence by lobbying for legislative and social policy change (Harwin and Barron, 2000: 210).

The National Women's Aid federation began in 1974. It had five basic principles including: providing temporary refuge; encouraging women to determine their own futures; caring for needs of children; offering advice and support to any woman that asks for it and; educating and informing the public and other agencies about the battering of women (Dobash and Dobash, 1987: 175). Over the past four decades, it has been consistently committed to upholding these principles and has done much to support women and children who have experienced domestic violence by providing emergency and temporary accommodation, advice and support alongside a range of other services (Hague and Malos, 1998: 29). No refuge will turn a woman away without some form of help and without assisting her to find somewhere safe and suitable to stay. A woman does not have to prove she has suffered domestic violence; her word is enough (Hague and Malos, 1998:30). On a typical day, 3615 women and 3580 children are resident in refuge accommodation in England (Women's Aid, 2008). As well as providing refuge accommodation, some groups employ outreach workers to work with women who have suffered violence but who do not wish to come into the refuge or who have alternative temporary accommodation (Hague and Malos, 1998: 32).

The services provided by Women's Aid are based on the principles of the value of mutual support, empowerment and the central importance of the perspectives of women and children (Hague and

Malos, 1998: 38). In order to achieve empowerment, Women's Aid is committed to supporting women in finding appropriate economic and other resources so that they can make decisions and take action to end violent relationships. It is recognised that violence affects women differently and whilst some victims suffer multiple acts of violence, others only suffer one (Walby, 2004: 31). It is also recognised that the movement of any particular woman through the process once she has sought help can be either astonishingly quick or agonisingly slow (Kelly, 1999). It is acknowledged that women typically do not find their way into refuges without enduring many years of violence (Morley and Mullender, 1994: 31) and from the very beginning, Women's Aid and other women's organisations have been acutely aware of the need to provide a wider range of services and create non-threatening ways to access these (Mullender, 1996: 270).

It can never be emphasised just how much the provision of refuges has transformed the lives of abused women and children (Hague and Malos, 1998: 40). In that it succeeds in helping women escape from constantly repeated violent attacks, the provision of refuge is vital (Morley and Mullender, 1994). Specialised voluntary sector services have provided safe spaces in which women have been able to overcome shame and stigma; talk about their experiences without fear, be believed and respected; given the possibility to explore their options; seek justice; repair some of the harm the violence has caused and move on with their lives.

A central feature of feminist work around men's violence against women has been to challenge male definitions. Feminist theory and practice has shifted attention from only those forms of violence where physical harm and injury are obvious, such as rape and battering, to more taken for granted forms such as sexual harassment (Kelly, 1988: 27). This shift has been crucial to the development of an understanding of the harms that women experience.

In 1988, Liz Kelly argued that the knowledge explosion was one concrete result of feminist insistence that sexual violence is an important public issue (Kelly, 1988: 45). She noted that from the mid 1970's, there had been a huge increase in published work on battered women's experiences (1988: 64). By highlighting the impact of domestic violence on women and creating a space for women to speak out about the issue, feminists were able to assert that it was a serious problem that required public and government attention. In the following decade, Hague and Malos point out that there was constant lobbying and policy work going on with current activity against domestic violence being powerful and creative (Hague and Malos, 1998: 199).

The gradual changes in legislation - and in the practices of other agencies - was largely in response to feminist campaigning and direction (Mullender, 1996; Hague and Malos, 1998; Harwin and Barron, 2000). However, whilst much has been addressed, there is still a lot more that needs to be done and the general picture within the legislative and social framework is, unfortunately, still somewhat gloomy (Harwin and Barron, 2000: 222). The violence and abuse voluntary sector is a major provider of specialist services to victims of domestic and sexual violence and abuse (Kelly and Lovett, 2005). However, it has been argued that these achievements have been made despite and not because of government engagement (Sen, Humphreys and Kelly, 2005).

It also has to be noted that much of the hard work done by feminists and those working within domestic violence services has been undone by policy implementation elsewhere and the large amounts of cuts that a wide range of services have been faced with recently. Agencies affected by government cuts, such as the police, social services and the NHS, are very often utilised by women who have experienced domestic violence. Furthermore, in Britain evidence is mounting that the economic crisis and austerity measures are severely setting back efforts to tackle domestic violence (McRobie, 2013). Most domestic violence services are provided by charity although funded by local government. A recent study by the

University of Worcester of 37 organisations that regularly come into contact with women who have experienced domestic violence found that 40% of the organisations had lost staff and 28% had lost funding since the austerity measures began (ibid). The closure of domestic violence services impacts upon those who require them and there are reports that hundreds of people are being turned away from domestic violence shelters every day (ibid). It is not only the cuts directed at domestic violence services that cause problems, the impact of cuts in the wider sphere of organisations that touch upon or intersect with domestic violence, from cuts in immigration services and services for BME women have dried up access points for many who are experiencing abuse (ibid).

Similar problems have been faced around the funding attributed to specialist services by the Supporting People project. The Government Supporting People programme was introduced in 2003. Its main aim was to help end social exclusion and to enable vulnerable people to maintain or achieve independence through the provision of housing-related support (House of Commons 2009). For many refuge services, the Supporting People Fund is the main source of income. In April 2009, the ring fence on funding was lifted and responsibility for allocating funds was given to local authorities. Whilst it was found that the implementation of the Supporting People fund did allow housing-based domestic violence service providers to properly cost their services, as well as enabling the expansion of some services and the creation of others (Women's Aid, 2007), the new commissioning framework that was introduced placed a number of specialised domestic violence service under threat. The focus on cost and value for money saw a number of local authorities using a 'one size fits all' approach (House of Commons 2009) and the opening up of domestic violence services for tender resulted in generic housing organisations being favoured over specialised domestic violence services despite the lack of knowledge and awareness of the problems of domestic violence. Women's Aid was particularly worried that:

The tendency towards funding generic rather than specialist domestic violence services will result in 35 years of acquired expertise in relation to domestic violence being lost. Amongst other issues, a lack of understanding of the needs of women and children escaping domestic violence will seriously compromise safety (2007: 1).

Not only were there issues around the provision of housing-related support for women at risk of domestic violence being moved into non-specialised organisations, the competitive tendering resulted also in local authorities wanting to arrange contracts organisations that offered services to both men and women. Despite a strong awareness of the gendered nature of domestic violence and the recognition that the form, severity and experience of domestic violence differs greatly for men and women, some domestic violence services were feeling pressured into providing mixed services rather than losing out on contracts altogether. A recent report commissioned by Women's Aid found that more generic accommodation was being provided and specialised services were less available (Taylor, 2013). Similarly, the specialised support being offered to women with specific needs such as women from BME backgrounds was also under threat. In 2008, for example, the Southall Black Sisters, a leading organisation supporting BME women who have experienced violence, was threatened with closure because the local authority had wanted to take away funding in order to finance a single provider of services for domestic violence to all women in the borough (House of Commons, 2009) Whilst this was successfully challenged, it highlighted the inability of local authorities to take into account the specific needs of BME women that could not be appropriately addressed in generic domestic violence organisations. The following section addresses some of those specific needs and experiences that BME woman may face

2.5: The Specificity of BME Women's Experience of Domestic Violence

There is some commonality in the experiences of all women who suffer domestic violence. It has long been argued that such violence is gendered and feminist research on violence against women has been unanimous in asserting that women who suffer from this form of violence often do so precisely because of their positioning as 'women' (see for example, Itzin, 2006; Kelly, 1988; Mullender, 1994; Sen Humphreys and Kelly, 2003). Whatever their 'race', 'ethnicity' or 'culture', women experiencing violence have in common devastating relationships with men (Hanmer, 2000: 10).

The obstacles faced by BME women when leaving violent relationships are the same as those faced by majority or white women, such as money, housing and childcare. However, each of these issues may also carry culturally specific inflections, exacerbated by racism and class position (Burman, Smailes and Chantler, 2004: 336). There are also some similarities in the effects of domestic violence such as the physical and mental harm suffered. The link between women's experiences of domestic violence and mental health problems has been well documented (Morely and Mullender, 1994; Walby, 2004) and it has been noted that there are additional risk factors for black and minority ethnic women, particularly South Asian women in the UK (Chopra et al, 2007: 36). Recent research has shown that many of the women who had contacted Southall Black Sisters had contemplated suicide at least once in their lives with many having attempted suicide and a few actually committing suicide (Sidiqi and Patel, 2010: 9). Whilst it appears that women from any ethnic background may be at risk of developing mental health problems, it is important to note the specific and additional factors that may impact upon BME women's sense of wellbeing.

Whilst it is widely accepted that violence against women occurs across all cultures, the specific forms that violence takes, the responses to women from different cultural backgrounds and the impact of domestic violence can vary (Anitha, 2010: 463). The responses to BME women who suffer domestic violence impact upon their overall experience of that violence and it has been argued that while all

women experience hardship in seeking to leave abusive men, the situation is worse for black women, partly because the agencies that have moral and legal obligations to assist them are often staffed by people who hold racist views (Mama, 1989: 49). More recent works have also noted that forms of discrimination are still present in many agencies including the police, housing and social services (Anitha, 2010; Burman, Smailes and Chantler, 2004; Chopra et al, 2007)

Not only are there similarities between BME women that allow for a discussion of their specific experiences that may differ from those of white women, there are also a range of differences between BME women that may affect their experience of violence and ability to flee abusive relationships in qualitatively different ways:

The experience of partner violence and the options to a battered woman are different if she is a highly acculturated citizen from a non-colonised group, if she is an immigrant of twenty years in a large cultural community, if she is a recent refugee who has relocated into a small cultural community, or if she is a member of a community that has been subjugated over generations (Yoshioka, 2008: 86).

Yoshioka goes on to explain that these differences are further affected by a range of individual and community factors including her fluency with social services, her ability to speak the language, her experiences with formal support systems and the number of supportive family members available to her, the availability of social services in her first language, the level of privacy she can expect when seeking help and the types of services available to her (ibid).

The family and how it is experienced by BME women is one area in which the specific experiences of BME women can be highlighted and analysed, although there are conflicting views on how the family is constructed in BME communities. It has been argued that whereas some white feminists have identified the family as a source of oppression, Asian women continue to look to the family for economic security,

the setting of standards on acceptable behaviour, the resolution of conflict and above all, the provision of support and shelter (Bhatti-Sinclair, 1994: 76). More recent arguments have exposed the simplicity of this binary split and suggest that for some BME women the family is also a source of oppression:

Some black women have argued that feminism, especially white feminism has developed a critique of the family which is problematic for black women. This view in turn has been problematic...we recognise that the extended family, like the nuclear family, black or white, can be an arena of sexual oppression. In fact, the extended family places additional burdens on women because they are at the bottom of a complex hierarchy of a large number of relatives (Gupta, 2003: 17).

This is echoed by Jasvinder Sanghera in her autobiography 'Shame' in which she asserts that many Asian women suffer at the hands of their families who have hurt them in ways that a stranger never would (Sanghera, 2007: 379).

The culturally specific experience of the family can impact upon the experience of domestic violence. Margaret Abraham (1988) explains that marriage for South Asians is not normatively defined as a relationship between two individuals but as an alliance between two families. So when domestic violence does occur, she argues that it is often the extended kin who are partners in crime through either their silence or active involvement in the perpetration of the abuse (Abraham, 1998: 221). In a recent study of South Asian women's experiences of domestic violence, it was reported that harassment or violence from extended family members were the most common forms of post-separation abuse followed by pressure from the wider community (Thiara and Roy, 2010: 4). Other writers have also pointed to the tendency of those in the family or community to do little to protect women from abuse, often justifying it with cultural or religious norms and values such as family honour (Sidiqi and Patel,

2010: 12). The concept of 'izzat' may go some way to explaining this particular form of domestic violence:

Within the dominant construction of 'izzat' in South Asian communities, women are burdened with upholding the family's honour and their behaviour policed to prevent any deviation from the enforced norm. Domestic violence occurs within this context to maintain these gender inequalities and to punish women who offer any resistance to them (Chopra et al, 2007: 60).

Whilst there has been a move towards focusing on certain forms of violence and the specific forms they may take within BME communities, it has been noted that many cases of violence against women in South Asian communities are collapsed into honour crimes (Patel, 2012). Although writers assert that izzat continues to exert powerful influences on the choices and avenues open to women when faced with violence in the home (Gill, 2004: 476), it is important to recognise the relationship between honour based violence and domestic violence against South Asian women. They are not necessarily the same thing: honour- based violence is but one form of such violence and honour is a powerful tool which has motivated whole communities to go to great lengths to seek out and bring back women and children who have escaped violent families (Gill, 2004: 277), yet the labelling of all violence against South Asian women as honour based violence is not helpful at all and can cause significant further problems.

There is a need to address honour- based violence and offer suitable support services to those who require it but there is also the danger of a backlash mainly because the term honour based violence is used in a context where 'South Asian' is often considered as different to, and incompatible with, white British society. The term is also misunderstood and misapplied (Patel, 2012). The focus on honour based violence without attention to what it entails often works against inclusion and cohesion:

The lack of accurate information is extremely worrying because it informs regressive policy approaches to migrant communities as a whole. Despite the seriousness of the issue, it is easy

to tie the matter to social policies and practices that construct entire migrant communities as problematic. Unfortunately, honour based violence and the related issues of forced marriage have become symbolic of all that is deemed to be wrong with minorities. And they are linked to dubious state responses in the UK and across Europe which reject the more positive aspects of multiculturalism in favour of integration and which advocate strict and increasingly draconian immigrant controls (Patel, 2012).

And so, the term honour based violence comes to represent a 'harmful cultural practice' symptomatic of malfunctioning cultures rather than a violence of women's human rights (ibid). The significant task here is in finding a way to deal with the specific forms of violence that women may face 'in the name of honour' without giving more power the concept as a justification for men's violence against women. Another factor that impacts differently upon BME women is a sense of isolation. Whilst all women who experience domestic violence may suffer from some form of isolation as it is one of the many tools often used by abusers, the isolation felt by BME women is often shaped by both their experiences of domestic violence and their positioning as BME women. Amrit Wilson explains isolation and its impact upon immigrant women clearly:

Isolation is seen from the outside as a result of the women not speaking English, or of them being forced to stay home for cultural reasons. But it is much more than this. It is a state of mind, one of shock and withdrawal. Weakened by the separation from their families, suffering often the loss of mother, sisters and close friends, these Asian women find themselves in a strange unknown society. The realisation that this is a racist society, a society that wishes them dead for the colour of their skin, accentuates their loneliness and their isolation and in turn makes it harder for them to fight against racism (Wilson, 1978: 21).

Isolation is an important factor in domestic violence, particularly among immigrant families. For immigrant women with no recourse to public funds, this isolation continued after they left the abusive relationship (Anitha, 2010: 472). The particular vulnerability of immigrant women, especially those who enter the country on a spousal visa and who have no recourse to public funds intensifies their isolation and creates further problems. This is most apparent when insecure immigration status is used as a 'mechanism of control' by abusive partners (Bhuyan, 2008: 158). It has been documented that many spouses will intentionally seek not to regulate the women's immigration status within the two year period (Roy, 2008: 8). These women, it has been argued, face a stark choice between living with life threatening on going violence or facing destitution, namely lack of adequate accommodation or any means of subsistence if they leave, and deportation if they are unable to meet the stringent evidential requirements (Anitha, 2010: 464).

2.6: What are specialist services and why are they required?

It appears that the importance of specialised services is generally unacknowledged within mainstream organisations and agencies. Specialist BME services for domestic violence provide support for women who may have specific needs because of their status as BME women. The need for such services has been recognised for quite some time with Asian women setting up refuges as early as the 1970s, in part as a reaction to the perceived failure of the women's movement to be sensitive to the needs of Asian women (Inam, 2003: 52). This perceived failure, which can be seen to be frequently grounded in reality, has acted as a significant barrier to BME women actively seeking help for escaping from, or coping with the effects of, domestic violence. It has been noted that BME women, because of language and cultural barriers as well as experiences of racism, may be particularly reluctant or unable to approach mainstream services (Burman and Chantler, 2005: 71). In one study, lack of cultural awareness and

language barriers were cited as the main reasons why women could not benefit from certain mainstream services (Chopra et al, 2007: 85). These specific barriers have meant that for some women, the very things that have made refuges so effective are unavailable to them and so they remain little more than a roof over their head (Chopra et al, 2007: 95). Specialist services are able to counter many of these barriers and provide a lifeline for women whose experiences of violence are shaped by additional factors such as immigration rules as well as language and culture (Coy, Kelly and Foord, 2008: 10).

The effectiveness of specialist BME services in ensuring that women's additional and specific needs are met has been well documented (Coy, Kelly and Foord, 2008: 47) and there has been a wealth of work that emphasises the value that BME women themselves place upon this specialised support (Burman and Chantler, 2005; Chopra et al, 2007; Thiara and Roy, 2010). Prior research has shown that women who seek support for domestic violence have intensive needs that are shaped by the experience of violence and their social identity. Referring to a large study in Manchester that focuses on the 'minoritisation' of women who have experienced domestic violence, Chantler notes:

One of the statutory agency workers interviewed described the sort of support that women needed as equivalent to 'intensive care'. The high level of support that women need, especially initially (but also at certain other key points in transitions) is crucial to effective intervention. Many of the accounts point very powerfully to the sense of isolation, aloneness and fear reported by women. Despite the strengths and resourcefulness of women, it is equally clear that emotional support is vital (Chantler, 2006: 36).

Her argument is that it can be assumed that a higher level of support will be needed for women who have access to fewer social networks and that for a number of reasons, including having to move further to escape, BME women may have far more limited access to such support networks (Chantler, 2006: 36).

Another area that can be perceived as being specific to some (though not all) BME women is immigration. A particularly dangerous time for women is when they are attempting to escape violent relationships. In research looking at the plight of women with no recourse to public funds, the vulnerability that these women face was highlighted and it was stressed that without adequate and timely support in place, many of these women disappear and often return to the violence as a consequence (Roy, 2008: 15). The extreme danger faced by women who experience domestic violence makes support services that take into account women's specific needs and vulnerabilities vital. The support that is available to women will impact upon their decision making processes and their ability to safely flee violent relationships. On their website, IMKAAN, a BME specific organisation that offers support and advice to specialised BME domestic violence services asserts that:

Services need to consider a survivor's language needs, be culturally sensitive, and assist with the transition of the survivor from acquiring advice and assistance from within the community to outside of the community (IMKAAN, 2012).

Such services are key to helping women and children recover from the physical and emotional trauma of violence (Mouj, 2008: 2). It has been argued that for services to be effective they need to offer support that is relevant to women's specific needs that arise from their experiences of domestic violence. For some women those needs may include the ability to seek help in safe spaces they know are not linked to the police, immigration or social services (Coy, Kelly and Foord, 2008: 9). It also necessitates support that goes beyond simply providing accommodation:

An Asian women's refuge should not just be a hostel. It must also provide an alternative to the community: a place where women are presented with alternatives and are free to decide their future without pressure from family and community to reconcile; where they are given practical help and support to enable them to lead independent lives free from violence; where they are

provided with a network of support to help them sustain independent living to cope with the isolation of being a single parent, ostracised by the family and community (Inam, 2003: 54).

There is a large body of research that documents the value placed upon such specialist support provision by BME women who have experienced domestic violence and sought help. The Manchester-based research on domestic violence and minoritisation found that “when community organisations operate from both an anti-racist and gender-sensitive approach such as culturally specific refuges, they were often highly valued” (Burman and Chantler, 2005: 71). In research explaining the experiences of Asian women within mental health services, the women in the study were unanimous in asserting the need for specialist domestic violence services and for many, the existence of this support was the crucial variable that enabled them to leave abusive relationships and rebuild their and their children’s lives (Chopra et al, 2007: 91). Similarly, in research done on behalf of IMKAAN, the overwhelming majority of women said they preferred to be in a BME refuge service (Thiara and Roy, 2010: 6). It has been noted that BME women who access services felt that specialist provision is vital for surmounting the barriers experienced by women as a result of their language and culture (Banga and Gill, 2008: 20). Whilst not all women choose specialist services and some BME women can and do find generic refuges and services useful and beneficial, for women who do not speak English, specialist services are a lifeline (Chopra et al, 2007). Whilst there may be some problems for BME women accessing professional support within the community, such as a lack of confidence around anonymity and a fear of being recognised and traced, the alternative they faced in disclosing violence to an ‘outside’ mainstream organisation is the risk or actuality of racism (Burman, Smailes and Chantler, 2004: 341).

Other reasons that have been offered by women for their preference for specific services include feeling more accepted and being more likely to have their needs addressed as they have not had to undergo the difficult process of repeated explanations to well-intentioned professionals simply unfamiliar with

their particular needs based on their given social identity (Gill and Banga, 2008: 30). Empowering women and helping them overcome the trauma caused by violence, have been presented by women as some of the most striking qualities of BME specialist services:

The building of networks with other women with similar experiences was seen as being very powerful and offering an alternative community, and is a good illustration of interdependency. Far from acting as separate, autonomous and unconnected, it was the mutuality, reciprocity and connectedness between women that generated the sense of positivity and well-being (Chantler, 2006: 39).

2.7: What problems do BME women face with generic provision or mainstream agencies?

It is widely acknowledged that the provision of women's refuge developed out of an understanding of the needs of survivors of domestic violence for safety and support. Whilst they do receive positive evaluations from service users it has been argued that for some South Asian women housed in generic refuges, this support and the benefits of sharing a space with other survivors of domestic violence can remain inaccessible (Anitha, 2010: 472). One of the things voiced by BME women who had accessed mainstream services was a feeling of being let down by the lack of effective good quality provision (Banga and Gill, 2008: 28). It has been argued that not only do women face language and cultural barriers when seeking help for domestic violence but also that those obstacles are reinforced by inadequate institutional responses that ignore or minimise violence and contribute to the barriers for seeking help (Alaggia, Regher and Rishchynski, 2009: 340). There have also been complaints from some BME women of racism and discrimination by professionals who may stereotype their behaviour

(Siddiqui and Patel, 2010: 86). The more overt forms of racism and discrimination occur in what appears to be a more widespread culture of ignoring the needs of BME women whose experiences are shaped by both racial and gendered constructions. It has been noted that there is often a tendency to 'treat everyone the same' or not address difference at all (Burman, Smailes and Chantler, 2004: 347).

Even within organisations where the specific problems of domestic violence are addressed, such as Women's Aid and Refuge, the needs of BME women may be overlooked. Banga and Gill (2008) note some of the ways in which BME women may be affected when staying in generic refuges including the neglect of culturally specific needs, lack of resources for language difficulties and stigmatisation, passing of judgement and discrimination which may make women feel like they cannot approach other services for fear that they may be treated in a similar manner (Banga and Gill, 2008: 20). Invisibility, discrimination, isolation and anxiety are cited as possible inequalities a woman may experience when a woman is denied access to specialist provision (ibid).

The obstacles and barriers faced by BME women with generic services and organisations are often intensified by immigration status. The research suggests that women with insecure immigration status and no recourse to public funds (NRPF) are arguably more vulnerable but offered the least suitable support by mainstream organisations and services (Anitha, 2010; Bhuyan, 2008; Roy, 2008). Despite domestic violence being successfully brought into the public domain there have also been counter measures that have made leaving violent relationships more difficult, particularly facets of immigration law in the UK (Burman and Chantler, 2005: 59). This has been echoed in research in Canada where the authors of work on domestic violence and immigration laws assert:

Despite professional practice attempts to reverse the negative outcomes being offered to women, immigration laws have remained stable for well over the last decade without sufficient

advancement to eradicate systematic and structural barriers for abused women to leave (Alaggia, Regehr and Rishchynski, 2009: 339).

Others have argued that the specific barriers faced by women with NRPF who are deciding to leave such as lack of accommodation and funds, and the threat of deportation are evidence of the way in which the abuse they face is reinforced by state policies (Anitha, 2010: 475). The particular problems that immigrant women face when seeking help from services that do not or cannot attend to their specificity has been highlighted as follows:

In many cases women are simply abandoned and left homeless – vulnerable to further danger whilst waiting for Social Services, Housing and Immigration to decide whether their case merits assessment in the first instance, and then left to wait further whilst assessments are conducted, decisions are made, and the level of support, if they can offer it, is confirmed. This waiting can be long, arduous, frightening and very painful for women, especially when the eventual outcome is often no, we cannot help you (Roy, 2008: 15).

The varied needs and experiences of BME women documented above suggest that the specialist support provision is vital for BME women who have experienced domestic violence. The following section considers the current state of specialised service provision for BME women.

2.8: What is the state of BME provision at present?

There have been a number of initiatives aimed at addressing the needs of BME women who have experienced domestic violence and these have in large been the result of campaigning and lobbying by groups such as SBS. However, despite these steps, the problems faced by BME women who require services, and the services themselves, are still quite extensive. The Sojourner Project was introduced as

a pilot in November 2009. This project made limited payments to victims of domestic violence with no recourse to public funds for housing and sustenance whilst they regulated their status. It was offered to over 1000 women and in July 2010, the Home Secretary announced her intention to introduce a long term solution to the problem (Siddiqui, 2013).

The Home Office introduced the Destitution Domestic Violence (DDV) Concession on 1 April 2012, allowing victims of domestic violence on spousal visas and with NRFP to access benefits and public housing for three months while they apply for settlement under the 'domestic violence rule'. Whilst this concession has been welcomed (SBS, 2013), there are still a large number of women and children who remain without a safety net including women in the UK on other visas, overstayers, domestic workers and women who have been trafficked into the country.

There have been early indications of problems with the DDV concession, particularly around women actually able to receive it. Data collected by the campaign to abolish No Recourse to Public funds found that of a sample of 242 women with a total of 176 children 64% of them did not receive or were ineligible for help under the DDV concession (SBS, 2013). For those who did receive help there was an average of three weeks delay in benefits payments (ibid). Other research has shown that Jobcentre Plus, council housing departments and benefits staff remain unaware or unwilling to implement the concession (Siddiqui, 2013).

The advancements made by the implementation of the concession are further hampered by other areas within immigration policy. Whilst women on spousal visas still are eligible, many other victims making other immigration applications lost their right to legal aid in April 2013. In addition, a rise in the marital 'probationary period' from 2 to 5 years in 2012 has increased the vulnerability of those on spousal visas trapped in violent relationships for longer periods (Siddiqui, 2013).

The research to date suggests that there is a strong need for specialised services and it is crucial that they are adequately resourced to continue to deliver frontline services, violence prevention work and the range of support services they provide (Banga and Gill, 2008: 19). Despite this apparent need the number of specialist BME services, the resources available to them and their long term stability leave much to be desired. In their report 'Map of Gaps', Coy, Kelly and Foord (2008) paint the picture as follows:

A wealth of research demonstrates that specialised BME support services ensure women's additional and specific needs are met and that BME women value the option of such specialised provision. Yet BME services have found it more difficult to build sustainable foundations, not least because of additional costs such as interpreting services; time intensive community outreach; and supporting women with uncertain immigration status and/or no recourse to public funds (Coy, Kelly and Foord, 2008: 47).

The precarious state of BME services has far reaching implications for women requiring such services and research has shown that despite the hard work and commitment of those involved, most of these organisations are very small, operate with scarce resources and have limited bed spaces (Roy, 2008: 9). Further problems relate to the actual number of specialist organisations throughout the country. Of the 408 local authorities in England and Wales, just one in ten has a specialised BME service (Coy, Kelly and Foord, 2008: 47). The problems faced by these organisations result in them being under threat, overworked and under resourced and with a less secure existence (Banga and Gill, 2008: 14). The impact of this on BME women requiring services is great with research suggesting that women's access to suitable housing was limited and women were staying longer in insecure temporary accommodation (Gill and Banga, 2008: 25). The same research suggests that organisations were struggling to sustain funding and consolidate services (ibid). This appears to create a vicious cycle with the lack of resources

limiting services and putting a strain on those that do exist whilst at the same time the seemingly 'poor' performance prevents access to more resources in order to improve and stabilise these vital services.

It has been noted that there has been some limited improvement with respect to domestic violence provision for vulnerable groups however, services for Black and minority ethnic women remaining chronically under-funded (Kelly and Lovett, 2005: 26). Recent research carried out on behalf of IMKAAN states that the government's proposals for the future funding and delivery of domestic violence services are leading to a number of worrying trends including a loss of specialist outreach and therapeutic services for BME women and children (Mouj, 2008: 2). The funding problems result in some specialised services being pressured into merging with larger services. It has been argued that in this process the expert knowledge that made specialised services unique is lost (Coy, Kelly and Foord, 2008: 30). The cost for BME women of the problems with funding and pressures for organisations to merge is immense. It has been argued that there have been reductions in services and safe spaces for BME women and children as a consequence of cuts and mergers within an already under-funded and fragile sector (Mouj, 2008: 3).

2.9: Constructing Knowledge about Domestic Violence: The Potential and Limits of Feminist Discourse

This section considers the way in which knowledge about VAW and more specifically, domestic violence, has grown. It focuses in particular upon the works of Sylvia Walby (2004, 2005) and Liz Kelly in order to assess the effectiveness and limitations of feminist discourses on domestic violence.

Whilst much of the work on violence against women carried out by feminist has been largely qualitative, there is also a reliance on quantitative and statistical measures in order to determine its prevalence. Sylvia Walby notes a number of challenges that arise when trying to acquire accurate information on the

extent and nature of violence against women (2005: 193). In her analysis of statistics on violence against women she highlights a number of differences in data collection that produces significantly different statistics. In earlier work with Andrew Myhill, she focused on a range of surveys that aimed to generate information about the incidence of violence against women and domestic violence. Their work focused on both generic crime surveys as well as dedicated domestic violence surveys and found that the dedicated surveys produced far higher figures of recording than the generic crime surveys (Walby and Myhill, 2001). Mainly focussing on the British Crime Survey, Walby and Myhill found that different research methods, such as those utilised by dedicated surveys, were uncovering ever higher rates of violence against women (2001: 502). The reasons for this include practical methodological concerns such as interviewing technique. For example, Walby and Myhill suggest that:

The generic crime surveys, including the main British Crime Survey, may be limited by the perceived requirements of the wider survey. A survey that covers so many subjects is inevitably restricted in the amount of time and special effort that can be devoted to the investigation of one crime among others. There is little time to ask detailed questions about the full range of violence against women. They are either simply missing, or asked in such abrupt and truncated manner as to be likely to elicit less response. There is a limit to the number of questions and time in the interview that can be devoted to gently teasing out the details of potentially disturbing and traumatic events (2001: 508)

Problems also arise with the ways in which crime and domestic violence are viewed as discrete and one of events:

Most surveys are orientated to discrete events, but domestic violence and sexual violence within a partnership is more frequently characterised by a series of events rather than a one-off event. This means that enquiries as to domestic violence within a survey usually miss important

features of the pattern of domestic violence: its onset, frequency, repetition, variation, periods of respite, and possible desistence (Walby and Myhill, 2001: 517).

Sampling frames also impact upon the collection of accurate data. The BCS focuses only on those who are living in a permanent residence and so women who have fled to refuges, staying with friends or family because of domestic violence or who are homeless will not be included. this methodological issue can have major implications for theoretical understandings if both the most abused and most recently abused group of women are significantly under-represented in the national surveys (Walby and Myhill, 2001: 510).

However, the authors suggest that the most contentious issue is the operationalization of the definition of violence (ibid: 512). Walby suggests that there are at least five areas of significant divergences in the conceptualisation and operationalization of violence against women or gender based violence (2005: 193) and it is these divergences that lead to the differences in reporting rates. The areas of concern are: the range of perpetrators included in the definition; the range of types of violence; the threshold at which it is considered 'violence' and the measurement of its severity; whether prevalence or incidence is focused upon and; whether there is a focus upon lifetime experiences or those that occurred within the past year (Walby, 2005: 194). Different approaches to research on domestic violence have used varying definitions and so different results have emerged. Walby and Myhill point out that the BCS found that men were as likely to be victims of domestic violence as women (Walby and Myhill, 2001: 513). However, they question the ways in which the counting of acts can tell us anything significant about domestic violence and whether such data can make sense outside of an understanding of its meaning and context (ibid).

Feminist approaches to VAW, and more specifically domestic violence have been useful in providing theoretical debates around such violence that have been situated within a wider context of gender

inequality and oppression. In her ground-breaking work 'Surviving sexual violence', Liz Kelly (1988) was very attentive to the importance of language and her continuum helped to push forward a 'new' way of understanding VAW from the perspective of women. Her linking of extreme forms of violence such as murder and rape, to more 'mundane' forms such as harassment allowed for a rethinking of violence as experienced by women that took into account the experiences of, and harms felt by, women who experienced forms that had often been ignored or trivialised. Whilst it could be argued that many of these forms (as well as the more 'serious' ones) are often still ignored to some extent within law and dominant discourses, such an analysis is beyond the scope of this study. What is relevant is that works by Kelly and others helped to open up a space within feminism where these experiences and understandings of VAW could be addressed. Her argument was that by naming forms of violence, it was possible to make them visible thus allowing for challenges and critiques that would result in the recognition of those acts as unacceptable and problematic. However, her initial work was based upon a disproportionate number of white British women who were more highly educated than the general population.

The three main themes in her work - that sexual violence is part of the experience of most women; that a wide range of male behaviour is abusive to women; and that the social context of sexual violence is men's power and women's resistance to it – have been used as the basis of much work carried out by feminists in the UK (Mullender, 1996; Griffiths and Hamner, 2005; Itzin, 2006)). However, there is also an extensive body of work that focuses on the experiences of black women, lesbian women and working class women which detailed the ways in which forms of oppression and identity intersect (Crenshaw, 1989; Butler, 1990). This is not always covered in depth within works that focus on domestic violence more broadly. The 'problems' created by works that fail to recognise such differences include the production of knowledge about VAW that makes invisible the experiences of violence by marginalised groups. Whilst emphasising the importance of experience was something that Kelly sought to address in

her work by naming forms of violence, the limited discussion on the variations in women's experiences produced a narrative about *women's experience* that was wholly relevant only to a select group of women.

Any understanding of domestic violence needs to take into account the distinctive ways in which it is experienced by women. Whilst it is important to recognise the important commonalities, the contextualised and constructed distinctions between women in terms of experience and oppression also need to be addressed. These specific experiences and oppressions are not simply an accumulation of circumstances or discriminations but significantly affect each other creating complex specific identities and experiences. The multiple layers of domination faced by women do not only shape their experiences of abuse but also the support and resources available to women in order to help them survive or end that abuse.

Whilst much of the feminist work on VAW has been crucial in creating a space for women to speak about their experiences and providing a platform from which positive action could proceed, there has been a tendency to focus upon the specific experiences of white women. By marking those spaces from which women could speak about their experiences of violence as white spaces, feminism, which recognised the importance of constructing knowledge about VAW, failed to recognise that the knowledge it was creating left the knowledge and experience of Black and other minority women on the margins.

The failure to attend to the specific differences between women resulted in a generation of knowledge about VAW that excluded certain women and their specific experiences. Later attempts to address difference have often been hindered by this initial exclusion. In the 1997 Map of Gaps report, the authors point out that:

Fewer than 1 in 10 of local authorities have specialised services for BME women which would address forced marriage, female genital mutilation and crimes in the name of honour as well as other forms of violence (Coy, Kelly and Foord, 2007: 6)

Whilst the report rightly points to the lack of specialised services for BME women there is only a short section within the whole report on BME women. This then positions violence against BME women as a small subsection within the broader area of VAW. Similarly, in another publication by EAW, *Realising Rights: Fulfilling Obligations*, there is also only a small section of two pages that focuses on the specific needs and experiences of BME women. The report cites works that highlight the ways in which specialised services address specific needs such as language (Gill and Rehman, 2004, cited in Coy, Lovett and Kelly, 2008: 43) and that they are highly valued by minority women (Rai and Thiara, 1997). It then continues with a discussion that focuses entirely on the problems that are faced by women with no recourse to public funds. Whilst this is a significant problem faced by a number of immigrant women who experience domestic violence, not all BME women are migrants and so immigration laws and policies do not affect them. There are, however, a whole range of issues that do directly affect BME women that are not mentioned in the EAW report. The marginalisation of BME women and their experiences has roots in a history of exclusion from wider feminist debates as they unfolded in western countries. The following sections outline some of the challenges to white essentialist feminism and the ways in which some writers and academics have sought to address the complex intersections of identity that manifest in individual women, shaping both their experiences of domestic violence and the responses to that violence.

2.10: Domestic Violence and BME women: Some Challenges to the Feminist Discourse on Violence against Women

Some of the most damning charges levelled at feminism have come from women. Feminism has done much to highlight and challenge the oppression of women in all its forms including sexual violence but there has been some internal conflict, particularly around questions of what constitutes the 'woman' that is at the heart of feminist theory and practice. This particular problem arose from the recognition that gender does not stand alone. It has been argued that much of feminist theory has proceeded on the assumption that gender is indeed a variable of human identity independent of other variables such as race and class (Spelman, 1998: 81). Contrary to this view, a number of feminist writers have shown that gender difference exists in a complex set of interconnections with other differences (Ahmed, 1998: 15) and that categories of identity (and inequality) are not discrete and uninfluenced by each other (Bhavnani, 1997: 42). BME women have asserted that identities and experiences are not shaped by gender alone (Patel, 2003: 252). Whilst sexist and racist oppression were originally conceived of as separate issues, it has been argued that sexism and racism do not have different 'objects' in the case of black women (Spelman, 1998: 122).

Whilst there has been deep engagement within feminist debates concerning the issues of differences between women and the interconnection between the various variables of identity, such complex analyses do not always appear amongst those who are responsible for providing support and services for women whose experiences are shaped by these interconnections:

Gender discrimination does not unfold simply along the gender divide between men and women: it is informed by, and often unfolds along the lines of race, class, familial status and sexuality. Indeed, although gender discrimination affects all women, it affects disproportionately women who are further marginalised because of other inequalities. A narrow view of discrimination as something that is simply a matter of 'gender', 'race' or 'family status' overlooks the complexity of inequality and, as a result makes eradicating discrimination more

challenging. It produces more hurdles for groups who have multiple inequalities to overcome – groups who (arguably) need the most legal protection (Banga and Gill, 2008: 17).

The challenges to the apparent universality of women were coupled with a gradual recognition that the relatively powerful position of some women allowed them to construct their own and other women's identity. Rather than allowing for the liberation of all women, this in fact placed further burdens upon women who did not fit into the dominant image of woman and it has been argued that 'woman' as a generic term is predicated on violent exclusions (Ahmed, 1998: 90). When feminism as imagined in the West spoke about the experiences and situations of 'other' women, it was not only constructing 'other' women in a certain way, it was also constructing the 'woman' it stood to represent. Speaking of abuses in other cultures was more than western feminism simply highlighting gender oppression elsewhere in the world. It was also a way of 'authorising one's own culture' (Ahmed, 1998: 37). For example, Mohanty argued that:

Universal images of the 'Third World woman' (the veiled woman, the chaste virgin etc.), images constructed from adding the third world difference to sexual difference are predicated on assumptions about western women as secular, liberated and having control over their own lives (Mohanty, 1988: 81-2, cited in Cross, 1996: 86).

The extensive documentation of the frequency and severity of violence against women across the globe shows that many western women are not in control of their lives and that many women in countries considered 'Third World' have the strength to survive violence. The construction of South Asian women, for example, as "ruthlessly oppressed creatures who must be saved by western discourses" (Puwar, 2000: 132) not only helps to shape Asian cultures as backward, monolithic and static with no internal contesting struggles, they also help to reinforce the patriarchal control of women in communities (Patel,

1997: 264). Furthermore, these dominant ideologies have made it discursively dangerous for BME women to speak out about violence within their own communities:

In a racist society any discussion of culture and violence in immigrant communities can be interpreted by white society as another sign of backwardness. That is, violence in immigrant communities is viewed as a cultural attribute rather than a product of male dominance (Razack, 1994: 896).

In the light of the challenges to feminism as it presents itself in the west, particularly hard to accept was the notion that women were oppressing each other (Gunew, 1991). However, the universalising, exclusionary and constructing discussions around 'other' women can be seen to be causing further oppressions for women. Racism within the women's movement has been highlighted:

Feminist theory in Britain is almost wholly Eurocentric, and when it is not ignoring the experience of black women 'at home' it is trundling Third World women onto the stage only to perform as victims of 'barbarous' 'primitive' societies (Carby, 1982: 222, cited in Cross 1996).

It was noted that there was a patronising tendency of white feminists to believe they were providing black women with 'the' analysis and 'the' program for liberation (hooks, 1984: 10). In her analysis, bell hooks argued clearly that the simple divide between men and women gave white women a reason to ignore and deny responsibility for the oppression faced by women in terms of race and class:

Bonding as victims, white women liberationists were not required to assume responsibility for confronting the complexity of their own experience. They were not challenging one another to examine their own sexist attitudes towards women unlike themselves or exploring the impact of race and class privilege on their relationship to women outside their race/class group. Identifying as 'victims', they could abdicate responsibility for their role in the maintenance of

sexism, racism and classism, which they did by insisting that only men were the enemy (hooks, 1984: 46).

Advances in this area have come about through some writers focusing specifically upon the ways in which various aspects of women's identity impact upon both their experiences and understanding of domestic violence. In her work on marital violence against South Asian Women, Margaret Abraham (1998) used the term 'ethno-gender approach' (p.19) to explain the ways in which both ethnicity and gender need attention when dealing with violence against immigrant women. In her approach, she highlights how both ethnicity and gender are social constructs but which have, alongside other social categories such as class, strong influences upon women's experiences and the ways in which they are understood and responded to. She describes gender as a social construct that defines and evaluates roles and expected behaviour patterns (1998: 219) and ethnicity as having two dimensions: as a cultural differentiation based upon some element of primordality such as race, history or language which is combined with cultural specificity such as religious practices, particularised customs, beliefs and values and; as a social construct that is dynamic, manipulated, redirected and symbolically manifested in social interaction is situational contexts (ibid). She then goes on to explain how cultural difference is lived out by minority groups in a dominant culture or community:

Cultural differences form an important basis for the social construction of a national culture in a foreign land. Ethnicity becomes the basis for group identification and solidarity in an alien country. At the same time, specific physical features and cultural habits remind the dominant group and the immigrant group of their respective backgrounds...thereby stereotyping, boundary making, and restricting total acceptance of the immigrant by the mainstream (Abraham, 1998: 220).

The term 'minoritisation' used by Burman, Smailes and Chantler (2004) builds upon this understanding by explaining a process whereby groups and communities become rather than already are 'minority':

Groups and communities do not occupy the position of being a minority by virtue of some inherent property but acquire this position as the outcome of a socio-historical process (Burman, Smailes and Chantler, 2004: 334).

The approaches used by Abraham and by Burman, Smailes and Chantler are useful in understanding the ways in which ethnicity and cultural difference impact upon BME women's lives and intersects with their positioning as women, whose relation to culture is constructed differently to men's (Razack, 1998; Yuval-Davis, 1993). Whilst there has been significant progress with feminist debates now engaging with intersectionality and inequality, there are still areas of concern. The following section focuses upon current issues around these 'problem' areas.

2.11: The Intersections of Gender and Race in Domestic Violence Discourses

This section focuses upon two very similar theoretical frameworks, Kimberle Crenshaw's intersectionality approach (1989; 1991) and Margaret Abrahams ethno-gender approach (1998; 2000). It seeks to address the question of which approach is most suitable for this particular research project. Whilst both appear very relevant, a closer analysis suggests that the ethno-gender approach proposed by Abraham is more useful as it allows an explicit focus on what are the main identity categories of concern race/ethnicity and gender.

Kimberle Crenshaw first coined the term intersectionality to explain the ways in which race and gender interact in black women's employment experiences (1989) and experiences of violence (1991). Her objective was to illustrate that many of the experiences that black women face are not subsumed within the traditional boundaries of race and gender as they were currently understood (Crenshaw, 1989: 25).

She differentiated between structural intersectionality, which referred to the qualitatively different experiences of violence and oppression that black women had in comparison to white women, and political intersectionality, which explained how black women found themselves excluded from both feminist and anti-racist discourses. Her utilisation of the term intersectionality was intended as a metaphor and was situated within a broader body of work on theorising black women's oppression (Alexander-Floyd, 2012: 4). Her argument was that the problem with identity politics was "not that it fails to transcend difference...but rather the opposite – that it frequently conflates or ignores intra-group differences" (Crenshaw, 1991: 3).

Amid the more recent debates around intersectionality it is important to point out that Crenshaw's own explanation suggests that she did not intend it to become what it has. In her work on black women's experiences of violence she states:

"I should say at the outset that intersectionality is not being offered here as some new totalising theory of identity. Nor do I mean to suggest that violence against women of colour can be explained only through the specific frameworks of race and gender considered here. Indeed, factors I address only in part or not at all, such as class or sexuality, are often as central in shaping the experiences of women of colour, my focus on the intersections of race and gender only highlights the need to account for multiple ground of identity when considering how the social world is constructed" (1991)

Since the publication of Crenshaw's work, the concept of intersectionality has been utilised by a number of academics trying to explore the intersections of various categories of identity (McCall, 2005; Hancock, 2007). It has been particularly appealing to feminists as it addresses the most central theoretical and normative concern within feminist scholarship: namely, the acknowledgement of differences among women (Davis, 2008: 70). The shift from seeing race and gender as mutually exclusive categories of

identity has done much to address the exclusions that have been evident in the early history of feminist theory and practice. However, there is confusion over what Intersectionality actually is. Some suggest that it is a theory, others regard it as a concept or heuristic device, and still others see it as a reading strategy for doing feminist analysis (Davis, 2008: 68).

Despite this confusion, intersectionality as a concept helps to address the questions around whether all women are essentially the same. Recognition of the multiple ways in which identity is constituted and the myriad ways in which it is lived out serves to avoid the essentialism and universalism that has historically shaped feminism. It enables a progressive forward movement within feminist discourses that goes far beyond a patronising invitation for those whose identities and experiences are different to the previously dominant conception of 'woman' to speak out about difference whilst leaving such constructions intact. We have already made some significant progress in this area and are no longer simply concerned with the experiences of women in relation to men and patriarchal power. For Amanda Burgess-Proctor:

Contemporary feminists now face a more multidimensional question: how do we move away from the false universalism embedded in the concept 'woman' toward an examination of gender in the context of other locations of inequality (Burgess-Proctor, 2006: 35).

The task that Burgess-Proctor suggests that contemporary feminists must take up is one that has been addressed by a number of women for a very long time. Women have for a long time argued that the construction of woman in both dominant and feminist discourses does not accurately reflect their own lived reality and experiences. In 1851, Sojourner Truth's speech delivered at a women's convention in Ohio explicitly contests the universal understandings of womanhood:

"That man over there says that women need to be helped into carriages, and lifted over ditches, and to have the best place everywhere. Nobody ever helps me into carriages, or over mud-

puddles, or gives me any best place! And ain't I a woman? Look at me! Look at my arm! I have ploughed and planted, and gathered into barns, and no man could head me! And ain't I a woman? I could work as much and eat as much as a man - when I could get it - and bear the lash as well! And ain't I a woman? I have borne thirteen children, and seen most all sold off to slavery, and when I cried out with my mother's grief, none but Jesus heard me! And ain't I a woman?" (Sojourner Truth, 1851)

And so it could be argued that intersectionality has merely provided a name to a pre-existing theoretical and political commitment (Nash, 2008:3). The naming of it may provide a useful starting point from which to proceed but at the same time it can create problems and limitations particularly when one is then bound by the definition. One of the most potent limitations of intersectionality lies in the "tremendous gap between conceptions of intersectional methodology and practices of intersectional investigations" (Nash, 2008: 6). To wholly address the multiple intersections of identity would be extremely difficult and in order to create a narrative that is understandable one has to pick and choose what identity categories would be used in order to answer the questions asked. The destabilising of identity categories does not shift the very real effects they have upon people who are constructed by them:

While intersectionality has worked to disrupt cumulative approaches to identity and to problematize social processes of categorisation through strategic deployments of marginalised subjects' experiences, intersectional projects often replicate precisely the approaches that they critique (Nash, 2008: 6).

In her critique of Crenshaw's work, Jennifer Nash highlights how the attempts to underscore problems of exclusion within feminism and anti-racist theory, black women are treated as a unitary and monolithic entity (Nash, 2008: 8). Yet in order to explain the experience of black women, Crenshaw was required

to construct them as a group that was similar based upon the intersection of only two identity categories – race and gender with very little acknowledgement of the differences between black women. Nash’s critique is based upon an understanding of intersectionality as it is conceptualised now and not as Crenshaw had initially conceived it.

In order to create effective platforms from which to speak, collective identities which are based on similar experiences are required. We cannot speak of women’s oppression without first recognising or creating a category of women. Whilst intersectionality has been particularly useful in allowing dialogue between different women to occur about the multifaceted and shifted nature of identity, for practical reasons we still need to form some collective identity in order to actively address the real lived effect of discursive constructions. For Nash:

Re-considering intersectionality enables activists to ask under what conditions organising as women or blacks or black women makes sense, under what conditions temporary coalition building makes sense, and how to organise across and beyond difference (Nash, 2008: 4).

As this study is concerned with service provision for BME women who have suffered domestic violence, it starts from the premise that such a group does exist and that there are some essential shared characteristics and experiences within this group. To assume otherwise would make the existence of such services redundant. The guiding principles of intersectionality do apply and whilst there are some similarities, highlighted both here in later chapters and in literature elsewhere, recognition of the differences between groups is also important in order to challenge the ‘theoretical hegemony of gender’. However, as the starting point of this inquiry is based upon ethnicity and gender and how these two intersect, Margaret Abraham’s ethno-gender approach is more suitable as it allows me to make explicit the focus of inquiry. That is not to say that I reject intersectionality; as a concept and a theoretical framework it has indeed shaped much of my approach, but for the purposes of this study, it

does not enable me to focus primarily on the two main identity categories that dominate in the discourse around VAW in BME communities. The very existence of BME specific provision marks BME women out as somehow different from majority women and it is that difference and the effects of it that are the focus of this study.

The ethno-gender approach allows the research to proceed from an awareness that ethnicity and gender are social constructs but still have real life effects upon women and their experiences. It would not have been possible to analyse these in such detail if equal focus had been paid to all aspects of women's identity. Instead, deeper discussions around differences between BME women were able to occur within this simpler framework. This project was not designed to tell BME women about their own experiences but was instead undertaken as a response to the construction of BME women in dominant discourses around VAW rather than make claims to answer definitive answers: it seeks to address the relationship between race and gender – not too dissimilar from Crenshaw's original work. However, whilst such categories do require destabilisation the aim of this project was to analyse their effects on real women's lives.

Margaret Abraham (1998) used the term 'ethno-gender' in order to describe the causal factors that determined the creation of South Asian women's organisations in the USA in the 1980s (1998:450). Her approach is very similar to Kimberle Crenshaw's work on the intersections of race and gender. The ethno-gender approach utilised by Abraham sought also to address the intersection of ethnicity and gender in the lives of South Asian women in the USA. Her approach, she explains, is based upon a recognition that:

Cultural differences form an important basis for the social construction of a national culture in a foreign land. Ethnicity becomes a basis for group identification and solidarity in an alien country.

At the same time, specific physical features and cultural habits remind the dominant group and

the immigrant group of their foreign background – regardless of their previous socioeconomic class – thereby stereotyping, boundary marking and resisting total acceptance of the immigrant by the mainstream (Abraham, 1998: 452).

Whilst there is a need for feminists to pay attention to the multiple dimensions of women’s identity, there is often a need to begin by making decisions on how best to organise politically based upon what is at a specific historical moment the most pressing issue(s) faced by a marginalised group. In later works, Abraham refines her initial definition of ethno-gender to include an examination of:

The multiple intersections of ethnicity, gender, class and legal status as significant categories in the analysis of domestic violence with a special emphasis on the relationship between ethnicity and gender (Abraham, 2000:6)

However, she stresses how both ethnicity and gender are social constructs that have, alongside other social categories such as class, strong influences upon women’s experiences and the ways in which they are understood and responded to. The positioning of South Asian women based upon the intersection of ethnicity - as she describes above – and gender are central to the analysis. She stresses that sex-gender systems alone are not enough in an analysis of domestic violence to articulate the specific problems faced by South Asian women including adjusting to the contradictions and conflicts arising out of a binary cultural experience (1998: 453). This binary split between BME women and white majority women already ‘exists’ in Britain, and despite its construction, it has real effects upon women who are categorised beneath it. It is the real lived experiences of BME women who offer services to women who have experienced domestic violence that are experienced within this binary cultural experiences rather than an abstract theoretical understanding of identity politics (which is still an important project) that is key to this study.

Following a very similar pattern to Crenshaw, Abraham (1998) points out that the emergence of organisations for South Asian women was the result of their marginalisation within South Asian organisations, where men had greater visibility and the exclusion of the specific concerns of ethnic minority women by white feminists in the USA (1998: 456). Crenshaw (1991) proposed 'political intersectionality' to explain this very same problem for women of colour who found themselves and their experiences excluded from both feminist and anti-racist politics. The approach that Abrahams proposed did involve a recognition of the diversity both within and between groups but also emphasised the need for South Asian organisations where the focus was South Asian women:

There are divisions between women. These divisions can be found not only between different sets of women separated along national, class, race or ethnic lines but also within women who belong to the same category. Within the women's movement it is important to understand that women have common experiences living under patriarchy, but each woman also brings a set of cultural, social, economic and political experiences that differentiate her from other women. The creation of a space for inclusion of difference within commonality is what will generate the most effective social movements to end domestic violence against women (Abraham, 1998: 466).

Crenshaw's work was slightly earlier than Abrahams but both appeared roughly in the same decade and utilised different terms to describe the ways in which race and gender intersect in the lives of women. The intersectionality approach has generated far more interest by feminists than the ethno-gender approach and has been appropriated in particular by post-structural feminists as theoretical framework that allows all difference to be analysed or addressed. This transformation of Crenshaw's initial work into a grand theory that can explain all difference does not sit comfortably within my own feminist ethics. It has been noted that the utilisation of the concept by white feminists to address all identity

categories has in fact seen a return to the marginalisation of black women's experiences as they are yet again being pushed to the margins within the more recent debates around intersectionality (Alexander Floyd, 2012).

The aim of this study is to provide a platform from which women can speak about their experiences of providing specific service provision for BME women. Whilst I am very much aware of the inability of any work being able to provide such a wholly empowering space I take a political position from the start in assuming that the provision of BME service provision is vital for women who are marginalised within generic services that are unwilling or unable to address their specific needs. The study is informed by both the 'ethno gender' approach proposed by Abraham and the intersectionality approach that was initially offered by Crenshaw. The complex debates that have emerged around intersectionality over recent years will divert attention away from the main aims of this particular piece of work and so the 'ethno-gender' approach is more appropriate in defining at the outset which differences and which intersections are important at this specific time, namely the intersections of ethnicity and gender.

2.12: Summary

Much of the work highlighted in this chapter shows that there is a strong case for the existence and maintenance of BME specific services for women who have experienced domestic violence. Whilst the movement against VAW has been powerful in challenging domestic violence and providing support to women, there appears to be a number of areas of concern regarding the provision available for BME women. In particular, research suggests that there is a lack of recognition of the specific needs of BME women and limited resources available to them, which are vital for them to be able to escape domestic violence.

The literature review documents a range of studies from large scale surveys (Coy, Kelly and Foord, 2008) to interviews with BME women (Ng, 2010). There is very little work that looks specifically at BME service providers. A recent Manchester based study involved analysing the accounts of both survivors and local service providers including social services, police, housing, refuges and outreach projects (Burman, Smailes and Chantler, 2004: 334). It focused on a wide range of services that BME women access or attempt to access. This study focuses particularly upon BME specific refuges and organisations that offer specialised support for domestic violence. The accounts of women who offer support and services to BME women who have experienced domestic violence adds to existing knowledge about such services and allows for an analysis of the ways in which such services are understood by those who provide them.

The rest of this study builds upon the works documented in this chapter by examining some of the problems highlighted in the literature, and the responses to them. In particular, it focuses upon the specific needs that women may have, the role of BME services in addressing those needs, and the ways in which such services respond to BME women who have experienced domestic violence.

Chapter 3

Methodology and Research Design

3.1: Introduction

In order to address the question ‘does service provision need to be sensitive to racial difference?’ this study involved a series of semi-structured interviews with women who work in organisations that offer support to BME women who have experienced domestic violence. I adopted a feminist methodological approach, which is considered in more depth below.

There was a strong emphasis on the explanations and the perspectives of the women who provide support for domestic violence. Analysis centred upon these women’s understandings of service provision, their experiences of providing support, the ways in which the support they provide address the perceived needs of BME women and whether participants felt that specific provision is required to meet the needs of different women. In line with the strong feminist commitment that underlies this research, I focussed on a small sample to allow women to speak about their experiences and understandings in their own words.

This chapter provides an explanation and analysis of feminist methodological approach before setting out how and why semi-structured interviews with a small sample of women who work in BME specific organisations were considered the most appropriate form of inquiry in this study. As the ethical dilemmas around speaking positions, difference and representation are central to the whole project the end of this chapter focuses on question of ethics in some detail.

3.2: Feminist Methodological Approaches

I embarked upon this research from a feminist perspective and despite the numerous questions that arise around the meaning and, in fact, existence of feminist methodology I aimed to ensure that the study remained feminist in both its aims and its outcomes throughout. For some, the question of whether there is such a thing as a single unified feminist methodology is a somewhat old debate (Skinner, Hester and Malos, 2005: 10). It has been argued for quite some time (see, for example, Harding, 1987 and Stanley and Wise, 1993) that because there is no single unified feminist theory and because feminists utilise differing ontological and epistemological stances, there can be no single feminist methodology. However, despite the variations, and sometimes sharp divisions, between approaches to what may be considered feminist research, there are commonly held characteristics of feminist research as well as key principles that feminists use in an attempt to produce sound findings (Skinner, Hester and Malos, 2005: 10). Some of these characteristics and principles (which have largely shaped this current study) include: a focus on inequality; a rejection of the traditional distinction between the researcher and the researched; enabling the voices of women or other marginalised groups to be heard; placing importance on politically active and emancipatory research; reflexivity; concern

over the emotional and physical well being of both the researcher and the researched; and the selection of tools used in research (ibid.).

This research is guided by strong feminist principles. Whilst some writers (Harding, 1987; Stanley, 1990) have questioned the existence of a specific feminist methodology that can be separated from other methodological approaches, it can be seen to be generally grounded in women's experiences (Skinner, Hester and Malos, 2005: 11) and characterised by a rejection of the distinction between the researcher and the researched:

Feminist research is not simply concerned with providing a space for women's voices to be heard but striving to find the best ways to enable marginalised groups to find some form of platform from which to speak. Central to most feminist research is the aim of enabling the voices of women and other marginalised groups to be heard and their experiences valued (Skinner, Hester and Malos, 2005: 12).

For research to be feminist, it need not simply be research about women. The second wave of feminism produced a wealth of work that illustrated the inability of sociological research carried out by men to accurately and fairly represent the experiences and knowledges that women had (Kelly, 1988; Stanley and Wise, 1993). Similarly, research carried out by women using the same methodological frameworks that have been grounded in patriarchal ideologies has done little to address women's needs. For Sandra Harding, one distinctive feature of feminist research is that it generates its problematics from the perspective of women's experiences (1987: 7). That is, research that has feminist ideals at heart, works from the understandings of women about their own experiences and oppressions. Liz Kelly, in her work

on sexual violence, claimed that for research to be feminist it must be predicated on both the theoretical premise and the practical commitment: its purpose being to understand women's oppression in order to change it (Kelly, 1988: 4).

Whilst my own research is academic, it is grounded in feminist principles and ethics. Reid (2004) notes the similarities between feminist and action research. For her, "participatory research and contemporary feminism share a number of underlying features centring on an analysis of political economy and praxis" (Reid, 2004: 8). My own approach to my research is guided by the principles identified by Reid for feminist action research and they are inclusion, participation, social change and researcher reflexivity.

Inclusion manifests in the attempt to give voice to BME women who offer support for domestic violence. Feminist action researchers contend that no social practices or activities should be excluded as improper subjects for public discussion (Reid, 2004: 8) this research seeks to locate BME women within the wider discourse surrounding domestic violence and to give voice to women who should be heard. For Reid, inclusion is a precursor for participation, her definition of which is "to take part, join or share with others" (2004: 9). In line with Reid's explanation of inclusion, within this research I attempted to include participants as much as possible by striving for collaboration and participation by encouraging shared decision making as much as possible. Whilst full collaboration would have sat far more comfortably with my own ethical position, I had to work within the confines of what is both expected and possible from an academic research project. What appears now in the final thesis is mainly shaped by my own analysis of the data based upon the initial research question. However, that data was made up of the narratives of the women that took part which were shaped around what they felt was worthy of saying. It needs to be noted that this study is limited in its ability to directly affect policies relating to provision for BME

women. However, the documentation and analysis of the words spoken by women who provide support to BME women who have experienced domestic violence adds to existing knowledge in this relatively under-researched area and can be seen as central to knowledge building and co-creating meanings that engage the researcher and research participants in mutual dialogue (Reid, 2004: 9).

Action, in Reid's analysis, is conceptualised in a number of ways ranging from speaking or attempting to speak to developing strategies. For her, people with problems figure out what to do first by finding their causes and then acting on insight. In this sense, research itself can be seen as action in that it is an undertaking based upon a perceived problem and seeks to act upon that perception. Social change is only possible when problems have been identified and voiced, allowing discussion and action. Whilst an academic thesis cannot change the lives of women overnight, it was undertaken because of a desire to work towards such change; it is a part of the wider struggle against women's oppression.

A number of feminist writers have pointed to the need for researcher reflexivity, the final principle that Reid identifies, and this has been considered in depth elsewhere in this chapter. Reflexivity provides a more productive approach to research than the focus on the dichotomous 'objectivity-subjectivity' arguments that have been levelled at feminist works. Feminist research is not a neutral procedure for discovering an 'objective' external reality that exists independent of human perception and interpretation (Reid, 2004: 11). Throughout this research I aimed to be deliberately partial and reflexive in order to remain conscious of the inherent power dynamics in the research process.

3.3: Sampling Strategy

In order to address the question 'does service provision for domestic violence need to be sensitive to racial difference?' the study involved a series of interviews with women who provide such support to minority women in England. There are relatively few services for minority women in Britain. In their report *Map of Gaps*, Maddy Coy, Liz Kelly and Jo Foord (2008) document the uneven distribution of services throughout Britain for women who experience violence. The report considers all forms of violence against women but has specific sections on domestic violence services, women's refuges and specialised services for BME women. The report found a total of 500 domestic violence services (p.41) and 373 refuges (p.44). It also found that there were only 78 specialised services for BME women and 38 of these were located in the London area. Not all these services dealt with domestic violence.

The data provided me with a starting point to locate refuges and other domestic violence services specifically for BME women via interested websites such as Women's Aid and Refuge. The Map of Gaps report found that there were no specialised services for BME women in the South West or the East of England. In the West Midlands, North West, Yorkshire and the Humber, there were 8 such services available in each area. 6 services were identified in the East Midlands area, 4 in the South East of England and 2 services in Scotland, Wales and the North East of England. Using this information, I found contact details for a number of BME specialist domestic violence services in the North of England via the Women's Aid website. I initially contacted four BME specific organisations; two in Lancashire and two in Yorkshire. The decision to focus on organisations in these areas was for practical reasons. Time and resource constraints on my own part made working with organisations close to both my home and place of work/study the best option. All four organisations expressed strong interest in taking part in the study but one had to later decline due to a sudden decrease in staff numbers and an increase in workload. This left three organisations, two in Lancashire and one in Yorkshire. I chose not to contact another

organisation to replace the 'lost' one because of time restraints and a belief that the three organisations had provided me with a rich source of data sufficient for the purposes of this study.

Three organisations took part and eleven women in total were interviewed, details of these can be found in the appendices. All but one of the participants identified as BME, and more specifically as South Asian. Because one of the interviews was a group session with six of the women I did not ask participants about their ethnicity and religion. Of the five women who were asked one described herself as White British and Church of England, one described herself as Indian and Muslim and the remaining three described themselves as Pakistani and Muslim.

The three organisations that took part were similar in that they all offered specific support and services to BME women. However, there were also some significant differences in the way that organisations were managed, the size of organisations, the type of support offered, the type and amount of funding received and, to a lesser extent, the views of staff within the organisations.

These differences provided rich and interesting data but also affected the number of interviews and their shape. One of the participating organisations (LDVS – see appendix 1) was a large generic domestic violence organisation that offered a whole range of services to both men and women who had suffered domestic violence, within this organisation was a service aimed at BME men and women. Initially, two women were going to be interviewed, a refuge worker and an outreach worker. However, the organisation later decided that they could only allow one woman to be interviewed because of time and resources. This was the outreach worker.

The second organisation (LBWR) was much smaller and offered refuge accommodation and outreach services specifically to BME, but predominantly South Asian women. Initial contact with this refuge service involved a meeting with virtually all the staff where I outlined my research. Most of the women had expressed interest in taking part in the interviews but again because of time and resources only four were actually able to take part: The organisation manager, the project manager and two project workers. The outreach worker at this organisation had seemed particularly keen to take part but was unable to do so because her annual leave coincided with the time that interviews were taking place. I did not feel entirely comfortable asking to interview her at a later date and asking more time from a small organisation that was clearly overstretched already. There was also enough information gained in the interviews with the other four women.

The final organisation (YBWP) was a project set up by the local housing association. I had initially made contact with the project manager and she arranged for six of the women working for the project to take part in a group interview. The manager felt that six separate interviews and therefore, six hours was too much time to offer and it was her decision to arrange the group interview. She herself was unable to take part in the actual interview but was very helpful in providing background information and organising the meeting. The group interview lasted approximately one and a half hours.

3.4: Semi-Structured Interviews

The study consisted of a series of semi-structured interviews (Jones, 1985; Tagaard, 2008) with women who worked within organisations that offered specific services and support to women who identified as BME and had experienced domestic violence. Each interview lasted approximately one hour. Interviews were transcribed verbatim and subjected to intensive content analysis (Aull Davies, 1999). To ensure

that women workers were able to explain, in their own words and terms, their experiences of providing support, the interviews were semi-structured in format with open ended questions (Cohen, Manion and Morrison, 2003; Dingwall, 1997). The questions were centred around three main themes: the women's own understanding and experience of the work they do, their working relationship with other agencies who come into contact with minority women who have experienced domestic violence, and the challenges they face when providing support to ethnic minority women. The aim was to elicit from women their own accounts of their experiences of providing support to different women with varying needs in a society where 'racial difference' has been highlighted as a social and political concern. The depth interview, according to Walker, is a conversation in which the researcher encourages the informant to relate in their own terms, experiences and attitudes that are relevant to the research problems (2001: 4). As this research is deeply grounded in a feminist commitment to ensuring that women's voices are heard as fully and as accurately as possible, in-depth interviewing appears to be the most effective way to 'give voice' to the women interviewed (Griffiths and Hanmer, 2005; Hague and Mullender, 2005).

Writing over three decades ago, Ann Oakley asserted:

Interviewing was, then, a strategy for documenting women's own lives. What *was* important was not taken for granted sociological assumptions about the role of the interviewer but a new awareness of the interviewer as an instrument for promoting a sociology of women (Oakley, 1981: 32)

This has been echoed by a number of feminists over the years who have been concerned with reflexivity and countering arguments relating to the apparent subjectivity of feminist research (Harding, 1987; Reid, 2004).

The rethinking of interviews in relation to women and presenting them as a tool to document the experiences of women, and their own understandings of those experiences, was an important stage in the development of feminist research about women. Interviews became a way for letting women speak for themselves. In her groundbreaking work *Surviving Sexual Violence*, Liz Kelly (1988) used interviews to address the problem of violence against women. Women speaking about their experiences of violence have been crucial to the understanding of VAW and developing strategies to deal with it. The history of feminist work on domestic and other forms of violence began with qualitative descriptions usually obtained by interview (Griffiths and Hanmer, 2005: 24) and understandings of men's violence against women, derived directly from women's actual experiences, have informed the development of both feminist theories and practice (Hague and Mullender, 2005: 149). These qualitative measures have provided the means to challenge traditional victim blaming approaches to VAW and have played a crucial role in "changing governmental and agency understandings of the phenomenon and the beginning of changes in law and agency responses" (Griffiths and Hanmer, 2005: 24).

Interviews can elicit from participants an enriched and detailed account of their experiences. The Manchester-based study carried out by Burman et al (2004) used qualitative interviews to "amplify available epidemiological and statistical analyses that have documented how minoritised women are under represented within domestic violence and related services by providing some indications of the meanings of such patterns (Burman and Chantler, 2005: 61). Similarly, in their research on forced marriage, Chantler, Gangoli and Hester (2009) found that interviews uncovered the extent of forced

marriage in communities other than South Asian and Muslim which often appear to be the focus of debates:

Importantly, the few African and African Caribbean female survivors interviewed implied that the focus on South Asian communities regarding forced marriages obscures what was happening in their own communities (Chantler, Gangoli and Hester, 2009: 601).

Qualitative interviews have the potential to provide respondents not only with a space to talk about their experiences, but also the chance to think about and analyse them. Disclosure of experiences in interviews can help push issues that have been hidden into the public domain and create a path towards change.

Back in 1981, Oakley asserted that the goal of finding out about people through interviewing is best achieved when the relationship of interviewer and interviewee is non-hierarchical (p. 41). A large number of feminists at the time were concerned with addressing the power imbalance between men and women; women interviewing women was seen as a way to remedy this. Writing at a similar time to Oakley, and influenced by her work, Finch (1984) claimed that:

One's identity as a woman provides the entrée into the interview situation...but that does not mean that only interviewers whose life circumstances are exactly the same as their interviewees can conduct successful interviews (Finch, 1984: 79).

Feminist awareness of power has grown since the 1980s. Attention to gender alone does not dissolve power imbalances. With regards to women conducting interviews with other women it is crucially

important to recognise that any differences – such as those based on gender, class, age, status – which have implications for differential access to power in the wider society will affect interaction during the interview (Aull Davies, 1999: 99). The complexity and range of respondents' reasons for taking part in the study does not mean that the woman interviewer and woman interviewee always produces rapport through gender identification. Williams, in her reflections of her fieldwork on nurses, found that although the idea that allegiance to a group based on gender, occupation or class makes for sensitivity towards other members of the group is a commonly held assumption, there was often complete divergence between how she felt about something and how those she encountered felt, in spite of common experiences of occupation and sex (1990: 257).

Given that I am a white woman interviewing women from BME backgrounds, an analysis of the relationship between gender and race – as well as other social identities – is warranted. For Ann Phoenix, one gap in the literature on feminist methodology relates to the ways in which the gender, 'race' and social class positions of the respondents interact with those of the researcher (2001: 203). Some studies, in which both respondents and researchers have been from minority groups, have considered the role that 'race' plays in such interactions. Imam and Akhtar found that in their own study, which focused South Asian children's experiences of violence, similarity between researchers and researched reduced the potential for pathologising, misrepresenting or stereotyping members of black communities. However, they also recognised that despite their own backgrounds as South Asian women, they could not possibly share all characteristics and all experiences of the sample (Imam and Akhtar, 2005: 70). Whilst some studies have found that the colour of the interviewer does have an impact upon the data being collected (Phoenix, 2001: 214), it does not follow that women should only interview women of the same race or ethnicity. Not only is it problematic to assume that same colour implies same experiences and social positions, such an approach also implies that issues such as 'race' are

relevant only to women of colour. What is required is full attention to how difference plays out in the research process:

We do not contend that only South Asian researchers can effectively investigate the experiences of children drawn from minority ethnic communities. We do, however, demonstrate that cultural competence and awareness of the impact of racism and ethnocentrism have a direct impact on the quality of research data that can be gathered to extend our understanding of ethnically diverse perspectives (Imam and Akhtar, 2005: 81).

Linda Archibald and Mary Crnkovich found that their experience of working closely with women from entirely different backgrounds leads to a respect for difference rather than a search for universality. They also highlighted their recognition that feminism must be flexible, expanding, inclusive and capable of incorporating this respect for difference in theory and practice (1995: 107). In order to achieve this, feminist researchers must be cautious about the exploitative nature of their own relationship with those being researched. Being aware of the differences between white women and minority women is only one step towards achieving real respect for difference. An awareness of difference and its implications involves an understanding also of the difference between 'different' women. When researching a group considered different to yourself, it is easy to assume that the difference implies sameness among the group in question:

Members of minority groups are invariably constructed as being somehow representative of their whole group and confined to this role, whereas other writers not so designated and no so limited remain free to write about 'universal' issues (Gunew and Yeatman, 1993: xix)

Similarly, Anna Yeatman points out that when marginalised voices are invited to speak the underlying message is usually: “you are like us so we do not have to create space for your voice; you are other, so when we invite you to speak, please speak about all others, all minorities, all difference” (1993: 241). Within this line of thought, “you are like us” ignores the possible differences between the dominant voice and other who have similar experiences (such as domestic violence). “You are other”, in turn, implies difference from the dominant group, but them sameness to all other minority groups. The challenge faced by research which seeks to address these issues is finding a way to articulate different experiences without prioritising any one experience, viewpoint or position. However, as feminists, we must always remember that we act from within the social relations and subject positions we seek to change (Frankenberg, 1993: 5).

Attention to speaking positions and an analysis of the intersection of race and gender go some way in avoiding what Jane Haggis refers to as a ‘reading in’ to non-western relations the assumption about women’s social positions and practices of western society (Haggis, 1990: 71). Examining the relationship between race and gender allows an analysis of the production of knowledge on BME women rather than having their experiences appropriated and fitted into western conceptual frameworks and interpreted according to western benchmarks (Kothani, 1997: 158). This necessitates an approach to research which recognises that all knowledge is located and specific and requires a shift in perspective, turning the academic gaze a little away from those ‘others’ that are its subject matter, a little more towards the gaze itself (Stanley, 1997: 15). In this case, not only are the narratives of BME women who provide support to other BME women who have suffered domestic violence, under analysis, so too are the way those narratives are presented to a white woman concerned with VAW.

For interviews to work as effective tools for understanding human behaviour it must be recognised that the interview is a complicated, shifting social process occurring between two human beings, which can never be exactly replicated (Jones, 1985: 48). That is, the interview does not occur in a vacuum. It is a lived experience that occurs within the context of both the interviewer's and the interviewees' real lives. It is shaped by their understandings of the issues involved and the interaction – the conversation – that occurs can and will alter depending on who is interviewing and who is being interviewed. For Jones, a central part of the theoretical framework a researcher brings to preparing for, and indeed analysing, depth interviews must be awareness of the factors which affect the data interviews provide (1985: 49). This requires an analysis of the parts played by researchers and participants. Researchers conducting semi-structured interviews will normally make special arrangements to do so – that is, the interviews are formally bracketed, and set off in time and space as something different from usual social interaction between ethnographer and informant (Aull Davies, 1999: 95). Tanggaard (2008), attempts to link interviewing with the natural sciences by comparing human participation to the volatile behaviour of inanimate objects. Her argument is that too great a focus on establishing rapport and working with 'obedient participants' may only result in tailoring the responses of interviewees to what is expected of them.

My decision to use semi-structured, in-depth interviews incorporates this recognition of participants as self-determining agents who can speak for themselves and so a lack of rigid questions to follow will allow for a more flowing and accurate account from the women interviewed. For Tanggaard, when interviewees object and engage it is a reminder that a complete control of the data or of the relationship between interviewer and interviewee is counter-productive for the exploration of a field (2008: 17). This research does not proceed with a careless 'anything goes' attitude, but interviews were compiled in such a way to allow flexibility and let participants lead in what they wish to speak about.

This appeared to be the most suitable way to conduct interviews given that it is the women's own accounts of their experiences and understandings of providing support that I wish to explore. However, it is important to note that individuals are not able to simply provide uncontested knowledge about the social world (Aull Davies, 1999: 96). Rather than accepting the data generated in interviews as an obtainable truth, the interview is best viewed as a process in which interviewer and interviewee are both involved in developing understanding, that is, in constructing their knowledge of the social world (Aull Davies, 1999: 98).

Tanggaard's analogy, mentioned earlier, shows that whilst both inanimate objects and human participants *can* behave contrary to researchers' expectations – and it is usually such behaviour that results in the development of knowledge and theories – natural objects have no precautions whatsoever in reacting contrary to expectations of the researcher. Human beings, however, quickly lose their recalcitrance by complying with what is expected of them (Tanggaard, 2008: 18). As the interview is a social interaction between two human beings and something which has usually involved careful planning with participants being told exactly what is expected of them to ensure consent, it would be difficult to get participants to behave 'naturally' as they might in observation research (which itself is subject to similar problems). The interview is not a 'natural' setting; it is a situation that has been set up intentionally by the researcher. Attention to how the interview itself impacts upon the data generated is crucial.

Although my research involves asking participants to explain *in their own words* their experiences and understandings of providing support to BME women who have suffered domestic violence, the questions asked are the ones that I have chosen. This does not mean that the answers given will not be valid or relevant to discussions about domestic violence provision but it does highlight the need to be

attentive to how knowledge is generated in the interview. I asked women about their experiences, their answers provided a certain type of 'knowledge' that may be substantially different to the 'knowledge' that other people may have about their role (co-workers, service users etc.). Similarly, different interviews can produce different statements on the same themes (Cohen, Manion and Morrison, 2000: 273). The 'knowledge' provided in the answers to my questions is absorbed by me along with, and in the context of, my own 'knowledge' of VAW. Knapik (2006) describes interviewees as experts on a phenomenon in terms of experience (p.10). Sarantakos also views respondents in interviews as experts who provide valuable information. They are as important as the researcher and not just a source of data (1993: 256). In this research, the participants' positions as service providers, presumably with good understanding of the needs of BME women, and my own experiences of violence, make the boundaries between 'experiential' and 'expert' knowledge somewhat blurred.

When the interview is viewed as an interaction between two people (albeit one that has been intentionally created) it is possible for the process of being interviewed to produce new insights and awareness (Cohen, Manion and Morrison, 2003: 273). The shifts that may occur in the interview can shed more light on the issues and themes being studied:

If the interview is a social encounter, then logically, it must be analysed in the same way as any other social encounter. The products of an interview are the outcome of a socially situated activity where the responses are passed through the role playing and impression management of both the interviewer and the respondent (Dingwall, 1997: 56).

The interview, then, needs to be viewed not only as a data gathering tool, but also as an encounter to be scrutinised. The interview is a deliberately created opportunity to talk about something that the

interviewer is interested in (Dingwall, 1997: 59). Recognising the interview for what it is allows for a more fulfilling analysis of the data and the context in which that data is produced

3.5: Data Analysis

It is important to note that coding is not a precise science but primarily an interpretive act (Saldana, 2009: 4). However, it is a required process which allows data to be segregated, grouped, degrouped and relinked in order to consolidate meaning and explanation (Crabich, 2007: 21). Data analysis often proceeds in tandem with collection rather than commencing on its completion (Dey, 1993). This was true of my own research where the process of analysis did indeed begin in the actual interviews where I was already making comparisons and mental notes; this continued during the transcription and so I had already made some decisions about codes and themes before the actual coding began.

Lyn Richards refers to three types of coding which she terms as 'descriptive', 'topic' and 'analytical'. Given the small sample size, I did not focus too heavily upon the 'descriptive' which she describes as "storage of information that describes a case" (Richards, 2009: 99) and gives examples of information about interviewees' gender, age and occupation. Whilst some of this data was collected within this study, it was not central to the main analyses but the sample selection. Participants were selected for their shared experience of providing BME specific support for domestic violence. Whilst one woman was white, this did not need to be coded specifically. However, I do consider the implications of her 'whiteness' in the data chapters.

The topic and analytical coding that Richards refers to were utilised. Topics were chosen before the interviews took place and are reflected in the questions asked during the interviews. However, the presence of myself within this study was at the forefront of my mind throughout and my reading of the transcripts were interpretive in that involved myself constructing and documenting a versions of what I

thought the data represented and reflexive in that I consciously located myself and what I brought to the study as part of the data that was to be analysed (Mason, 2002: 149).

Each of the interviews were audio taped, transcribed verbatim and subject to coding. I transcribed the interviews myself first by hand and then by typing up the hand-written transcripts. This meant that I had revisited the interviews on several occasions before actually beginning the practical analysis. The analysis involved categorical indexing (Mason, 2001: 150) and this was done manually. Sections of the transcripts were highlighted with different coloured pens with key words or phrases pencilled in the margins. These individual codes were then grouped together under common themes. The themes that emerged in this stage of the analysis shape the discussions in chapters 4 and 5. Chapter 6 focuses much more on the interpretation of the data derived from the interviews I approached the analysis with an awareness that the interpretation of data is a reflexive exercise through which meanings are made rather than found (Mauthner and Doucet, 2003: 414).

Whilst there was a systematic process to both the coding and the analysis I prefer to see it more as a reflection of the interviews that I had carried out. I set out to allow participants to speak in their own words and was mindful of that throughout, using a reflexive approach to ensure that it is the respondent's voice that is represented, listened to and understood (Bhopal, 2010: 193). However, I am equally mindful that researchers cannot really represent the voices of respondents as though those voices speak on their own (Reinharz, 1992 in Mauthner and Doucet, 2003: 418)) but that those voices come through the researcher who makes choices about how to interpret those voices and which transcript extracts to present as evidence (Mauthner and Doucet, 2003: 418).

3.6: Ethical Considerations

As this study is addressing the highly sensitive and emotionally charged issue of violence against women it raises a number of ethical dilemmas. The question of ethics remained a central focus throughout the whole process. The usual ethical considerations regarding confidentiality and consent were taken very seriously. Great effort has been taken to ensure confidentiality and anonymity. Interviews were transcribed as soon as possible after recording and all identifying data was removed. Names of both participants and organisations have been replaced with pseudonyms.

The research aims were explained to participants as fully and as explicitly as possible. The topic and aims of this study did not require any holding back of information on my part at any stage. Participants were also told that they could withdraw consent at any point without explanation. Each participant was given a copy of their individual transcripts and invited to amend or delete any information contained within it as they saw fit. For participants who took part in the group interview, it was agreed in this interview that the transcript was to be sent to one woman who took part who would then forward it on to other participants

One of the main concerns within this project was the ethical question of speaking for others; speaking for others is something that occurs throughout this project. As the author of this work, I speak for the participants, and the participants, as they speak of their experiences speak for the women who use such services. Although participants were not asked to speak directly for women who access services, their accounts did paint a picture of the needs and experiences of the women that they support. So much so that one of the data analysis chapters is devoted to this subject. Linda Alcoff has offered an in depth analysis of speaking positions and a critique of speaking for others. Her work shows that not only when we claim to speak *for* others, but also when we speak *about* others, we are representing them in a certain way. This has important implications for work which seeks to allow groups to speak in their own

terms. It has to remain attentive to the dangers inherent in representing women in a way that denies the researcher's role in that construction. This is not to say that feminists should never speak about or for women who are different to themselves. Alcoff asks, "If I don't speak for those less privileged than myself am I abandoning my political responsibility to speak out against oppression, a responsibility incurred by the very fact of my privilege?" (1991: 8). Rather, it is important that it is recognised that there is no neutral place to stand free and clear in which one's words do not prescriptively affect or mediate the experience of others (Alcoff, 1991: 20), and that anyone who speaks for others should do so out of a concrete analysis of the particular power relations and discursive effects involved (*ibid*).

In order to conduct research that can be recognised as feminist in its aims and principles, there is a need for the researcher to be aware of how s/he impacts upon the research process and results. The research process is a lived experience for both the researcher and the researched and will have real lived effects. Also, the lived experiences brought to the research by those involved will affect the research outcomes. The objectives of changing or improving women's lives have inherent assumptions about the homogeneity of women and a shared sense of the direction of change sought (Griffiths and Hanmer, 2005: 31). It is crucially important to ensure that the assumptions about the homogeneity of women and a shared sense of the direction of change sought (Griffiths and Hanmer, 2005:31). It is crucially important to ensure that the assumptions, experience and knowledge brought to the research are fully addressed to avoid the dangers of representation and universalism. Over the years, feminists have taken on board the necessity to consider the heterogeneity of women's experiences and have addressed the issues surrounding power and privilege in relation to speaking positions. This research is concerned with not only generating knowledge about provision available to BME women who have experienced violence, but also with ensuring that understandings of that provision, as it is experienced

in real terms, are addressed in a way that considers the power relationships that exist between white and minority ethnic women both in wider society and in the research setting.

It is important to note that, unlike in the traditional approach to social research, the questions an oppressed group wants answered are rarely requests for so called pure truth (Harding, 1987:8). What they usually seek, are ways to challenge the oppression and promote social change. Research aims do not always match the aims and needs of the group being analysed. Jones argues that not everyone wants to be 'helped' (1985: 54). I would go further than this and argue that not everyone has the same ideas of what help can and should entail. Offering 'help' can sometimes be done in very coercive and violent ways. This raises problems when trying to present feminist research as action research because not all feminists agree on the course of action to be taken.

A crucial first step in developing an adequately sensitive feminist methodology is learning to see what is not there and hear what is not being said (Code, 1995:23). It is equally important to scrutinise who is authorising whom to speak (Gunew and Yeatman, 1993: xix). Research that addresses violence against women needs to be attentive to both the varying experiences of those women, and how those experiences are lived out: All facets of women's lives need to be included as violence is not an isolated, apolitical occurrence that is carried out free from social meaning. Research designed to challenge oppression has to be particularly careful not to further marginalise women by sidestepping difference or other forms of oppression that the researcher may be implicated in. Whilst women may share experiences of gendered oppression, it is possible for women to both oppress and be oppressed (hooks, 1992)

The interviews in this research aim to reduce as much as possible the power imbalance between the researcher and researched. Research participants are refuge workers rather than vulnerable women accessing the services. However, the implications of this research for women who access services, as well as those who work within them, remains at the forefront of my mind throughout. The study is concerned with building upon existing knowledge about the intersection of race and gender and the impact of this intersection upon service provision. The use of interviews allows refuge workers to provide their own accounts of their experiences of providing support to BME women who suffer domestic violence. The collection of these women's articulations goes beyond simply letting them be heard and provides data which can be used to find the best ways to challenge oppression and create change. Whilst it is a piece of academic research, it is guided by a strong feminist desire to tackle women's oppression. This is what makes this research politically active and emancipatory.

Chapter 4

The Experiences and Support Needs of BME women who Access Domestic Violence Services

4.1: Introduction

This chapter sets out the experiences and needs of BME women who access domestic violence services as understood by the participants in this study. It begins with a consideration of the complexity and variation of those needs before going on to examine key areas where BME status may impact upon women in quite specific ways. These areas include: cultural differences, language, translation and communication, the vulnerability of women who migrate to England from abroad, community responses to taboo subjects, the cultural manifestation of safety issues and, family dynamics in BME communities.

4.2: The Complexity and Variation of BME Women's Domestic Violence Experiences and Support Needs

Answers to the question 'what needs do women have when they come into the refuge (or access the service)?' were not straight forward. There was no list of experiences of domestic violence or support needs which were exclusive to BME women or shared by all BME women. Instead, the discussions highlighted that the needs of BME women include needs that all women who have suffered domestic violence may have regardless of ethnicity or any other social categorisation as well as needs that are specific to BME women that arise because of their positioning as BME women (although again, it is important to note that not all women who are categorised or identify as BME have these needs). Most importantly, discussions centred around the ways in which the experiences of domestic violence that

BME women have are shaped by their BME status as well as their positions as women and how their support needs manifest in culturally specific ways.

As noted in the literature review, Margaret Abrahams 'ethno-gender approach', which recognises the multiple intersection of ethnicity, gender, class and legal status as significant categories in the analysis of domestic violence with special emphasis on the relationship between ethnicity and gender (1998: 219) is a useful tool for trying to understand and articulate the experiences of domestic violence that BME women have and the complexity of their support needs. Other works have also considered this link between ethnicity and gender. For example, the study by Burman, Smailes and Chantler, carried out in Manchester, found that minoritised women faced the same obstacles in leaving violent relationships as white or cultural majority women – money, childcare, housing, transport; but each of these issues may also carry culturally specific inflections, exacerbated by racism and class position (2004: 336). In this study also, the complex relationship between gender and ethnicity is highlighted with participants noting the needs that all women may have as well as those that may be specific to BME women. The practical needs that women who accessed the services had were far ranging and in some ways very similar to the needs faced by many women regardless of ethnicity:

“It’s housing, legal, benefits, debt, counselling, emotional, physical health, mental health, attending appointments, going to court, so things like that” (Yasmin, LDVS).

“Financial, housing, legal, local area, emotional, practical, safety” (Saraya, LBWR).

The extremely difficult process involved in fleeing domestic violence, and the hardships faced by women who are brave enough to leave an abusive relationship are highlighted in one project worker's description of a woman who came into the refuge:

“This lady and her son came and they had absolutely nothing apart from the clothes that they were wearing. And she had her ID and that's it. So basically, her needs are everything. She needs money, she needs food, she needs clothes, she needs a place to stay, she needs education for her child, and she needs her benefits sorting. So everything and that covers, I mean it just, yeah. I can't give any more, a better example than that really” (Aisha, LBWR).

This very dire situation is not unique to BME women. When a woman decides to flee the marital home because of domestic violence she finds herself homeless and without finances. Her support needs centre upon these as a means of survival. Because leaving a violent relationship and accessing refuge services often means relocating and starting again, many women find that their needs go far beyond a safe place to stay. These needs may be related to her homelessness and poverty or they may be necessary for her to be able to move on with her life post-violence. Most women who flee domestic violence need support in all areas of their life:

“Is it that she needs support in accessing benefits, or has she got any kinds of debts? Does she want to do any kind of training or education? Does she need help with her physical health as in arranging GP appointments, going to see the doctor, being referred to counselling?” (Yasmin, LDVS).

“Applying for benefits, applying for schools for the children” (Saraya, LBWR).

“So legal issues, whether you have, you know if the police are involved, there might be court cases pending” (Aisha, LBWR).

These needs are common among women who access refuge and other domestic violence services. However, whatever needs a woman has are specific to her individual circumstances and situation. Although for BME women support needs are very often intensified, and experienced in relation to ethnicity, there are still stark differences both between and within minority ethnic groups. One participant, working in a refuge that catered mainly for South Asian women explained that the level and intensity of support that women require can and does vary:

“You can have some which need a lot of help and some you can have that just, you could do just half, provide half that support” (Safina, LBWR).

One area where women’s individual circumstances may present different needs is in relation to parenting. For women who have children, their needs, unlike those of single women, will involve their children. Participants mentioned parenting as a need of women:

“A lot of them, parenting, that’s a big issue” (Saraya, LBWR).

As well as parenting being presented as a support need for women, participants from one of the organisation in this study also stressed the importance of recognising the needs of children in their own right (this issue will be considered in more detail later):

“Their children have specific issues as a result of having witnessed domestic abuse, or even experienced domestic abuse” (Safina, LBWR).

Another area of support that is required and that will vary among women is in relation to their emotional needs. The trauma caused by domestic violence, the link between domestic violence and mental health problems, and the extreme psychological harm that may result from domestic violence means that women who have suffered such violence may well require emotional support. The type and intensity of the support required will vary from woman to woman and is dependent upon a number of factors. In relation to working towards independence Chantler (2006) concluded that the fewer social networks a woman can access once she has fled, the greater the level of support will be required (p. 36). Participants in this study discussed their understandings of, and dealings with, women who required emotional support:

“The emotional side, I mean we tie that into the package as well because although I’m not a trained counsellor, we do have a specialist counselling service. But then not all the clients want that because they’re not ready for it or some have tried it and feel that it’s not right for them and they just prefer a chat, you know, as opposed to counselling” (Yasmin, LDVS).

“Sometimes that’s all they need, somebody to hear what they’ve gone through. Obviously we’re not trained counsellors and if there is an issue where they do need some counselling and we feel they could benefit from that then obviously we would be referring them to the counselling service. But even just somebody to listen to their woes and the abuse that they have gone through, that just helps them sometimes come to terms with it” (Aisha, LBWR).

Whilst both participants note that they are aware of the possibility that women may require professional counselling and point out that their respective organisations provide it when necessary, they also suggest that women who may not require counselling may still want some form of emotional support, even if it is only a shoulder to cry on. Like the other needs discussed so far, emotional support is not required exclusively by BME women. However, the form and delivery of that support needs to be based upon a recognition of the impact of ethnicity upon BME women's experiences of domestic violence. A large body of work has detailed the ways in which BME women's experiences are shaped by ethnicity and other social identities. Banga and Gill explain that gender discrimination does not unfold simply along the gender divide between men and women; it is informed by and often unfolds along the lines of race, class, familial status and sexuality (2008:17). Similarly, Mouj (2008) points out that the needs of BME women are complicated by the inequalities they face on the basis of both race and gender operating simultaneously (p. 14).

The rest of the analysis in this chapter explores the ways in which BME women's support needs may differ from the needs of majority or white women who have suffered domestic violence. Women from all groups in society are subjected to domestic violence but there may be compounding factors for women from minority communities. The discussions within the interviews focussed upon some of these compounding factors including language barriers, the vulnerability of women who migrate to England from abroad, cultural awareness and family dynamics. These factors are not easily separated out and often overlap. Rather than presenting a summary of each, the following analysis will attempt to explain the complex relationship between these factors and how this relationship impacts upon both the experiences and support needs of BME women.

4.3: Understanding Cultural Differences

Provision for BME women who have suffered domestic violence can only be effective if attention is paid to women's lived reality and experiences. Whilst a number of writers have highlighted the dangers of talking about culture in relation to domestic violence, particularly when there is a risk of reinforcing stereotypes that BME groups are more oppressive to women than the dominant culture (for example: Sen, Humphreys and Kelly, 2003; Burman and Chantler, 2005), failure to recognise the specific problems that may arise will result in missing or passing over what Burman and Chantler refer to as the classed and raced dimensions of the abuse (2005: 64). Culture does impact upon all women's experiences of violence and there is a need to consider the culturally specific forms that domestic violence can take. Women do face oppression in the form of forced marriage, dowry deaths and honour killings all of which are justified in the name of cultural difference (Patel, 2003: 252). Failure to attend to these issues excludes marginalised women from access to services and also reinforces the institutional neglect and marginalisation of these vulnerable women (Burman and Chantler, 2005: 64). Participants in this study did present cultural difference as a factor affecting women's experiences of domestic violence:

"It's very easy for people to say 'well domestic violence is domestic violence'. But it isn't. You get within a BME community and it's entirely different domestic abuse or domestic violence"
(Angie, LBWR).

"They do have different needs because they've been living perhaps in a confined family and they have been restricted, they can't go out. They've not been independent" (Aisha, LBWR).

One area where cultural difference became apparent was in a discussion about an apparent acceptance on the part of some women that the violence they suffer is 'normal':

"Sometimes the problem is with the woman herself...failing to recognise that she has been abused or something has gone wrong... I think it can happen to anyone but I think that some women are brought up thinking this is how our husbands treat us and we'll grin and bear. So they think it's the norm when actually it isn't the norm" (Nadimah, YBWP).

This is not to imply that VAW is more acceptable in certain BME communities. Writing almost two decades ago, Sherene Razack pointed out that women and children who are victims of violence do not stand in relation to culture as do the assailants (1994: 913). There is a wealth of work by BME women that challenges violence against women in all its forms (Gupta, 2003; Patel, 2003; Burman, Smailes and Chantler, 2004; Radford and Gill, 2006; Thiara and Roy, 2010). The participant's recognition that some women may accept violence is not to say that they do so because it is 'a part of their culture. Many white British women in abusive relationships seemingly 'accept' the violence and harbour feelings of self-blame. For BME women, language barriers as well as the control and isolation they face place them in a vulnerable position where they may not be aware of alternatives. It is circumstance and not a cultural acceptance that forces them to remain in abusive relationships.

Without overemphasising cultural background, and thus running the risk of presenting BME communities as somehow more prone to domestic violence, it is very important to be attentive to the ways in which domestic violence can be perpetrated and experienced in culturally specific ways. Participants stressed the need for BME women to have access to services that were able to attend to

these differences. One participant explained how failure to understand these cultural specificities would affect support and hinder progress:

“If they went into a mainstream [refuge] they’d spend an awful lot of time trying to explain just their backgrounds or cultures” (Parveen, YBWP).

Furthermore it is quite apparent from the interviews that a lack of attention being paid to cultural issues creates a disadvantage for BME women trying to access services in the first place:

“It’s really hard for BME women... to get the services anyway” (Parveen, YBWP).

When women do manage to access the services, they need to receive support that is attentive to their specific needs:

“Generally they do need more support as well because, generally I’m speaking here, they don’t tend to be out and about and they don’t know areas that much or haven’t done things for themselves” (Safina, LBWR).

“They probably don’t speak the language so can’t communicate, husband has done everything for them” (Yasmin, LDVS).

Here we can see a merging of the vulnerability caused by language and knowledge barriers with the control that women who have suffered domestic violence are subjected to. They need support that can attend to these cultural specificities. Participants highlighted both the specific needs of BME women and

the ways in which their needs are affected by cultural experiences and understandings. They also stressed that women who have suffered domestic violence need support from someone who understands what they have been through:

“There is a demand for women that have got language barriers, women that have got cultural barriers, women that face issues around honour based violence and forced marriage, so we are providing a specific service for these women where we have got support workers who are from Asian backgrounds as well that understand exactly what the women are experiencing, what they are going through” (Yasmin, LDVS).

Women that do not receive support from people who understand what they are facing will find that the quality of support they receive will be reduced because of the time they have to spend explaining:

“So when somebody comes perhaps into a mainstream [refuge] and says ‘they didn’t let me do this’ or ‘I couldn’t go into the kitchen after so many hours’ and you think well, why not? But we can understand that this happens” (Safina, LBWR).

4.4: Language, Translation and Communication

The most dominant factor shaping and impacting upon BME women’s support needs discussed in the interviews was language. All participants made reference to language barriers and cited it as the single most important barrier faced by BME women who access services for domestic violence. Their accounts point to the ways in which language barriers can create additional needs for BME women and intensify

more general support needs that all women face. The discussions generated in the interviews reflect a vast body of work that has highlighted the language barriers faced by BME women and the impact such barriers have on the provision of suitable and accessible support (Burman and Chantler, 2005; Banga and Gill, 2008; Yokiosha, 2008; Alaggia, Regehr and Rishchynski, 2009). Similarly, groups concerned with VAW such as EAW, NAWP, IMKAAN and SBS stress the importance of addressing language barriers when meeting the support needs of BME women.

Language barriers present BME women with a support need that is specific to them although not all BME women are unable to speak English. For those that cannot speak or understand English, this is a significant barrier to them accessing support. Participants point to its frequency and intensity as a problem for non- English speaking women that have suffered domestic violence in this country:

“I mean that’s a major issue is language barrier” (Saraya, LBWR).

“Language is going to have to be the main one I think. If somebody can’t make you understand what their needs are how can you support them?” (Aisha, LBWR).

“Without the language you can’t communicate” (Yasmin, LDVS).

“Language translation, that’s the biggest” (Benazir, YBWP).

Without a shared language the quality of emotional support will suffer. Women will not be able to explain exactly what their support needs are. Communication is vital and without language understanding this is virtually impossible:

“I definitely think it’s a language issue because they can go to Women’s Aid and if language is a barrier, obviously they’re not getting anywhere really” (Angie, LBWR).

It is clear that women require support from people who can converse in their language. Services for women will not be utilised if they are not offered in languages that women can speak and understand:

“I think BME women do feel, people especially that lack confidence due to language barriers, do feel that they can’t actually come in and access the same kind of services as an English speaking person – whether that’s from a BME background or not – can” (Yasmin, LDVS).

Where same language speaking is not an option translation is vital for communication. However, one project manager explains how this is not always beneficial for BME women who have suffered domestic violence:

“Some women use Language Line. So if you’ve got a lady that you can’t communicate with, you’ve got somebody on the phone interpreting, so a three way conversation. What we’ve found is that interpretation does not work when you want to emotionally support somebody. You can’t do it. You can’t support a woman in a refuge through Language Line: you have to have somebody face to face” (Angie, LBWR).

The need for translation can prove problematic when providing support for something as emotionally charged as domestic violence. When a connection is not made between the woman who is providing the support and the woman who needs it, the quality of that support will be lessened. When another

participant was asked if she thought that mainstream or generic services would be able to support women with language barriers she replied:

“If they do have a worker who can converse in the language, understand the culture then yeah, they may be able to support that lady or family. But where they haven’t it is going to be very difficult for them. I mean, when we have referrals perhaps from the Somali community and she can only speak her own language, well then we can’t support her, it’s the same thing. We’d say ‘sorry but we’d be doing her a disservice’” (Aisha, LBWR).

Here, the participant is very aware of the problems that can arise because of language barriers. The extract hints at the complexity of understanding language barriers as a BME issue. Whilst such barriers are specific to non-English speaking BME women in Britain, they are not characteristic of all women who identify as BME: many women can speak English very well. Furthermore, not all women who cannot speak English can speak the same language. The refuge that this participant works in provides support in South Asian languages – Punjabi, Gujarati and Urdu. The refuge is subject to the same limitations that a mainstream refuge offering support only in English would face if it was presented with a woman who could not converse in either English or the South Asian Languages mentioned above.

As well as impacting upon the quality of support available to women, language barriers can also create feelings of exclusion and isolation. Such feelings are quite significant for women who are fleeing domestic violence. Assistance that takes into account a survivor’s needs is vital and would affect a woman’s decision making process – whether she breaks the cycle of violence or whether she returns to the home because of the isolation she feels as a result of inadequate assistance (IMKAAN, 2012). One project worker explains how language barriers can create or exacerbate isolation:

“Not knowing when people are talking or whatever, communicating and they’re not mixing in. They can feel quite isolated as well” (Saraya, LBWR).

Another explains how isolation may push the women into returning home:

“Women who go into generic refuges are quite isolated. So more often than not they’ll go home for the familiarity more than anything” (Safina, LBWR).

And how returning to an abusive situation once she has fled is very dangerous for a woman:

“And it gets worse when you go home, the control element of it” (Aisha, LBWR).

Isolation has been presented as something that many BME women, particularly immigrant women who have suffered domestic violence face. As early as 1978, Amrit Wilson stressed that isolation was a huge problem for immigrant women regardless of whether they had experienced violence or not (Wilson, 1978). More recently, research on South Asian women with no recourse to public funds found that isolation is an important factor in domestic violence, particularly among immigrant families and continues after they leave the abusive relationships (Anitha, 2010: 472). Isolation is not necessarily only exacerbated by language barriers. Women requiring support may also feel isolated when there is no shared cultural background:

“There’s cultural issues as well and obviously language, culture. There’s also fitting in because in a mainstream they can feel quite isolated as well” (Saraya, LBWR).

One refuge worker suggested that BME women who do not speak English need:

“Somewhere that they can relate to other women from the same background” (Aisha, LBWR).

Women who have suffered domestic violence do not only need support from domestic violence services. The range of needs they have mean that they also require access to vital services offered by other agencies. For women with language barriers, translation is essential for them to be able to receive the support and services they require. Participants explain how women with language barriers need additional support from specialist domestic violence services so that they can access other agencies and services that are essential for their health, financial well-being, legal status and safety:

“They do rely on us to put their needs forward because most of our ladies cannot speak English and this is, a big chunk of our time is taken either interpreting or translating” (Saraya, LBWR).

“If a woman feels that she isn’t able to attend that appointment by herself, we will go with her to the appointment, especially specific to BME women where there is a language problem” (Aisha, LBWR).

The support needs are not confined to needing an interpreter when they are meeting people face to face. There is also a need for translation and interpretation when reading letters and filing in forms:

“If they have appointments, assisting them on appointments, explaining things, interpreting letters...filling in forms on their behalf” (Saraya, LBWR).

Although the women who took part in the interviews were able to provide support for BME women in specific languages and translate well when needed, discussions highlighted some of the problems with translation. It is often the case that straight forward translation is not enough. Participants presented a number of examples that illustrate the complexity of language translation and the problems that can arise when it is needed. One project worker spoke of the problems she had faced when trying to deal with benefits agencies on behalf of women who could not speak English:

“They won’t actually let us speak on their behalf, which I know is to avoid fraud and everything, but it just takes so much time” (Aisha, LBWR).

Another explained how doctors often refuse to provide the translation that women require:

“They’ve got budgets for translating and they don’t use it and they insist that the woman finds someone and bring them to translate” (Nadimah, YBWP).

This placed additional burdens on participants. Translation services are not free and one organisation manager explained that on top of all the other work they had to do, refuge staff were:

“Providing the translation services to keep the costs down” (Angie, LBWR).

Cost was not the only reason that refuge staff felt it necessary for them to provide the translation services. They were also aware that translation alone was not usually enough for women to understand exactly what was being said:

“Everything has to be interpreted and not just interpreted, explained” (Aisha, LBWR).

Women who work within specialist services for BME women have both language understanding and understanding of individual women’s needs and situations. The women interviewed felt that they were far more likely to take the time to make sure that the woman being supported understood exactly what was being said to her:

“It’s not just direct translation because wherever you accompany them, whether it’s health or solicitor or wherever else, they’re not going to do the deep explaining” (Parveen, YBWP).

The importance of women understanding the whole situation that was being relayed to them and not just the words that are being spoken is evident in one participant’s explanation about why her organisation always tried to find solicitors who conversed in the supported woman’s language:

“We always try to find a solicitor who can speak Urdu or Punjabi because we find that interpreters, there’s things lost in translation. So we try to find a solicitor who can converse with them in their own language which is so much better” (Safina, LBWR).

4.5: The Vulnerability of Women who Migrate to England from Abroad

The language problems were particularly prominent within the services that took part in this study because many of the women who accessed the services had come to Britain from abroad and had very little if any English speaking skills:

“Over the past three years, I’d say we’ve been getting women that have absolutely no English speaking skills at all” (Safina, LBWR).

The problems faced by immigrant women that have suffered domestic violence are extensive and extreme. Participants in this study point to some of those problems:

“There are different problems coming through now that more of the women who that have been brought over into the country have suffered domestic violence” (Safina, LBWR).

“We have had a lot of cases where the victim is on a spousal visa, that have come over from the Indian Subcontinent and their marriage has broken down, you know within the two year whatever” (Yasmin, LDVS).

“A lot of residents, women, don’t have recourse to public funds” (Faridah, YBWP).

Previous work by academic writers and politically interested groups has covered these specific problems in depth (NAWP, 2007; Alaggia, Regher and Rishchynski, 2009; Anitha, 2010). They have highlighted the ways in which legal policy and measures have made the situation for immigrant women who suffer domestic violence more difficult (Burman and Chantler, 2005) and documented how immigration status can be a powerful tool of oppression used by perpetrators (Roy, 2008; Southall Black Sisters and Amnesty International, 2009). What emerged within this study was a discussion of how language barriers, coupled with limited knowledge of this country’s laws, procedures, customs, practices and systems, made many immigrant women particularly vulnerable once they had fled a violent marriage:

“Sometimes they’re not aware of how the system works and when you’re attending appointments with them it’s translation as well as explanation parallel” (Benazir, YBWP).

The intersection of language barriers and lack of knowledge can also exacerbate problems that arise for women specifically because of their immigration status:

“Also with immigration, we do have to do support letters and things like that, and quite in-depth ones for the application to the Home Office, and even so far as going to show them how to get their passport photo’s as well. Those are things they wouldn’t know and we would have to explain” (Amina, YBWP).

Another situation which can prove to be very problematic for immigrant women who cannot speak English and have not been in this country very long is when security questions are asked for telephone queries about benefits. One project worker explained how very difficult it was for one woman who had not been in England very long to have a three way conversation with the Inland Revenue regarding Tax Credits. The particular problems arose when the woman was asked standard security questions regarding her date of birth and national insurance number:

“Now she didn’t know it because where she had come from there was no such thing as a date of birth, you were there and you were there and that’s it you know, and with regards to her national insurance number she didn’t know. She couldn’t recognise, she didn’t know the alphabet, she didn’t know the numbers” (Aisha, LBWR).

This lack of knowledge that foreign women have, coupled with the lack of language understanding makes them particularly vulnerable. There has been work that has looked at the problems that arise from a lack of cultural awareness on the part of service providers (see for example, Burman, Smailes and Chantler, 2004; Chopra et al, 2007; Gill and Banga, 2008; Patel, 2003). What emerges within this study is a discussion of the ways in which a lack of cultural understanding on the part of the BME women who have suffered domestic violence also creates specific and intensive support needs. Many of the participants presented accounts that highlight the lack of understanding that foreign women have of this country's customs, laws, systems and norms. This lack of awareness makes such women particularly vulnerable and requires a qualitatively different approach to support provision. The lack of knowledge exacerbates the translation needs as straight forward translation does not always present the women with information they can understand. It also impacts upon other areas of women's lives, creating further support needs. One participant explains how it can affect an everyday activity such as going shopping:

“So if she was not confident in going to the shops or she didn't know the value of currency because some people have got a pound but they don't know what they mean” (Safina, LBWR).

Another participant explains how extensive this lack of knowledge can be:

“It's all things that we take for granted and we expect everyone to know, but these women didn't know this” (Saraya, LBWR).

A lack of knowledge places BME women in a particularly vulnerable and disadvantaged position. The expectations that some women have about the British legal system highlights the vulnerability of women who use the courts but do not know how they work:

“We get ‘If I go to court, can I not tell the judge this?’ Well, no there’s a protocol and you have to follow that. So it’s really making them understand how the systems work as well as explaining what’s happening” (Aisha, LBWR).

“I had one lady. She had, I think it was a court case against her husband and she wanted to speak to the judge before the court case. I said that’s not going to happen, you know, you can’t do that. So it’s basically making them aware, you know, of what they can and can’t do and what to expect. Sometimes their expectations are really, really high” (Safina, LBWR).

In terms of accessing the relevant support and services, the women need to know exactly what to expect and so explanation is required in a language they understand. However, this intensive explanation is required in other areas of women’s lives as well:

“You know, like I mentioned, basic things like sometimes even how to cross a road, so you know, not putting the pram in the middle of the road when you’re going to cross. Health and safety as well, not leaving your child unattended when you’re going out. It’s not alright if he sleeps and that’s his routine. You know, we get that – ‘It’s his routine, he always sleeps two hours, I’ll just go out”. No, you can’t do that. Making them just understand about health and safety all the time in their own language so they can understand what we’re talking about and the consequences. If you don’t do this, this will happen” (Aisha, LBWR).

The lack of knowledge that foreign women may have is far-reaching. Not only does it impact upon their ability to access vital services such as benefits or the court system, it also affects their ability to lead functional and independent lives within this country. One example presented by a participant refers to cleaning the home:

“They’ve got no idea, they haven’t used different furniture polishes for furniture and you’ve got, you know, anti-bacterial for the kitchen, things like just teaching them basic life skills” (Aisha, LBWR).

Conversation with one project suggests that the lack of knowledge may be either coupled with, or a result of extreme controls placed upon the woman within her violent relationship:

“Personal hygiene, a lot of them, their breath is really, really bad and it’s not knowing to use toothpaste, not knowing to brush first thing in the morning or even last thing at night. Not looking after their teeth and smelling of B.O and not knowing they have got such a strong body odour. Explaining to them what they can use. We provide the body sprays, the roll-ons, even perfume. We’ve also explained to have regular showers and to change clothes every couple of days or something, and washing your hands after going to the toilet...

...Sometimes it makes you wonder if that, was this part of the problem when they were with the partners because I’ve heard some of them say that ‘Yeah, my husband used to say that I stink’. Obviously, it’s not doing anything for her confidence, but obviously that is an issue because I can go into the house, or into their rooms sorry, I can go into the room and it would be just a very

strong odour and I'd explain to them open the window. And you have to try and tackle it without being offensive as well" (Saraya, LBWR).

Here, the participant is not suggesting that personal hygiene issues are a justification for VAW. What she does do is highlight how a lack of knowledge about how one is expected to present themselves can create or exacerbate problems both within a violent relationship (a loving or respectful partner would explain and empower not use it as an excuse to use violence) and once she has left, particularly if she is then living in a communal refuge. Personal hygiene was cited by one participant as a source of conflict between women staying in the refuge:

"There are sometimes tensions with personal hygiene levels, I've just had that before I came"
(Aisha, LBWR).

The participant who gave the example of women with no awareness of personal hygiene standards presents her own thoughts on the issue and explains why she feels that these women do not attend to their personal hygiene to the standard that is generally expected:

"Some of them, yeah, it will be down to depression and feeling hopeless and not wanting to do it. But with some of them, they do say 'I didn't know. I didn't know you could buy roll-ons, I didn't know you could buy body sprays, I didn't know' you know. And sometimes, it's even being provided with the item and not wanting to use it. Feeling it's going to be finished, not realising or understanding that it is there to be used. It's just leaving it there, thinking I don't want it to be used and then I'll have none left" (Saraya, LBWR).

The main reason she claims that women did not have a socially acceptable level of personal hygiene is a lack of knowledge. However, she does show that lack of knowledge may be mixed with or caused by the extreme control that the women are subject to within the family:

“I feel that it will be a lot of the control and things because they’re becoming frightened of doing anything without being told to do or without being allowed to do so” (Saraya, LBWR).

The relationship of women to the wider community also creates specific problems and needs for BME women. In the interviews two main areas emerged: cultural responses to issues such as mental health and alcohol and drug abuse, and how group membership may impact upon women’s safety. These are not easy to separate from other themes. Cultural responses overlap to a certain extent with cultural beliefs and safety is not only a community issue, the family also plays a central role. Both cultural difference and family dynamics are considered as separate themes within this chapter but the following two sections show how these themes very often overlap and intersect.

4.6: Community Responses to Taboo Subjects: Domestic Violence, Mental Health, Alcohol and Drug Use

It is very important to note here that cultural response to domestic violence and other issues that may arise as result of the domestic violence are not specific to BME cultures. Domestic violence is a cross cultural problem, mental health problems are usually responded to negatively in mainstream society, and issues around alcoholism and substance misuse are usually focussed upon within criminological rather than health care discourses. It is vital that domestic violence and problems that arise as a result are not presented as cultural traits but it is equally important to ensure that domestic violence is

understood within the cultural context in which it takes place. One participant notes how tricky it is to discuss VAW within BME communities because of this discursive danger:

“It’s a hard one that because each community doesn’t like to think that the problems like domestic violence exist within their own, you know. Its like ‘Yeah it happens, it’s a black thing or an Asian thing’, or ‘it doesn’t affect us’. But when people adopt that attitude it’s very hard to break down barriers then because if they’re clearly not recognising that there is a problem there in the first place how do you deal with that?” (Yasmin, LDVS).

There was some discussion surrounding mental health problems and a number of participants noted that mental health was one of the needs that women who accessed the services may have. Whilst many women who suffer domestic violence are likely to suffer some form of mental health problem, the discussions in the interviews centred around the ways in which mental health problems were experienced and responded to in culturally specific ways:

“Mental health in the Asian community is a taboo subject” (Aisha, LBWR).

“Your mental health, a lot of times women with depression. For BME communities depression is not widely recognised as, for example, post-natal depression, there is no word for post-natal depression in the Asian language so it’s not recognised full stop. It’s a case of well, you’ve had a baby, kind of like you get on with it. So that’s one of the, like depression, it’s like the way it’s labelled: she’s mad, and that’s the common word that’s used; her head isn’t right sort of thing” (Yasmin, LBWR).

As a woman who has suffered recurring mental health problems that have at times been quite severe, I felt a sense of familiarity with the kinds of responses mentioned as they were very similar to the kinds of responses that I have met. However, as a white skinned, English speaking, British national woman my experience of accessing support regarding my mental health would have been substantially different to that of a woman with language barriers, lack of awareness of the help available, and perhaps the isolation that is often cited as a common experience of BME women who have suffered domestic violence.

BME women who may have needs around alcohol and drug dependency were also discussed. Again, it was noted that within Asian communities they are frowned upon and may affect women's access to suitable support:

“It's not acceptable for Asian women to be drinking, or smoking, or drugs or anything like that so for them to actually access support from agencies is quite a difficulty in the first place because they have to accept, acknowledge that there is a problem in the first place. So I think they would actually feel more comfortable coming to us and being referred on that way” (Yasmin, LBWR).

The participant explaining this worked in a generic organisation that had within it a specific service aimed at BME women. One of the other organisations that took part was a much smaller refuge that supported mainly South Asian women. Their information leaflet made it clear that they would not be able to provide support for women with serious mental health problems or with drug or alcohol dependencies.

Mental health problems and alcohol and drug dependency are issues that any woman who has suffered domestic violence may face. Recognition of how these general problems are experienced specifically in relation to cultural background is vital to ensure that women receive the support that they actually need.

4.7: The Cultural Manifestation of Safety Issues

Figures indicate that two women a week are killed as a result of domestic violence and so it is hardly surprising that safety is presented as one of the main needs of women who access services (Women's Aid, 2008). The cultural manifestations of safety and danger are presented in the participant's accounts. One of the refuges had very specific criteria for referrals and strict rules regarding self referrals because of the potential danger to other women staying in the refuge:

“On the odd occasion we might get a self referral but we always ask where they've got our number from and how they've got it basically. So if an agency has given it to them we would verify it with the agency as well...

...we do that because it might be somebody looking for somebody...

...we have to be careful and we have had that” (Aisha, LBWR).

Similarly, safety impacts upon the refuge being able to accommodate women from the local area:

“We have taken [local] ladies if the risk element is not as strong as perhaps other ladies, or even taken them in for a few days to move them on. So we don't say 'no' but nine times out of ten yeah, it's not safe” (Safina, LBWR).

“We do sign post them on to different refuges, the local women. It’s only because of the safety”
(Saraya, LBWR).

“It’s not good to stay in the local area where they are fleeing from” (Safina, LBWR.)

Refuges were originally developed with the safety of women who had suffered domestic violence in mind and so secret locations and restrictions on access were vital to ensure this safety. The organisation that treated self referrals with a degree of suspicion also refused access to other agencies including the police and social services. However, participant’s from another organisation felt that an over-emphasis on safety may provide further barriers for already vulnerable women:

“It’s really hard for the BME women that we support in the first place to get the services anyway” (Parveen, YBWP).

Having said this, they did discuss safety as a serious issue that needs to be considered:

“If you get a referral, although you treat that person as someone who needs the service, you’re wary that you have got a responsibility to the people we are supporting. So then if that information that that person is giving you, you’ve got so say ‘does this ring alarm bells with any woman that you currently have? Is that a risk? So if, you know, the same area or the same name or if there’s, you know, some of the stuff they’re asking, more geared towards them asking you questions about what you provide and who you support as opposed to them and their needs”
(Amina, YBWP).

“Sometimes it just doesn’t feel right, you can tell the way they’re talking to you” (Nadimah, YBWP).

Whilst most of the focus on safety is necessary to ensure that the women are free from danger, the apparent distrust of self referrals appears to be, at face value at least, at odds with feminist approaches to VAW which stress that all women are to be believed. However, the discussions around safety here include the real example of someone pretending to be a victim in order to find their sister. The need then, to verify a woman’s story before considering whether to accept her or not is a vital safety measure that reflects the ways in which domestic violence is lived out in some families. The search for women who have escaped domestic violence by other family members and not just an abusive husband show the ways in which concepts of honour and shame (Sanghera, 2007; Siddiqui and Patel, 2010) impact upon BME women’s experience within the family create quite specific forms of domestic violence perpetrated by persons other than the husband or partner. The apparent distrust of the organisation is not based upon the same misogynistic views that have historically hindered support for survivors of domestic violence: it is based upon a very real safety threat.

Whilst much of the work on domestic violence highlights the dangers of, and harms caused by, such violence there does not appear to any in depth research that considers the ways in which safety and risk may manifest in culturally specific ways. It could be that more work is required in this area to ensure that the real risks that BME women face are fully addressed without falling into the trap of presenting certain cultures or communities as more dangerous than others.

4.8: Family Dynamics in BME Communities

The previous discussions on safety centred around the reality of the threat and incidence of honour based violence as well as very strong pressures from the women's families to return to violent and dangerous relationships. Rather than implying an automatic mistrust of women who contact the service, the organisation's policy around self-referrals emphasise exactly what is at stake; the lives of women and children. In order to understand the safety issues that BME women may have, as well as the way in which honour based violence or forced marriage can be experienced as specific forms of domestic violence, it is crucial to have some understanding of family dynamics in BME communities.

Whilst BME families are no more prone to violence than any other, the family dynamics within BME (and particularly South Asian) communities create very specific experiences for BME women who have, or who are, suffering domestic violence. Previous research has highlighted that although South Asian women come from different language and religious groups, and have differing experiences of migration to England, their experiences within the family are very similar (Wilson, 1978; Shaw, 2000; Sanghera, 2007).

Research on domestic violence as experienced by white women in this country has positioned the family as a potential site for violence and control (Kelly, 1988; Mullender, 1996)) and yet for some BME women it has been presented also as a potential place of safety or as a haven from racism and discrimination (hooks, 1993, Patel, 2003). It is important to recognise and understand how meaning is attached to the family in culturally specific ways. This is no simple feat and the challenges faced by support providers because of the complexity of needs based around the culturally specific construction and experience of the family are considered in depth later in chapter 5 in a discussion around children and parenting. This

section focuses on how cultural differences in family dynamics impact upon BME women's experiences of domestic violence in ways that may differ from white or majority women in Britain who experience domestic violence within a nuclear family setting.

Examination of domestic violence within BME families in the first instance highlights that the husband or male partner is not necessarily the only or main perpetrator. Participants from one of the organisations that dealt with women predominantly from South Asian backgrounds stressed that the extended family plays a massive role in women's lives:

“Most of our ladies have lived with extended families, so you have to be able to know family dynamics and how that works and what they've come from because more often than not they have the problem not just with the husband but with the extended family as well” (Aisha, LBWR).

Accounts presented by participants reflect prior research that explains how, unlike perpetrators of domestic violence in the mainstream population, who tend to be intimate partners, perpetrators in BME communities may also include family members and/or community members (Jarviven, Kall and Miller, 2008: 72). A failure on the part of services to recognise this specificity will result in women not requiring the support they need. One discussion within the interviews highlighted the ways in which the family can place pressure upon a woman who has left the violent relationship:

“Sometimes, when they leave and then another family members saying, erm, a cousin's got married and they're saying 'Right if you don't come back we're going to divorce them as well'” (Benazir, YBWP).

“Like if brother and sister are married to the same family they’ll use like ‘she’s done that to her brother” (Amina, YBWP).

For a woman who only knows her family and close family friends (as is the case for many immigrant women), leaving a violent relationship means losing contact with everyone that she knows:

“So a lot of women lose that family like which is important. So whether it’s forced marriage or not a lot of people lose that, their friends” (Nadimah, YBWP).

The isolation and terrible loneliness that results is problematic for women. When this is coupled with emotional blackmail and intense pressure from family and friends to return, women require a very intensive support to help them make important decisions about their future. One participant gave an example that shows that even with the right support, the pressure of the family can still be too strong for women to resist:

“Just recently, I had a family and she wanted to have independence and she wanted to do as she pleased. She had a very controlling husband, very abusive, physically abusive, verbally abusive husband and she’d had enough. So basically, she came away from the area and came to us, two young children. And she, I wouldn’t say she yearned, but she really did want independence and she wanted to do as she pleased basically but she had a lot of pressure from her family and his family and there were a lot of honour issues...she felt that she didn’t have a choice that she had to go back to him, so she went back to him” (Aisha, LBWR).

Surprisingly, one project manager spoke about mediation which seems to be somewhat at odds with feminist approaches that have challenged mediation as a means of coercing women to return to abusive partners. Some BME writers have highlighted the ways in which mediation within BME communities can ignore the needs of battered women (Bhatti-Sinclair, 1994), privilege the maintenance of the marriage over women's safety (Burman, Smailes and Chantler, 2004) and pressure women who have suffered domestic violence to reconcile with abusive husbands (Inam, 2003). Within this study it appears that an understanding of family dynamics and recognition that women want to return to the family (but not necessarily the husband) presents mediation as a possibility that could benefit women:

"Sometimes, there is a level of mediation that is required and that is a big gap: there is no mediation service as such. The police won't do it, it's very time consuming. Most domestic violence services don't support the perpetrators in that respect. But, especially the young girls, they do have that yearning of going back home but to a better environment. So we have on occasions mediated with the family; reassured them that they have been fine, they haven't been, one of the problems is promiscuity; they don't want the girls to be wild or whatever. It's in their head a lot of it, so we assure them" (Safina, LBWR).

What is important here is that mediation occurs only when the woman in question wants to return home and it is done with her family, not her husband. It is done to explain to the family that the woman has 'behaved' herself. It may well have implications for women who have not 'behaved themselves but it does appear to be an immediate practical solution for women who wish to return to the family they miss.

The strength of the emotions involved within the family is huge. There have been suggestions that women who experience domestic violence still love and care for their abusive partners. In this study also, one participant notes this dilemma:

“A lot of service users that are with outreach are still with their partners and do have that conflicting one part telling them that this relationship is wrong, I need to get out, but the other is I love him, I want to stay kind of thing” (Yasmin, LDVS).

It would appear, from the discussion within the interviews, that this emotional conflict would be apparent with family and kin as well.

4.9: Chapter Summary

This chapter has highlighted some of the complex needs that BME women who have experienced domestic violence may have. Whilst it has been noted that some of the experiences and needs of women may be typical to all women who require support for domestic violence, there are also some that are quite specific to BME women. Furthermore, the data suggests that the positioning of some women as BME shapes their experiences of domestic violence in culturally specific ways, in particular, cultural background, language barriers, lack of knowledge for immigrant women and family dynamics. These specific experiences and needs would require a specific response to ensure that they are appropriately addressed. The following chapter examines the roles of BME specialist service providers in responding to and addressing the experiences and needs that have been highlighted above.

Chapter 5

The Role of Support Providers

5.1: Introduction

This chapter offers an analysis of the ways in which the specific needs of BME women, as set out in the previous chapter, create specific roles and tasks for service providers as well as intensifying the demands already placed upon them. It begins by considering some of the more general difficulties inherent in support for domestic violence that are faced by both generic and BME domestic violence services. It then moves on to an exploration of areas in which a different approach appears to be required to ensure that BME women receive the best possible support for their experiences of domestic violence and attempts to escape it.

5.2: The Complexity of Domestic Violence Support

Most participants noted that the roles of service providers were largely shaped by the needs that women present with at any given time with one participant explaining that she felt it was very important to address the issues that clients wanted addressing:

“You have to have some leeway and you’ve got to be, it’s according to your client; it’s what your client needs and being flexible with client”s (Saraya, LBWR).

Other participants explain how the varied needs and experiences of women who access services shape individual responses to women and the roles and tasks of providers. The following discussion in the group interview shows how what is important for each woman at any given time will vary and gives

some indication of the ways in which participants have to make decisions about what to work on and in what order:

Nazreen: We simply prioritise, I think. We don't always do the support plan right away. We might have to do the financial and legal first and then go on to the rest of it.

Amina: You get quite a lot of detail when they do the telephone referral and I think from there you get an idea. When they do come we do have to do our licence agreement as a priority so we're doing our bit first so we're covering ourselves. You know, where the fire exit is, confidentiality. And I think it depends on the day. We start on the benefits next, erm...

Parveen: Whichever is, you know, prioritising like she said, in terms of dealing with what has the most impact on that person, their safety, or moving them forward. So they need to eat so they need money. If they had health issues they'd have to be treated, and if they had any like safety concerns you know, physical danger. So you know, the main presenting issues and further on from that you do the follow on which is like the long term, emotional, schooling...

Nadimah: Re-housing...

Parveen: Yeah, you know, settling them in the area, things like that. Just stage by stage with the most urgent and pressing first" (YBWP).

The variation of women's experiences and needs do not only impact upon decisions about how best to support her initially. Needs not only differ between women, individual women may also feel that their needs and circumstances alter over time. Participants note that their roles have to be responsive to those changes:

"And with one client she can get just one phone call and that changes the whole support plan. You know, one phone call from anybody or whatever can change the whole support plan and

the risk assessment because it can be life threatening or, you know, any incident can happen on one day that can have a different outcome from what you had previously planned or expected. So it's flexible, you have to adapt to whatever comes your way really" (Faridah, YBWP).

The holistic approach to supporting women is not too dissimilar to the approaches by mainstream refuges and women's organisations. The work involved in ensuring that a new intake is appropriately dealt with requires the same level of planning as would be required in any refuge:

"So basically we have to prioritise and organise our workload. So, for example, if we just get somebody in the day before or we're expecting a new client, we have to make sure everything's ready. The emergency shop's done; basically it caters for their needs. If they've got a baby we get the cot ready and make sure it's comfortable for them when they come in. Liaising with the lady who is meant to be coming in, liaising with the referrer" (Aisha, LBWR).

Similarly, the general routine for dealing with individual women who are already in the refuge tends to follow similar patterns of what would be expected in other refuges and women's domestic violence services:

"If we've already got somebody in we're looking at their support plan, see what's outstanding, see what needs to be done, whether it's chasing up benefits, legal side, education, schooling, the list goes on really" (Aisha, LBWR).

The intensive workloads and support roles of women who support those who have experienced domestic violence have been documented and praised in other works (see for example, Coy, Kelly and

Foord, 2008; Hague and Mullender, 2005). The participants in this study have explained how their roles are shaped by many of these demands:

“Well on a normal basis we’d come in and have our own workloads, things to do. We’ve all got individual clients so we’ll have in our own minds our tasks, this that or the other. But from there, if we’re on duty other pressures can come up from other residents who are not your clients but you need to deal with that. There are other things, for example, maintenance of the building, health and safety issues that can come up that you need to deal with, any inquiries that people are ringing up to find out about” (Faridah, YBWP).

It appears that the specialist refuges that took part in this study engage in the same roles and tasks that are carried out in other domestic violence related services and organisations. At times the similarities are striking and raise questions about the need for separate and specialist provision for BME women. However, an examination of these roles in relation to some of the specific needs of BME women as set out in the previous chapter uncovers some areas where different focus and attention is required.

There were seven main areas of discussion in the interviews that focused upon the roles of support providers: translation and explanation; immigration; housing; finance, benefits and employment; children and parenting; dealing with conflict and; raising awareness. The following section explores each of these with reference to the specific needs of BME women who have experienced domestic violence as set out in the previous chapter.

The first two areas – translation and explanation and immigration – can be seen as specific BME needs that require additional support. These two areas can stand alone as specific support needs and interact

with and intensify other support needs. Housing; finance, benefits and employment and; children and parenting are general areas of support that are required by and provided to all women but the specific experiences and needs of BME women alter how that support is delivered in specific organisations. Dealing with conflict and raising awareness do not necessarily appear as 'supportive roles' but are tasks undertaken by the support providers in this study. Rather than emphasising the differences between BME and generic support, discussions around these two areas highlight the differences within and between BME services.

5.3: Translation

The previous chapter noted just how extensive and far reaching the support needs for women with language barriers are. Such support needs require more time and effort from the women who provide that support. Not only is translation an added task faced by BME support providers, it also impacts greatly upon other tasks and roles involved in providing support:

“In my other organisation there was only myself and another Asian worker and the rest were white women so I know it can, it's very different. But having said that, I know that the amount of work that I put in and my colleague put in was more than perhaps my other colleagues because my clients were all Asian backgrounds and heritage and theirs weren't so they didn't have to interpret for a start and translate, make them understand. So I was giving more intense support to my ladies than they were” (Aisha, LBWR).

This participant is emphasising the extra workload she had to carry because of her Asian status. Not only does this produce an uneven distribution of work, the imbalance also impacts upon the availability and

access to support for BME women. Equal access to such support cannot be obtained by simply adding a notional worker or diversity policy to present structures but by understanding the needs of Black and minority ethnic women and altering service delivery and structures (Chopra et al, 2007: 92). It has been noted that services for BME women often cost more than mainstream services because of the interpreting costs (Jarviven, Kall and Miller, 2008: 82), yet again highlighting the additional work and effort involved in supporting women with language barriers.

Participants note the ways in which they support women with language barriers and list some of the tasks involved in such support provision:

“If they have appointments, explaining things, interpreting letters or even what somebody else is saying to give them a better understanding of what they’re asking and if they’re filling in, if we’re filling in forms on behalf of them then they know what we’re filling in and what the form is requesting” (Saraya, LBWR).

“There’s post that comes on a Wednesday and Friday that Angie (pseudonym) picks up at the general post office and then we distribute it. So once the client gets that post it’s interpreting that, making her understand” (Aisha, LBWR).

Letters and forms are not merely distributed, they have to be translated and explained. Such deep translation and explanation is also required when women interact with other agencies and services. One participant explains how part of her role is to explain to women again what may have already been told to them by health visitors to ensure that the women have fully understood what has been said to them:

“They do meet up with the health visitors and they do explain things but a lot of the time it doesn’t register with the clients and they forget as well. So then we have to go over what she said. And a lot of times I don’t think they explain it because it’s time, they don’t have much time, so whatever time they do have they explain it to them. Again, it just doesn’t register with the clients and therefore we just need to go over” (Saraya, LBWR).

Again, it is more than translation that is required. There is also a deep level of explanation needed that providers have to do as others do not have the time. Both language barriers and levels of understanding mean advocacy is an important and time consuming task for specialist providers:

“We accompany them to, I would say, nearly all of the appointments they have with agencies, so whether it’s benefits, schools or police we would accompany them even though there might be an interpreter present, because we have been working with that client for quite some time. When things are missed out we can fill in” (Aisha, LBWR).

5.4: Immigration

As with translation, immigration is both an added support need for some women and a factor that greatly intensifies all other needs and support requirements. It creates further tasks and obstacles for support providers. Specialist organisations for BME women offer support to immigrant women for the specific problems they face as a result of both domestic violence and their insecure immigration status (which usually becomes so as a direct result of the domestic violence). Many of these women have no recourse to public funds and have no other source of income once they have fled the violence. Many writers and BME organisations have noted the extensive needs of immigrant women who have suffered

domestic violence (see for example Anitha, 2010; Roy, 2008; Southall Black Sisters and Amnesty International, 2003). Whilst the interview discussions were not very detailed in this area and did not provide any specific examples, all participants mentioned immigrant women and some of the work involved in supporting them.

The work carried out by support providers in securing funding usually begins before the woman actually comes into the refuge:

“Trying to secure funding for them in the first place before we take them on. Once that’s sorted we’ll go through the process of applying for indefinite leave to remain” (Nadimah, YBWP).

Refuges need funding in order to support these women and that needs to be secured as soon as possible. There is then the additional task of applying for their leave to remain in this country:

“A lot of our residents, women, don’t have recourse to public funds so it’s a whole, everybody’d different so we’d have to do the application asking for their leave to remain and stuff” (Benazir, YBWP).

One participating organisation has a specific service that deals with immigration issues for women who have suffered domestic violence:

“We have an immigration advisor who deals with all the cases. So any persons that are in a DV relationship that have immigration issues can be referred to that service” (Yasmin, LDVS).

Whilst the other two do not have an established service as such they do work to support women with insecure immigration status and/or no recourse to public funds. One organisation had worked closely with an external immigration service but was forced to take on the extra work when that service closed down:

“It’s a very intensive support because the whole point of the Sojourner Project is that women can get their immigration sorted. Now up until April, we used to work quite closely with Immigration Services but it was closed down. They lost their funding and they were closed down more or less overnight. We didn’t know about it until there was something on the news that said they’d gone. Now (project manager) worked very closely with them and they did an awful lot of work towards securing a woman’s immigration status. So we’ve had to start again in finding a solicitor that will deal with it and take it on board, but because of the cost, our project workers are doing more work towards getting all the admin and things together” (Angie, LBWR).

5.5: Housing

Once safety has been secured and any pressing issues have been dealt with, one of the main roles of support providers appears to be supporting women in finding a suitable home for when they are ready to leave the refuge:

“We start the process when they come in depending upon their financial status. Once that’s sorted we start the re-housing process” (Nadimah, YBWP).

Many women who have experienced domestic violence require support with housing related issues, regardless of ethnicity. When a woman leaves the family home because of domestic violence and enters a refuge she is homeless. Most participants noted that their aim was to eventually help women find and settle into a new home. This process involves far more than simply finding a suitable residence and most women require support at every stage from making initial applications right through to running the home once it has been established. The first stage of this process is getting women access to suitable housing services:

“The housing process, we represent them as homeless and, well we assist them to represent themselves as hopeless and then we go through viewing the properties with them, what properties are suitable for them and then assist them in going to view the property” (Saraya, LBWR).

For women to be able to represent themselves as homeless because of domestic violence and get priority access to housing they require some form of proof. One project manager notes what staff need to do to obtain such proof:

“We will take them to the local housing needs department to get them some kind of priority. So before that, what we have to do is get all the information of who referred her, what domestic incidents took place which we would have, but just to confirm with the agencies that if housing needs to contact them they would support the application. Once they get the priority we start bidding” (Safina, LBWR).

Moreover, obtaining access to suitable housing services and making applications are only the start of the process and refuge staff work with women throughout:

“We would look at housing and we would get that process going. Obviously if it’s somewhere like London we would refer them to a refuge because it’s too far. If it’s like in a local area we would support them, make a supporting application, supporting letters, take them and support them in actually looking for suitable accommodation. And once they’ve got their offer then we would apply for a Community Care Grant to help them with furniture and actually taking them to the furniture shops, the carpet shops, you know, then they can choose what they want and then it would be a process of them moving on into their own homes” (Aisha, LBWR).

Support is not simply in finding them somewhere to live. Women need intensive support throughout the whole process and also with the added tasks of buying furniture. Women are not simply moving house, they are rebuilding their homes and, arguably, their lives. Support does not end once the tenancy agreement has been signed. The support required by women, and offered by the organisation, continues after the woman has moved on.

In relation to more practical matters, participants explain how they support women with all aspects of building and running a home and how this is intensified by more abstract or emotional issues. As many of the women have been controlled by, and dependent upon, their partners and/or other family members the support provided needs to be quite deep:

“We go through the process, take all the meter readings, come back and go through whatever, set up their accounts for the utilities and go and shop for the paint and whatever they need” (Safina, LBWR).

“And then we would help them sort out the utilities, everything that goes with running a home. Looking at local schools for the children and then our outreach worker would take it from there so then she would, you know, visit them in their home, see how they’re doing and that support would be ongoing from there” (Aisha, LBWR).

“The outreach worker will go with them to shop for the curtains, cooker, all the white goods, her beds, carpets. Everything is being assisted and trying to give them the choice and empower them yet show them possibly some places where they could save money as well” (Safina, LBWR).

Whilst the roles of BME specialist support providers are very similar to the roles and tasks of those who work in generic refuges and support women with housing related issues, there are some differences that occur because of the particular needs, experiences and identities of BME women. The most notable areas are language, community/family and the particular vulnerabilities of foreign women including issues around immigration. Whilst there was no mention in this particular study about the particular difficulties involved in support women with insecure immigration status with housing related needs, other writers have noted the extensive problems faced by this particularly vulnerable group of women (Anitha, 2010; Roy, 2008).

The extracts above detail how intensive the support that is required is; that it involves far more than simply finding a suitable property for women and their children if they have any. The already intensive need requires a far deeper level of support when women have language barriers. Not only is translation, which is very time consuming, needed, the previous chapter has already noted how language barriers create further obstacles in terms of understanding and explanation. The level of work required from staff is high. They support women with everything involved in setting up and maintaining a home. Other support needs such as translation can impact upon this with one participant explaining how women with language barriers require translation and explanation as well as the intensive support already noted:

“So once they’ve bid and say they’ve got accepted, so we’d go to the local housing, view the property with them, sign up. Again at the sign up everything has to be, when I’m talking to you everything has to be translated. So it’s a three way process and I could explain to you that this is your tenancy agreement and these are the requirements, but explaining what a tenancy agreement is, understanding, you know” (Safina, LBWR).

There are limitations in where the women can apply for housing with the help of the refuge. If women wish to move outside of the area refuge workers will assist them the best they can by referring them on to a more suitable refuge in a more convenient location. Where women are subjected to threats and pressure from extended family and the wider community there is a requirement for these women to move further away for safety reasons. It also means that women will lose any informal or familial connections and support networks, thus intensifying the loneliness and isolation that may occur for women having to rebuild their lives after fleeing:

“So if a lady wants to move on then we’d find, for example, I’ve got a lady at the moment who wants to move to London because she’s got a sister who can support her there and she’d feel more comfortable moving down South. So looking at refuges and making the referrals” (Aisha, LBWR).

In this instance, the woman’s particular circumstances meant that referral to refuges in London was far more suitable and appropriate than attempting find her housing locally.

Whilst it has been argued that professionals working with Asian women need to be aware that returning to the parental home may be an unacceptable step (Bhatti-Sinclair, 1994: 87), some women do choose to return to the parental or familial home (or are coerced into doing so). Refuge workers cannot force women to stay in the refuge. The following extract from a project worker explains how support was provided for a woman who did decide to return home because of extreme pressure from her own and her husband’s family:

“It was just providing her with advice, guidance and information so that she could make an informed choice. So you know, the options that were available to her and the fact that she has come a long way and the fact that, just to make her perhaps think again and what’s available. And the other thing is though we provided her with information that should it happen again that you can contact, don’t hesitate in contacting them, you know. We made the police aware that she was going back to him, she knew there were people there to help her should she face the same situation again. So yeah, we put them all in to place so then at least, you know, at the back of her mind she does not know that she’s got support available, she’s not alone” (Aisha, LBWR).

Whether it is helping a woman find a home, moving her on to another refuge, or supporting her in returning to the family home, it is apparent that there is a high level of work required from support providers in addressing this specific need that women have. The particular and intensive needs of BME women in terms of language, immigration and isolation require a somewhat different form of support to women whose lives are not affected by these factors.

5.6: Benefits, Finance and Employment

Financial support is not only required for immigrant women with no recourse to public funds. All women need some form of income and many enter the refuge with none. It has been noted by some writers that women's (and especially black women's) disadvantage in the labour market and the general inequalities in income, make housing a potential site of disadvantage and inequality for women (Banga and Gill, 2008: 16). Because it usually means having to start over, a source of income is vital for women who are fleeing domestic violence. It appears that because of the dependency upon their abusive husbands and/or families, and the extensive barriers that they face in a wide range of areas, benefits are more accessible than income from some form of employment. However, numerous barriers make it difficult for women to obtain benefits without support:

“The benefits are the main thing because a lot of them, benefits are in their partner's name, they're not having no income whatsoever. So that is the main thing, the first thing that we would do” (Saraya, LBWR).

Whilst all women who experience domestic violence may be vulnerable because of the control placed upon them by abusers, for BME women who have language barriers and limited understanding of how

benefit systems etc. work, their vulnerability may well increase. Because women may have been excessively controlled and not had access to their own source of income, they do not only need support in actually obtaining or securing money. Some women need support with managing that income once they get it. One participant notes that one of her many roles is helping women with budgeting:

“Budgeting, that’s a big thing we help them on, savings, things like that because a lot of them have never saved” (Saraya, LBWR).

Benefits are noted by most of the participants as a very necessary thing to sort out as soon as possible because most of the women arrive with either no income at all or without access to means of obtaining an income via employment. However, some women may find themselves in a position where they want to and are able to work. One project worker explains how her organisation would try and make paid employment achievable for a woman in the refuge who wanted to work:

“Sometimes they want to work but can’t because of the rents, the service charge, so then they have to cover the housing benefit. Our committee has been really good in the past where somebody has wanted to work, we’ve actually waived quite a lot of money and they’ve only paid like a minimum amount. So even though we’ve had a cut in our housing benefit, we didn’t expect the lady to pay; so that was kind of like waived. She just paid a little bit extra and she continued to work and stay in the refuge” (Aisha, LBWR)

This does not appear to be a role or task typical to BME refuges but rather one that is dependent upon the ability and willingness to support women in this way. However, the project manager in the same

organisation also explains how she sees her role as involving looking for ways to support women in employment. Certain aspects are based upon the specific needs of BME women:

“If you haven’t got English as a basic skill and then no other skills then how can you get on the employment ladder? So what we want to work on is, were are doing ESOL classes in house as well as what they can access outside in the community, but we want to give them sewing skills, we want to get in touch with local factory employers to see if they would, not a paid job, but maybe a few weeks of just training volunteers so they can get an insight of what is expected of them. So we want to expand that side of it to sustain them for long term” (Safina, LBWR)

Again, language barriers appear as a main issue to be addressed by support providers. Women's organisations do support women in all areas of their life including employment if so required. However, in this particular refuge the manager shows how an added task for the organisation is teaching English to women in house, an activity that would not be required in refuges or support groups for women who could already speak English.

For most of the participants, their role is to help women in securing money whether that is through benefits or in long term, if possible, employment. This is not very dissimilar to the roles and tasks of staff in generic refuges and organisations. However, the needs set out in the previous chapter - language barriers, understanding, immigration and vulnerability - demand specific approaches to support provision in this area and may increase workloads and intensify supportive roles.

5.7: Children and Parenting

Most refuges take children in and the support roles and tasks explained by participants appear to reflect those of support providers in generic refuges. Issues around children and parenting were a recurring theme throughout the interviews and virtually all participants noted that they felt supporting women in this area was an important role that they took seriously:

“If we’ve got children it’s a little more intensive because there may be parenting issues. So we do liaise with our children’s worker, saying you know, we’ve identified this, could you perhaps work on routines or discipline or something like that. It depends on what that family needs” (Aisha, LBWR).

Two of the organisations, YBWP and LBWR (see appendix 1) had specific children’s workers. Whilst the refuge that offered floating support had project workers dealing with both women and children out in the dispersed units they could still access advice and guidance from specialist children’s workers:

“In the refuge the girls deal with the women and me and Nazreen (pseudonym) deal with the children. But out in the dispersed and the floating support the girls deal with it as a whole. But if they need any advice or anything they’d come to us” (Amina, YBWP).

Refuge workers often saw children as much as their responsibility as the women and dealt with their needs also. For example, they would arrange schooling and nursery placements:

“If there are children we get them into schools, we don’t always get them into the nearest schools but we get them in anyway, we have to” (Safina, LBWR).

One of the refuges also had specific activities designed for the children staying there:

“We also have two play sessions for children each day as well” (Nazreen, YBWP).

With regards to support for women with parenting, one participant’s lengthy account explains the kind of support provided:

I had a lady who was saying, I don’t know, my baby, he just keeps crying each time I put him down” and the reason for that was ever since he was born, she’d always have him in her arms, just walk around everywhere, eat and she’d have him in the arms and now he’s just got so used to being in the arms she couldn’t, every time she left him he started crying. So then I identified this and she agreed. She said “Yeah, it’s becoming a problem” and I said “It’d be an even bigger problem when you’re in your own home because at the moment we can help you now and then but when you’re in your own home he’ll be an even bigger problem.” I therefore explained to her about we lie him down on the mat and explained to her the benefits of lying him down on the mat, allowing him to cry for a little time, as long as he wasn’t you know, getting really worked up. And from that she discovered that you can leave your baby lying on a mat for a short amount of time, you can allow him to play. These are things that she didn’t know, or she felt that, you know, you can’t leave a baby alone (Saraya, LBWR).

Here it appears that the project worker has taken on the role that an older and more experienced woman in the family may have. I myself remember when I had my first child that I would worry about even going to the toilet and leaving him in his Moses basket if he was awake. It was my mother who reassured me that this was fine. Women in a refuge have often lost that family support and so refuge workers have to fill that gap.

There are some specific links between the BME women needs as set out in the previous chapter and the type of support required with children and parenting. Yet again not only translation, but deeper explanation appears to be an added dimension of support with one participant noting how she has to re-explain to women what has already been explained by health visitors:

“They do meet up with the health visitors and they do explain things but a lot of times it doesn’t register with the clients and they forget as well and so then we have to go over what she said. And a lot of times I don’t think they explain it because it’s time, they don’t have much time”
(Saraya, LBWR).

Family dynamics may also impact upon parenting issues. One participant explains that in the extended family the child's mother may not have been the main carer and so parenting skills may not have developed or there may be additional support needs relating to the building of mother and child relationships:

“Some women need a lot more support in parenting and discipline, we find that they’ve been brought up in extended families where the mum hasn’t necessarily been the main carer, she’s been the domestic servant and her extended family have brought the children up so she hasn’t

bonded sometimes even. And sometimes, mums feel that they've taken their children away from a loving extended family and overcompensate so they want to buy them everything" (Safina, LBWR).

The particular vulnerability of some women as parents was evident in a discussion with one project worker who explained the extreme lack of understanding some mothers had and how staff had to teach:

"Basic things like sometimes even how to cross a road, so you know not putting the pram in the middle of the road when you're going to cross" (Aisha, LBWR).

She also noted how at times it was also necessary to point out to the safety implications of parenting behaviours to some of the women:

"Not leaving your child unattended when you're going out, it's not alright if he sleeps and that's his routine. You know, we get that – it's his routine, two hours, he always sleeps two hours, I'll just go out – No, you can't do that" (Aisha, LBWR).

5.8: Dealing with Conflict

One of the tasks involved in running a refuge is ensuring that the women and children residing there are safe, not only from their abusers, but also from others staying in the refuge. This is not to say that women staying in refuges are prone to violence but discussions do highlight the possibility of conflict and tension arising from a number of families living in very close proximity. That participants mention

conflicting situations challenges views that BMR is a static and shared identity that is separated from majority or white identity and identical within:

“There are tensions, we help them to resolve these issues and how to deal with conflicts”
(Saraya, LBWR).

“You get conflict between the families because it’s not easy living with other families. We do get that conflict and we have to resolve the conflict the best we can” (Aisha, LBWR).

One of the roles of participants is to deal with these difficulties in suitable ways:

“We do have tensions between women and I think that we just have to sit them down and say look, it’s people’s expectations sometimes and you know, not everybody has that standard of cleaning, not everybody has that standard of hygiene, you have to basically learn to live with different people and different individuals” (Aisha, LBWR).

Whilst mediation between families staying in the refuge and supporting women to work through differences and disputes are presented as the main tasks faced by project workers, one participant also notes that it is crucial to ensure safety at all times:

“Sometimes it gets quite nasty and then if we think there’s no, we try to work with the family as much as we can because we don’t like evicting but if it really comes to a point where somebody is being harmed or at threat of harm then we have no choice, we have to evict” (Aisha, LBWR).

Project workers do not only deal with conflict as it arises, they may also take steps to prevent it from occurring in the first place:

“We’ve had to make excuses and things for the women when they’ve stayed out, not that we’ve had to but just to protect the women in that respect” (Safina, LBWR).

Here, it seems that the project manager has identified a potentially volatile situation and rather than let it escalate, she has taken the decision to cover the tracks of women who may be doing things that other women in the refuge do not approve of, thus avoiding any disputes or disturbances. Dealing with conflict does not seem to be a task that is peculiar to BME specific organisations. One of the participant talks about how one of the women staying in the refuge initially held discriminatory views about other women staying there:

“We’ve had to teach women, you can get very rigid women that will perhaps not mix with a different religion. Having said that, the Sikh lady we’ve got in had very strong views about Muslims in terms of her opinion – it’s what she’s been taught obviously, or what she’s heard – and she has come to the understanding that all Muslims are not what she thought and vice versa” (Safina, LBWR).

What is noteworthy here is that the participant mentions the need to ‘teach women’ suggesting that discrimination is actively challenged within the refuge. Also, the woman changing her mind about ‘Muslims’ suggests that the challenge was successful. Whilst I cannot make any claim about how this may have played out in a generic refuge, there have been a number of writers who have highlighted

incidences of racism in refuges and an indifference by staff to such issues (Burman and Chantler, 2005; Roy, Ng and Larasi, 2011).

5.9: Moving Towards Independence

In their 2007 Annual Report, Newham Asian Women's Project asserted that their refuges support women at different phases of their transition towards empowerment and independence, from crisis to independent living (NAWP, 2007: 8). With refuges and support services for women who have suffered domestic violence working towards helping women become free from such violence, the term 'independence' appears to fit into that ethos. Participants in this study appeared unanimous in believing that the support they provide is geared towards helping women achieve independence. The various tasks, the support in all areas of women's lives and the different approaches based on women's specific circumstances and experiences can all be brought together by this common goal. All of the participants spoke of independence and many cited it as their main objective:

"Our objective is to increase empowerment for them and for them to actually regain control of their life" (Yasmin, LDVS).

"It would be a process of supporting them so then they can lead independent lives because that is our goal" (Aisha, LBWR).

"And by the time they are ready to leave us they're independent, they can do everything themselves, they can access local transport, how to buy tickets, what to do and everything" (Saraya, LBWR).

The previous discussions about the needs of women and the roles and tasks of support providers have emphasised the intensity of support needs and suggest that when women come into the refuge they are often totally dependent and so intensive support required. This is not to suggest that women (or more specifically, in this case, BME women) are weak by nature. Instead, it has to be noted that the violent situation in which they have been in has significantly weakened them. It has been noted by many feminists that women who survive violence are strong, but surviving from day to day has often absorbed all their strength (Mullender, 1996: 62). It is also important to be aware that in the context of domestic violence, maintaining control and imposing dependency upon victims are powerful tools used by abusers. It is this effect of the violence that creates women's dependent state. The task for providers is to provide that high level of support whilst also encouraging women to take control of their lives:

“And they've been so used to having somebody do things for them so then they don't have to go out and so it's trying to make them independent, trying to make them understand that you have to be able to do this on your own, you have to do it for your children as well. Yeah, it's a difficult process at times but, you know, I like to think that we do get them to the stage where they can and they are able to move out because obviously that is our aim, you know, for them to live in their own homes with their children and lead independent lives away from harm and the threat of harm” (Aisha, LBWR).

“We are providing them, a lot of these women have been dependent upon their families, their partners or whatever and so again we assist them in a lot of things. But eventually we draw away where when they leave us they can do” (Saraya, LBWR).

“So it’s really intense the work that we do really and it’s time consuming but at the same time it’s rewarding as well because when they move out of the refuge and you see them and you know they’re independent. And that’s our whole aim, to make them independent. Not to do things for them but to help them do things by themselves” (Aisha, LBWR).

The main challenge for providers here is ensuring the right balance and some participants suggest that an over emphasis on support may in fact hinder women’s progress:

“Sometimes you can give too much whereas you’re not allowing them to become independent” (Saraya, LBWR).

“I feel that a lot of times that does support, you know, that does help, but what we try to do is not create a dependency where they will want us to be with them at every appointment” (Yasmin, LDVS).

The following extract explains how very difficult this task can be:

“I’m talking about a certain section of society, okay, for BME women where they have been very controlled by their partner. They probably don’t speak the language so can’t communicate, husband has done everything for them. I think if you give them that comfort zone from the service that we provide here as well they can become too comfortable and dependent again and that is not what our objective is. Our objective is for them to gain control of their life, where they will be living in the wider community and they will need to go out and pay bills and you know, speak to people that speak English and so you’ve got to be very careful where you draw

the line. And I do find that some clients that do have the language barrier use that sometimes, you know, “It’s easier if you do it for me” kind of thing, but you as a support worker need to know when to step back and say hang on a minute, I think you can do it and you need to do it” (Yasmin, LDVS).

It is important to recognise that women will move towards independence at varying speeds based upon a number of factors. These factors, language barriers, lack of income, cultural barriers, limited understanding and vulnerability, to name but a few, can create significant obstacles for achieving and maintaining independence. Other writers have also commented on how the varying ‘progress’ of women is impacted by their circumstances and it has been suggested that it can be anticipated that the fewer social networks a woman can access once she has fled, the greater the level of support will be required (Chantler, 2006: 36). The discussion so far all point to the women supported by participants requiring that greater level of support. The move towards independent living is not always pushed onto women and some of the participants note that it can only be achieved when the women themselves are ready for it. One participant explains how the re-housing process can only begin if the woman herself feels she is able to cope:

“It also depends on whether they are emotionally able to go and leave. It might be that they’re not ready to be re-housed yet. As well as everything else it applies to their emotional level, if they feel that they can cope” (Amina, YBWP).

Another stresses that workers will ensure that women are able to cope in that area before they are supported in moving on:

“Obviously we’ll make sure that they were able to actually cope with independent living and hence that is the, you know, from the time that they come to the time that, yeah, that would be done then” (Aisha, LBWR).

The intense support needs that have been outlined above suggest that participants attempt to address these needs at the woman’s own pace rather than expecting women to “move from confusion to resolute action within short periods of time” (Kelly, 1999: 38). This is evidenced in the earlier extract from a project worker detailing the support provided to a woman who returned home because of the pressure placed on her by family members. The extensive support measures put in place for her before she returned suggests that staff were aware that she was not ready at that time but made sure as much as possible was in place in case she felt that she needed that help and support again.

The participant from the large, generic organisation made an interesting observation that did not fit easily with the accounts and standpoints of other interviewees:

“ I feel that where you have refuges that cater specifically for BME women or BME clients you are segregating them from the wider community, the wider society, where they can become, living in a refuge, they can be there a long time, it could take between three to nine months you know, to be re-housed and within that time you don’t want to isolate them because at the end of that, the end result is that they will have to be re-housed, they will have to integrate into society, you know, where they will actually have to seek employment or claim benefits or interact with the wider community. So I think the way we do it is actually quite better, it’s more beneficial” (Yasmin, LDVS).

Chantler (2006) challenges the common understanding of independence which then casts dependence in opposition as a sign of weakness. She also suggests that this understanding of independence and dependence does not allow for acknowledgement of inter-dependency, based on mutual reliance and a strong sense of give and take. It would appear from this analysis that the notion of interdependency that could be considered of more value to BME women with high support needs – is more likely to be achieved in the two specialist organisations rather than the generic one.

Whilst it would appear that in reality, BME women will have to interact with wider society and learn to speak English in order to do this, numerous previous works and the interviews in this study suggest BME women do need that specialised support for various reasons. It may seem that integration is necessary for BME women, particularly immigrant women, to fit in with society and function well. However, that process needs to be more gradual than this participant is suggesting.

5.10: Chapter Summary

This chapter has set out the roles of support providers. It has highlighted the complexity of providing specialist support and considered the ways in which roles are intensified by the specific needs of women who require support. The complexity and the intensity of the work carried out by participants suggests that specialist provision is indeed required in order to effectively address the specific needs of BME women that were documented in chapter four. Support for housing, parenting and finance may be required by all women who access refuges but this chapter has highlighted ways in which they, as well as other support areas such as dealing with conflict and supporting women towards independence, can be intensified by BME specific factors such as language, cultural background and immigration issues. The following chapter brings the discussions of both this and the preceding chapter together in an analysis of

the ways in which women who work in BME specific organisations interpret and respond to the needs of BME women who experience domestic violence.

Chapter 6

The Link between the Needs and Experiences of BME Women and the Delivery of Specific Support Provision for BME Women Who Have Experienced Domestic Violence

6.1: Introduction

The question underlying this research, and posed to the participants is 'is specific provision required to meet the needs of BME women who have suffered domestic violence?' The discussions that developed in the interviews suggest that, from the perspective of service providers, the answer is 'yes'. Only one participant suggested that services that focus exclusively on BME women may be problematic. However, she still recognised the need for specific services aimed at BME women that take into account language, culture, family and community among other issues.

The analysis so far has offered some explanation as to why such services are required. The preceding chapters have highlighted both the needs of BME women as understood and explained by BME service providers and the roles involved in providing support. This section aims to analyse how service providers travel from the answer 'yes' through to the explanation of 'why'.

Both this research and much of the gender sensitive and anti-racist work in this area suggest that BME services understand, and respond to, the needs of BME women who have suffered domestic violence differently to generic refuges or mainstream organisations. To explain how and why this difference in response occurs, I focus upon the process of interpretation involved when relevant agencies or organisations are faced with BME women who have suffered domestic violence.

6.2: The Process of Interpretation: How Do We Make Meaning of the Responses to Women Who Have Experienced Domestic Violence?

The process involves three stages with each one influencing that which follows. The *exposure* stage involves coming into contact with, or being made aware of, a BME woman who requires support for domestic violence. The *interpretation* stage is where decisions are made about how to respond to the initial exposure and the final stage, *response*, is what actually occurs, in the case the delivery of specific support provision. The preceding chapters have documented the needs of BME women and the roles of support providers. If chapter 3 focuses upon the *exposure* stage and chapter 4 focuses on the *response* stage, this chapter focuses on the central stage in the process; *interpretation*. This brings the whole process together and helps to explain why and how specific services support BME women who have experienced domestic violence. It is important here to return briefly to the *exposure* stage

As I have already noted, the first stage, exposure, is the initial coming into contact with, or being made aware of, a BME woman who requires support for domestic violence. This could be through disclosure by the woman herself, or being made aware of it by a third party or referring agency. Two of the participating organisations would accept both self referrals and women who had been referred by other agencies. One of the organisations would not normally accept self referrals and when such were made staff would proceed with extreme caution.

Whilst I present the process here in a linear format in order to explain the interpretative processes that participants engaged in with exposure being the starting point for them, it is perhaps also important to note that it is not a pre existing starting point without context or history. In fact, exposure can be seen as an interaction between the exposor and the exposee and much occurs prior to this encounter. In the

case of referring agencies, an interpretive process will have occurred with them being exposed to a woman with needs and interpreting those needs in such a way to respond with referral, or, it may be the case that exposure for the participants in this study does not occur at all because such agencies decide not to refer. There is a wealth of work that documents the poor responses to BME women who have suffered domestic violence by certain agencies that includes indifference, scepticism and blatant hostility (see for example, Patel, 2003; Chopra et al, 2007; Bostock, Plumpton and Pratt 2008).

For women who disclose their experiences of violence and take the immensely brave step of asking for the help and support that they need, exposure is not the starting point of their whole experience, although it may well be the turning point and the start of the healing process. The factors that impact upon a woman's likelihood of disclosing domestic violence are numerous and complex. They are beyond the scope of this study but have been extensively documented elsewhere and include fear of further threats or attacks, not being taken seriously, money, housing and children. What may be of particular importance to this research are the ways in which the actions, roles and responsibilities of the participating service providers could impact upon the likelihood or ability of exposure via direct disclosure or third party referrals.

In the previous chapter, I noted how one participant who provided support to BME women within a larger generic domestic violence service explained the importance of publicity and how staff would "try to actually advertise our organisation and services we offer" (Yasmin, LDVS). Another organisation that was much smaller and specifically catered for BME women felt that the safety of both the women being supported and the women providing support was a more pressing concern with the manager stating:

“We tend to work as quietly, and sort of under the parapet if we can. We don’t raise our heads and we just get on with what we want to do” (Angie, LBWR).

There can be no question that the physical safety of women and staff should be a primary concern. However, the secrecy of the service may pose further barriers for women seeking support. As this particular organisation will generally only accept women who have been referred by another agency it is possible that this too will cause problems for some women who require support, particularly as it has been documented elsewhere that BME women are often reluctant to approach or engage with the services that this organisation relies on for referrals such as the police and social services. For example, Burman and Chantler note that minoritised women, because of both language and cultural barriers may be particularly reluctant or unable to approach services (2005: 71).

The group interview with the third organisation did not involve any discussions about publicity but the organisation was willing to accept self referrals. When asked about the possible threat to the safety of residents from family or community members, one participant responded:

“We’re aware of it but it gets really hard and you think that to put as another barrier that you have to go through, another agency and then be referred. It’s really hard for the BME women that we support in the first place to get the services anyway” (Parveen, YBWP).

My reasoning here is not to suggest that the smaller organisation is ‘getting it wrong’. The large, generic service is well established and with very strong links with agencies such as the police, making safety much less of a challenge (although not removing all danger). The smaller organisation has two houses that function as refuges and these are located within the same geographical area as the ‘community’

that may be perceived as a risk. The group interview with the third organisation actually took place within the refuge which is a large purpose-built complex, with extensive security features, on the outskirts of the city. It is surrounded by high fences with strong gates and electric locking systems. There were a large number of CCTV cameras situated at various locations both inside and outside the building. The high level of security here did not eliminate all risk or danger but it did allow staff to feel more at ease than those in the second organisation. What is demonstrated here are the ways in which the services themselves may affect the likelihood of exposure, not through any fault of the organisations but because of the limitations and barriers that they themselves may be faced with.

It has been noted elsewhere that BME women who suffer domestic violence do make repeated attempts to seek help. Whilst the use of a third party or referring agency involves a preceding process of interpretation, disclosure by women may involve that process working in reverse with previous responses by agencies or others being interpreted by the women as either unhelpful and even harmful and thus affecting the likelihood of further disclosure to services designed to support these women and address their needs.

The exposure stage is not a straight forward starting point as such but for the purpose of this analysis it is presented as the first stage in the process that occurs when the specialist services within this study first encounter the women they support. Without that initial encounter the process could not take place. Once that exposure does occur, the service providers then interpret what has been relayed to them. It is this phase in the process – interpretation – that requires the most scrutiny in order to understand why BME services respond to BME women in the way that they do and why they and (according to the extensive literature in this area) BME women themselves feel this response is the most suitable to meet their needs.

Understandings of the experiences and needs of BME women who have experienced domestic violence and discussions about how best to respond to them are highly subjective. The interpretation stage of the process discussed here is shaped by various factors. The factors that emerged in the interviews have been grouped into three categories: 'Personal', 'Political' and 'Organisational'. Each category shows how certain factors shape the interpretations or the decisions made by services providers about how best to address BME women's needs and how to deliver suitable and appropriate support.

The 'Personal' category includes participants' personal reasons for working in this field, their willingness to help or support women who require it and personal views and understandings about domestic violence and the specific experiences and needs of BME women. The 'Political' category includes discussions around how certain political viewpoints such as feminist, anti-racist and human rights may shape responses. The final category – 'Organisational' – focuses on the ways in which the structure, size and policies of organisations will impact upon the delivery of services and support. Whilst each of these categories or subsections has been separated out for clarity and ease of explanation it is apparent that there are overlaps and interactions.

6.3: Personal Influences on Interpretation

The participants' accounts explain their reasons for working in this field; their willingness to offer support; and their understanding of the issues surrounding domestic violence and BME women's experiences. In this section I analyse the ways in which experience, willingness and understanding shape service provision. Rather than separate each of these subcategories out, the analysis shows how the interaction between them produces particular responses.

With experience I am not referring only to direct experience of domestic violence. In fact, none of the participants claimed to have had such experience. When asked how they had come into their line of work, some of the participants did explain that they had prior experience of knowing or helping women who had suffered domestic violence. One woman, who had previously worked as a nursery nurse, explained how she “had a lot of mums who would come and offload” (Saraya, YBWP)

She then goes on to explain how she responded to these ‘offloads’ and how they shaped her desire to help in that situation:

“I didn’t signpost them to Women’s Aid or anything, I signposted them to the children’s centre because we weren’t a children’s centre. So I signposted there and said maybe if you talk to a support worker or family support worker. And again with parent’s evenings, which we had at nursery, again I had a lot of this and I felt that, you know, I would love to help these women but I just didn’t know which route to go down” (Saraya, LBWR).

The participant’s personal experience of interacting with women who had suffered domestic violence prompted her desire to want to help such women. What is interesting here is that these women were disclosing domestic violence to a South Asian nursery nurse. Whilst any analysis of why this was the case is beyond the scope of this study, it is taken against a backdrop of research that hints at a distrust of general agencies by BME women (Burman, Smailes and Chantler, 2004; Roy, 2008; Ng, 2010). It is noteworthy that this participant experienced the exposure, interpretation and response stages of the process prior to her becoming a support provider and her seeking work in such an organisation could be deemed as her response to that exposure.

Another participant explains how she too came into contact with women who had suffered domestic violence in her previous role as a housing advisor:

“When I was in housing we used to come across these cases where women would, when we did the visits at home, disclose DV and when we were rehousing I always felt there’s a carcass I’m putting a family in and that’s it. There was no emotional support given from the housing officers; a tenancy and that’s it” (Safina, LBWR).

Again, it appears that prior exposure to women who have suffered domestic violence led to an acknowledgement that something needed to be done and ultimately, the seeking of work in the refuge.

One participant noted that she had known a woman who had suffered domestic violence outside of her place of work as well as encountering women whilst she was doing voluntary work:

“I was doing some voluntary work at a local organisation in [town] and through that I got to see and help women that had come into problems in relation to domestic violence and I think that’s what sparked the interest. And also, I think at the time I was doing a course in Health and Social Studies at [university] here and I think part of my assignment was something to do with domestic violence and it was from an experience I had living next door to a woman who was actually experiencing domestic violence. So I think that’s where it sparked off from” (Yasmin, LDVS).

What the three participants share in common is that their prior experience of coming into contact with women from their communities who had suffered domestic violence led to them seeking working in specialist domestic violence organisations. Virtually all participants explained that they wanted to do what they were doing:

“And I love it” (Saraya, LBWR).

“I worked one day a week first just to get the flavour of what I was doing and whether I’d be able to cope with it because it’s not a job for everybody. And I did, I really, really liked it and I just stayed on really and that’s it really, it’s just gone on from there” (Aisha, LBWR).

“I find it very rewarding” (Angie, LBWR).

“Even if it makes a little bit of difference in their lives it is worth doing” (Yasmin, LDVS).

All but one of the participants identified as South Asian and the discussions suggested that they felt that their experience of being South Asian helped to give them a stronger understanding of the issues faced by the women they support. The white woman explained that her understanding came from her experience of working in a BME specific organisation:

“I would say I’ve got an understanding of the issues now, which, and I have to say when I started I had no idea” (Angie, LBWR).

Her ability to grasp and understand the differences and issues suggest that direct experience of being from a BME background is not necessarily needed for understanding to be present, although it does appear to help as it was through working in a predominantly BME environment that led to the white participant’s stronger understanding. Another participant’s account of how male Asian councillors were opposed to the BME specific refuge shows that although these men were from the same ethnic

background, they had little understanding of, or compassion for, Asian women who had suffered domestic violence. The participant who worked within the generic refuge noted that:

“For all our new students or new colleagues that start we do offer training on domestic violence awareness as well as forced marriage, honour based violence. We do all that” (Yasmin, LDVS).

So there is a general awareness that one does not have to be from a specific background to have an understanding of the issues faced by people from that background. However, participants did express that because of their own cultural backgrounds and experiences of being BME they were more able to understand the issues faced by South Asian and other BME women, most particularly in relation to the disadvantage that women face because they are BME:

“And in terms of the barriers that they face in accessing the services, the disadvantages that we talked about that they start with. They have those in common and that’s something we can help with. We understand those barriers” (Parveen, YBWP).

No participant claimed to understand everything and there were extensive discussions about difference between and within BME groups. However, there was a general consensus that their background and experience did make understanding of the issues faced by South Asian women in particular easier:

“We’d understand the culture a lot better” (Faridah, YBWP).

“We have got support workers who are from Asian backgrounds as well that understand exactly what these women are experiencing, what they are going through” (Yasmin, LDVS).

“We understand culture as well” (Saraya, LBWR).

“Our understanding mostly because I’m from the same background. I can identify with their culture” (Aisha, LBWR).

There is a link between experience, understanding and willingness but is not a straightforward and clear relationship that follows any set pattern. In this study, the relationship between the three did create a similar pattern for some of the participants who had shown that their past experiences of knowing of women who had suffered domestic violence led to them being willing to help and their experiences of being BME was what they considered to help with their understanding. However, the white woman shows that being from a BME background is not always necessary. Similarly, some participants had expressed a willingness to help without claiming to have had any previous experience of knowing someone who had suffered domestic violence. Knowing of someone who has suffered domestic violence does not automatically result in a desire to help, perpetrators and colluding family members in fact do quite the opposite.

Understanding and experience do not always appear to work together as the example of the opposing male Asian councillors shows and women who work in generic organisations and have experience of dealing with survivors may have limited understanding of the specificities of BME women who have suffered domestic violence. It has been noted elsewhere that not all women’s care and support needs have been addressed by generic provision (Banga and Gill, 2008: 14). Similarly, others have claimed that generic services for women either ignore equality and diversity issues or deal with either race *or* gender,

rather than address both race *and* gender at the point where the needs of BME women intersect (Sidiqi and Patel, 2010: 10).

The link between understanding and willingness is evident but it is hard to determine whether one affects the other. It would appear that personal views are a crucial determining factor here, particularly if understanding is to result in willingness. Willingness is also dependent upon what a person's understanding is. If a person's understanding of 'BME issues' are shaped by dominant discourses around immigration and racist ideologies (whether subtle or blatant) then a willingness to help persons who fall into the category of other is unlikely to emerge. A lack of willingness can also inhibit understanding as one participant notes:

"It's a lack of understanding and a lack of wanting to understand" (Aisha, LBWR).

Here she is suggesting that people don't want to understand the issues that face BME women. There has been a wealth of work that has pointed to this tendency to treat minority issues as someone else's problem or as something that only minority people need to be concerned with. Ruth Frankenberg noted that racism tends to be viewed as an issue people of colour face and have to struggle with, but not as an issue that generally implicates white women (1995: 6). Similarly, Felly Nkweto Simmonds claimed that it is as if race as an experience is only of concern to those who are racialised (1997: 226). Whilst these concerns were raised over a decade ago and there does appear to be some movement towards a more meaningful inclusion, some of the discussions in the interviews here suggest that there is still a tendency to treat some minority issues as of concern only to minority peoples:

“The majority assumption is the language is different, the religion is different, the culture is different, they’re different, we don’t understand them and they don’t understand us” (Parveen, YBWP).

The white woman who was able to grasp the issues faced by women from the BME community despite admitting that she had no previous understanding is an example of the way in which willingness can result in a deeper understanding but again other personal factors have a strong role:

“Working in the charitable sector you’ve got to bring something else. You’re not just in it for the money, you’ve got to be in it for something else and as a result you tend to get women who are prepared to do the extra, prepared to go the extra mile to support them” (Angie, LBWR.)

However, willingness to help will not be enough if understanding is not there. Much of Black feminism’s challenge to white essentialism in more general feminist thought was not directed at blatant racism but at well meaning but misguided understandings that resulted in exclusion and marginalisation (hooks, 1983; Gunew, 1991; Tarver-Behring, 1994).

6.4: Political Influences on Interpretation

There is an overlap between personal and political to some extent as political persuasions and viewpoints can often be largely influenced by personal beliefs and experiences. Similarly, the current political climate will shape the personal experiences of persons living within it. Within this category I have the three subsections: feminism, anti-racism and human rights as factors that will have some impact upon the ways in which service providers interpret the experiences and needs of BME women and then respond. It is important to note here that whilst this chapter is an analysis of the

interpretations of service providers, there is also the added layer that is my interpretation of their interpretations. The terms 'feminist' and 'human rights' do not appear at all in the interview transcripts and racism is only openly discussed at my own mention or prompting. The labels that I have applied are based upon my engagement with the accounts of participants. This of course applies to the whole research project but in this particular section my own analysis appears more explicit and requires deeper explanation.

6.4a: Feminism

As has already been highlighted, one of the participants spoke of male councillors in the area being opposed to the setting up of a BME specific refuge:

“The councillors, especially the male Asian councillors, were opposed to a refuge just for BME women, in their words we were splitting families up” (Safina, LBWR).

Another participant explains how she has known of cases where GP's have urged women to return home despite their disclosure of domestic violence:

“We've had cases where the doctor's actually said to the woman why don't you just return and she's actually told them about the domestic violence and it's just why don't you return, it's not that bad?” (Nadimah, YBWP).

The preceding examples are not confined to BME women. Despite huge progress around domestic violence because of feminist campaigning and awareness raising, there is still a general attitude of

woman blaming, trivialising violence and favouring 'traditional' family values over the safety of women and children. There is however a need to consider the cultural context in which sexism is played out. Problems for South Asian women with GP's in Asian communities have been noted elsewhere with Sidiqi and Patel finding in their own research that there were concerns that some GP's, particularly those from within the community who have conservative and religious views are more likely to share information with family members, and be unsympathetic and even hostile towards women who complain about domestic violence (2010: 85). What is particularly of concern here is the way in which culture or religion can be used by dominant members of that culture to reinforce sexist attitudes surrounding violence against women.

In both these instances there is a lack of awareness of, or interest in, the experiences and needs of BME women who have suffered domestic violence. The responses by the councillors and doctors serve to ignore the severity of domestic violence and reinforce its occurrence. Such responses as these have been highlighted by feminist writers for decades now and challenged for their misogyny. It has been argued that for centuries, across contexts and cultures, VAW has been minimised, justified, denied and legitimised and that whilst considerable challenges to such traditional approaches have been mounted, forms of tolerance persist (Kelly and Lovett, 2005: 8). More recent works have shown that for BME women and in particular, women with no recourse to public funds, the abuse that they experience within the patriarchal structure of their communities is reinforced by state policies such as immigration rules (Anitha, 2010: 471).

The accounts by the two participants echo the grievances of the feminist movement against VAW. The tone and expression of the participants (which could not be recorded in the transcripts) further displayed their discontent with the male responses. Whilst neither of the participants openly claimed to

be feminist, their work, their discussions and their outrage at the examples they gave can fit quite comfortably within current feminist discourses around violence against women.

6.4b: Anti-Racism

The inclusion of this as a subsection explaining the political factors that can shape interpretation was based upon participants mentioning incidents that could be taken as evidence of racism in various forms. One participant explained how she felt that the negative image of 'Asian' as portrayed in the media affects certain agencies and their dealings with Asian women:

“Asian sometimes has negative connotations especially if you look at the media and I think that sometimes infiltrates into agencies” (Aisha, LBWR).

She offers more explanation of this by talking about her academic interests:

“I’m going off track here now, for my dissertation I’m looking at media and how the media covers the veil. So basically, how that’s become a negative whereas people didn’t take notice of it before, the veil, but all of a sudden it’s linked to terrorism. You know, it’s the subservience of women and you know, you’re oppressed if you wear a veil” (Aisha, LBWR).

Her short digression was not irrelevant as it displayed her understanding of racial constructions and how they can impact upon Asian women in quite negative ways. This is echoed by a number of writers. In writing about South Asian women, Puwar notes that they are pathologised as passive, ruthlessly oppressed creatures that must be saved by western discourses (Puwar, 2000: 132). Such views, coupled

with those that suggest that violence is 'a part of their culture' or that 'they can take care of it themselves' serve to further isolate BME women rather than help them escape such violence (see for example, Mullender, 1996; Burman and Chantler, 2005).

An organisation manager explains how a lack of attention to the different needs of BME women by other domestic violence agencies can cause problems:

"You're always on the periphery because the support is different, the service is different, the issues are different. So really you are always on the periphery, you're never really in the middle and involved" (Angie, LBWR).

Whilst this does not point to blatant racism it does suggest a form of exclusion of BME issues from wider, mainstream concerns. Such treatment of BME experiences has been documented elsewhere with writers suggesting that BME women are often ignored, it has also been argued that despite some progress, racism within the white women's movement is a real problem (Gupta, 2003: 17). The effects of this are quite damaging and it appears that participating organisations, in their provision of specialist support are working towards limiting the damage caused by exclusion and marginalisation elsewhere.

The clearest example of racist treatment of BME women come from an account of the horrific treatment of one woman by the police:

"Parveen: I remember a case where a woman was sat in a police station for hours and hours with her children while somebody came on duty that spoke the language. You know, she was sat there in the reception with her children which is ridiculous. I think she was there from morning

through 'til late and then when somebody came on duty and spoke the language they spoke to her. And she'd fled DV, turned up at the police station and had to sit there waiting for somebody.

Nadimah: You know, the children hadn't been fed. They didn't think about that.

Faridah: It's disgusting.

Parveen: Yeah. We asked her 'when did she leave home?' She left in the morning. 'What were you doing all that time?' She was sat waiting at the police station. They just left her sat there. When somebody comes and looks her colour and speaks her language they'll move her forward and speak to her" (YBWP).

The response of the police to this traumatised woman suggests institutionalised racism which is defined by Lord MacPherson as "the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin" (1999:28). Whilst there has been research that has shown that unsympathetic attitudes by the police are not necessarily reserved for BME women, the ordeal of the woman mentioned above can be seen within a context of multiple failures by the police to deliver adequate support and care to BME victims of domestic violence. The amount of research documenting similar scenarios is staggering. In her autobiography, *Circle of Light*, Kiranjit Alhuwalia details an incident that occurred to a woman she knew:

A woman I knew called the police when her husband had beaten her. But the police hadn't really wanted to get involved as it was a 'domestic'. The next time the husband gave his wife quite a thrashing and there were marks on her face. She called the police again and this time a policeman took the husband aside and said 'you want to beat your wife without getting caught, hit her on the head like this, so as not to leave any marks (Alhuwalia and Gupta, 1997: 106).

In the above example where the woman is left in the police station until an interpreter came on duty, her language based needs would have made her already traumatic experience all the more daunting. That she was left for so long with no attempt at communication by police officers to ensure that she was alright suggests that the police officers involved were indifferent to both her needs as a traumatised victim of violence and her needs because of language barriers. Rather than viewing her language barrier as an additional need for them to address, or her situation as important and warranting immediate attention, it appears that the police officers viewed her as an additional burden for them to deal with but chose to ignore. Such responses need to be seen in a context of both sexism and racism. When white women are the victims of domestic violence, negative attitudes are shaped by the assumption that *women* are the problem, when BME women are the victims the line changes to '*BME women are the problem*'.

In the research carried out in Manchester by Burman, Smailes and Chantler, they heard an African Caribbean woman describe how she approached a police station to request intervention around domestic violence and the police responded by checking if her partner had a criminal record and then sent her back home alone in the middle of the night (2004: 338). Such callous treatment of women supports claims that when women who are victims of domestic violence make demands of the state for protection, they are likely to confront the racism of the state in the form of indifference and even hostility (Patel, 2003: 63). This helps to explain why there is a general distrust of the police among South Asian women and a perception that the police do not do their job properly or are not helpful (Ng, 2010: 4).

Whilst previous research has highlighted examples of extreme and blatant forms of racism that require attention, this research hints at something far more subtle but no less problematic:

“That’s the problem I think, because not everybody’s got an understanding and not everyone is willing. It’s a lack of knowledge and a lack of, not wanting perhaps to understand and I think it’s more to do with ignorance. Yeah, perhaps there’s an element of racism in it as well, because they’re not from the same background as, you know, what they would have liked, but yeah, and I think it’s a lack of training as well” (Aisha, LBWR).

This lack of understanding and the ways in which it impact upon the responses to BME women could be as dangerous, if not more so, than more blatant forms of racism which are easier to expose and challenge. Having an understanding of the specific experiences and needs of BME women as well as an understanding of how ignorance and lack of attention to those specificities can affect BME women is perhaps the most important feature of BME specific support provision. In the following extract from the group interview participants explain why they feel they would be more suited to support women from various ethnic, religious and cultural backgrounds:

“Interviewer: What would [Indian Sikh and Pakistani Muslim women] have in common that would make it more suitable here than in a generic refuge?

[Numerous participants] Language.

Nadimah: It might not be the same but we understand each other.

Faridah: And the culture as well. We do understand a lot, like if it was an Indian Sikh woman, we’d understand the culture a lot better.

Parveen: And in terms of the barriers that they face in accessing the services, the disadvantage that we talk about that they start off with. They have that in common and that’s something that we can help with. We understand that they have those barriers” (YBWP).

6.4c: Human Rights

Human rights were not discussed in the interviews. However, the discussions in the interviews suggest that some of the human rights as set out in the 1948 Universal Declaration for Human Rights (UDHR) were denied for the women and children supported by the participants. Rather than offer an intensive discussion about 'human rights', what they are, their legal implications and what they mean to different people, this section simply considers the ways in which some of the responses to women and children can be seen to deny the human rights as set out in the UDHR. Article 1 states that all human beings are born free and equal in dignity and rights yet when participants explain situations that have arisen when women have had dealings with other agencies, this does not apply in equal measure to these women. Article 3 claims that everyone has the right to life, liberty and security of person whilst article 5 states no one should be subjected to torture or cruel, inhuman or degrading treatment or punishment and article 7 asserts that all are equal before the law and are entitled without any discrimination to equal protection of the law. It is these three sections of the UDHR that appear to be breached for BME women in the following scenarios recounted by participants. The example above, of the woman who was left traumatised and alone in the police station is but one example of how BME woman can be denied the human rights that the rest of us claim. Clearly, she was not treated as equal before the law, or given access to equal protection of the law without discrimination. It could also be argued that her treatment was cruel, inhuman and degrading. The complete disregard of one young boy's safety and emotional well being was relayed to me in a discussion in the group interview:

"Parveen: You know an incident happened regarding a child threatening to kill himself at school and school were aware of it and when you discussed it with the school they referred it back to you

Nazreen: Yeah, they said they had no concerns.

Interviewer: They had no concerns when a child was threatening to kill himself?

Nazreen: And neither did the health visitor. He's obviously crying for help.

Interviewer: Do schools and health visitors not have a legal duty there?

Parveen: Yeah. He threatened to kill himself and they said he was attention seeking.

Nazreen: They know his domestic background and he'd made these threats and you know, he's saying how he's going to do it" (YBWP).

As the encounter was relayed to me by participants it is not possible to make any substantiated claims as to why this young boy was treated in what appears to be a callous and dismissive way. However, it is clear that it was the participants that recognised the threat to his life and it was they who fought for his suicide threats to be taken seriously.

The UDHR also sets out in article 16 that the family is the natural and fundamental unit of society and is entitled to protection by society and the state. In article 25 subsection 1 it says everyone has the right to a standard of living adequate for the health and well being of himself and his family(sic). The following extract shows how this is denied to an immigrant woman who has suffered domestic violence and has no recourse to public funds:

"Social services told her to go back home. They said you've got no recourse here and you've left home so you've got no accommodation for your children, no money for your children. If you don't find somewhere tomorrow morning we will take the children off you and give them to the dad because he has" (Nadimah, YBWP).

Here not only are the rights set out in articles 16 and 25 ignored, so too is the safety and well being of the children because social services were willing to take the children from their mother and place them into the care of their father who was known to be violent.

The outrage displayed by the participants when recounting these incidents suggest that they are more aware and appreciative of the humanity of the women and children they support and therefore, more likely to address these situations in a more appropriate way than the other agencies that appear to be lacking significantly. Their interpretation of the needs of BME women who have suffered domestic violence take into account the human rights of these women that seem to be overlooked by police, social workers and health visitors and produces a quite different, and arguably more appropriate, response.

6.5 Organisational Influences on Interpretation

By 'organisational', I am referring to the policies, responsibilities and abilities of organisations to support BME women who have suffered domestic violence. These are often affected by politics. Much of the recent literature shows that the present political climate has had a profound, and quite devastating, effect on services for women in general, and more specifically, specialist services for BME women. The government cutbacks have resulted in the closure of many specialist services for BME women and responses to the cuts by local authorities has resulted in pressure on BME services to merge within more generic domestic violence organisations (Coy, Kelly and Foord, 2008). Whilst one participant felt that such an approach can work another speaks of the dangers of working within generic organisations. The participant from the generic organisation states:

“We are meeting a specific need for this section of the community but we’re not isolating them, it’s more about integrating as well” (Yasmin, LDVS).

This appears to be a valid point and if all the specific needs can be met then this would be ideal. However, the organisation manager of the specific refuge states:

“BME refuges, there’s a lot disappeared over the past 12 months or so since government cuts came in and a lot of specialist refuges are being pushed towards working with generic refuges and that really, it just dilutes the service so much” (Angie, LBWR).

Other writers have warned of the dangers inherent in such mergers particularly as the evidence suggests that BME issues are often marginalised in all sections of society (Mouj, 2008). For participants from the two specific organisations, that specific support was crucial, particularly for those women who had the very intensive needs that have been set out in previous chapters.

The cuts in funding do impact upon what specialist refuges can do and one participant claimed:

“Your challenges are that you haven’t got the available cash to do what you would like to do” (Angie, LBWR).

However, despite the challenges faced by specific organisations because of limited funds and cutbacks, both this study and others suggest that organisations that are designed to meet the specific needs of BME women who have suffered domestic violence have policies, responsibilities and abilities that are more suited to meeting those needs in meaningful ways.

Whilst policies and responsibilities could be analysed separately they are very intimately linked here because it is the policies of an organisation that determines the responsibilities of those within that organisation. Whilst there can often be incidents that can be interpreted as a blatant refusal to accept responsibility, such as the treatment of the woman by the police and the ignoring of the young boys threats to kill himself as mentioned earlier, what was more evident in this study were situations where there appeared to be a conflict between the policies and responsibilities of the participating refuges and those of other agencies and organisations. The clearest example of this is one participant's account of how the police had helped a woman escape violence and then continued to proceed with the case despite the woman desperately not wanting to go to court and testify:

“The police helped her escape from that situation and there was a pending court case but she did not want to testify against him and the police were quite unhappy that all that time had been invested and she wasn't going to testify against him. So I spoke to the police officer and I said look the reason why she doesn't want to testify against him is that her life will be unbearable basically because you have to understand that honour is such a big thing in her culture...After she'd made the decision not to testify the police took on the case. So they summoned her to court and said you have to testify” (Aisha, LBWR).

In this instance the police were responsible for the woman's immediate safety, and as the participant notes, they undertook their duty by helping her to escape the violence. The conflict arose because the police had a responsibility to ensure due process and legal justice and this did not take into account the woman's long term emotional well being which the participant explained would be at further risk if she testified against her husband after extreme pressure from both his and her families. Another participant

noted how this friction between the policies and responsibilities of the police and those of the support providers occurred on quite a regular basis:

“Yeah a lot of times the police are like, they’re not happy with the client’s decisions. So sometimes it’s going to court and proceedings and they don’t want to and they’re not happy with that” (Saraya, LBWR).

She then explains what her responsibility is:

“And the client, her needs are most important” (Saraya, LBWR).

It may be important here to return to the previous discussion around police response to women who have experienced domestic violence in the ‘anti-racist’ subsection. There it was noted that all women may experience hostility but the ways in which it is directed at BME women are different to the ways in which white women encounter it. Again, it has been recognised that women of all ethnicities may choose not to press charges, drop charges or be reluctant to take part in legal proceedings. Intimidation by perpetrators is not only experienced by BME women. However, again it needs to be understood within a context of both racism and sexism working together to mark victims as problematic. For white women, their gender is used as a sign of weakness and explanation for their ‘irrational’ refusal to cooperate with the criminal justice system whilst for BME women, it is their culture (rather than the interpretation of culture by abusive family and community members).

It is not only the emotional well being of women that are at risk when they testify against partners. Contrary to popular myth, ending a relationship does not always ensure that violence ends; it may in

fact place women at greater risk of serious and even fatal assault (Kelly, 1999: 37)). It has been argued that the criminal justice system alone cannot deal adequately with domestic violence (Radford and Gill, 2006: 370), and because of the attitudes and practices of some individuals and agencies within the criminal justice system from the police through to judges, the threat and incidence of violence is not reduced but intensified with fatal consequences for the women. The police, the Crown Prosecution Service and the courts still fail to take action against many men who pursue or harass partners – or take minor action which trivialises the offences and is consequently ineffective). The case of Blackpool nurse, Jane Clough, who was murdered by her ex-partner whilst he was on bail after being charged with attacking and raping her is but one example of women being drastically let down by agencies supposedly designed for their protection.

Another participant explains conflict between the policies of the refuge and those of social services:

“Part of our policy is no visitors to the refuge and social services often say ‘you don’t understand, this child’s on an interim care order’ and what we say is ‘Yeah but our policy states this and all this information was shared with you prior to us having this lady. I can give you photographs of the refuge, of her room’. And they’re like ‘how dare you?’ So our rules are nothing and we’re trying to make them understand, look we’re trying to protect very vulnerable women of a community where they could be identified and at risk of honour based violence and forced marriage” (Safina, LBWR).

Here, the participant’s account suggests that social services refuse to accept the policies of the refuge and the responsibility of staff for the safety of the families staying there.

Responsibilities towards immigrant women appear to be the most unclear and this is shaped by dominant discourses surrounding immigration at the moment. Whilst there has been some progress in this area with the implementation of the Sojourner's Project in 2007 to deal specifically with BME victims of domestic violence with no recourse to public funds there are still huge gaps and inconsistencies in provision for such women. Many writers have detailed the ways in which these women find themselves in very dangerous situations because of the reluctance of government and statutory bodies to take responsibility for their safety (Southall Black Sisters and Amnesty International, 2003). Participants in the group interview also highlighted problems they encountered because of a failure of others to take responsibility:

"The local authorities didn't use to touch these cases. They wouldn't go anywhere near them. They had no responsibility for them...We also had, years back, our own local authority basically saying 'refer her back to the area she came from, it's nothing to do with us'" (Parveen, YBWP).

"Parveen: Previously they used to return to that situation because they weren't getting that support. Single women used to have a problem with no recourse. I mean, we don't get single women so when we get referrals we can't accept them but we're still supposed to refer them on or try and secure the best possible support for them. So we used to get other refuges ringing us regarding single women with no recourse asking 'how do we support them?' I mean, this is prior to Sojourners.

Nadimah: Even now it's still quite difficult for single women, apart from Sojourner, I don't know anybody else who does and they prioritise" (YBWP).

“We used to get caught in the middle of all these arguments about which local authority was going to support...it’s the same with social services, if we took a woman from [nearby town] social services used to say ‘You contact [nearby town’s] social services and tell them they should fund her, it’s their responsibility’” (Parveen, YBWP).

The policies of certain organisations and the perceived responsibilities of persons within those organisations impact upon the ability to provide suitable support for women. The examples cited above show how the difference in policies and responsibilities impact upon support provision for BME women in quite negative ways. There are times when this also impacts upon the ability of specialist services:

“We had great problems with Supporting People around women with no recourse. This area won’t, this area’s Supporting People won’t put the Supporting People element into providing care for these women but the rest of the country does. We only found two others, this borough and another one that didn’t. So when I spoke to specialist refuges, when they got women in with no recourse to public funds their Supporting People department paid that element of it. But ours won’t. So we had a lot of problems, we were accused of being in breach of contract and we’ve had all sorts of problems with it. So not the best really” (Angie, LBWR).

However, despite these challenges, the ability of specialist services to meet the needs of BME women appears to exceed the ability of other agencies and organisations because of the different ways in which they interpret those needs and consider suitable responses. The strength of specialist organisations in responding to specific needs is perhaps most evident in relation to language barriers. Previous discussions have shown how this is one of the most prominent needs of the BME women supported by the participating services and cannot be effectively dealt with in English speaking organisations.

Measures that are put in place to deal with language barriers are not always enough to ensure that women who cannot speak or understand English are given adequate support. The use of language line by generic refuges is one example of how attempts to provide translation services do not necessarily mean women will then have equal access to services and support:

“So you’ve got a lady that you can’t communicate with, you’ve got somebody on the phone interpreting, so a three-way conversation. What we’ve found is interpretation doesn’t work when you want to emotionally support someone” (Angie: LBWR).

One other thing that stood out in relation to ability was the constraints (or lack of) that were in place because of where funding came from. One participant from the small specific refuge explains how the refuge is both willing and able to waive costs in certain situations:

“Sometimes they want to work but they can’t because of the service charge, so then they have to cover the housing benefit. Our committee has been really good in the past where somebody has wanted to work, we’ve actually waived quite a lot of money and they’ve only paid like a minimum amount. So even though we’ve had a cut in our housing benefit, we didn’t expect the lady to pay” (Aisha, LBWR).

The refuge has a large amount of reserve funds because one of the founding managers refused to take a wage for herself. This then allowed the refuge a comfort zone where the option to waive certain fees was available whilst it would not be possible in the other two organisations that relied on the funds from housing benefit. The grassroots approach of this particular refuge may also mean that it has the ability to survive for longer in the present climate of cuts and mergers.

6.6: Chapter Summary

The discussions in this chapter have focussed upon the ways in which participants have interpreted the needs of women and what they have perceived as gaps in, and failings by, other agencies that provide support and services to BME women. Their responses and the roles they undertake as specialist service providers are shaped in large part by these interpretations that are quite distinct from the interpretations and roles of generic organisations and domestic violence services.

Chapter 7

Research Summary and Concluding Comments

This study set out to question whether service provision for domestic violence needs to be sensitive to racial difference. The interviews with women who provide support to BME women who have experienced domestic violence suggest that the answer is 'yes'. The findings support previous research which highlights the very specific and complex needs that BME women may have including language difficulties (Chopra et al, 2007), barriers created by a lack of cultural awareness or sensitivity (Burman, Smailes and Chantler, 2004), and problems that arise in relation to immigration both in terms of the legal status of women (Anitha, 2010)) and the additional problems that arise such as loneliness and isolation (Wilson, 1978; Sanghera, 2007).

In addition to the above, further areas of concern were uncovered and explored. Whilst there has been previous work that has examined the role of the family within BME communities (Gupta, 2003) and which have documented and explored the culturally specific constructions of honour and shame (Patel, 2003; Sanghera, 2007), the discussions around the family in this study paint a very complex picture about what the family means to both the women who access support and the women who provide it. In chapter five, Saraya gives a detailed account about how she supported a woman with a young child by offering advice and guidance that may well have been provided by other women in the family under different circumstances. This example points to the ways in which support needs to be tailored around women's specific needs. In this instance, the woman in question needed support that was not available to her elsewhere.

Also in chapter five, there is a discussion around the support offered to women around children and parenting. Much of the literature around the family in relation to domestic violence in BME communities

focuses upon the construction of 'izzat' and the particular burdens placed upon women to uphold the family honour (Abraham, 1998; Chopra et al, 2007). An issue raised in the present study by a number of participants was the relationship between BME women's experiences of domestic violence and their experiences of motherhood. Project manager, Safina notes that because of their position in the extended family women may not have bonded with their children and when they do leave with the children guilt may impact upon their parenting approach through overcompensation. Another project worker, Aisha mentions how women may not understand the dangers of placing a pram in the road whilst waiting to cross. These two examples suggest that there is a need for intensive support in this area and further research would benefit this.

Other differences in family structure and dynamics are highlighted in discussions around the failure of certain agencies to recognise that these differences require different responses to women and their support needs in order to ensure that BME women receive services that address the problems associated with domestic violence and that are relevant to their individual lived experiences. Lack of attention to specific details may not only mean that women do not receive suitable support, it may also cause further harms. The discussions in chapter six that focus upon organisational responses to BME women offer examples of how a failure to pay attention to such details can cause women harm or intensify the hardships that they face because of domestic violence. Aisha's description of how the police forced one woman to testify against her partner despite the immense pressure placed upon her by both her own and her partner's families shows how despite their efforts to help her escape the physical danger, the actions of the police could potentially cause her further problems. Whilst it has to be acknowledged that any woman could face pressure or threats not to press charges or testify in court, the cultural understanding of honour needs to be considered along with the possibility that the danger may not only be from the violent partner, but also the extended family and wider community. Although

the failings of official agencies have been documented elsewhere (see, for example: Banga and Gill, 2008; Burman and Chantler, 2005; Chopra et al, 2007; Inam, 2003) and an in depth analysis of this was beyond the scope of this study. However there is, arguably, a case for promoting change and improvement in such agencies and organisations. Until this is achieved, it would appear that the availability of BME specific support is crucial in order to protect women from the additional harms caused by the failings of other services.

The research findings highlight a very complex relationship between commonality and difference and suggest that this relationship require intensive attention and analysis. It has been noted by various feminist writers that VAW occurs across all cultures (Hanmer, 2000; Sen, Humphreys and Kelly, 2003; Patel, 1997) and that women who experience such violence share similar experiences of oppression and inequality that arise specifically because of their gender. However, gender inequality is often lived and played out in culturally specific ways. The accounts of participants in this study do have experiences and support needs that are specific to them because of their position as BME women. However, rather than suggesting that BME women's experiences of domestic violence, and their support needs, are wholly specific or unique, the research findings suggest that there are a number of differences that require qualitatively different responses. 'Culture' plays a significant role in shaping both women's experiences of violence and their support needs. This is not to imply that culture affects only BME women but that it affects BME women *differently*. What can be drawn from this research is that the particular forms that violence takes and the impact that violence may have upon women's lives manifests in culturally specific ways.

This is explored in the discussions in chapter six where participants make very strong arguments about their suitability for providing support that is more appropriate and relevant to BME women than the

services offered by other agencies and refuges. What emerges in this chapter is a very strong belief from participants in the commonality and shared understanding between themselves and the women they support. It is this shared understanding that, they argue, qualifies BME specific organisations to provide the best possible support to BME women. Previous works have shown that BME women often do value these services over others (Banga and Gill, 2008; Thiara and Roy, 2010) supporting the claims of participants. However, it is very important to be aware of the differences between BME women. Whilst this research was concerned with BME specific services, and the organisations that took part identified as such, many of the issues raised in the interviews related specifically to South Asian women. In the discussion around language, Aisha does point out that her organisation would possibly fail a woman from the Somali community because it would not be able to deal with her specific needs. Whilst this study does provide a useful explanation of services that identify as BME specific and presents a strong argument supporting their existence, it is important to recognise the dangers of conflating 'South Asian' with 'BME'. Some of the discussions that appear in this study examine the ways in which 'South Asian' or 'BME' as categories cannot be assumed to be uniform. A further direction for this particular research would be a critical analysis of the theoretical discourses around difference and identity paying particular attention to the risks of constructing categories of 'woman' in a certain ways whilst questioning the effectiveness of such discourses when dealing with the very real experiences of BME women who require support for domestic violence.

Overall, this research strongly supports the case for the existence and continuance of BME specific organisations because of their ability to attend to the specific needs of BME women as well as their willingness to consider the very difficult and uncomfortable questions that arise when supporting women who fall outside of dominant understandings of what being a woman means. Whilst participants claim they are best placed to offer support to BME women, they also make many references to the

difficulties associated with the differences between women. Although there are dangers of constructing or maintaining an essential BME or South Asian woman, the very fact that the participants are aware of the difficulties and dangers makes a huge difference in the delivery of provision.

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Appendix 1: Participating Organisations and Interviewees

Organisation 1: Lancashire Domestic Violence Service (LDVS)

Date service began:

1994. Specific BME service launched in October 2010.

Number of bed spaces:

15. Refuge is accessible to all women regardless of ethnic background.

Main source of income:

City Council, County Council, Supporting People, BBC Children in Need, Big Lottery Fund, Henry Smith Charity.

Main funding for the BME service is from the Big Lottery Fund. The organisation has a fund where donations are used specifically for women with no recourse to public funds.

Nature of support:

The specific service for BME women is offered within a much larger, generic organisation for victims of domestic violence. Specific provision includes support for victims of forced marriage and honour based violence and immigration issues.

Languages spoken (other than English)

Gujurati, Punjabi and Urdu

Background:

The first refuge was opened in 1994. The organisation started its outreach service in 1995. It also began providing domestic violence training. The second refuge was opened in 1996 and the helpline was set up in 1997. A part time bilingual helpline and outreach worker was employed in 2002 and by 2003 all services became available in Gujurati, Punjabi and Urdu as well as English.

The organisation has always supported victims of Domestic violence from the BME community but in 2010 a service specifically for BME victims of domestic violence was launched.

Funding:

The main organisation obtains monies from various funders such as the city and county councils, the local Supporting People project, the Big Lottery fund and BBC's Children in Need. Other funds are obtained via charitable donations and fundraising activities carried out by the organisation. Some funds obtained are restricted to specific services within the organisation and there is a fund that is used exclusively for women with no recourse to public funds.

The BME service is primarily funded by the Big Lottery Fund and at the time of the interview, this source of income was guaranteed for a further two years. Money can also be obtained via the Sojourners project for women with insecure immigration status.

Nature of Provision:

The organisation offers refuge accommodation, a drop in centre, helpline and outreach service. The project designed to support BME victims is situated within this. It is an outreach service for BME victims of domestic violence and also offers support for victims of Forced Marriage and honour based violence, including female genital mutilation. It is focussed on moving women towards independent living and there is an emphasis on integration and inclusion.

Support is offered in various languages and specific services are provided for BME women including culturally specific activities such as Indian cooking and Henna painting. There are also coffee mornings and other groups designed specifically for BME women.

Advice and information is also offered regarding immigration and the casework is undertaken for domestic violence applications for indefinite leave to remain in the UK. Women with no recourse to public funds can access both the refuge and other services.

Size and management:

The organisation is a relatively large service for victims of domestic violence. It is referred to as a domestic violence service rather than a refuge and offers a refuge service, outreach service, children's service, helpline and drop in centre. It also offers floating support for victims in their own homes and those who have been re-housed from the refuge.

The refuge accommodation consists of 15 self contained flats. This accommodation is open to all women who have suffered domestic violence. The organisation offers support to anyone who has been a victim of domestic violence and this includes men. Rather than offering a separate specialist service to BME victims the organisation tries to address the specific needs of BME victims within the more generic services with a focus on integration and inclusion.

There are both paid and voluntary workers and each year the organisation takes students from the local university on work placements. The organisation does work with a large number of other organisations and agencies and does a lot of public awareness-raising within the local community. There is a wide range of literature for the general public and women who may need to access services including book marks, drinks mats, helpline cards and information leaflets; these are available in a range of languages.

Anyone needing access to the services can refer themselves or they can also be referred by other agencies. The organisation works closely with other agencies involved in the support of victims of domestic violence, such as the police, social services, housing and benefits agencies.

Staff taking part in this study:

Yasmin: BME outreach worker.

Organisation 2: Lancashire BME Women's Refuge (LBWR)**Date service began:**

2003

No. of bed spaces:

12

Main Sources of income:

Supporting People, Housing Benefit

Nature of Support:

Refuge accommodation and outreach support for BME women.

Languages spoken:

Punjabi, Urdu and Gujarati.

Background:

The refuge has been in existence since 2003. It was initially set up by two white women who were married to Asian men. These women found that quite a lot of Asian women in the community were coming to them for help and advice. The position of these two women meant that they understood the issues faced by Asian women but their white faces led the women seeking support to feel secure that their disclosures would not be leaked into the community.

The set up of the refuge was very quiet as there was some opposition, especially by some male Asian councillors who, as explained to me by one of the current managers of the refuge, claimed that the refuge was splitting families up. At the time there was no funding for a specialist service in the area and everything was done a purely voluntary basis.

The women acquired a house with four bedrooms via the social landlord office and had some help from the local community cohesion team. All the furniture was donated and all the work voluntary.

In 2005 the refuge gained charitable status. The refuge, which could take up to four women at a time, received £40 per week for each woman but this was not enough to keep the place running. The refuge survived because the women continued to beg and borrow. It was eventually noted by someone at the social landlord office that the refuge, which was set up as a hostel, did not receive the same amount of money as other hostels. The refuge was registered with the Charities Commission and the local Supporting People did an assessment of the refuge. It was awarded a Supporting People element for four bed spaces. This was supplemented with housing benefit

Back dated money from Housing Benefit allowed the organisation to employ somebody in a paid capacity and there was another review from Supporting People who encouraged the organisation to take on another two properties raising the four bed spaces to twelve.

Funding:

Funding for the refuge comes primarily from the Supporting People project. It had initially paid for nine of the twelve supported elements and is supplemented by individual women claiming housing benefit. Prior to December 2010, Supporting People paid 95% of a refuge workers salary to support nine women. Massive cuts mean that now only 60% of a project workers salary is paid to support just 7 women. At the time of the interviews (September 2011), the refuge had not yet received a new contract from Supporting People but had been just recently informed that funding would continue until March 2012 but the manager did not know what would happen beyond this date.

Whilst Supporting People projects across the country will provide funding for women with no recourse to public funds it is not provided in this town. The implementation of the government pilot scheme, the Sojourners Project means that the refuge can obtain some funding to support women with no recourse. Money can also be obtained from social services for women with no recourse if there are children involved.

The refuge does have a reasonable level of reserves as one of the women who initially set up the charity and ran it refused to take any salary for herself. The reserves mean that if all other funding disappeared the refuge would be able to continue for a further 12 months.

Nature of Provision:

The service offers refuge accommodation and outreach support to BME women who have suffered or are at risk of domestic violence.

It is located in a large town in the North West of England that is home to quite a large concentration of people from the South Asian – and in particular, Pakistani Muslim – community. The majority of women who access the service are Pakistani Muslim women. Other women who access the service are from Indian and Bangladeshi backgrounds and either Hindu or Sikh. Many of the women were born and raised abroad. They can speak little or no English and have a poor understanding of the systems and organisations in this country.

The support provided to women is very intense and culturally focussed. All project workers are women from the South Asian community who have understanding of the cultural issues faced by the women who access the refuge. They are all bilingual and able to offer support to women in Punjabi, Urdu and Gujarati.

Once the women have been given safe accommodation they are then offered practical help and support with benefits, accessing medical services, education and employment, legal matters and support with children including schooling. The support is designed to help women towards independent living away from harm and the threat of harm.

The refuge offers private bedrooms and communal living areas. The organisation claims that “experience shows this helps residents to settle into their new surroundings without feeling isolated as,

for many, extended family living is the norm". Separate utensils are supplied to cater for culturally specific diets.

The safe living space provided to women is coupled with a holistic and individualised support plan that usually begins with a very high level of support and advocacy but gradually moves women towards independence.

Size and management:

The refuge is made up of three properties with four bedrooms. It can cater for up to twelve women. Rooms are rented from a local church for the offices and outreach activities. There is a small staff body consisting of an organisation manager, a project manager, four project workers and an outreach worker. It is a small organisation that runs independently of other local housing and women's organisations.

The organisation does work with other agencies within the community and relies upon these for referrals. Safety means that the organisation is very low key and ties with the wider Asian community in the area are minimal.

Staff taking part in this study:

Angie: Organisation manager

Safina: Project manager

Aisha: Project worker

Saraya: Project worker

Organisation 3: Yorkshire Black Women's Project (YBWP)

Date Service Began:

1999

No. Of bed spaces:

25 in refuge, 8 in dispersal units (can house up to forty children).

Main Source of Income:

Supporting people and housing benefit.

Nature of Support:

Refuge accommodation for BME women who have children

Languages spoken:

Punjabi and Urdu

Background:

The refuge began in 1999. It was set up as part of a local housing association for the BME community in the area.

Funding:

Funding comes primarily from the local Supporting People project and is supplemented by housing benefit. This funding is for both the women and their children. Monies from Supporting People cannot be used for women with no recourse to public funds. Funding for women with no recourse can be obtained from the government pilot scheme, the Sojourner Project. However, the local authority has but a cap on the number of women with no recourse that the refuge can take: they can only take a quarter of their overall intake. The refuge undertakes its own fundraising activities for the children's services.

Nature of provision:

The service offers refuge accommodation and dispersed housing for women who require support in moving on. As well as secure housing, a range of services are offered including advice and support for benefits, housing and education, emotional support, advocacy, interpretation, legal support regarding welfare rights, marriage and immigration and outreach and resettlement support.

Size and Management:

The refuge is managed within a local housing authority that has a specialist role in providing housing and services to the cities BME community. As well as providing general housing for the BME community, it also offers a sheltered housing scheme for over 55's and a supported housing service for women who are fleeing domestic violence. About 200 women are referred to the service each year.

The refuge offers accommodation in the refuge and in dispersed housing. The refuge consists of 3x4 bedroom units, 3x3 bedroom units and 2x2 bedroom units. The units are all within one building and have their own kitchen and bathroom areas. The lounge, laundry room and garden are communal. The building is staffed 24 hours a day and is protected by a high tech security system. There are 8 properties in the dispersal scheme.

All units are large enough to accommodate women with children and this particular service caters only for women who have children. There is another BME refuge in the area that caters for women who do not have children. As well as refuge staff, there are also dedicated childcare workers who offer regular play sessions for children in a purpose built play room on site. Childcare workers concentrate on the emotional, social and personal development of children and the service recognises that children have particular needs independent of their mothers. Family session and parenting advice for mothers are also offered.

The service is offered to women who identify as BME or dual heritage or who have children of dual heritage. They need to be at risk of homelessness because of domestic violence and opt to be in a BME rather than mainstream service. There is also an age restriction for male children.

Women can refer themselves or be referred via another agency.

Staff taking part in this study:

Parveen: Project worker

Nadimah: Project worker

Faridah: Project worker

Benazir: Project worker

Nazreen: Children's worker

Amina: Children's work

Appendix 2: Interview Templates

Interview One: Refuge/Support Workers

Section 1: General Refuge Information

1. Can you tell me what you do on a daily basis – perhaps give me an example of a typical day?
2. How do women come into the refuge/service?
 - a) Are they local women?
 - b) What needs do they have upon arrival/contact?
 - c) What specific groups are they from?
3. Can you talk me through the process women go through from arrival/contact to moving on?
 - a) How varied can this process be?
 - b) What other services are available to women?

Section 2: Providing Specialised Support

1. What is the specific support that you provide?
 - a) Is this support in response to a lack in mainstream services?
 - b) Do you consider this support necessary – why?
2. Do the women you support have varying needs?
 - a) What are these needs?
 - b) How do you address them?
3. How did you come into this line of work?

Section 3: Training and Development

1. Do you think that it is essential for you to have a solid understanding of the different needs of and issues faced by the women you provide support to?
 - a) Are you taught to deal with the various issues – how?
2. What support is available to you (informal/formal; internal/external)?
3. Is there anything that you would find helpful that is not in place at the minute?

Section 4: Challenges

1. Do you face any particular problems or challenges when providing specialist support?
 - a) Is it always helpful to use terms such as BME or ‘Asian women’?
 - b) When does it help and when does it cause problems?
2. How easy or difficult is it to meet the varying needs of women?
 - a) Are there tensions between women?
 - b) Do certain groups of women need or receive more attention?
 - c) Do individual women have conflicting needs?
3. How do you address these problems and challenges?

Section 5: External Influences

Which agencies/groups/individuals do you work with when providing support – can you describe the relationship (necessary/reliant/supportive)?

Interview Two: Managers/Admin Staff

Section 1: Background

1. When and how did the refuge/service come into being?
2. What specialist support do you provide and why?
3. Do you think this support is necessary?
4. How did you come into this line of work?
5. Do you think that this refuge/service faces specific problems or challenges because of the specialised services – how do you address them?

Section 2: Understanding and Training

1. Do you think it is important for those who work in the refuge/service to have a solid understanding of the varying needs of, and issues faced by, the women who use the refuge?
2. Are there training opportunities available to women who work in the refuge/service?
3. Is there any other support available for women who work in the refuge/service?
4. Are there any training or education programmes available for others, such as women who access refuge or domestic violence services or other agencies involved in support providing?
5. Is there anything that you would find useful that is not in place?

Section 3: Funding

1. Where does funding come from – do you get specific funds for providing specialist support for BME women?
2. How easy or difficult is it to obtain funding because of, or for, services for BME women?
 - a) Do some needs or services receive more attention/funding than others?
3. Are you able to obtain sustainable funding?
 - a) Where does this come from (if any)?
 - b) How far ahead are you able to plan?
4. How much does it cost to run the refuge/provide the service?
5. Can you give examples of specific problems or challenges that arise because of a lack of funding – how do you address these?

Section 4: National and Government Policy

1. It appears that a major problem that arises for migrant women is in relation to the '2 year rule' – do you come into contact with women with no recourse to public funds?
 - a) Are you able to offer support or services specifically for their needs?
 - b) Is it possible to receive any funding or external help?

2. Are there any other ways in which government policy shapes your work?
3. What about when government policy changes, such as when the race and gender equality duties came into being, do they affect your work and how do you respond to the changes?
4. Now that we have had a change in government do you anticipate any challenges?

Section 5: External Influences

Do you have to work closely with:

- a. The Police
 - b. Social Services
 - c. Religious Groups
 - d. Women's Groups
 - e. Local Councils
 - f. Health Services
 - g. Other areas of the Criminal Justice System?
- Can you tell me how you work with [Above Groups]
 - Does [Above Group] influence the support you provide? (Example: do referrals come from police, can religious or women's groups offer additional support to the women you help).
 - Are there any other agencies or groups that you work with? [repeat previous two questions]

Group Interview

Section A: general refuge/service work.

- 1) Can you talk me through a typical day?
- 2) How do women access the service?
- 3) What needs do they have when they arrive?
- 4) Can you talk me through the process you go through from when a woman arrives right through until she moves on?

Section B: specific needs and support.

- 1) Do you think that specialist support is needed?
- 2) What does this service provide that more generic services do, or can, not?
- 3) FGM, HBV and forced marriage are considered to be 'culturally specific' forms of VAW – can you tell me what your thoughts are on these issues?
- 4) Can you talk me through the specific challenges that occur with women who have no recourse to public funds?

Section C: 'difference'

- 1) What groups are the women who access the service from in terms of age, ethnicity, religion, social class and nationality?
- 2) Do different women require different levels of support?
- 3) Do you think it is useful to use terms such as BME, Asian or minority women?
- 4) Is it possible to meet the varying needs of women?

Section D: training and support.

- 1) Do you think it is important to have a solid understanding of the various experiences and needs that women have?
- 2) Are you taught to deal with the various issues?
- 3) What problems or challenges do you face in your role?
- 4) Is there support available to you?

Section E: external agencies.

- 1) Do you have to work closely with other agencies or organisations?
- 2) Do any stand out as being particularly helpful or problematic?
- 3) Do you think that external agencies or generic services for women who have suffered domestic violence understand or are attentive to the specific needs and challenges faced by BME women?
- 4) Is racism an issue (whether individual or institutional) when providing support to women who have suffered domestic violence?

Finally:

Is there anything at all that you would like to add that you think is important?

Appendix 3: Participant Information / Consent Form

You are being asked to take part in a research study as a part of a PhD that is being carried out by Tara Styles at the University of Central Lancashire. Please take the time to read through the following information carefully before completing the consent form. Feel free to discuss anything with others and/or use the contact details at the end if you are unsure of anything or require further information.

Participation:

You will be invited to take part in an interview lasting approximately one hour at a convenient location (telephone interviews can be conducted if preferred). Interviews will be recorded with your consent but recordings will be kept locked away without any identifying material and destroyed or returned to you at the earliest possible time.

You can refuse to answer any of the questions in the interview and will be invited to take as active a role as you wish all throughout the research process. Participating refugees will each be offered a summary of findings and/or a copy of the final thesis.

Confidentiality:

All data will be treated with the strictest confidence and will be seen by no one but myself until any identifying information has been removed. Names will not be kept on any paperwork accrued during interviews and will be replaced by numbers to ensure that only the participant and myself can identify individual transcripts. Where participants agree to an interview being recorded, recordings will be destroyed or deleted as soon as the data has been transferred to anonymised written scripts.

Withdrawal:

Your participation in this study is entirely voluntary and you are free to withdraw at any stage without reason or explanation. I also have a responsibility to ensure that all participants are safe and will suggest that participants withdraw from the study if I feel that anyone is experiencing undue harm. You will also be able to request that any information that you have provided be deleted at any stage, even if you wish to continue to take part. If you do withdraw, all data relating to you will be destroyed or returned to you at your request.

Consent:

I have read the above information and am willing to take part in this study. I understand what is being asked of me and am aware that I can withdraw my consent at any time.

Name (printed) _____

Signature _____ Date _____

