

**An Intersectional Analysis of the role of Cultural  
Beliefs, Norms and Practices, Help-seeking and  
Support in Nigerian women's accounts of Sexual  
Abuse and Violence.**

**by**

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A thesis submitted in partial fulfilment for the requirements for the degree of  
Doctor of Philosophy at the University of Central Lancashire

June 2020

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## ABSTRACT

Despite the growing number of studies into violence against black, minority ethnic (BME) women in the UK, the literature has focused mainly on the experiences of South Asian women in the UK, and to a limited extent, African and Caribbean women. Only one study (Femi-Ajao, 2018), primarily focused on Nigerian women's experiences of intimate partner violence and abuse. As the UK population is becoming increasingly diverse, to inform policies and intervention strategies research into violence against women needs to include other BME groups. To contribute to this knowledge gap, this study aimed to: 1. explore if, and how, cultural beliefs, norms and practices might contribute to sexual abuse and violence against Nigerian women living in the UK and, 2. examine their experiences of support.

To address the aims of this study, in-depth narrative interviews were conducted with twelve women of Nigerian origin, living in the UK. The women were aged between 27 to 46 and all had experienced sexual abuse and violence. Women's accounts were first analysed thematically then three case studies were selected for a more in-depth analysis using the listening guide method of narrative data analysis. This thesis was guided by feminist theoretical perspectives, placing gender and power at the centre of the explanatory framework to understanding of VAW. Drawing upon black feminist epistemologies, the concept of intersectionality was applied to explore the broader contextual factors that influenced women's lived experiences of violence. The originality of this study not only lies in its findings but in the critical discussion of findings under the four domains of power relations proposed by Collins and Bilge (2016), structural, cultural, disciplinary and interpersonal.

*Cultural beliefs, norms and practices:* Analysis revealed that structural power relations in some religious settings underlie the practice of "*spiritual baths*", which is a possible risk factor for the perpetration of child sexual abuse (CSA). Rape myths resulting from the intersection of gender and power could apply across the life course and may influence Nigerian mothers' intervention in intrafamilial CSA.

The practice of bride price could diminish women's sexual and reproductive rights in a way that justifies the perpetration of sexual abuse and violence. The accompanying practice of libation posed a barrier to some women's ability to leave abusive relationships or even move onto other relationships after separation. Analysis further revealed that women who have undergone the practice of FGM could be more likely to experience rejections and a breakdown of intimate relationships.

*Barriers to help-seeking:* This study found that the concept of 'family and community betrayal' proposed in this study are significant factors in Nigerian women's inability to seek help for their experiences of sexual abuse and violence. It was found that Nigerian women who are claiming asylum in the UK on the grounds of sexual abuse and violence experience discrimination resulting from the intersection of gender, race, class and the structural forces within the Home Offices' processes. Recurrent themes in women's narratives reveal that the intersection of patriarchal gendered role socialisation and the isolation resulting from their immigration status posed a barrier to help-seeking.

*Support:* Also, as an original contribution to knowledge, two models were proposed. First, a feminist-intersectional model for understanding how Nigerian women might experience sexual abuse and violence in the UK and second, an intersectional model for support. Overall, the findings of this research illustrate the importance of using a feminist-intersectional framework in the explanation of VAW and argue that support provisions take cognisance of the need for intervention to be holistic, flexible, long-term and easily accessible.

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## **ACKNOWLEDGEMENTS**

The PhD journey is filled with 'ups and downs' and in many ways lonely, but it is intellectually rewarding. My unending thanks to the Almighty God whose unfailing Love and Faithfulness has seen me through successfully. My appreciations also go to several people who helped and supported me through this journey.

Many thanks to my supervisors Professor Lorraine Radford and Professor Khatidja Chantler. I am incredibly privileged to have worked under your supervision. Your wealth of knowledge and expertise have indeed made this thesis a reality. Your excellent supervision over these five years, reflected through your consistency in providing me with critical comments, direction and guidance undoubtedly enhanced the quality of my study. My gratitude also goes to Shelley Briggs for her useful insights and contributions towards helping me improve my work.

I would like to thank Dr Christine Barter for providing useful comments for my final chapter, also alleviating some of my anxieties by overseeing and dealing with UCLan procedures to ensure my thesis is submitted in a timely manner. I wish to thank Dr John Wainwright for his support as my research degree tutor.

My deep gratitude to my family, my dear husband, Dr Sunday Ajayi who has been very understanding and supportive in every way. To my beloved sons, Daniel, David and Darren, you have given me the motivation to push through even when I was mentally down. Also, to my dear sister Kelcy and brother, Darlington, you both are the best. Not forgetting my church family, TRM, for your care and encouragement this past five years. I am so glad to have you all in my life.

Lastly, I would like to thank all the women who participated in this study. I am grateful for their openness in sharing their stories with me. They told their stories with the hope that things would be better for Nigerian women and other BME women who experience sexual abuse and violence. I hope this study would contribute towards this agenda.

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## **INTRODUCTION**

This is a qualitative study of sexual abuse and violence as experienced by women of Nigerian origin living in the UK. It focuses on women's experiences of childhood sexual abuse, sexual abuse and violence by intimate partners and non-partners and sexual violence from cultural practices such as female genital mutilation (FGM). Twelve women of Nigerian origin, aged between 27 to 46 who had experienced sexual abuse and violence participated in the study, ten of whom were recruited through organisations that work directly with black, minority ethnic (BME) women, including refugees and asylum seekers, while the rest were recruited through the researcher's direct contacts. In-depth narrative interviews were conducted with the women with the following aims: (1) to explore if and how cultural beliefs, norms and practices might contribute to the sexual abuse and violence of Nigerian women living in the UK; and (2) to examine women's experiences of support in the UK.

The guiding research questions underpinning these broad aims were:

1. How do women of Nigerian origin in the UK construct their experiences of sexual abuse and violence?
2. What are the barriers to help-seeking and how do women experience support in the UK?

### **Definition of terms used in this study**

According to the United Nations Declaration on the Elimination of Violence against Women (1993, article 1), the term 'violence against women' (VAW) means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. VAW is often conceptualised to be a result of unequal power relations between men and women in which women are usually the victims, leading the United Nations and other international organisations to recognise it as a form of 'gender-based violence' (GBV) (Committee on the Elimination of Discrimination against Women CEDAW, 1992; World Health Organisation WHO, 2005). Accordingly, article 2 of the United Nations (1993) states that VAW encompasses but is not limited to the following:

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

This definition of VAW provided by the United Nations (1993) encompasses different forms of gender-based violence (GBV) in different spaces: interpersonal, community and state, although in practice and within the research domain, there are inconsistencies in the terms used to describe VAW. These inconsistencies may also determine the analysis and findings of a particular research study (McHugh et al., 2005). The majority of publications identified in the literature adopted the terms domestic violence (DV) and intimate partner violence (IPV) within the context of their studies. Other terms such as ‘family violence’, ‘domestic abuse’, ‘spouse abuse’, ‘spouse violence’, ‘partner abuse’, ‘marital violence’, ‘women battering’, ‘sexual violence’, ‘rape’, ‘sexual assaults’, ‘wife abuse’, ‘wife beating’ and ‘wife assault’ have also increasingly featured in studies and in particular, the Nigeria Demographic and Health Survey (NDHS). While these terms have been used in different research studies, for the purposes of this thesis, when referring to women’s experiences of violence in general, the terms, violence against women (VAW) and gender-based violence (GBV) will be used interchangeably. Nonetheless, when directly citing and describing previous works using various terms identified above, such terms will also be used.

In 2012, a new cross-government definition of domestic violence and abuse was published by the UK government which recognises victims of domestic violence and abuse who are aged over 16 (Home Office, 2012). It defines domestic violence and abuse as:

“any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial and emotional”. (Home Office, 2012, p.19)

Whilst these definitions have included the terms ‘sexual abuse’ and ‘sexual violence’, and are relevant for this current study, I have nonetheless based my working definition on the definition of sexual violence offered by WHO (2002). According to WHO (2002), sexual violence is ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work’ (p.150). The definition was further expanded to include a wide range of sexually violent acts which can take place in different circumstances and settings including forced marriage, FGM and armed conflict:

“rape within marriage or dating relationships, rape by strangers, systematic rape during armed conflict, unwanted sexual advances or sexual harassment, including demanding sex in return for favours, sexual abuse of mentally or physically disabled people, sexual abuse of children, forced marriage or cohabitation, including the marriage of children, denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases, forced abortion, violent acts against the sexual integrity of women, including female genital mutilation and obligatory inspections for virginity, forced prostitution and trafficking of people for the purpose of sexual exploitation”. (WHO, 2002, p. 150)

This definition is all encompassing and aligns with this study because it distinguishes types of sexual abuse and violence and identifies sexual abuse of children, sexual abuse and violence perpetrated in marriage and other intimate relationships, including those perpetrated by non-partners and sexual violence from cultural practices such as female genital mutilation (FGM) as separate categories. Therefore, in describing or referring to different forms of sexual violence acts, the broader term ‘sexual abuse and violence’ will be used in this study.

## **Culture**

There are a number of definitions of culture provided in the literature, however, this thesis will adopt the definition of culture by Ember, Ember and Peregrine (2002). According to these authors, culture is defined as 'a set of learned behaviours, beliefs, attitudes and ideals that are characteristic of a particular society or population' (p. 217). This set of shared and socially transmitted ideas about the world are passed down from generation to generation through the process of socialisation (D'Andrade and Strauss, 1992; Koltko-Rivera, 2004). Therefore, it is assumed that people within the same cultural group know the same unwritten rules (Koltko-Rivera, 2004). These rules may be used as a tool 'for perceiving, interpreting, expressing, and responding to the social realities around them' (Lederach, 1995, p.9).

The notion of culture as 'static, fixed, objective, consensual and uniformly shared by all members of a group' (Wikan, 1999, p. 62) has been criticized. Cultural theorists have pointed out the dangers of essentialist representations of culture. As Narayan (1998) argues, cultural essentialism assumes and constructs sharp binaries between 'Western culture' and 'Non-western cultures' or between 'Western culture' and particular 'Other cultures' (p. 87). Other scholars argue that the essentialisation of culture reifies it, in a way that can make it oppressive for those who are negatively affected by it (Barry, 2013; Parekh, 2002; Phillips, 2009). Women's accounts in this study support this view and reflect the fact that essentialist representations of culture may operate in ways that not only justify experiences of sexual abuse and violence but can influence women's help-seeking strategies.

The non-essentialist view of culture argues for culture to be seen as a construct in which its identity is in constant flux, reviewed and revised continuously based on interactions with group members or members of other groups (Baumann, 1999; Modood, 2013). Thus, implying that women of Nigerian origin in the UK will be inevitably influenced by the norms and values they encounter in the UK, which would shape their cultural orientations in a way that they may 'redefine, renegotiate and reconstruct' what culture means to them (Fonner, 1997, p. 963). As it will be shown, this fluidity of cultural norms and values were explicit in women's accounts of sexual abuse and violence in this study as they challenged



certain aspects of cultural beliefs, norms and practices whilst holding onto others (Kibria, 1993). It therefore follows that although 'new' cultures and meanings are formed, and ideologies and patterns of behaviour develop amongst women in response to conditions and circumstances they encounter in the UK (Fonner, 1997), cultural beliefs, norms and practices from country of origin cannot be overlooked (Modood, 1998).

### ***Norms, Beliefs and Practices***

According to Heise and Manji (2016), 'a norm is a social construct which exists as a collectively shared belief about what others do (what is typical) and what is expected of what others do within the group (what is appropriate)' (p.2). Often unspoken, these rules or expectations of behaviour within a cultural or social group, termed a 'reference group', shape mutual expectations of appropriate behaviours and are generally maintained by social approval and/or disapproval (WHO, 2009; Marcus and Harper, 2014; Heise and Manji, 2016, p.2). Because norms reflect values shared among a particular set of people, they are interdependent (Mackie et al., 2012; The World Bank Group, 2019). This recognises that people conform to group expectations out of the human need for social approval and belonging (Heise and Manji, 2016).

Beliefs on the other hand, are held individually and are perceptions about reality and the physical world that may or may not be true (WHO, 2009; Heise and Manji, 2016). Heise and Manji (2016) conceptualise beliefs as social and non-social beliefs. They argue that social beliefs can be interdependent and are a property of a group, whereas non-social beliefs are the property of individuals. Although it is generally considered that cultural and social norms do not necessarily correspond with an individual's beliefs, however, they may influence beliefs if norms become internalized (WHO, 2009). Whilst norms can protect against violence, on the other hand, they can also support and encourage the use of violence (WHO, 2009). Heise and Manji (2016) assert that most practices are held in place by a mix of structural, social, and individual level factors, thus, suggesting that social/cultural norms and beliefs may play a role in perpetuating harmful practices, especially practices affecting women and girls.

Although not all forms of harmful practices affecting women and girls are as a result of specific social or cultural norms, it is argued that all forms of violence against women and girls (VAWG) are sustained by gender norms that influence gender inequality and unequal power relations (Alexander-Scott, Bell and Holden, 2016). Similarly, feminist analyses argue that gender norms are used to sustain patriarchal ideologies that influence gender inequalities, in turn reproducing underlying gendered power relations (Keleher and Franklin, 2008; Watson, 2012). To this end, much literature and research on gender equality increasingly focus on identifying and shifting norms that encourage and maintain unequal gender relations that promote VAW in every society (Connell and Messerschmidt, 2005; WHO, 2009). A detailed consideration of this literature and research is beyond the scope and focus of this section. However, this current thesis highlights and discusses some cultural beliefs, norms and practices that might influence the experiences of sexual abuse and violence of Nigerian women living in the UK.

### **Thesis Structure**

To address the key aims of this research, this thesis takes the form of nine chapters. Chapter one provides the context for this study. It begins by positioning violence against women (VAW) as a serious issue that cannot be overlooked. Chapter one goes on to provide the rationale for conducting this study, pointing to the increasingly diverse nature of the UK population. This is followed by a discussion on policies, legislation and initiatives aimed at tackling VAW in the UK. In discussing these policies, legislation and initiatives, I acknowledge that although they indicate a national commitment to combating VAW, its implementation is constrained for BME women in the UK. This chapter also delineates the theoretical and conceptual framework of this thesis. Despite many theoretical and conceptual frameworks used in understanding VAW, feminist theory has traditionally been recognised as a foundation for understanding VAW by feminist scholars (Heise, 1998). Accordingly, I discuss feminist theory, highlighting its relevance in understanding VAW in every society including Nigeria. Because feminist theory may not be sufficient in understanding Nigerian women's experiences of violence in the UK, this chapter discusses intersectionality as a useful conceptual framework for exploring how different

axes of disadvantage intersect to co-construct women's experiences of sexual abuse and violence in the UK.

Chapter two compiles and analyses the emerging literature pertinent to this study. The literature emerging from Nigeria and diasporic countries are considered, and despite the difference in location of women's experiences of violence, similarities in the factors contributing to women's experiences of violence are identified. These include beliefs associated with the notion of male superiority and domination, the religious expectations of wifely submission, gender discrimination and the unequal power relations associated with the practice of bride price. Thus, suggesting that violence against women of Nigerian origin is a consequence of systems of domination that structurally and interpersonally place women in a subordinate position. Chapter two goes on to examine the themes that emerged in studies conducted in the UK on BME women's experiences of violence, arguing that apart from drawing on feminist perspectives in understanding BME women's experiences of violence, engaging in an intersectional analysis is necessary because additional factors inherent in women's new environment could influence their experiences of violence and ability to seek help. In doing so, I highlight the novel contribution of this thesis to violence against BME women's theoretical and empirical literatures as it is the first to bring cultural and structural factors together using an intersectional lens to provide an in-depth analysis of how they may contribute to Nigerian women's experiences of sexual abuse and violence in the UK.

Chapter three presents the methodological approach employed in this thesis. This thesis adopts a black feminist approach to studying Nigerian women's experiences of sexual abuse and violence. Narrative method of inquiry is discussed, while demonstrating that narrative inquiry not only aligns with feminist-intersectional framework but fits women's mode of making sense of their experiences of violence. The chapter then concludes with a discussion on reflexivity. Chapter four draws heavily on the overarching feminist methodological framework to conducting research discussed in chapter three and describes the method and analytical strategy adopted in this study. First, the recruitment methods are set out, along with reflexively discussing the researcher's insider/outsider status. An overview of participants is provided before discussing

the narrative interview guide and the process of conducting narrative interviews with participants. The ethical dilemmas encountered which included issues relating to gaining informed consent and confidentiality, the shifting nature of power-relations in the research process, the practice of minimising harm on both the participant and the researcher, and the crisis of representations are discussed in turn. In the process, acknowledging that the ethical issues encountered in feminist research practice are difficult to anticipate. Chapter four also gives a detailed discussion of the process of data analysis: thematic analysis (Braun and Clarke, 2006) and the listening guide (LG) (Brown and Gilligan, 1993). In so doing, I argue that in a qualitative study like mine, the employment of more than one approach helps one gain a broader spectrum of meanings of the experiences studied (Tuval-Mashaich, 2014). Therefore, whilst thematic analysis allowed for the identification, description and analysis of the data in rich detail (Braun and Clarke, 2006), the LG as a feminist method, provides a way of systematically attending to the many voices embedded in women's experiences of sexual abuse and violence (Gilligan et al., 2003). The chapter concludes with a discussion on quality and rigour.

Chapter five presents an overview of the women that participated in this study in relation to their demographic characteristics, the perpetrators and women's immigration status. In keeping with narrative principles, the chapter also provides a short-form narrative introduction to all 12 women. It further contextualises women's lives by describing their relationships at the time of study, while suggesting that these relationships; motherhood, friends and friendship groups may have a positive impact on women's ability to cope with their experiences of sexual abuse and violence, and in some cases, the uncertainties involved in the asylum process. This chapter goes on to explore the nature of sexual abuse and violence experienced by women using a feminist-intersectional lens. This analytical frame allowed for the illumination of the similarities in factors contributing to women's experiences of sexual abuse and violence in Nigeria, and in the UK. Chapter five concludes by first, presenting a discussion on the possible link between Nigerian women's experiences of sexual abuse and violence and asylum seeking in the UK. Secondly, their experiences of seeking asylum on the grounds of sexual abuse and violence, thus, adding to a very limited literature on

the asylum-seeking experiences of BME women whose primary grounds for seeking asylum is sexual abuse and violence.

Chapter six identifies and discusses those cultural beliefs, norms and practices that may have influenced women's experiences of sexual abuse and violence under the following themes: male privilege, gendered roles and expectations, religious beliefs and practices, rape myths, bride price and female genital mutilation (FGM). Drawing on feminist perspectives, evidence from this chapter suggests that these cultural beliefs, norms and practices are grounded in patriarchal ideologies which exert male dominance, female subordination and unequal gender relations. Thus, cumulating into gender inequality and violence against Nigerian women.

Chapter seven explores barriers to help seeking and women's experiences of support in the UK. First, it discusses the barriers of help-seeking following themes that emerged from the thematic analysis: Age, threats, isolation and lack of social support, lack of access to information, financial dependence and immigration status. An intersectional lens is posited to be key to understanding the different contextual, familial and structural factors unique to the women in this study and how they interacted to shape women's delay in help seeking and their inability to access much needed support. The chapter goes on to examine the nature of support women accessed by analysing women's experiences of formal and informal support: emotional, medical and practical support. Support groups which featured in women's narratives of emotional and practical support was considered to play a major role in helping women cope with their experiences of sexual abuse and violence and the uncertainties inherent in the asylum processes. Based on these findings and the good practices exemplified by the various support groups, a support model is developed and recommended in chapter nine.

Chapter eight sought to gain a broader and a more in-depth understanding of women's experiences of sexual abuse and violence by adopting a second method of data analysis, the voice-centred relational or the listening guide (LG) method of narrative analysis (Brown and Gilligan, 1992; 1993). Three case studies containing women's narratives of childhood sexual abuse (CSA), Intimate partner

sexual abuse and violence (IPSA/V) and female genital mutilation (FGM) were analysed using the LG method. The LG has traditionally been considered as addressing the concern of women's voices not being adequately represented or heard in research studies (Gilligan et al., 2003). Accordingly, embedded in the analysis, this chapter acknowledges the ways in which the LG distinguishes itself from the thematic analysis through its identification of voices or multiple subjective standpoints (Hartsock, 1987), and those voices which conflict with another within a relational landscape.

Chapter nine, the final chapter, begins with a summary of the aims and findings of this thesis. Findings are then situated within a feminist-intersectional perspective and discussed under the four domains of power proposed by Collins and Bilge (2016). Next, I adopt a feminist-intersectional framework to develop a model for understanding how Nigerian women in the UK may experience sexual abuse and violence, including barriers to help-seeking. Also based on an intersectional framework, I propose a model for providing a culturally competent support for Nigerian women in the UK who experience violence. This chapter also considers the practice and policy implications of the research findings and the methodological implications of using the listening guide in analyzing narrative data (Brown and Gilligan, 1992; 1993). The chapter ends with a discussion of the limitations of this study and directions for future research.

## **CHAPTER ONE: STUDY BACKGROUND**

### **1.1. Introduction:**

This chapter provides the context for this qualitative study which explores if and how cultural beliefs, norms and practices might contribute to the sexual abuse and violence of Nigerian women living in the UK and their experiences of support. It starts by presenting an overview of violence against women (VAW) in the UK. This is followed by a discussion of policies, legislation and initiatives aimed at tackling VAW in the UK. A discussion of feminist theory and intersectionality are also presented to position this study within a theoretical and conceptual framework.

### **1.2. Overview of violence against women in the UK:**

VAW is a serious worldwide problem. WHO (2017) estimates that globally 1 in 3 women will experience different forms of violence perpetrated by an intimate partner and/or a non-partner. It highlights the severe negative consequences of violence with regards to women's physical, mental, sexual, and reproductive health. The gendered nature of violence is also supported by large scale studies conducted in the UK. For example, the 2018 Crime Survey for England and Wales (CSEW) estimates that 4.8 million women and 2.2 million men aged 16 to 59 years had experienced domestic abuse since the age of 16. The study also estimates that 1.3 million women and 695,000 men experienced domestic abuse in the last year. Women were four times as likely as men to have experienced sexual assault by a partner in the past year (0.4% compared with 0.1%) and nine times as likely to have experienced it since the age of 16 years (6.3% compared with 0.7%) (Office for National Statistics [ONS], 2018). Similarly, figures from the Home Office Data Hub (HODH) show that in the year ending March 2017, females were victims in 88% of rape offences recorded by the police, with the remaining 12% being males (HODH, 2017). Findings from an EU-wide study based on interviews with 42,000 women across the 28 Member States of the European Union (EU) further support the view that VAW is a major problem that cannot be overlooked. The survey reveals that one in 10 women have experienced some form of sexual violence since the age of 15, and one in 20 had been raped. Just over one in five women has experienced physical and/or sexual violence from either a current or previous partner, and just over one in 10 women

said that they have experienced some form of sexual violence by an adult before they were 15 years old (FRA-European Union Agency for Fundamental Rights, 2014).

While domestic violence affects large numbers of women in the UK, it remains a challenge to document the estimated number of women from black minority ethnic (BME) background who are affected. Although the CSEW reports little variation in the prevalence of domestic violence by ethnicity (Walby and Allen, 2004), it is also known that while large population-based studies like the CSEW and HODH may appear to have advantages in terms of statistical precision, they are however limited in comprehensively addressing levels and nature of violence experienced by BME women compared to small scale studies (Fontes, 2004). It may be that samples are not large enough to properly investigate differences for the different ethnicities. Another challenge in documenting the estimated number of BME women who are affected by violence is possibly related to factors such as language barriers, cultural and other structural factors which may inhibit disclosure of violence by BME women, especially to the police (Shaw, 2002; Taket, 2004). Therefore, it is likely that they would be undercounted in official reports as well as in household surveys.

Although there are a growing number of studies documenting the pattern, nature and impacts of violence against BME women, including barriers to help-seeking and women's experiences of support in the UK (e.g., Chantler et al., 2001; Batsleer et al., 2002; Boyle and Todd, 2003; Gill, 2004; Anitha, 2008; 2010; 2011; Thiara and Roy, 2010; Thiara and Gill, 2012; Kanyeredzi, 2018), a review of the literature (Chapter two) reveals gaps in our understanding. This is because most studies examined violence against women from South Asian communities (Sendall and Westmarland, 2010), with a very limited number focusing on women from African and Caribbean heritage. Only one study (Femi-Ajao, 2018) focused on Nigerian women's experiences of intimate partner violence and abuse. In consequence, we know relatively little about how Nigerian women experience gender-based violence, particularly, sexual violence in the UK. In addition, little is known about which support approaches are most beneficial for them. This raises a central issue for practitioners in the health and social care fields and other community-based programmes who support ethnic minority women who



are or have been victims of violence. In this regard, the need to move beyond fear and lack of knowledge to providing a culturally competent intervention has been of great interest within these fields. Studies indicate that even when violence is identified, practitioners seem to 'walk on eggshells' when it comes to responding to VAW for fear of being seen as racist. Chantler et al. (2001) have termed this 'race anxiety' (p.32). This current study critically engages with these issues by examining if and how cultural beliefs, norms and practices contribute to Nigerian women's experiences of sexual abuse and violence in order to contribute to understanding of VAW of Nigerian origin. In examining women's experiences of support in the UK, this study highlights what culturally competent support means for the women in this study and indeed other BME women who may experience violence.

The increasingly diverse nature of the UK population makes it imperative to prioritize research into violence against women of other BME groups. According to the Office for National Statistics (ONS) report, *Ethnicity and National Identity in England and Wales* (2011), England and Wales have become more ethnically diverse in the last three decades, with rising numbers of people identifying as belonging to minority ethnic groups in 2011 compared to the previous three decades. For example, the data reported 191,183 Nigerian-born residents in England and Wales with the Nigerian community recorded as one of the largest and most rapidly growing African communities in the UK (Communities and Local Government, 2009). This overall increase in the growth of BME populations implies cultural diversification, which may also open up new patterns of violence which are dissimilar to those experienced by the majority group (Smeaton, 2013), e.g., the evidence pointing to the link between Oath-taking rituals, sexual abuse and violence and trafficking (AFRUCA, 2009). Therefore, expanding research to include women from other BME backgrounds is important not only for understanding the experiences of BME women survivors in the UK, but also to enhance existing theories that influence service provision (Ahmed et al., 2009). This study serves this purpose and findings should not only be useful in extending our understanding of BME women's experiences of violence, but the support model developed in chapter nine could be adapted by practitioners in helping them offer a culturally competent support.

### **1.3. Legislation, policies, and initiatives in tackling VAW in the UK:**

Tackling VAW is a key priority for the UK government. The most recent strategy on tackling VAW was published by the Home Office in March 2016 as, *'Ending Violence Against Women and Girls Strategy (VAWG) 2016-2020'*. This strategy works within a framework that is based on prevention, provision of services, partnership working and pursuing perpetrators. According to the report, preventative work will not only rely on national campaigns, but will involve working with partners to educate young people about healthy relationships and challenge social norms, attitudes and behaviours that discriminate against women and girls across all communities. With regards to the provision of services, £80 million has been dedicated to deliver a secure future for rape support centres, refuges, FGM and Forced Marriage Units. The clear emphasis on partnership working includes the provision of guidance and examples of good practice that would help to drive forward effective multi-agency arrangements. The initiative also seeks to ensure a more targeted approach to tackling offenders by building the capability of the police and prosecutors to identify these crimes and bring forward prosecutions.

Very much aligned with this strategy on tackling VAWG is the introduction of the new Domestic Abuse Bill. The government ran a 12-week consultation, *'Transforming the Response to Domestic Abuse'* (2019) in which nine measures requiring primary legislation were identified and has now been taken forward in a draft Domestic Abuse Bill. These nine measures encompass the following: the need for a statutory definition for domestic abuse (DA); establishing the office of Domestic Abuse commissioner; a new Domestic Abuse Protection Notice and Order (DAPN and DAPO); an effective court processes avoiding unnecessary cross examination; special measures offered to victims of domestic abuse in court; subjecting DA offenders to polygraph testing following release from custody; upgrading the guidance on the Domestic Violence Disclosure Scheme to a statutory level; local authorities ensuring that those who have a secure lifetime tenancy and by reason of DA requires a new one, are granted a secure lifetime tenancy; and the recommendation that the government extend the jurisdiction of the criminal courts in England and Wales to violent and sexual offences.

Other initiatives include the Domestic Violence Disclosure Scheme (DVDS), also known as Clare’s Law named after Clare Wood killed by her partner who had a history of violence against women. It aims to give victims more protection against abuse and allow any member of the public the right to ask the police if their partner may pose a risk to them. Although there are no specific criminal offences of VAW, perpetrators are however prosecuted under other offences under key legislation aimed at tackling VAW. These legislative provisions encompass broader work on GBV and are relevant to the experiences of women from BME communities, examples of which are shown in the table below.

Table 1.3: Summary of the current legislative provisions to tackle VAWG in the UK

<b>Relevant Legislation</b>	<b>Provisions</b>
<b>Female Genital Mutilation Act 2003</b>	<ul style="list-style-type: none"> <li>• makes it a criminal offence to practice FGM in the UK</li> <li>• includes a penalty of up to 14 years in prison and, or, a fine.</li> <li>• makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country</li> <li>• makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad</li> <li>• include FGM Protection Orders and an FGM mandatory reporting duty.</li> </ul>
<b>Family Law Act 1996 (as amended by Part 1 of the Domestic Violence Crime and Victims Act 2004)</b>	<ul style="list-style-type: none"> <li>• consists of non-molestation and occupation orders</li> <li>• non-molestation orders aim to protect applicants from future violence.</li> <li>• an occupation order is an order to remove occupants (the abusers) from their homes, allowing victims to remain in their homes.</li> </ul>
<b>Forced Marriage (Civil Protection) Act 2007</b>	<ul style="list-style-type: none"> <li>• created the possibility for the court to issue Forced Marriage Protection Orders (FMPO) to prevent the forced marriage from taking place.</li> </ul>
<b>The Crime and Security Act (CSA 2010)</b>	<ul style="list-style-type: none"> <li>• Sections 24-33 of the Act introduces the Domestic Violence Protection Orders (DVPOs) and Domestic Violence Protection Notices (DVPNs).</li> </ul>

<b>Protection of Freedoms Act 2012</b>	<ul style="list-style-type: none"> <li>creates two new offences to cover stalking involving fear of violence or serious alarm and distress</li> </ul>
<b>Anti-social Behaviour, Crime and Policing Act 2014</b>	<ul style="list-style-type: none"> <li>criminalises forcing someone to marry against their will</li> <li>criminalises the luring of a person to a territory of a state for the purpose of forcing them to enter into marriage</li> <li>makes it an offence to use deception with the intention of causing another person to leave the UK for the intention of forcing that person to marry</li> <li>criminalises the breach of a Forced Marriage Protection Order</li> </ul>
<b>Serious Crime Act 2015</b>	<ul style="list-style-type: none"> <li>captures coercive or controlling behaviour in an intimate or family relationship and makes it a domestic abuse offence</li> </ul>

While these current policies, legislation and initiatives indicate a national commitment to protect women from violence, including the recognition of such as a public issue rather than private (Burman and Chantler, 2005), its implementation is constrained for some BME women requiring support for their experiences of violence. It has been argued that existing policies and legislation does not consider the diversity of BME women's experiences as they navigate abusive relationships (Burman and Chantler, 2005; Anitha, 2008). In the '*Ending Violence against Women and Girls Strategy 2016-2020*' document, the government pledged £80 million in funding to help vital services and frontline work such as refuges and rape crisis centres, however, current legislation, namely immigration and asylum legislation, poses a barrier to women with insecure immigration status who require protection and vital services to escape abusive situations (Burman et al., 2004). This means that such women are not only excluded from accessing vital services but reinforces the institutional neglect and marginalization of these vulnerable women (Burman and Chantler, 2005; Graca, 2017). It is claimed that women affected by domestic abuse can access support under the Destitute Domestic Violence (DDV) concession, which grants women three months leave with access to public funds. However, the DDV concession

only applies to those who have previously been granted leave to enter or remain as the spouse, civil partner, unmarried or same-sex partner of either a British citizen or a settled person. It also requires that women apply for an indefinite leave to remain within three months (Home Office, 2018), thus, excluding those who are asylum seekers or refused asylum seekers. In the recently published revised Domestic Abuse Guidance, the Home Office extends funding for support to include asylum seekers receiving accommodation and financial support from the Home Office or who might be eligible for such support (Home Office, 2019). Although, this aligns in many ways with the Istanbul Convention, however, although the convention does not question existing migration and asylum policies, it nevertheless recognises that migrant women, e.g., those who have been refused asylum are particularly vulnerable to gender-based violence and asks states to take into account the specific needs of these women.

#### **1.4. Theoretical and Conceptual Framework:**

VAW is a complex and multi-faceted phenomenon, occurring within a social context that is influenced by gender norms, unequal social relations and interpersonal relationships (Testa, Livingston and VanZile-Tamsen, 2011). Consequently, there are a number of theoretical and conceptual frameworks developed with the aim of understanding VAW and providing more effective prevention and intervention strategies (Yllö, 2005). Feminist theory, along with intersectionality are employed in this thesis to critically explore if and how cultural beliefs, norms and practices might contribute to the sexual abuse and violence of Nigerian women living in the UK (see chapters 5-8).

##### ***Feminist theory***

Feminist theories for understanding VAW have been long standing. hooks (1997) provides a clear understanding of feminism, as she writes: 'feminism is the struggle to end sexist oppression. Its aim is not to benefit solely any specific group of women, any particular race or class of women. It does not privilege women over men. It has the power to transform in a meaningful way all our lives' (p. 26). Feminism was developed through movements, expressed and identified through 'waves' of activism which led to significant progress in tackling different socioeconomic issues prevalent at specific times which affected women (Sarikas et al., 2009). Some feminists trace the first 'wave' feminism in Europe and the US

as rooted in the women's suffrage movements during the late 19th and early 20th century which campaigned for equalities in social conditions and long-term change for women (Lown, 1995). Second 'wave' focused on 'expanding the agenda of legal recognition into women's equality in work, pay, welfare and control over their body. It also focused on access to childcare and abortion, eradication of violence against women and the general extension of full human rights for women' (Dicker and Piepmeier, 2003, p. 9). Under this 'wave' diverse strands of feminisms known as liberal, radical and Marxist feminism (Whelehan, 1995), among others were developed, which deploy a variety of discourses such as 'inequality', 'discrimination', 'oppression' and 'subordination' to characterize the nature of disadvantage on women (Lister, 2005). Despite the third 'wave' emerging in the 1980s as a criticism of the second 'wave' by black feminists for not including or representing the voices of women of low income, women of colour and non-heterosexual women (Carby, 1982; Amos and Parmar, 1984), there is an assertion that all feminists have a common political goal (hooks, 1989) which seeks changes in the social, economic, political or cultural in order to combat discrimination against women (Lister, 2005).

Feminist theory rests heavily on the concept of patriarchy (Dobash and Dobash, 1979) and the social institutions which help to maintain it (Jasinski, 2001). According to Beechey (1979), the concept of patriarchy has a variety of different meanings. Hunnicutt (2009) defines patriarchy as 'systems of male domination and female subordination' (p. 553). It can also be conceptualised as male power over women (Hartmann, 1979) and sexual hierarchy, embedded in the gendered roles of women in the society (Eisenstein, 1979). Marxist feminism further argues that this subordination of women could be related to different and unique structural disadvantages faced by women in a society. Thus, implying that the oppression of women can manifest in a variety of ways in different societies. Therefore, a feminist analysis of VAW conceptualizes violence as a critical component of the system of male power (Yllö, 2005) grounded in interactions within a male dominated society (Bograd, 1988). Because feminist theory permits a deeper understanding of the reality of men's power within a cultural context and its effect on women as speakers, knowers and actors of their experiences (Brown and Gilligan, 1993), it is 'becoming a dominant model for explaining violence

against women' (Gelles, 1993, p.41) and also at the forefront for understanding sexual violence (Collins, 1986).

Feminists argue that structural inequalities support women's experiences of violence at a personal level (Brownmiller, 1975; Dobash and Dobash, 1979; Yllö and Bograd, 1988). Also, Yodanis's (2004) study using data from the International Crime Victims Survey (ICVS) and UN official statistics to examine the relationship between societal-level measures of gender inequality and rates of VAW within societies suggests that structures of gender inequality are associated with a culture of VAW. As applied to sexual abuse and violence of Nigerian women, feminist theory would suggest that this form of abuse and violence is as a result of male dominance and female subordination. In Nigeria for example, the existing patriarchal system is believed to have penetrated every level of the society, including politics, government policies, the family structure, religious settings, economic spheres and education (Salaam, 2003; Kalunta-Crumpton, 2017). Patriarchy is also believed to work in ways that confine some Nigerian women to second-class citizens and to roles pertaining to domestic spheres, further encouraging their economic dependence on men (Kalunta-Crumpton, 2017).

Feminist explanations of VAW also focus on beliefs, norms, and values about the status and roles of women in a society (Dobash and Dobash, 1979). As Sen et al. (2007) argue: 'norms are vital determinants of social stratification as they reflect and reproduce relations that empower some groups of people with material resources, authority, and entitlements while marginalizing and subordinating others in every society' (p.28). In different societies, discriminatory practices associated with gender norms are promoted and expressed through different mechanisms, such as discriminatory laws, policies, unequal access to political and economic power, socially constructed norms of masculinity and femininity, and gender roles and stereotypes (Braunstein, 2015). In Nigeria, such norms are promoted by agents of socialization, for example, family, schools, religious institutions, and the media (The Nigeria NGO Coalition Shadow Report to the CEDAW Committee, 2008). Gendered roles and expectations, for example, have been argued to be the reason for the acceptance of discrimination and general tolerance of gender-based violence in the Nigerian society (Uwe et al., 2007; Asagba, 2014; Fakunmoju et al., 2016; Sardinha and Catala'n, 2018). Violence

in marriage stemming from the inequality resulting in the practice of bride price, is another case in point (Jasinski, 2001). According to Yllö (2005), this type of violence is not just a conflict of individual interest, but deeply gendered due to the unequal power relations such practices support.

As a member of the United Nations, Nigeria ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 1979 in 1985 along with the Optional Protocol to CEDAW in 2004. This means that Nigeria has a legal obligation not to permit nor perform acts which contradict the treaties, nor can it undermine the fulfilment of the rights engraved in the treaties (Eze-Anaba, 2007). However, studies show that gender inequality and violence are still widespread in Nigeria (Gage et al., 2017; Benebo, Schumann and Vaezghasemi, 2018). Adegoke and David (2007) point out that beliefs which support the idea that men are superior to women have gained dominance within the Nigerian legal system. Nigeria operates the triple legal system constituting of the customary, sharia and the statutory law (The World Bank Group, 2019). Whilst in principle the statutory law should take precedence over the other laws, this is not the case. Para-Mallam (2006), asserts that in practice, attitudes towards women and legal responses towards violence experienced by women are based on customary and Sharia Laws. Thus, as Ibadapo-Obe (2005) claims 'human rights are flavoured by the culture within which it is to be invoked...the perception of human rights is conditioned in space and time by a combination of historical, political, economic, social, cultural and religious factors' (p. 262). This means that while VAW is a violation of fundamental human rights, which the Nigerian Constitution is against, there are still provisions that make it legal to engage in VAW. For example, the Sharia law permits a man to use violence on his wife for the purposes of correction if he does not inflict grievous body harm that causes her to be hospitalised for up to 21 days (Para-Mallam, 2006).

In addition, the Sharia's penal codes' treatment of rape is a clear example of gender and sexual inequality in the implementation of the law (Pereira and Jibrin Ibrahim, 2010). According to Bazza (2009) if a man denies under oath that he has had sexual relations with a woman, this is often considered sufficient proof of his innocence. To disprove this, a woman may have to provide four independent and reputable eyewitnesses to declare that she did not consent to



sexual relations (Para-Mallam, 2006). Although this may be the case, it is possible that prosecution may also be driven by other social and contextual factors rather than laws, therefore, focusing on law alone would largely be ineffective. For example, compared to Nigeria, the UK sexual offences law is more advanced, however, it continues to report a decline in the number of sexual offences cases prosecuted. Only 1.7 per cent of sexual offences resulted in charge or summons in 2019 compared to 3.8 per cent in the year 2018, down from 5.6 per cent in the previous year (Dearden, 2019).

Therefore, as well as the burden of proof necessary for conviction, the social stigma sexual violence brings may account for the reason why it largely goes unreported especially in the northern regions of Nigeria (Pereira and Jibrin Ibrahim, 2010). Overall, this aligns with feminist explanations which argue that when men dominate family, political, economic, and other social institutions both in number and in power, the policies and practices of these institutions are likely to embody, reproduce, and legitimate male domination over women (MacKinnon, 1989; Yodanis, 2004). Given this view, women who may be tolerant of violence are also likely to be operating within the restricted context of prejudices and stereotypes of their male dominated society (Eze-Anaba, 2007). Thus, it could be argued that macro structural factors can influence individual thoughts and actions (Yllo, 2005) in a way that allows VAW to be subtly or overtly condoned and encouraged (MacKinnon, 1979; Walby, 1990), and unlikely to be punished or stopped.

### ***Intersectionality***

Although feminist theory remains the foundation for understanding VAW of Nigerian origin, and as Heise (1998) contends, it is a necessary lens without which any other analytic lens is flawed, it may not be sufficient for understanding VAW of Nigerian origin living in the UK. Therefore, apart from acknowledging the role of gender and power in influencing VAW of Nigerian origin, it is important to recognize that women of Nigerian origin living in the UK are also faced with different axes of disadvantage that differentiates their experiences of violence from other women in the UK, be it 'black' or 'white'. Based on this view, this thesis aligns with Crenshaw's (1993) assertion as she states:

“although violence is a common issue among women, such violence usually occurs within a specific context that often varies considerably depending on the race, class and other social characteristics of the woman... these characteristics can be better understood and addressed through a framework that links them to broader structures of subordination which intersects sometimes in fairly predictable ways”. (Crenshaw, 1993, p. 15)

Intersectionality has its roots in the work of black feminist scholar-activists across different disciplines following the second ‘wave’ feminist movement (Clegg, 2016). Although black feminism has long articulated the need to theorise the difference in women’s experiences (e.g. Combahee River Collective, 1977), Crenshaw (1989, p. 153) introduced the term ‘intersectionality’ to address the fact that the experiences and struggles of women of colour did not receive enough attention by feminist theory or by anti-racist politics. She asserts that feminist theory does not speak to the experiences of women of colour, instead, the experiences of middle-class, educated, white women are used to implicitly reflect those of black women. To illustrate this point, she references Sojourner Truth’s famous words ‘Ain’t I a Woman?’ spoken in a speech delivered at the Women’s Convention in Akron, Ohio, in May 29, 1851 to highlight how black women’s experiences are ‘qualitatively different from that of white women’ (Crenshaw, 1991, p. 1245). In the same vein, Crenshaw (1989) critiqued anti-racist politics for concealing black women’s experiences of racism and sexism under that experienced by black men. She argued that both feminist theory and anti-racist discourse addressed black women’s experiences using frameworks that recognised gender and race as separate systems of oppression. Consequently, only issues raised by either sexism or racism were tackled, but not issues raised by the intersection of the two. This, she claims provided a partial and distorted view of the experiences of black women. She argues that ‘because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular way black women are subordinated’ (1989, p.140).

Crenshaw (1989) urged scholars to refrain from categorising struggles as ‘singular issues’ (p. 167). Thus, to show how women’s social identities interact to shape the multiple dimensions of their experiences, gender is not to be analysed without including other axes of social identities, most notably race

(Davis, 2008; Shields, 2008). Furthermore, Crenshaw (1989) argues that intersectionality is not only about multiple identities, but it is also about the structures that make certain identities more vulnerable to discrimination than others. In a similar vein Brah and Phoenix (2004) assert that it involves 'deconstructing categories, unmasking universalism, and exploring the dynamics and contradictory workings of power' (p. 82). Indeed, intersectionality not only offers a way of exploring and understanding how gender, class, race and other social identities interact to produce dynamics of power relations (Cho, Crenshaw and McCall, 2013), it illuminates how these relations of power are transformed within women's lives and experiences (Carby, 1982). This further supports the claim that, 'intersectionality is primarily concerned with the way things work rather than who people are' (Chun, Lipsitz and Shin, 2013, p. 923). Thus, an intersectional framework offers a broader and a more in-depth approach to understanding the complexities posed by the intersections of different social identities and structural power relations, and how they influence the multiplicity of lived experiences.

This study aims to explore the experiences of Nigerian women living in the UK who have experienced sexual abuse and violence. It also seeks to understand their experiences of support in the UK. Therefore, it will not only locate women's narratives of sexual abuse and violence within structures of patriarchy and heteronormativity (Jackson, 2003), but will illuminate the multi-layered forms of disadvantage and domination that co-construct their experiences of sexual abuse and violence in the UK (Hancock, 2007). As Oxman-Martinez et al. (2002) suggest, violence against women is not a 'monolithic phenomenon', thus, requires a framework that counters the idea that violence affects all women in the same way, falsely assuming that gender is the primary or single factor in determining violence. Hankivsky and Cormier (2009) note that an intersectional-type analysis positions power and its role in creating and perpetuating personal and social structures of discrimination and oppression central. Therefore, my analyses will be based on the 'four distinctive, yet interconnected domains of power' proposed by Collins and Bilge (2016). These are 'structural, cultural, disciplinary and interpersonal' (p.7). These four domains of power provide opportunity for using intersectionality as an analytic tool to better understand

Nigerian women's experiences of sexual abuse and violence, barriers to help seeking and experiences of support in the UK.

Crenshaw (1991) argues that where systems of race, gender and class domination converge, there are structural factors black women confront which interact with their pre-existing vulnerabilities to create another dimension of disempowerment. Exploring the dynamics of structural intersectionality, arguably, will produce a deeper understanding of how gender, race and social status interact to influence women's experiences of sexual abuse and violence, limit their ability to access support or leave abusive situations. The cultural domain allows for the sharing of meaning and the construction of ideas about gender through the ways in which gender is represented in macro narratives (Smith, 2013). This framework would allow for the analysis of how ideas about gender and practices that discriminate against women, place women at a disadvantage whilst competing within social structures and environmental contexts of male domination.

The disciplinary domain of power examines unwritten rules or norms of everyday life that tend to reinforce existing power relations (Smith, 2013). This study will examine how these rules and norms which work to disadvantage women are embedded in the narratives of the women under study and how they influence the choices and decisions they make. Within the interpersonal domain of power, this study will examine how the women under study interact with gendered conditions and the actions of people who occupy these structures. Further exploring how such conditions maintain relations of domination and subordination.

In sum, intersectionality as an analytic tool, will illuminate key ideas of social inequality, relationality, power, social context, complexity and social justice within women's narratives of sexual abuse and violence (Collins and Bilge, 2016).

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1. Introduction:**

This chapter provides a detailed consideration of literature in relation to this research study which aims to examine if and how cultural beliefs, norms and practices might contribute to the sexual abuse and violence against Nigerian women living in the UK and secondly, to explore women's experiences of support in the UK. The review will be structured under the following research questions:

1. How prevalent is violence against women in Nigeria?
2. What are those cultural beliefs, norms and practices that might contribute to violence against Nigerian women?
3. How do women of Nigerian origin experience violence in diasporic countries?
4. What are the key themes that have emerged from research on black and minority ethnic women's experiences of domestic and sexual violence in the UK?

### **2.2. Search Strategy:**

The literature review involved the search for English language peer-reviewed papers cited in Discovery, Academic Search Complete, Social Science Abstract plus, Scopus, Google Scholar and reports from international and local NGOs and UN agencies websites. Search terms are shown in appendix A.

### **2.3. An overview of the prevalence of violence against women in Nigeria:**

The Nigeria Demographic Health Survey (NDHS) seems to be the most consistent and reliable source of nation-wide data on violence against women in Nigeria. Benebo, Schumann and Vaezghasemi (2018) and Gage et al. (2017) analysed data from the NDHS (2013) and reported prevalence rates of 23.6% and 23% respectively amongst the 20,802 ever-partnered women aged 15-49 years surveyed. Emotional violence was reported to have the highest frequency compared to physical and sexual violence in both studies. This compares with the findings reported in Nwabunike and Tenkorang's (2017) study using data from the NDHS (2008). While this study used a smaller sample of married women (9,759) to examine the ethnic dimensions of domestic and marital violence, they also report a significantly higher frequency of emotional violence compared to

physical and sexual violence across the Yoruba, Hausa and the Ibo ethnic groups. With 58% reporting emotional violence compared to 36.6% for physical violence and 7.9% for sexual violence, this result shows that overall, women are more likely to experience emotional abuse compared to other forms of abuse.

Others also report on the data from the NDHS (2008) with some variations in their findings. Linos et al. (2013) report a prevalence rate of 18.7% of spousal sexual or physical violence among the 18,798 ever-married women. Whereas, with almost a double of the sample size, a slightly lower prevalence rate of 33.4% of 34,888 women was reported in Ononokpono and Azfredrick's (2014) study. Antai (2011) reports a prevalence rate of 16%, using smaller sample of 2877 women. Overall, the variations in result found with studies using the NDHS (2008) data is perhaps as a result of the differences in sample size and methods of analysis employed in these studies. When prevalence is examined by gender, women were reported to have experienced more violence compared to men. This is evidenced in Oladepo, Yusuf and Arulogun's (2011) study which found that of the 3000 men and women sampled, more women (806; 26.9%) had experienced violence compared to men (353;11.8%). This is consistent with international studies pointing to the gendered nature of violence (see chapter one). Although the authors report that married women were more likely to experience physical violence than single women, however, data for this conclusion was not reported. Other prevalence studies like those conducted by Odimegwu, Okemgbo and Ayila (2010) only used data from women. Based on data from 648 women, aged between 15 to 34 they examined the dynamics of gender-based violence amongst the Tiv ethnic group in the North Central Nigeria. Findings suggest that more than two-third of the women have had a lifetime prevalence of physical abuse. In addition, 76% of the women was reported to have experienced IPV with one third, reporting physical violence during pregnancy. This may provide some support for Oladepo, Yusuf and Arulogun's (2011) study suggesting that intimate relationships could expose women to violence.

The gendered nature of child sexual abuse (CSA) was observed in studies, with girls far more likely to experience CSA compared to boys. Abdulkadir et al. (2011a) found that of all the 81 cases of sexual violence documented over an 18-month period from 1st January 2007 to 30th June 2008 in a Hospital in the

northern region, female children accounted for 95.1% of the cases. Elsewhere, Abdulkadir et al. (2011b) found that of the 32 cases diagnosed with and managed for sexual abuse between January and December 2008, majority were girls (30). In both studies, all the perpetrators were adult males known to, and resident in, the neighbourhood of their victims. Similarly, other hospital-based studies report a significantly higher number of girls experiencing CSA compared to boys. For example, 17 out of 20 cases (Bugaje, Ogunrinde and Faruk, 2012) and 74.4% of 121 cases (Ohayi et al., 2015). One non-hospital-based study, Chinawa et al. (2014) surveyed 372 secondary students aged 12-18 and found that of those who have been sexually abused, a significant number were females 31 (81.6 %) while only 7 (18.4 %) were males, thus, also reflecting gender as a factor in the perpetration of CSA. Although, these studies signal a rising awareness of the issue of CSA in Nigeria, however, there is an overall paucity of both quantitative and qualitative studies in this important area.

The nature of violence experienced by women included sexual violence by their intimate male partners (Adeleke et al., 2012; Ezechi et al., 2016; Aguocha et al., 2017; Nguyen et al., 2018), wife beating (Fawole, Aderonmu and Fawole, 2005) and controlling behaviour (Balogun, Owoaje and Fawole, 2010). Studies which focused on domestic and sexual violence against pregnant women show that pregnancy does not eliminate the risk of violence against women, with intimate partners reported as the most common perpetrators. For example, Efetie and Salami (2007) found that of the 334 pregnant women aged, 20-42 years they surveyed, 125 (37.4%) had experienced DV. A comparative study conducted a decade later report a much higher prevalence rate. Using a pre-tested semi-structured questionnaire adapted from the WHO Multi-Country Study on Women's Health and Domestic Violence, Ayodapo, Sekoni and Asuzu (2017) report that of the 350 pregnant women aged 18-49 years they surveyed, 252 (72.0%) said they had experienced IPV in pregnancy. Other studies report that the most common violence experienced by pregnant women included forceful sexual intercourse followed by threat and slapping (Envuladu et al., 2012) and physical abuse (Iliyasu et al., 2013; Ibrahim et al., 2014). Evidence from these findings suggest that VAW in Nigeria is an important issue that cannot be overlooked. It is possible as Nelson (2017) notes, VAW is a socially accepted

male behaviour as well as a mechanism for curbing transgression of traditional gender roles by women. Nnadi (2012) also contends that Nigerian women's experiences of violence has cultural underpinnings and are perpetrated in such a way that violates their rights and encourage the silencing of their voices. To this end, the following section will examine those cultural beliefs, norms and practices that might influence Nigerian women's experiences of violence.

## **2.4. Cultural beliefs, norms and practices and Violence against Nigerian women:**

### **2.4.1. Cultural beliefs and norms:**

Deeply embedded cultural beliefs and norms about gender operate to keep women in a subordinate position and typically promote an imbalance of power between women and men in Nigeria (Abayomi and Olabode, 2013). It is argued that cultural norms and beliefs directly discriminate against women and reinforce male dominance in all aspects of social structures (Uwe et al., 2007; Nnadi, 2012), thus, creating a socially distinct reality for both men and women in Nigeria. This form of gender inequality which exists in many African countries work in ways that violates women's rights to freedom from all forms of violence. Although, feminist activism to address cultural beliefs, norms and practices that might contribute to oppression and VAW in Nigeria such as those organised by Female in Nigeria (FIN) on social media platforms, appear to have some influence in shifting views regarding norms and practices like rape myths, child marriage and female genital mutilation (FGM) (see Olofintuade, 2017 for a discussion on FIN), progress remains slow. Emerging body of empirical research on VAW in Nigeria provide some evidence on cultural beliefs and norms that might be associated with Nigerian women's experiences of violence. The following discusses some of the cultural beliefs and norms identified in the literature.

### ***Male Superiority***

Social attitudes surveys conducted in Nigeria have found attitudes of men and women that accept male superiority and authority in the home. There is a view in Nigeria that the man is the head of the house, and generally holds absolute control and power in domestic decision-making (Abayomi and Olabode, 2013). This could be related to the social construct suggesting that women are weaker sexes, invariably diminishing or even neglecting their meaningful contributions in



family and social spheres (Agbalajobi, 2009). It seems that patriarchal cultural socialisation in societies like Nigeria may mean that women internalise and are accepting of beliefs that encourage gender inequality. In Odimegwu and Okemgbo's (2003) study which examined the role of gender ideology in promoting VAW amongst 308 women aged 15-49, the questions tested how the women see themselves in relation to the position of their partners. 83% of the women agreed that a woman must always submit to her husband's authority. Similar themes were reported in Odimegwu, Okemgbo and Ayila's (2010) study. Apart from majority of the women (94.1% of 648) agreeing that the man should have the final say in the home, 63% of the women agreed that a woman should submit to her husband's sexual demands irrespective of any inconveniences to her. In addition, about eight in 10 disagreed that women should have equal rights with men.

The extent of dominance resulting from the perceived male superiority can also be seen in men's attitudes regarding women's reproductive and sexual health. In a study examining the attitudes and perceptions of men towards DV and contraceptive use, Ogunjuyigbe, Akinlo and Ebigbola (2005) found that of the 173 males who participated in the study, about 80% disapproved of women's use of contraceptives without their husband's consent. This view was shared by women themselves in Odimegwu, Okemgbo and Ayila's (2010) study where more than two thirds of the 648 women who participated in the study did not agree that women should have the sole decision regarding their reproductive and sexual health. It is possible that this perceived superiority of the man over the woman in the family is perhaps the most important reason responsible for the wide gender inequality between men and women, which is crucial in understanding the marginalisation of women in Nigeria.

Because such egocentric views place women in a subordinate position to men, it could perhaps also validate the perpetration of VAW in Nigeria. This view is given some support in a recent study conducted by Fakunmoju and Bammeke (2017) which measured attitudes and beliefs about partner violence. Based on a survey of 363 respondents across three countries (US =117, South Africa =101 and Nigeria = 145), the authors not only found that male respondents in Nigeria were more likely to endorse sexual submissiveness of women, but they also endorsed

psychological manipulation and control, and sexual violence compared to US and South Africa. Also, Peters and Olowa (2010) report that of the 100 (72 male and 28 female) young adults sampled, 65% believed that the culture of male dominance, non-refusal of sex with their husbands (84%) and the culture of female submission to the husband (60%) can contribute to sexual violence against women in Nigeria. This is similar to the study by Ashimolowo and Otufale (2012) which found that 49.23% of the 220 women in their study agreed that the domineering attitude of men could promote DV. These findings suggest that apart from violence having its root within the family, they are also products of widely accepted narratives of wifely submission, which directly contributes to women's experiences of unequal gender relations in intimate relationships and ascribes men the power to perpetrate violence.

### ***Acceptance/Justification of Violence in marriage***

Studies on VAW in Nigeria report that women are sometimes accepting of men's use of violence against women. It may be as Chimamanda Adichie, a Nigerian feminist and author argues, 'if we do something over and over again, it becomes normal. If we see the same thing over and over again, it becomes normal' (Adichie, 2014, p.13). For example, an analysis of data from the Nigeria Demographic and Health Survey [NDHS] (2003) revealed that 58% of 7620 women aged between 15 to 49 years agreed that a man is justified in beating or hitting his wife (Oyediran and Isiugo-Abanihe, 2005). Similarly, 78% of 480 young girls aged between 10-19 years old (Kunnuji, 2015), 45% of 21,468 women (Okenwa-Emegwa, Lawoko and Jensson, 2016) and four out of 10 women (Odimegwu, Okengbo and Ayila, 2010) had at least one justification for wife beating. This view was shared in a focus group discussion among 100 women in a study to assess their perception on violence in marriage. The women felt that reprimands, beating and forced sex are normal in marriage, perceiving it as a cultural and religious norm (Ilika, 2005). These views are not only common in Nigeria as figures from The World's Women 2010 report published by the United Nations Statistics Division reveal that women in 33 countries, including Nigeria found it appropriate for a wife to be hit or beaten by her husband for specific reasons. Overall, about 29% of women agreed that being hit or beaten for arguing with the husband was justifiable, 25% for refusing to have sex with the husband

and 21% for burning the food. On the other hand, the data also reveals that majority of the women (over 70%) do not accept or justify violence in marriage.

Furthermore, research found that permissive social norms were positively associated with women's experiences of violence in an intimate relationship (Antai, 2011; Linos et al., 2013; Gage et al., 2017). An analysis of data from the NDHS (2008) by Ayotunde, Akintoye and Adefunke (2014) to examine the attitude of women towards gender-based violence in Nigeria found a relatively high tolerance level of 44.13% among 31.22% of women who have experienced at least one form of IPV. A similar analysis of NDHS (2008) data by Okenwa-Emegwu, Lowoko and Jansson (2016) found that women who had experienced both physical (59.1%) and sexual violence (65%) were more likely to endorse VAW. This relationship between the perpetration of IPV by men and the acceptance of IPV by women was further substantiated by findings reported by Alonge and Adekanye (2017). Their analysis of NDHS (2013) data reveal that, of the 21,004 married women surveyed, 14.23% reported to have experienced at least one form of physical violence by their partner, of whom 38.38% of them agreed that wife beating is justified for certain reasons. In sum, these findings support the argument that those women who imbibe gender role ideology are more likely to experience lifetime violence than those who do not (Odimegwu, Okemgbo and Ayila, 2010).

### ***Rape Myths***

The construct of rape myths was developed following the work of Brownmiller (1975) and Burt (1980) and is extensively used in sexual violence research (Suarez and Gadalla, 2010). According to Suarez and Gadalla (2010), rape myths are 'false beliefs used mainly to shift the blame of rape from perpetrators to victims' (p. 2011). Cotton, Farley and Baron (2000) suggest that rape myths are part of a cultural milieu that normalizes VAW and are 'associated with culturally supported attitudes that encourage men to feel entitled to sexual access to women, to feel superior to women, or to feel that they have license as sexual aggressors' (p. 1790). Thus, rape myths are specific components of the culturally supported attitudes that normalize rape. Although such unhelpful beliefs about rape, 'rape myths' are major factors justifying sexual VAW in every society (Carmody and Washington, 2001; Buddie and Miller, 2001; Xenos and Smith,

2001; Vonderhaar and Carmody, 2015), to some extent, its impact on women depends on the measure of acceptance in a particular culture (Peters and Olowa, 2010).

Rape in Nigeria has been linked directly to rape myths, the culture of male superiority and dominance, and the culture of silence about acts of rape (Achunike and Kitause, 2014). No wonder confidential self-report surveys conducted in Nigeria indicate a high prevalence rate of rape (Badejoko et al., 2014; Chiazor et al., 2016; Ezechi et al., 2016; Ezugwu et al., 2017). Peters and Olowa (2010) study to examine the cause and incidence of rape amongst middle age and young adults in a town in Nigeria, found that of the 100 young adults who participated in their study, 70% agreed that revealing dressing by females influence men to rape, when posed with the question, 'can indecent dressing by women influence men to rape?' 41% agreed that women who say no to sex, really means yes when asked: 'is it true that when women say no to sex, they really mean yes?'. These authors appear to recognise the importance of gender in experiences of rape, yet do not distinguish the findings by gender. Ojo (2013) conducted a similar survey to assess the acceptance of rape myths among 50 (40 female and 10 male) university undergraduate students from a University in Nigeria. Findings indicate that 36 students responded that some people in Nigeria hold the belief that 'a woman who dresses provocatively is looking to be raped', while 38 students (76%) agreed that these myths would discourage victims from reporting to the police. Although, just like in Peters and Olowa's (2010) study, findings are not distinguished by gender, however, there is an indication that rape myths are powerful constructs that could influence women's ability to disclose acts of rape. In the same vein, Awosusi and Ogundana (2015) argue that as a result of the acceptance of rape myths in Nigeria, the reporting of rape can be counter-productive for women as they could become revictimized by the patriarchal Nigerian criminal justice system.

A recent study, Fakunmoju et al. (2018) found that rape myths differed by gender. Using data from 378 adults (235 males and 143 females) with an average age of 30.56 years, the authors tested the following rape myths: 'female victims of rape lied'; 'she asked for it'; 'he didn't mean to'; and 'it wasn't really rape'. Examining difference across gender, they found that women were more likely than men to

reject the myth that ‘female victims of rape ‘lied’ while the difference in other rape myths were not significant. Other studies also show some support for the finding that males are more likely to endorse attitudes that encourage VAW compared to females in Nigeria. For example, in a cross-sectional study using data from 2,462 participants (Nigeria =857 and South Africa =1605), Fakunmoju and Rasool (2018) found that of the Nigerian sample (441 females and 416 males) male adolescents were more likely to endorse VAW than female adolescents. This is consistent with previous studies that found that men are more likely to endorse violence-supportive attitudes and practices compared to women (Fakunmoji et al., 2016a, 2016b).

In addition, it is argued that extant laws on rape in Nigeria are subject to customary norms and practices which often times are biased against women. For example, Section 211 of the Evidence Act 1990 states that:

“When a man is prosecuted for rape or for attempt to commit rape or for indecent assault, it may be shown that the woman against whom the offence is alleged to have been committed was of a generally immoral character, although she is not cross-examined on the subject; the woman may in such a case be asked whether she has a connection with other men, but her answer cannot be contradicted and she may also be asked whether she had connection on other occasions with the prisoner, and if she denies it may be contradicted”.

This means that a rape victim’s previous sexual activities are fully taken into account in deciding a rape case (Olatunji, 2012). Thus, suggesting that acceptance of rape myths have a direct bearing on the lowered support for rape victims in Nigeria. Similarly, marital rape is not recognised. The phrase ‘unlawful carnal knowledge’ is explained in section 6 of the Nigerian Criminal Code Act, 1990, as ‘carnal connection which takes place otherwise than between husband and wife’. This means that the husband cannot rape his wife where there is a valid subsisting marriage between them (Oyelade, 2006; Ifemeje, 2011; Nnadi, 2012; Olatunji, 2012). Consequently, extant laws which are meant to ensure gender equality in representation and adjudication of cases actually penalises women and/or places them at an additional disadvantage.

#### **2.4.2. Cultural practices and violence against Nigerian women:**

According to The World's Women 2010 report, VAW is not only perpetrated by men, but also perpetuated by practices that are discriminatory against women and accord them lower status in the family, workplace, community and society. Yet, in developing countries, e.g., Nigeria, such practices continue to be upheld with the aim of preserving male dominance and female subordination. The following discusses some of the practices identified in the literature that might be associated with VAW in Nigeria.

##### ***Religion***

There are three forms of religious practices in Nigeria, Christianity, Islam and African Traditional Religion [ATR] (Mwaura and Parsitau, 2012). Data from The Pew Research Centre (2010) shows that Christians make up about 49.3% of the population in Nigeria, with the majority found in the southern and central regions of Nigeria. Christianity means different things to different people depending on whether they identify themselves as Protestants, Catholics, Jehovah's Witness, Anglicans or Apostolic Faith (Ayuk, 2002). However, there is a primary belief in Nigeria that being a Christian means that you are a follower of Christ and His commandments. Islam on the other hand, make up around 48.5% of the Nigerian population (The Pew Research Centre, 2010). The term Islam means submission to God, and the one who submits is a Muslim (Metz, 1991). ATR is known as the religion of the forefathers (Ebere, 2011; Adedeji, 2012). It has no sacred texts or creed, unlike Christianity and Islam. Their expressions are found in oral traditions, rituals, myths, festivals, symbols and shrines. Violations of taboos or social norms of ATR are widely believed to result in hardships or illness for individuals or communities and must be countered by ritual acts to re-establish order, harmony and wellbeing (Madu, 2013). A significant number of Yoruba and Ibo people in Nigeria who have embraced Christianity or Islam also practice ATR (Eneji et al., 2012).

In Nigeria, culture and religion are closely related and they play a major role in the daily lives of Nigerians. Indeed, culture is said to be a means of expressing religion (Olajuba, 2008). As Adedeji (2012) argues, there is no religion without cultural elements and there is no culture without religious influence. This means that themes that are customary and indigenous are incorporated into religious

interpretations and practices to foster inclusivity (Olajuba, 2008). Olajuba (2008) further observes that women account for the majority of the membership of these religions and are central in sustaining its existence. Given the ways in which women generally make use of religious associations to meet practical, psychological, and spiritual needs (Para-Mallam, 2006), Igbelina-Igbokwe (2013) argues that religion has become 'a critical weapon to enforce subordination given the high spirituality and connectivity that Nigerians, especially Nigerian women, attach to religion' (p.6). Consequently, religion becomes a tool for the indoctrination of gendered roles (Para-Mallam, 2006) and 'an instrument in defence of patriarchy' (Allanana, 2013, p. 127).

Although religion may serve as a coping mechanism and for achieving resilience (Bell and Mattis, 2000; Para-Mallam, 2006; Bernard, 2016), Bell and Mattis (2000) argue that it can also contribute to women's vulnerability to violence. Abayomi and Olabode (2013) assert that religion in Nigeria subscribes to the idea that the man is the head of the family and has greater control and decision-making powers. Likewise, in the context of marital relations, the three religious practices advocate traditional roles of womanhood to include childbearing, being a weaker vessel and total submission to the husband (Knickmeyer et al., 2003; Corman, 2016). Amusan, Saka and Ahmed (2017), thus, point out that this interpretation of religious text may advance the entrenchment of male dominance in social life, the oppression of women in Nigeria and the excuse of male's violence against women. As Para-Mallam (2006) argues, such skewed interpretations of religious texts are mostly advocated by religious leaders who are mostly male. Therefore, violence may occur as a result of non-adherence to traditional roles of womanhood grounded in such religious tenets which are viewed as essential conditions in intimate relationships (Knickmeyer et al., 2003). Thus, religious settings may become spaces that encourage the socialisation of women to accept oppressive ideologies that encourage VAW. Frahm-Arp (2015) in a qualitative study using data from 39 women in two churches to examine how women in religious settings understand the experiences of violence against women and why women so often do not report abuse, reported that due to the rigid adherence to gendered roles and expectations, women could not identify abuse and even when abuse was identified, women saw the experience as their fault for not

conforming to the expected behaviour. It was also reported that women themselves perpetuated patriarchy by using both surveillance and pastorate to ensure that other women conformed to the expected behaviour. This meant that women's voices were suppressed in such a way that they were unable to speak of their experiences of violence. This form of control was also reported in Uzuegbunam's (2013) study. Based on data from 340 females aged between 15-55 years, it was found that amongst other forms of violence perpetrated by women against women, women in religious settings perpetrated violence by controlling what other women can or cannot do. Thus, the author considers women to women violence as an important factor in the persistence of violence against women.

### ***Child/Early marriage***

Data from the United Nations Children's Fund [UNICEF] (2017) shows that about 4 in 10 young women in the West and Central Africa region were married before the age 18. It further reveals that among all child brides in the region 1 in 3 was married before age 15. Although this data suggests that young girls in these regions face the highest risk of marrying in childhood, data from UNICEF (2015) reveals that Nigeria is home to the largest number of child brides in Africa, with 23 million girls and women married in childhood. For many reasons, some are betrothed at birth, some at infancy, some before the age of 14 years and many between the ages of sixteen to seventeen (Ezeah, 2013; Ikpeze, 2015). Based on this, child marriage could be conceptualised as a form of forced marriage due to the inability of children to consent at that young age (Forum on Marriage, 2000), and as Nnadi (2012) argues, it is a serious violation of the girl child in Nigeria.

Whilst early/child marriage is practiced across different states in Nigeria, it is known to be practiced mostly in the north, where religion is the main driving force (NDHS, 1999; 2003; 2013). It is argued that Islam and the practice of Sharia Law in the north has been a huge contributory factor to child marriage. Inconsistencies in the law and religious ordinances have been used by religious and political leaders to justify the practice of child marriage in this region. Although, sections 21, 22 and 23 of The Child Rights Act of Nigeria, CRA (2003) provide for the prohibition of child marriage, child betrothal and the punishment for child marriage



and betrothal in Nigeria, the inconsistency in 29 (4) (b) of the 1999 Constitution of the Federal Republic of Nigeria (FRN) which does not include age for maturity but rather states 'any woman who is married shall be deemed to be of full age', has been inferred to mean that a female child who is married automatically becomes an adult. For example, in 2013, The Lagos Vanguard reported on a debate on child marriage in the Nigerian Senate. A leading senator who had married a 14-year old Egyptian girl asserted that under Islamic law, a girl is considered ready for marriage if she is physically and mentally mature, no matter her age (Umoru, 2013). Umoru (2013) reports that the senator claims that under Sharia law, age is not a defining factor for marriage. It could also be because 12 northern states, including those who practice sharia law are yet to ratify The CRA (2003), making them inapplicable in those states.

There is also considerable research which suggests that child marriage remains a practice that promotes gender inequality and VAW in Nigeria (Otoo-Oyortey and Pobi, 2001; Erulkar and Bello, 2007; Uwe et al., 2007; Adebowale et al., 2012; AFRUCA, 2013; Asagba, 2014). The NDHS (1999) found that 19% of girls in the northern region of Nigeria cited early marriage as a reason for dropping out of school (Sossou and Yogtiba, 2008). Similarly, Braimah (2014) reports that 'due to pressure exerted on children to marry young in Northern Nigeria, 48% of Hausa-Fulani girls are married by age 15' (p. 2). Whilst this is the case, it is worthy of note that due to anecdotes highlighting the extent to which the girl child is violated as a result of child marriage, the government of Bauchi state are taking legal steps to prosecute parents who take a child out of school for the purposes of marriage (Nnadi, 2012).

Apart from the structural and monetary factors that may drive this practice, norms suggesting that unmarried girls may become sexually active and bring shame upon the family, could be a contributing factor (Heise and Manji, 2016). This could be related to the fundamentally entrenched patriarchal attitude towards the girl child in the northern part of Nigeria where the girls' value is tied to her marriageability. Some scholars contend that this patriarchal notion is also supported by a skewed interpretation of the Qur'an by leaders who are mostly male, with the aim of maintaining dominance and the subjugation of women (Denmark, 2004; Western, 2008).

It is evident that early marriage contributes to the sexual abuse and violence of women in Nigeria. Firstly, young girls married off early become victims of child sexual abuse as their roles as 'wives' include having sex with their 'husbands' (AFRUCA, 2013). In addition, early/child marriages to spouses chosen by the girls' parents predisposes young women to run away from their matrimonial homes to engage themselves in prostitution, which further exposes such girls to the risk of child sexual exploitation and contracting HIV/AIDS (Uwe et al., 2007). Other health consequences include but not limited to poor mental health as a result of sexual and physical abuse. Such girls may also develop Vesico Vaginal Fistula, a condition in which they constantly leak urine because of the damage to their urinary tract (AFRUCA, 2013). The impact of early/child marriage extends well beyond sexual abuse and health consequences. Young girls married early do not usually have the choice to negotiate childbearing, as such they not only assume the responsibility of a wife, but also take on the role of a mother. Early/child marriage generally violates the rights of girls to make decisions about their life and affords them very little opportunity in life. Thus, continuing the cycle of female dependence on the male which in turn leads to male dominance, feminization of poverty and gender inequality (Otoo-Oyorsey and Pobi, 2003).

### ***Bride price***

According to Lowes and Nunn (2017), bride price is 'a payment from the groom or groom's family to the bride's family at the time of marriage' (p.117). The payment of bride price is widely practiced in many regions of the world, including Southeast Asia and sub-Saharan Africa (Anderson, 2007). Studies have shown that in some parts of the world bride price can be an instrument in promoting the education of the female-child. This is because the higher the educational attainment of the female child, the larger the bride price (Ashraf et al., 2014; Onyango, 2016; Ashraf et al., 2017). However, in a patriarchal society like Nigeria, the practice of bride price has led to the notion of the ownership of the woman by the man (Adegoke and David, 2007; Abayomi and Olabode, 2013). Furthermore, in a traditional marriage ceremony, there is an understanding that the bride is not just being married to the husband but to the entire husband's family (Ehinomen, 2017). In essence, the man's family believe that they are participants in the purchase, hence the right to control the woman. In some cases,

bride price is seen as a transaction made in exchange for a woman's sexuality and reproductive rights (Mazibuko, 2016; Onyango, 2016). Thus, as Horne, Dodoo and Dodoo (2013) assert, bride price diminishes women's sexual and reproductive autonomy. The man controls her sexuality and expects sexual satisfaction, as a result, rape within marriage is not recognised. This possible overlap between the practice of bride price and women's lack of sexual autonomy allows for the consideration of such practice as a contributory factor to women's experiences of sexual abuse and violence, which this study addresses.

This practice is very much linked to early/child marriage discussed in the preceding section. Because of the practice of bride price in parts of Nigeria, some girls are deprived of education in order to be given out in marriage at a young age (Balogun and John-Akinola, 2015). This is more common in rural areas where poverty is prevalent, since the bride price paid at the time of marriage is perceived by some parents as a source of wealth to the family (Akpan, 2003). This invariably suggests that bride price is not only associated with low educational levels and attainment in girls but may lead to a general low status of women, particularly in the northern regions of Nigeria. Hague, Thiara and Turner (2011) also found that the practice of bride price has mainly negative impacts on women. The authors point out that in situations where domestic violence is common, bride price introduces additional ways in which men can exercise power and control over women and justify the abuse of women. Women have been known to remain in abusive relationships due to the inability to pay back the bride price (Mazibuko, 2016; Onyango, 2016). In some parts of Nigeria, upon the death of the husband, widows cannot leave the family because bride price was paid and, if they are to remarry, then the bride price must be returned from the first marriage, which most times is impossible. In this case the widow is inherited by a male member of her late husband's family, a practice known as widowhood inheritance (Ezejiolor, 2011; Oyango, 2016).

### ***Female genital mutilation (FGM)***

The term 'female genital mutilation', also known as 'female genital cutting' or infrequently as 'female circumcision', encompasses all procedures involving partial or total removal of the external female genitalia or injury to the female genital organs for non-medical reasons (WHO, 2018). FGM is carried out on girls

between the ages of 0 and 15 years and less frequently on adult women (ibid). WHO has classified FGM into four types; Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy). Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and positioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation or pharaonic circumcision). Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, incising, scraping and cauterization (WHO, 2018).

Several studies have been conducted on the prevalence, knowledge, attitudes, socio-demographic factors and the impacts of FGM in Nigeria (e.g., Odimegwu and Okemgbo, 2003; Feyi-Waboso and Akinbiyi, 2006; Awusi, 2009; Afolayan and Oguntoye, 2009; Ekweme, Ezegwui and Ezeoke, 2010; Alo and Gbadebo, 2011; Okeke et al., 2012; Garba et al., 2012; Ashimi et al., 2014; Oyefara, 2014; Adeniran et al., 2015; Ashimi and Amole, 2015; Adewole and Adayonfo, 2017; Gwarzo, 2018). Based on its large population, it is estimated that Nigeria has the highest absolute number of cases of FGM in the world, accounting for about one-quarter of the estimated 115–130 million circumcised women worldwide (Okeke et al., 2012; Ashimi and Amole, 2015). Although FGM is also practiced in the north, the severest forms are observed in the southern region, with the highest prevalence in the South-south (77%) (Among adult women), followed by the south east (68%) and south west (65%) (Okeke, Anyaehie and Ezenyeaku, 2012). Overall prevalence of FGM is estimated at 41% among adult women (Okeke et al., 2012) with data from the NDHS (2013) indicating that four in five women (82 percent) who have been circumcised had their circumcision before their fifth birthday.

The 1999 Constitution of the Federal Republic of Nigeria (CFRN) provides in Section 34 that 'no person shall be subjected to any form of torture, inhuman or degrading treatment or punishment, implicitly banning and criminalising the practice of FGM. Also, some states in Nigeria have enacted laws to combat this practice. For example, The Female Circumcision and Genital Mutilation, (Prohibition) Law of Edo State 1999, The Female Genital Mutilation (prohibition) law of Ogun State 2000 and the Female Genital Mutilation (Prohibition) Law of

Bayelsa State 2000. However, studies show that FGM is still practiced for the following reasons: part of a ritual initiation into womanhood which includes a period of seclusion and education about the rights and duties of a wife; for the socialisation of women; curbing women's sexual appetites; sexual pleasure of husband; preserving chastity; ensuring marriageability; improving fertility; property inheritance; social conformity and for other cultural and traditional reasons (Mandara, 2004; Aderinto, 2010; Okeke et al., 2012; NDHS, 2013; Oyefara, 2014; Adeniran et al., 2015; Ashimi and Amole, 2015).

FGM is recognized worldwide as a fundamental violation of the human rights of girls and women. It reflects a deep-rooted inequality between men and women and constitutes an extreme form of discrimination against women. Furthermore, girls usually undergo the practice without their informed consent, depriving them of the opportunity to make independent decision about their bodies (Okeke et al., 2012). Arguably, FGM can be seen as both physical and sexual abuse. It is classed as a form of physical abuse because women who undergo FGM are more likely than uncircumcised women to experience pain during sexual relations as a result of FGM (Oyefara, 2014). It is also argued to be a form of sexual abuse since it asserts a form of control over the female enjoyment of sex. In addition, the practice denies women of their reproductive health rights which is about having a satisfying and safe sexual life, the capability to reproduce and the freedom to decide if they will reproduce and when and how to embark on reproduction (Mclean, 1992).

### ***Witchcraft, 'juju' and Oath-taking ritual practice***

The practice of witchcraft and oath-taking ritual is widespread across sub-Saharan African countries (UNICEF, 2011). Encyclopaedia Britannica defines witchcraft as 'the exercise or invocation of alleged supernatural powers to control people or events, typically involving sorcery or magic'. Witchcraft practice in Nigeria has been widely documented (Danfulani, 1999; AFRUCA, 2011; UNICEF, 2011; Essia, 2012) and it plays a crucial role in the social behaviours of Nigerians (Yankah, 2004; Heike, 2007). In Nigeria, both Christians and Muslims consider witchcraft as the act of the devil or evil spirits which can take control of human beings (AFRUCA, 2011). Following an ethnographic study of the Ibibio people of Akwa Ibom state, south-south region of Nigeria, Ajala and Ediomu-Ubong (2010)

reveal that the Ibibio people have a strong belief in the practice of witchcraft such that they believe their lives can be determined by witches. Similarly, Essia's (2012) study examined the phenomenon of child witch accusation in Akwa Ibom State and report that most of the participants strongly believed in the existence of witches. The belief and practice of witchcraft is also manifested in the North central regions of Benue and Plateau states (Danfulani, 1999) and in Onitsha, in the south-south region (Bastian, 2002). Oath-taking rituals are usually conducted by a 'juju' priest or a witch doctor and always begins with the individual being taken to the shrine of a 'juju' priest where he/she engages in an oath taking ritual (Immigration and Refugee Board of Canada, 2016).

There is a clear evidence to suggest that witchcraft and oath-taking ritual practices are important components in the process of the trafficking of Nigerian women and girls into Europe and other parts of the world for sexual exploitation (AFRUCA, 2011). Witchcraft and Juju aids the work of human traffickers primarily through its ability to control, as witchcraft alleges to have the capacity to access forces which can bestow wealth and cause evil. Many victims of human trafficking are made to take oaths of allegiance sworn to a particular deity in a shrine that is run by a 'Juju' priest prior to and upon arriving at the destination they have been trafficked to. The ritual creates within victims the sense of fear, secrecy and confidentiality that binds them to their traffickers, ensures compliance, and guarantees they will work to repay the huge sums of money claimed to be owed for transporting them to Europe and for their upkeep (AFRUCA, 2011). In addition, oath-taking ritual practices has been associated with widowhood practices in many parts of Nigeria, particularly among the Igbos of the south-south region. Upon the death of the husband, women are often subjected to a wide range of practices including oath-taking rituals and libation which may include being forced to drink from the water used in bathing the deceased in order to prove their innocence (Ezejiofor, 2011; Durojaye, Okeke and Adebajo, 2014). The fact that men are not subjected to similar practices upon the death of their wives seemingly reflects the discriminatory nature of these practices (Durojaye, Okeke and Adebajo, 2014).

### ***Section summary***

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- VAW is prevalent in Nigeria.
  - Male superiority, which is reflected in domineering attitudes and expectations of wifely submission may validate gender inequality and VAW.
  - There is a possible relationship between acceptance/justification of violence by women and women's experiences of violence.
  - The high prevalence rate of rape in Nigeria could be associated with rape myths, gender inequality and laws underpinned by customary norms and practices.
  - The interaction and overlap between culture and religion makes religion a tool for sustaining patriarchy and VAW.
  - Early/child marriage which promotes gender inequality in Nigeria could be related to norms around female chastity. It is directly linked to child sexual abuse/exploitation and practiced more in the northern regions of Nigeria.
  - Bride price is a practice that is directly associated with early/child marriage and could diminish women's sexual and reproductive autonomy.
  - FGM is a form of physical and sexual abuse and practiced for many reasons related to the sustenance of patriarchy in Nigeria.
  - Witchcraft, juju and oath-taking ritual practices has direct links with the sex trafficking of Nigerian women.
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### **2.5. Nigerian women's experiences of violence in diasporic countries:**

Studies on violence against Nigerian women living in diasporic countries are very limited. Following an extensive search of the literature, only a few studies were retrieved. The studies (Nwosu, 2006; Ogunsiji et al., 2011; Ogbuagu, 2012; Kalunta-Crumpton, 2015, 2017; Femi-Ajao, 2018) were all qualitative and conducted in the US, Canada, Australia and the UK. Whilst the qualitative nature of these studies could be seen as their strength, they all constitute relatively small sample size, ranging between 12 to 44 and represent women from mainly the

Hausa, Yoruba and Ibo ethnic groups. Therefore, findings may not be widely transferrable or appropriately applied. In all, but one study (Ogbuagu, 2012) in which participants were selected randomly through internet blogs, personal contacts and social media, women were accessed through community and religious groups, national women’s associations and recruited using purposive and snowballing sampling methods. Although, not all women in the sample had lived experiences of violence (e.g.,Ogbuagu, 2012; Kalunta-Crupton, 2015, 2017), however, those with sample of women with lived experiences of violence (Nwosu, 2006; Ogunsiji, et al., 2011; Femi-Ajao, 2018), ensured that verbatim quotes were included and discussions were also well contextualised, thus, strengthening the rigour, authenticity and integrity of their findings. Therefore, these studies arguably provide some insights into how women of Nigerian origin experience violence in their host countries, including barriers to help seeking. The following table provides a summary of the six studies conducted on Nigerian women’s experiences of violence in their host countries.

Table 2.5: Summary of studies on Nigerian women’s experiences violence in their host countries:

<b>Author/s</b>	<b>Host country</b>	<b>Aim</b>	<b>Sample Size (women)</b>	<b>Sample size (Others)</b>	<b>Women’s Ethnicity</b>	<b>Method</b>
<i>Nwosu, 2006</i>	Canada	To explore factors contributing to DV against Nigerian women living in Canada.	10	2 key informants	Yoruba & Ibo	In-depth interviews
<i>Ogunsiji et al., 2011</i>	Australia	To report intimate partner violence experiences of West African women living in Australia	15	6 Ghanaian Women	Not stated	Semi-structured interviews
<i>Ogbuagu, 2012</i>	Europe Canada and US	To evaluate some of the reasons for marital violence in Europe, Canada and especially the United States.	20	20 men	Not stated	Interviews



<i>Kalunta-Crumpton, 2015</i>	US	To examine the causes of intimate partner violence (IPV) in the immigrant Nigerian community in the United States.	44	None	Hausa Ibo Yoruba Other ethnicities (29.5%)	Focus-group discussions
<i>Kalunta-Crumpton, 2017</i>	US	To gauge the views of immigrant Nigerian women on measures to tackle IPV in the immigrant Nigerian community.	44	None	Hausa Ibo Yoruba Other ethnicities (29.5%)	Focus-group discussions
<i>Femi-Ajao, 2018</i>	UK	To identify factors influencing the disclosure and help-seeking practices of Nigerian women resident in England with lived experience of intimate partner violence and abuse.	16	9 Community & religious leaders (6 females and 3 males)	Not stated	In-depth semi-structured interviews

### ***Factors influencing women's experiences of violence***

Three studies highlighted the nature of violence women experienced (Nwosu, 2006; Ogunsiji et al., 2011; Femi-Ajao, 2018). All the women in these three studies experienced controlling behaviour, physical, emotional and financial abuse. In Femi-Ajao's (2018) study, some women reported sexual deprivation and marital rape as a form of sexual violence. Factors reported to have influenced some women's experiences of violence included cultural factors embedded in parenting practices, management of finances, gendered roles, male authority and superiority and the culturally induced attitude towards the need for a male child (Nwosu, 2006; Kalunta-Crumpton, 2015). This is similar to findings from

Ogbuagu's (2012) study. The study found that patriarchy is a main contributing factor to the violence women experienced. Thus, suggesting that men who are brought up in a patriarchal society, may still imbibe patriarchal values outside the patriarchal nurturing environment (Kalunta-Crumpton, 2017). Furthermore, structural factors such as racism, institutional discrimination, immigration status and unemployment experienced by women's spouses contributed to women's experiences of violence at home (Nwosu, 2006; Ogunisiji et al., 2011). It could be argued that the reversal of role with regards to women taking on the role of the main financial contributor in the family because of structural factors contributed to men's use of violence as a way to assert their authority and superiority. This resonates with Yick's (2000) findings which reports that stressful migration experiences, frustrations related to finding employment and acculturation issues exacerbated Chinese men's perpetration of violence against their partners. Another closely related contributory factor to violence was the migration pattern of most of the women in Ogbuagu's (2012) study. It is reported that due to the cultural norms regarding education in Nigeria, men may have the edge with regards to migration. Therefore, on relocation to a Western country, they may demand submission from their wife which could contribute to violence. In addition, the study reports that women may experience violence when they take advantage of the legal protection under the Violence Against Women Act [VAW, 2000; 2005] (Ogbuagu, 2012).

### ***Barriers to help-seeking***

These studies also identified some barriers to help-seeking. These included the deep-rooted cultural and religious ideological emphasis on female submission in Nigerian-type intimate partner relationships and the religious belief in the sanctity of marriage (Nwosu, 2006; Kalunta-Crumpton, 2015). Studies also found that the view that violence in marriage is a cultural norm which should be kept private prevented some women from seeking help (Nwosu, 2006; Ogunisiji et al., 2011; Kalunta-Crumpton, 2017). Some who were financially dependent on their husbands were limited in their ability to seek help, including those who feared the social stigma of single parenthood and the possible isolation from their community (Nwosu, 2006; Ogunisiji et al., 2011; Kalunta-Crumpton, 2017). In addition, women who had insecure immigration status were more likely to endure

the abuse for fear of visibility, destitution, and deportation (Nwosu, 2006; Ogunsiji et al., 2011; Femi-Ajao, 2018).

Ogunsiji et al. (2011) and Kalunta-Crumpton (2017) found that low level of integration into the Western culture meant that women in their study reported limited knowledge of what constituted IPV, therefore, did not consider their experiences of verbal and financial abuse as violence. While language was not seen as a barrier to help seeking in Nwosu's (2006) study, Femi-Ajao (2018) reported that women's poor English language skills, contributed to lack of trust and confidence in help-seeking. Furthermore, others who sought help for their experiences of violence only disclosed to and sought help from persons considered to be in positions of authority within the Nigerian ethnic group due to prior socialisation from Nigeria (Femi-Ajao, 2018). The role of socialisation was also reflected in women's suggestions on how to tackle IPV in Kalunta-Crumpton's (2017) study. The women in her study proposed female submissiveness and the need to involve the immigrant Nigerian community in situations of IPV. In addition, they state that formal support should be utilised only as the last resort.

### ***Section summary***

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#### ***Nature of violence***

- Controlling behaviour
- Sexual, physical, emotional and financial abuse

#### ***Factors influencing violence***

- Gendered roles and expectations
- Male dominance and female subordination
- Structural factors
- Immigration patterns of most of the women
- Economic based gendered role reversal

#### ***Barriers to help-seeking:***

- Cultural beliefs associated with the sanctity of marriage
  - Religious expectations of wifely submission in marriage
  - A belief that violence in marriage is a private issue or a cultural norm
  - Financial dependence on the husband
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- Social stigma of single parenthood
  - Insecure immigration status/fear of deportation
  - Fear of isolation from community
  - Low level of integration into the Western culture
  - Lack of knowledge of what constitutes violence
  - Socialisation from Nigeria
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## **2.6. Key themes from research on BME women's experiences of domestic and sexual violence in the UK:**

Compared to the US, limited studies exist that explores how women from BME communities experience violence in the UK. Most of the studies conducted have specifically focused on DV against women of South Asian communities (e.g., Gill, 2004; Gangoli, Razak and McCarry, 2006; Anitha, 2008; 2010; 2011; Belur, 2008; Ahmed, Reavey and Majumder, 2009; Chantler et al., 2017), thus, limiting the transferability or applicability of findings to other BME women in the UK. While some have considered South Asian women alongside other minority groups (e.g., Mama, 1989b; Batsleer et al., 2002; Hester et al., 2007; Thiara and Roy, 2010; Thiara and Gill, 2012), and one, on African and Caribbean heritage women (Kanyeredzi, 2018), to my knowledge, only one qualitative study (Femi-Ajao, 2018), specifically examined Nigerian women's experiences of GBV in the UK. The following table presents an overview of these studies conducted on BME women's experiences of violence in the UK.

Table 2.6: Summary of studies conducted on BME women in the UK

<b>Author/s</b>	<b>Sample size of women/BME group</b>	<b>Sample size (Others)</b>	<b>Research design/ Method of data collection</b>	<b>Focus of the study</b>
<i>Mama, 1989b</i>	100 women Caribbean (54) Asian (40) African (6)	A range of workers from: voluntary organisations, refuge, local authority, law centres, housing advice centres and researchers in DV area. Policy documents	Mixed method- Indepth interviews, policy analysis and questionnaires	Black women's experiences of domestic violence & Statutory and Voluntary sector responses.
<i>Batsleer et al., 2002</i>	24 women African or African-Caribbean (7) South Asian (8) Jewish (6) and Irish (3)	12 organisations	Qualitative/Semi-structured interviews	Intersections of minoritisation and access to DV services
<i>Gill, 2004</i>	18 Asian women	None	Qualitative/In-depth interviews	Risk factors for DV
<i>Gangoli, Razak and McCarry, 2006</i>	37 South Asian women	32 men; 4 community and religious leaders; 15 DV services; 49 forced marriage services	Mixed method/ Surveys, telephone and face-to-face interviews, and focus groups	Love, arranged and forced marriage (FM) and DV
<i>Hester et al., 2007</i>	33 women from a wide range of BME communities	5 men; 58 organisations (interviews), 79 organisations (surveys), 28 projects (interviews) and fifteen focus groups with 82 women and 15 men.	Interviews, databases, surveys and focus groups	Forced marriage
<i>Belur, 2008</i>	12 South Asian women	None	Qualitative/Semi-structured	The relationship between police

			interviews and observations	services offered to Asian women as victims of DV and institutional racism
<i>Ahmed, Reavey and Majumder, 2009</i>	8 South Asian	None	Qualitative/Semi-structured interviews	The effects of 'culture' within women's accounts of sexually violent experiences.
<i>Anitha, 2008; 2010; 2011</i>	30 women of Indian, Pakistani and Bangladeshi origins	None	Qualitative/Semi-structured interviews	Government policy and the needs of women experiencing DV, Nature and pattern of DV
<i>Thiara and Roy, 2010</i>	124 women South Asian 85%, Other BME 15%	None	Data toolkit used by 10 participating BAMER organisations	The nature and extent of the violence and abuse, specialist support needs, barriers to accessing support, and outcomes of engagement with services
<i>Thiara and Gill, 2012</i>	45 women South Asian (30) and African-Caribbean (15)	71 professionals 19 children aged 6 to 16. (14 South Asian and 5 African-Caribbean)	Qualitative/In-depth interviews	DV, child contact and post-separation violence
<i>Chantler et al., 2017</i>	8 South Asian women	Surveys with 109 organisations; policy analysis; telephone interviews with 4 policy leads; telephone	In-depth interviews, telephone interviews and Surveys	Forced marriages in Scotland

		interviews with 21 professionals.		
<i>Kanyeredzi, 2018</i>	9 African and Caribbean women	6 experts in violence support, research, and health services.	Two or three-stage life history interviews Case studies	Women's experiences of violence and abuse.
<i>Femi-Ajao, 2018</i>	16 Nigerian women	9 community/religious leaders (6 females and 3 males)	Qualitative/In-depth individual Interviews	Disclosure and help-seeking practices of Nigerian women affected by IPA/V

The study with the largest sample was a quantitative study that accessed the data of 124 women who had experienced violence using the Data toolkit from 10 participating BAMER organisations (Thiara and Roy, 2010). The strength of this study lies in the use of the Data toolkit which provided a robust mechanism for generating and analysing useful data. The study conducted by Mama (1989b) uses in-depth interviews from 100 women, making it the largest qualitative study so far to be conducted on BME women's experiences of violence in the UK. The qualitative nature of this study along with its sample size ensured that a comprehensive analysis of women's experiences of DV in the UK is provided. Four studies used a mixed method approach consisting of interviews, surveys, policy analysis and focus groups (Mama, 1989b; Gangoli, Razak and McCarry, 2006; Hester et al., 2007; Chantler et al., 2017). Clearly, the key advantage of these four studies is in their multi method approach which allowed for the triangulation of data. In addition, the richness of data was reflected in the way direct quotes are used, thus increasing the authenticity and rigour of these studies. Other studies used qualitative methods consisting of interviews, focus groups, case studies and observations, with smaller sample size of women who had experienced violence. This ranged between eight to 18 (Gill, 2004; Belur, 2008; Ahmed, Reavey and Majumder, 2009; Femi-Ajao, 2018; Kanyeredzi, 2018) and 24 to 45 (Batsleer et al., 2002; Anitha, 2008; Thiara and Gill, 2012). In all the qualitative and mixed method studies, women were accessed through community and religious groups, women's and youth organisations, black women

organisations, women's refuge, specialist services and websites, and recruited using purposive and snowballing sampling methods. Thus, all the women had lived experiences of violence which helped to ensure that verbatim quotes were included in the analysis in a way that helped to enhance the authenticity of these studies (e.g., Mama, 1989b; Batsleer et al., 2002; Ahmed, Reavey and Majumder, 2009; Thiara and Gill, 2012; Kanyeredzi, 2018). Some studies included data from men, community and religious leaders, policy leaders, professionals, DV services, projects and children (e.g., Mama, 1989b; Batsleer et al., 2002; Gangoli, Razak and McCarry, 2006; Hester et al., 2007; Thiara and Gill, 2012; Chantler et al., 2017; Kanyeredzi, 2018), thus, allowing different and useful perspectives to be included in the analysis. The next section reviews these studies and identifies key themes which include nature of violence, impact of violence, help-seeking, and support.

#### **2.6.1. BME women's experiences of violence in the UK:**

Studies reported multiple types of violence women experienced which included physical, emotional, sexual, financial abuse and controlling behaviour (Mama, 1989b; Batsleer et al., 2002; Gill, 2004; Gangoli, Razak and McCarry, 2006; Anitha, 2008; Thiara and Roy, 2010; Thiara and Gill, 2012; Femi-Ajao, 2018; Kanyeredzi, 2018). Other forms of violence women experienced included forced labour, isolation, denial of adequate food and warm clothes, denial of privacy and labour-saving devices, entrapment, threats and rape (Anitha, 2008; Thiara and Roy, 2010). Three studies (Batsleer et al., 2002; Gill, 2004; Thiara and Roy, 2010) identified the privileging of physical violence over other forms of violence in women's experiences of violence. In Batsleer et al. (2002), women only recognised they were experiencing other forms of abuse when the situation escalated to physical violence. It could be that physical violence, triggered the recognition of other forms of violence as abusive (Radford and Kelly, 1991). Similarly, in Gill's (2004) study, 17 women reported physical abuse, while only 5 reported sexual abuse and in Thiara and Roy (2010), rape was the least reported at about 10%. Gill (2004) noted that cultural socialisation may have influenced the types of abuse the women chose to emphasise and their reluctance to discuss others. Also, as Harne and Radford (2008) argue, the difficulty with the language of sexual abuse and violence, together with the fact that it is an intimate and



intrusive violation of the self, makes it one of the hardest aspects of gender-based violence to discuss.

Research by Gangoli, Razak and McCarry (2006), Hester et al. (2007) and Chantler et al. (2017) focused on forced marriages. Forced marriage came to the UK public attention in 1999 when a 19-year-old-woman, Rukshana Naz, from Derby was murdered by her family because she was considered to have shamed them by refusing to remain in a forced marriage (Siddiqui, 2003). Thus, drawing attention to the need to conceptualise forced marriage as a form of VAW (Chantler, 2012). In Gangoli, Razak and McCarry's (2006) study, women also experienced physical and mental abuse, in addition to their movements being restricted in order to maintain control over them. This is similar to the controlling and abusive behaviour experienced in domestic abuse studies already highlighted. Findings from Chantler et al.'s (2017) study show that between 2011 to 2014 there were 191 cases of forced marriage reported in Scotland. Whilst these studies (Gangoli, Razak and McCarry, 2006; Chantler et al., 2017) focused on South Asian women, Hester et al. (2007) found that forced marriages also occur in a range of non-South Asian communities and argue that forced marriage is a problem in the UK.

Some studies also identified a number of factors which exacerbated women's experiences of violence. Women in Kanyeredzi's (2018) study located their experiences of different forms of childhood abuse within the wider context of poverty resulting from structural power relations and racism. Ahmed, Reavey and Majumder's (2009) study which sought to examine some of the ways in which South Asian women construct their experiences of dealing with sexual violence and its aftermath, found that many of the women constructed culture as problematic and both culture and gendered power relations featured in women's narratives as barriers to escaping abusive relationships. Anitha (2008) also observed that the unequal power relations resulting from women's insecure immigration status influenced the experiences of violence for the women in her study. Therefore, it could be argued that the structure of the immigration law and the subsequent control some spouses (men) may have over women's immigration status, may leave women vulnerable to violence. Another important point highlighted in this study was the direct association between men's

experiences of forced marriage and women's experiences of violence in the relationship. It seems that the complexities generated from such situations interacted in a way that became a source of oppression and violence for such women.

Furthermore, Mama (1989b) found that apart from men using religion to assert control over women, some had unrealistic expectations of what the role of women were and used violence to enforce those expectations if they are not met. Thiara and Gill (2012) also describe how gendered roles and expectations was a significant feature in the violence experienced by women in their study. They report that where women resisted men's expectations of them as a 'traditional wife', violence was sometimes used to get them to conform. It could be argued that the influence of women's acculturation in the UK resulted in violence associated with gendered roles and expectations and the underlying controlling behaviour. In addition, the study reported that women experienced coerced sex, repeated rape and physical reprimand if they refused sex, as men felt they were entitled to sex whenever they wanted. In one case, a woman was drugged by her partner because she refused sex, another woman not only felt coerced to have sex by her partner, but pressure was placed on her to please him by her mother in-law.

#### **2.6.2. Impacts of violence on BME women in the UK:**

There is much evidence in the literature to suggest that violence is a major contributing factor to both immediate and long-term physical and poor mental health problems amongst BME women (Chantler et al., 2001; Batsleer et al., 2002; Sullivan et al., 2005; Nilsson et al., 2008; Ammar et al., 2013; Akinsulure-Smith et al., 2013; World Health Organization [WHO], 2013). Studies conducted in the UK indicate that the most common impact of violence on women are depression and anxiety (Mama, 1989b; Batsleer et al., 2002; Gill, 2004; Anitha, 2010; Thiara and Gill, 2012). Studies report that women associated depression to the feeling of being lost and trapped, brokenness and being burdened with guilt (Gill, 2004; Thiara and Gill, 2012). In Batsleer et al. (2002), one woman talked about being damaged mentally and physically as a result of the abuse she suffered. Likewise, some women in Mama's (1989b) study reported physical

damage such as broken nose, miscarriage, bruises and permanently damaged vision due to repeated blows to eyes.

Some women described being subsumed with the sense of failure as a woman, mother and wife. Some also said they experienced a loss of sense of self and confidence, low self-esteem, self-blame, anxiety, emotional distress, a feel of disembodiment, nightmares, shame, disorientation, and a sense of hopelessness (Mama, 1989b; Batsleer et al., 2002; Thiara and Gill, 2012; Kanyeredzi, 2018). Likewise, Thiara and Roy (2010) report that women across all age groups in their study experienced depression, a sleep disorder, panic or anxiety attacks and around 30% of women were reported to be on prescribed medication. In some cases, the depression was said to be more acute when the abuse was perpetrated by the extended family members or from being isolated from family and friends (Thiara and Gill, 2012).

There is a strong association between DV, self-harm and suicidal ideation (Chantler et al., 2001; Boyle and Todd, 2003; Anitha, 2010). Thiara and Roy (2010) report that around 13% of women in their study had suicidal thoughts and half of these women were under 25 years. Just over 8% had self-harmed, with 80% of these being under 25 years. Around 13% of women had attempted suicide, with this being fairly evenly split across the 18-50 years age groups. Also, five of the women in Kanyeredzi (2018) had considered ending their lives and two had attempted suicide as a result of the distress they experienced. This is similar to findings reported by Mama (1989b), Batsleer et al. (2002) and Gill (2004) in which women had attempted suicide due to the severity of the violence or as a result of feeling trapped by the shame caused by their relationship and mental breakdown. This is substantiated by findings from Chantler et al's (2002) study on South Asian survivors of attempted suicide. The authors report that the precursor to this form of distress was DV and/or forced marriage in the majority of cases, along with the stress of insecure immigration status.

Fear is also a common theme reported in studies. Women were persistently overwhelmed by fear as a result of the violence they experienced. For example, some women lived with the fear that they might be raped again in Kanyeredzi's (2018) study, while others feared the consequences of leaving the abusive

relationship (Batsleer et al., 2002; Gill, 2004). In Mama (1989b), some women were overwhelmed by the fear of being attacked by the perpetrator after separation. Similarly, Thiara and Roy (2010) report that 61 out of 124 of the women were susceptible to post-separation abuse. Harassment or violence from extended family members was the most common form of post-separation abuse (56%), followed by pressure from the wider community (41%). Over a third of women had experienced on-going harassment or violence from their partners which included stalking, threats and actual violence. A smaller proportion (13%) had experienced attempted child abduction, 8% faced racism from neighbours or the local community, and 7% had been placed under pressure to withdraw from a prosecution.

### **2.6.3. Help-seeking:**

Research conducted in different countries reveal that BME women experience specific added challenges when escaping violence in their country of destination, when compared to non-immigrants (Graca, 2017). It is clear from studies that women who experience violence were not simply passive, they resisted men's control and sought help in their own differing ways. Consistent with cultural norms and ideology, women first sought help from informal sources, including people from the same ethnic community. In Anitha (2008), 19 out of the 30 women had disclosed the abuse they were experiencing to their family, friends or both, and some sought support and advice whilst they were still in the abusive relationship. For the majority of women (three-quarters) in Thiara and Roy (2010), seeking informal help was their first attempt to leave the abusive situation. Thus, in most cases, women only sought help from formal sources as a last resort (Mama, 1989b; Batsleer et al., 2002; Thiara and Roy, 2010; Thiara and Gill, 2012). In Gill (2004) only six women out of 18 sought help from formal agencies. Anitha (2008) also reports that most of the women who sought formal help in her study, did so only when the situation escalated, for example, six women were thrown out of their marital home following ongoing and escalating DV. This is similar to the findings from Kanyeredzi's (2018) study where for some women, the fear of being raped or the inability to cope with the emotional distress resulting from the abuse compelled them to seek help. Evidence from these studies clearly show that help-seeking is not always a linear process for women affected by violence (Robinson

and Spilsbury, 2008). Although this next section discusses some of the factors that influence women's ability to seek help for their experiences of violence, it is important to note that many women live at the intersection of two or more of these barriers.

### ***Family Honour and Shame***

Research on violence within Asian communities clearly indicates the priority given to the concept of Izzat (family honour) and Sharam (shame) (Gangoli, Razak and McCarry, 2006; Izzidien, 2008). Indeed, women's responses to abuse and violence are framed around this concept since they are perceived to be responsible for upholding family honour (Harne and Radford, 2008). Although research shows that these cultural barriers are most pertinent to first generation Asian women, it has also been observed to prevent the second and third generation Asian women from seeking help (Izzidien, 2008). Asian women who are subject to this form of pressure from their immediate, extended family and community often struggle with feelings of guilt about letting their family and community down by involving formal services in their domestic matters (Belur, 2008; Wellock, 2010). This means that women may not report abuse and violence for fear of stigma and social ostracism that may result in destroying the 'honour' of not only the family, but also the wider community (Siddiqui, 2005; Izzidien, 2008). In addition to the desire for cultural identification working as a barrier to help-seeking (Chantler, 2006), Reavey, Ahmed and Majumdar (2006) argue that the complex hierarchies of power in such communities, which on the one hand potentially offers a means of support, can also act as a barrier to help-seeking. Kanyeredzi (2013) further argues that BME women may not disclose abuse because of the patriarchal view that only attaches value to a woman who identifies with a man and a family. Gill (2004) notes that such women may be constrained by the fear of tarnishing the image of men through reporting of abuse, thus resulting in their continual revictimization.

### ***Immigration status***

Immigration requirements have been known to pose barriers for immigrant women who have insecure immigration status in domestic violence situations (Batsleer et al., 2002; Gill, 2004; Anitha, 2008). In the UK, the current immigration and asylum legislation, no recourse to public funds (NRPF) means that women

who experience violence are unable to access mainstream support due to the additional cost involved (Chantler et al., 2001; Burman, Smailes and Chantler, 2004; Anitha, 2010; Thiara and Roy, 2010). In addition, immigrant-specific conditions which require that couples remain married for five years further disadvantage women who are subject to such immigration conditions. Under these circumstances, many women are reluctant to leave even the most abusive relationships for fear of destitution and deportation (Chantler et al., 2002; Joshi, 2003; Southall Black Sisters, 2006; Anitha, 2008; Femi-Ajao, 2018). Thus, perpetrators may use women's insecure immigration status as a strategy for control (Harne and Radford (2008). A further limitation posed by insecure immigration status is the added layer of economic dependence on their spouse (Batsleer et al., 2002). These immigrant-specific conditions are superimposed on other systems of oppression, such as class, race, and ethnicity, to further limit such women's ability to seek help (Menjivar and Salcido, 2002). Parmar, Sampson and Diamond (2005) also note that if a woman has come to the UK specifically as a result of her spouse, there is usually an increased pressure from her family for the marriage to be successful.

### ***Language barrier and Isolation***

Poor English language skill is a factor that continues to disadvantage some BME women and may hinder them from seeking help for their experiences of violence in their host countries. Research suggest that poor English language skill significantly impacts on women's confidence to approach services for help even if they wanted to (Thiara, 2005). Femi-Ajao (2018) reports that poor English language skill was expressed as a factor that contributed to lack of confidence in help-seeking among the Nigerian women in her study. When combined with other intersecting factors like isolation, unemployment and immigration, language skills exert even greater influence on women (Menjivar and Salcido, 2002). Poor English language skill could also extend to women's over-reliance on professionals due to lack of confidence (Thiara and Gill, 2012). On the other hand, professionals working with women may lack confidence and skills in engaging with them in a meaningful way due to women's poor language skill (Sachdev, 2002).

Studies have shown a link between language barrier and isolation. Thiara and Gill (2012) report that women who were new to the country by reason of marriage, and who had language barriers, experienced extreme isolation. In addition, women's lack of social or family support may contribute to their vulnerability in the UK (Mama, 1989b; Gill, 2004, Izzidien, 2008). This is because they may not have any knowledge on how things work in the UK or the services that exist for support (Anitha, 2008). In some cases, isolation can be facilitated by the controlling behaviour of the abuser/s. Most women in Anitha's (2008) study reported that their husband and/or his family monitored their movements to minimise the possibility of a disclosure. This was also the case in Batsleer et al. (2002) where isolation was used as a strategy for maintaining control. Some women were not allowed access to money or transport, neither were they allowed to use the telephone or to open their own mail. One woman reported that she was not allowed to associate with younger women in case she gets the idea to leave the abusive relationship (Batsleer et al., 2002). Although, a key point here is that perpetrators can control women better if they have very limited understanding of the systems, albeit, the reduced availability of the opportunity to study English for Speakers of Other Languages (ESOL) has made it increasingly difficult for such women to learn English to enable them to understand and navigate the system better.

### ***Children***

Studies show that women may remain in an abusive relationship for the sake of their children (Mama, 1989b; Chantler, 2006; Anitha, 2008; Thiara and Gill, 2012). In Thiara and Gill (2012), for example, women with children reported greater pressures to remain in the abusive relationship for fear of losing their children. In some cases, problems posed by childcare, especially when extended family members are involved in providing childcare support may mean that women may not see other options but to remain in the abusive relationship (Batsleer et al., 2002). In another study (Thiara and Gill, 2012), the African-Caribbean women feared that their experiences of violence would not be understood by the police and social services, which may mean that their children would be taken into care, thus, posing a barrier to their ability to seek help for their experiences of violence.

### ***Socialisation from Country of Origin***

Cultural norms regarding appropriate behaviour, including gendered roles are learned from the earliest days of childhood. Studies into BME women who experience violence found that some women's attitude towards help-seeking were influenced by the cultural and traditional values in which they have been socialised. In Kanyeredzi's (2018) study, the gendered expectation of protecting the 'black strong woman' persona by only seeking help when the breaking point is reached limited women's ability to seek help for their experiences of violence. Femi-Ajao (2018) also identified this prior socialisation from the country of origin as one of the barriers influencing help-seeking among the sample of Nigerian women she interviewed. Even when women sought help for their experiences of violence, their help-seeking was however, limited to persons they considered to be in positions of authority within the Nigerian ethnic group. This was also evident in Gill's (2004) study where the older women (aged 45 years or over) were more socialised into believing that divorce is a disgrace to the family, so they remained in their abusive relationship. It may also be that some BME women frame their experiences of violence using their home countries as a point of reference (Erez, 2000). BME women who are socialised to see violence within marriage as the norm, may also rely on their socialised perspective in assessing their current situation (Menjivar and Salcido, 2002), therefore, such women may be reluctant to accept that what is happening to them is abusive or warrants help-seeking. Reavey, Ahmed and Majumdar (2006) also point out that the ways in which South Asian cultures are organised around female submissiveness and male authority could prevent women from identifying abuse and subsequently seeking help. In sum, this form of cultural socialisation which is underpinned by gender inequality encourages the overvaluing of the male, as such, disclosure or reporting of violence to authorities is frowned upon by such BME communities (Kanyeredzi, 2013).

#### **2.6.4. Support and intervention:**

As discussed in chapter one, section 1.3, there are legislative provisions and initiatives in place in the UK to tackle violence against women and girls. Studies have also highlighted a number of intervention approaches in supporting women who experience different forms of violence. In the UK, intervention began with the



work of the women's liberation movement through the establishment of refuges in the 1970s (Dobash and Dobash, 1979). Refuges provided temporary emergency accommodation for women and children escaping violence. Such provisions allowed women to gain emotional and practical support from both staff and other women, thus, enhancing their confidence and resilience (Abrahams, 2007). Other intervention approaches have since followed. For example, the screening of women for domestic violence in healthcare settings was advocated to identify and promote onward referral to appropriate services for women affected by domestic abuse and violence (Ramsay et al., 2002; Coulthard et al., 2004; Nelson et al., 2004). Although there are controversies surrounding such routine screening programmes (Taket et al., 2004; Feder et al., 2009), Feder et al.'s (2009) systematic review of screening for domestic violence in health-care settings found a growing evidence for the effectiveness of onward referral for advocacy and psychological interventions after women disclose recent abuse. Others argue for a non-medical approach such as advocacy, counselling and group work, arguing that practice and intervention should be focused on survivor's experiences of violence and abuse (Humphreys and Thiara, 2003; Rivas et al., 2016).

Kelly's (2003) 'space for action' model for providing support to victims or survivors of domestic violence was developed based on the understanding that victims of domestic violence experience some sort of coercive control from their abusers. It is argued that coercive control restricts or diminishes the 'space for action' for women who experience domestic violence, in other words, limiting women's capacities to think and act from their own perspectives (Kelly, Sharp and Klein, 2014). Kelly, Sharp and Klein (2014) argue that support needs to be directed on provisions that would offer victims/survivors of domestic violence the ability to start regaining and exercising their autonomy. The authors connected 'space for action' following women's separation from abusive relationships to the provision of holistic services, on-going and longer-term support which enables women not only to be safe but to begin to feel safe, resettle and rebuild their relationships with each other and their wider networks. They recommend that a minimum of 2-year post separation support be provided to all women who have experienced domestic violence. This support could be through 'refuge and floating support;

legal advice and advocacy; short courses on understanding domestic violence; specialist counselling and group work for women and for children; skills and confidence building workshops; and workshops and individual support oriented to single parenthood, (re)entering employment, education and training' (p.131).

Drawing on Maslow's Hierarchy of Needs (1954) depicted as a five-tier model of human needs which include physiological, safety, love and belonging, esteem, and self-actualization, Abrahams (2007) argues that experiences of domestic violence remove every sense of physical and mental safety from women, an important factor in women's decision to either leave or remain in the abusive relationship. In addition, she states that the isolation resulting from fear and shame, overtime, result in women losing their confidence, self-esteem and aspiration. Therefore, she concludes that 'effective support needs to be reliable and consistent. It also needs to reinforce women's ability to take action by establishing a sense of physical and mental safe space which helps to rebuild confidence and self-esteem' (p.23). According to Abrahams (2007), this support could be provided through community projects, advocacy services, health initiatives, national and local helplines.

#### **2.6.4.1. Understanding the Support needs of BME women:**

Whilst the violence that BME women experience may be in some ways similar to that experienced by the majority women (Walby and Allen, 2004), in which case, they may benefit from the intervention approaches presented in the preceding section, studies however, show that the way BME women perceive and experience violence is in many aspects unique to their community (Burman and Chantler, 2004; Izzidien, 2008). It is argued that BME women face difficulties emanating from cultural factors in their communities which situates them at the bottom of the hierarchy (Menjivar and Salcido, 2002). Thus, in reality, they experience violence as an extension of the unequal power relations found in such communities (Reavey, Ahmed and Majumdar, 2006). In addition, professionals who engage in supporting such women, consistently observe reoccurring themes relating to women's culture, family structures, racism and immigration status manifesting in complex ways in the broader societal structure (Gill, 2004; Thiara, 2005; Kanyeredzi, 2018). In their interviews and focus group discussion with 32 asylum support workers, Brown and Harrocks (2009) found that the accounts of

what their roles entailed and the 'nature' of support they offered were very diverse, suggesting workers take on multiple roles to meet the diverse needs of women asylum seekers. Similarly, Messing et al.'s (2013) study which examined the effectiveness of the revised instrument in predicting re-assault and severe IPV among migrant women, found that migrant women have vulnerabilities which are specific to them due to several factors which intersect to contribute to their vulnerability.

Although other black feminists have articulated the notion of multiple disadvantage experienced by BME women, Crenshaw (1989, p.141 and 1991, p. 1241) coined the term 'intersectionality' to highlight how multiple factors intersect in ways that pose barriers to BME women's help-seeking on the one hand, and in receiving appropriate service provisions on the other hand. In this regard, Reavey et al. (2006) assert that it is not just about tackling the visible effects of violence but adequately addressing the relational contexts within which the violence happens. Batsleer et al. (2002) report that in their study, some services did acknowledge the multiplicity of lived experiences of BME women within their internal practices, however, they also note that service providers tended to talk about all the BME women they had worked with in a generalised fashion and only pointed out differences where they felt it was necessary, for example when talking about language or religious differences. In effect, there was little, or no understanding of the way intersectionality produced oppression and discrimination in women's individual lives. In contrast, Ahmed, Reavey and Majumder (2006) found that professionals in their study acknowledged cultural issues, however, many deliberately avoided such issues in order to fit women into pre-structured Eurocentric models of intervention. This may suggest why some BME women seeking help for their experiences of violence still receive inappropriate services, with frequent dissatisfaction and inconsistent professional responses (Hague and Mullender, 2006). As Chantler et al. (2001) point out: they are 'not given adequate priority in service planning or provision of services' (p.25). Such failings may consequently lead to an inconsistent pattern in intervention and the further pathologization of BME women who access mainstream services. For example, Anitha (2008) revealed that majority of the women who accessed mainstream services like GPs, reported dissatisfaction due to a failure by the GPs

to take their disclosures seriously, deal with the causes of their symptoms and to signpost them to relevant services. Recognising the multiplicity and complexity of the needs of BME women affected by violence also means that service providers develop strategies in dealing with often more complex cases which requires additional time, resources and specialist support (Thiara and Roy, 2010). As a starting point and for service engagement, Burman and Chantler (2005) argue for the need to provide 'adequate information on the availability of services for BME women, whilst considering the ease with which women can reach these services personally, either by phone or other methods' (p. 65). Similarly, Chimba et al.'s (2012) study show that those respondents not brought up in the UK (five out of eight) had no prior knowledge of social services and the support role of social services. They argue for the need to ensure BME women are informed of support services available and how they can access such services.

#### **2.6.4.2. BME women and Support:**

Evidence suggests that given appropriate provision, BME women do seek help for their experiences of abuse and violence (Reavey, Ahmed and Majumdar, 2006). In so doing, BME women have dealt with a range of professionals both within the statutory and non-statutory sectors. These include professionals in health, social services, counselling services, charity, housing and refuge organisations (Mama, 1989b; Ahmed et al., 2009; Kanyeredzi, 2018). Studies indicate that the services provided are highly variable. Some tended to be short-term and was often provided in response to a crisis or a specific incident, while others involved the provision of tailored, proactive and often intensive individual work with women which was usually provided on a medium to long-term basis (Parmar, Sampson and Diamond, 2005). For example, in Gangoli, Razak and McCarry (2006), the type of services offered to women included help lines, outreach services, counselling, legal support, policing, accommodation and interpretation services. Women were also signposted to relevant agencies such as police, social services, health and a local domestic violence refuge. Anitha (2008) reports that women accessed services such as: obstetric services, specialist domestic violence services, community mental health services, Law Centres and the Citizen's Advice Bureau. They also sought support from social services through referrals or signposting by the GP, police, midwives and health

visitors. Thiara and Roy (2010) note that women who accessed the BAMER refuge service found a variety of support useful in helping them steer clear of the abusive relationships. This included advocacy, parenting skills, life skills, language support, filling of forms, counselling, training courses and referral to other services.

#### **2.6.4.3. Barriers to Adequate Service Provisions:**

While there are cultural and structural barriers that pose a barrier to BME women's help-seeking, research has also highlighted barriers to women's access to services, service response and service delivery. This next section discusses some of these barriers.

##### ***Confidentiality***

A number of studies have found that BME women may not access services for fear of a breach in confidentiality. According to Ahmed et al. (2009), it may not necessarily mean that professionals working with such women would breach confidentiality but the nature of such closely knit communities may increase the possibility of meeting those professionals outside support provision context. Others have found that some women, especially those from South Asian communities are reluctant to seek help for fear of professionals breaching in confidentiality when interpreters are used (Gilbert, Gilbert and Sanghera, 2004; Wellock, 2010). There is also a fear that if disclosures are repeated in their communities, it could lead to gossiping and shame on the family's name (Kasturirangan et al., 2004; Reavey et al., 2006). Secondly, it may jeopardise marriage prospects of their sisters and/or may lead to violence for family members in their country of origin (Gill 2004; Izzidien, 2008). Belur (2008) also found the issue of confidentiality to be problematic for many BME women in relation to effective disclosure and intervention. The study noted that most times the interpreters were middle aged Asian men, which not only was a barrier for disclosures, but demonstrates the lack of understanding of the multiple cultural factors that influence women's lived experiences of violence.

##### ***The notion of culture***

Burman, Smalles and Chantler (2004) argue that the notion of culture as the problem, or in other words, culture-blaming could work in ways that may exclude

BME women from adequate support and intervention. Drawing from Phoenix's (1987) characterization of the ways black women are represented in social policy and academic discourses as a homogenized absence/pathologized presence, the authors argue that some service providers portray the needs and positions of minoritized women in a manner that suggest a homogenized absence. Thus, invoking a discourse of 'cultural privacy', a belief that some minoritized communities tend to sort things 'in-house', in a way that prevent outsiders from meddling in community affairs or 'cultural respect' which relates to race anxiety/cultural relativism on the part of services which works to deny BME women protection from abuse. Elsewhere, Siddiqui (2013a) points out how notions of cultural relativism in the name of cultural or religious sensitivity deny BME women protection from services. It is argued that as a result of such practice, professionals may adopt a dispassionate attitude towards adopting creative ways of engaging with BME women (Burman, Smailes and Chantler, 2004). This invariably prevents effective intervention and support. The findings from Wilkinson's (2009) study reflect some of the issues highlighted by Burman, Smailes and Chantler (2004). The study which was based on the analysis of self-assessments by a sample of social care services, focus groups and interviews with BME service users revealed that services were not adapting their support package based on individual needs but were providing support based on generalised assumption about the needs of BME women.

Burman, Smailes and Chandler (2004) also argue that on the other hand, when service providers heighten the visibility of BME women in relation to their experiences of violence within their communities (pathologized presence), it becomes a potential deterrent to accessing services, consequently leading to the underutilisation of services by BME women. This was also noted in Mama (1989a) where she argues that certain types of intervention may heighten the visibility of BME communities in such a way that men from such communities may become criminalised as a whole.

### ***Service based on stereotype***

Kanyeredzi (2013) asserts that internalised cultural messages or stereotypical views about BME communities may also pose a barrier to effective service provisions to BME women seeking help for their experiences of violence. For

example, Burman, Smailes and Chantler (2004) found that the professionals interviewed in their study had their own stereotypes, e.g. all African women are strong, thus using these stereotypes as a justification for offering limited support or in some cases, no support at all. Similar findings were reported in Thiara and Gill's (2012) study. The authors found that professional responses to South Asian and African-Caribbean groups in relation to contact disputes were shaped by a range of social constructions and stereotypes. For example, there was an assumption that black families are violent, so for African-Caribbean women, DV was frequently normalised. Professionals also believed that African-Caribbean women are used to lone parenting since African men are not always interested in their children as compared to the South Asian men. Consequently, resulting in an over-involvement of professionals in relation to South Asian women and a lack of involvement or inadequate response to African-Caribbean women. These stereotypical assumptions also manifested through the culture of disbelief on the part of professionals regarding women's experiences of violence in a way that majority of the women reported feeling re-victimised by some professionals.

Another way stereotypical assumption can manifest is through racism. The role of racism as a barrier to effective service delivery has long been articulated by feminist who have conducted important work in this area. Mama (1989a) argues that race and gender play significant role in service delivery in a multicultural society like the UK. She asserts that whilst leaving abusive relationships are traumatic and stressful in many respects for women in general, it is particularly tougher for BME women as a result of both overt and covert racism within various service provisions. Although there are important legislative and policy provisions that also apply to BME women (see chapter one), however, there is a view that welfare state has always discriminated against black people (Mama, 1989a). It is possible that the way gender and race are expressed in power relations by different state actors (Yuval-Davis, 2006) can translate into if and how services are made available to BME women. This means that frontline workers acting at the intersection of gender and race who may view black people as underserving, might translate this stereotypical view into inadequate service provision or no service provision at all. Hence, the 'culture' of service providers is just as important as the cultures of BME women.

Another stereotypical view found was the assumption that BME communities are 'closed' in such a way that 'they look after their own' (Burman, Smailes and Chantler, 2004, p. 344). Willis (2008) examined ethnic group differences in help given to family members using data from the Home Office Citizenship Survey, a biennial survey of 15,000 people in England and Wales and reports that in all but one ethnic group comparison, there were no differences across ethnic groups in support given to household members or to relatives outside the household. Furthermore, Chimba et al. (2012) addressed this view in a study which examined how both BME families and social work practitioners perceive and experience child protection interventions. Based on semi-structured interviews with eight families and the use of vignettes with eight child protection social work practitioners, they found that BME communities were seen by women respondents as simultaneous sources of support and oppression. Although some groups and individual friends within their ethnic and/or faith community were resources for support and advice, some took the role of monitoring the women's behaviour, sanctioning and even endorsing male abuse. Ahmed et al. (2009) also describe how BME families and communities could potentially offer a means of support yet act as a barrier to women disclosing abuse.

### **2.7. Cultural Competence:**

One of the most significant current debates in professional response to the needs of BME women is the concept of cultural competence. As such, the definition of cultural competence has been a matter of ongoing discussion among scholars in the fields of health and human services. Cross et al. (1989) define cultural competence in an organisation as being 'characterized by acceptance and respect for difference, continuing self-assessment regarding culture, careful attention to the dynamics of difference, continuous expansion of cultural knowledge and resources, and a variety of adaptations to service models to better meet the needs of minority populations' (p.17). This notion of cultural competence is closely linked to what Cowan (2009) termed 'cultural desire' within professional practice. According to Cowan (2009), it involves having an attitude that embraces cultural sensitivity, good listening skills to recognise the needs of service users and a non-judgemental attitude that does not impose Eurocentric practices. Chantler (2005) however, points out that it could potentially become problematic



if culture is seen as static or fixed when based on obvious components that characterise culture such as: language, values, beliefs and norms. This is because culture is dynamic, constantly evolving based on what individuals make of it and other collective factors such as individual cultural stance, acculturation, and the impact of intersectional factors at different points in time (Chantler, 2005). In essence, it is important to adopt interventions that are based on the knowledge and understanding of the person as an individual rather than that which is based on stereotypical understanding of that cultural group (McKenzie, 2008). Also, to avoid focusing on providing a culturally competent intervention at the expense of recognising how intersecting factors contribute to inequalities within BME women, Chantler (2005) argues that assessments should be conducted on an individual basis, drawing from the woman's core values and incorporating them into intervention strategies. This would invariably prevent professionals from engaging in a tick box exercise, at the same, avoiding the idea of 'caging' individuals within a cultural group. Liao (2006) suggests the use of acculturation scales to determine the level of acculturation to plan intervention. However, since there are diversities even within the same cultural group, the use of an acculturation scale becomes limiting. Also, BME women's issues may present in ways that are different from known patriarchal norms, thus, the understanding of contexts and being aware of intersecting factors that contribute to abuse remains imperative.

### ***Section summary***

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#### ***Nature, factors influencing abuse and impacts:***

- Violence experienced by BME women in the UK include sexual (including marital rape and sexual deprivation), physical, emotional and financial abuse; controlling behaviour; isolation; forced labour; denial of adequate food and labour-saving devices; entrapment; threats; forced marriage; post separation abuse; harassment and stalking.
- Women who are subjected to forced marriages may also experience any of the various types of violence highlighted above.
- Culture and the unequal power relations resulting from insecure immigration status could make BME women more vulnerable to violence.

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- The complexities resulting from men's experiences of forced marriage could be an added risk factor for BME women's experiences of violence.
  - Resistance to gendered roles and expectations by women due to acculturation could be associated with women's experiences of violence.
  - VAW is a major contributing factor to short and long-term physical and poor mental health problems amongst BME women.

***Help-seeking:***

- Cultural socialisation does not only influence lack of disclosures but can influence the type of abuse disclosed.
- Culture and gendered power relations can constitute barriers to escaping abusive relationships.
- BME women experience added disadvantages when seeking help in the UK compared to majority women.
- BME women explore informal sources of help before considering formal sources as their last resort.
- BME women are sometimes unable to seek help for their experiences of violence for reasons relating to family honour and shame; insecure immigration status; language barriers and isolation; children and socialisation from country of origin.

***Support:***

- Given appropriate provision, BME women do seek help for their experiences of violence and require a range of services.
  - There is a need to consider how intersectionality play a major role in women's experiences of violence, help-seeking and support.
  - Barriers to adequate service provisions include confidentiality, the notion of culture and service based on stereotypes.
  - For an effective person-centred intervention, additional time, resources, and specialist support is needed.
- 

**2.8. Conclusion and gaps in the literature:**

There are similarities in the way cultural beliefs, norms and practices influence violence against women in Nigeria and those living in diasporic countries. Violence for Nigerian women was associated with beliefs around the notion of

male superiority, domination and religious expectations of wifely submission. In addition, the practice of bride price was attributed to gender discrimination, inequality and unequal power relations in intimate relationships. Apart from the prevailing view in the literature that bride price is an additional way that men can assert control over women (Hague, Thiara and Turner, 2011), the overlap between bride price and women's lack of sexual autonomy is of particular interest to this study. Whilst emphasis is laid on the lack of sexual autonomy of women as a result of the practice of bride price, there seems to be no critical understanding of how this could be directly linked to sexual abuse and violence (or marital rape) within the context of marriage, which this current study seeks to address.

Findings from the few, mostly small qualitative studies reviewed give some support to the feminist theory for understanding VAW. Findings suggest that violence against women of Nigerian origin is a consequence of systems of domination that structurally and interpersonally place women in a subordinate position to men, increasing their vulnerability to domestic abuse, sexual abuse and violence. It is argued that patriarchal ideologies can flourish outside of its originating environment (Kalunta-Crumpton, 2017). For Nigerians, as an example, this may be because of the strong value they attach to their culture. This makes this current study relevant as it considers how beliefs, norms and practices associated with patriarchal ideologies might contribute to Nigerian women's experiences of sexual abuse and violence in the UK.

Apart from patriarchal ideologies influencing Nigerian women's experiences of violence in diasporic countries, it was found that other additional factors inherent in women's new environment influenced their experiences of violence. This unveils the need to engage in an intersectional analysis to draw out how structural factors such as insecure immigration, immigration patterns and economic based gendered role reversal could influence violence perpetrated against Nigerian women. This current study is unique as it is the first to bring both factors relating to culture and structural factors together using an intersectional lens to provide an in-depth analysis of how they may contribute to Nigerian women's experiences of sexual abuse and violence in the UK. Because intersectional analysis also recognises how various social identities and structural power relations intersect

to co-construct women's experiences of violence (Davis, 2008; Shields, 2008), it will provide the theoretical foundation for informing relevant intervention and support strategies for these women.

In sum, although it is possible that the nature, barriers to help-seeking and the support needs of BME women in the UK may be broadly similar to that of Nigerian women in the UK, there might still be limitations in its application as a result of the cultural and contextual factors specific to Nigerian women in the UK. Therefore, this current study addresses this knowledge gap, by examining if and how cultural beliefs, norms and practices might contribute to the sexual abuse and violence of Nigerian women living in the UK. Analysis is also extended to what this means with regards to help seeking, barriers to help seeking and service responses. The approach to culture and violence, whilst drawing on feminist theories and intersectionality, will not only address the gap in knowledge about Nigerian women and GBV in the UK but more broadly have relevance to wider understanding about responding to GBV in different contexts.

This chapter has reviewed and positioned this study within pertinent literature. The next chapter will discuss the underpinning methodological framework that will guide the process of conducting this study.

## **CHAPTER THREE: METHODOLOGY**

### **3.1. Introduction:**

The previous chapter provided a review of the literature relating to my research questions. This chapter sets out the methodological framework for this research. It begins by recapping the research aims and questions and then locating the study within a feminist methodological framework. A discussion of the narrative method of inquiry as an approach that is underpinned by feminist and black feminist epistemology is presented. As feminist researchers engage with a variety of methods within qualitative and quantitative paradigm, I will provide my rationale for choosing the narrative method for this current study before concluding with a discussion on reflexivity.

### **3.2. Aims and Research Questions:**

There are two primary aims of this study: 1. To explore if and how cultural beliefs, norms and practices might contribute to sexual abuse and violence against women of Nigerian origin living in the UK. 2. To examine women's experiences of support in the UK. Following these aims, the central research questions are:

1. How do women of Nigerian origin in the UK construct their narratives of sexual abuse and violence?
2. What are the barriers to help-seeking and how do women experience support in the UK?

### **3.3. Methodological framework:**

As discussed in chapter one, this study is underpinned by two interrelated theoretical frameworks, feminism and intersectionality. Therefore, it adopts a feminist-intersectional approach to the research process, exploring sexual abuse and violence as a consequence of patriarchal ideologies and practices, and structural inequalities and discrimination experienced by the women who participated in this study.

#### **3.3.1. Feminist Research:**

Feminist research emerged during the second 'wave' feminist movement with the articulation of seven demands by the women's liberation movement (Sisterhood and After, 2013). One of the demands, which was equal education was expanded to include 'the *right to criticize* the accepted body of knowledge, *right to create*

knowledge and *right to be educators* and educational administrators' (Rienharz, 1992, p.11, emphasis original). Thus, second 'wave' feminism included a radical rethinking of accepted knowledge on the basis of women's lived experiences. Feminists critiqued the fact that what was taken as a generalised knowledge is actually 'male' knowledge and did not relate to women or their concerns (Tolman and Szalacha, 2004). Further, Harding (1987) argues that questions that were historically explored in social research were 'those that appeared problematic only within the social experiences that are characteristic for men' and relied so much on the positivist mode of inquiry which was seen as 'masculinist' (Harding, 1987, p. 6.). Maynard and Purvis (1994) point out that this way of doing research 'inhibited the understanding of women's experiences' (p.12). Stanley and Wise (1993) describe it as 'an excuse for a power relationship' (p.167). Other feminist sociologists have also criticized positivism as a philosophical framework (Reinharz, 1979), arguing that feminist scholarship cannot be objective or that objectivity is not the goal for feminist research (Eichler, 1997). Longino (1993) concurs with this view and suggests that there is no single underlying reality to women's experiences, instead feminists should aim to provide small-scale accounts of reality which are aimed at presenting the diversity and multiple nature of women's lives and experiences.

Although these earlier arguments favored the qualitative research techniques, however, feminist researchers are beginning to adopt a broader approach to research in a way that recognizes the important role quantitative research and a range of other different data gathering and analytical approaches can play within feminist methodology. Ramazanoglu and Holland (2002) argue that feminists can have 'different ontologies, epistemologies, theories of validity and power' (p. 15). This means that, in practice, feminists use all methods but adapt them in such a way that reflects feminist goals and principles. In sum, feminist epistemology seeks to address key issues affecting marginalized groups by providing a platform for their voices to be heard (Ramazanoglu and Holland, 2005). As such, Hartsock (1987) feminist standpoint theory of knowledge which positions women's experiences and the world view constructed by women as central to knowledge production is key in this research which seeks to understand how

Nigerian women in the UK experience sexual abuse and violence, including support.

Black feminist epistemology is also a useful theoretical framework in this research study. Collins (2000) describes four key attributes of Black feminist epistemology which will be reflected throughout my methodological process. First, Black feminist epistemology upholds concrete experience as a criterion for meaning making and emphasises the concept of ‘connected knowers,’ those who know from personal experience’ (p. 258). In a similar vein, Mitchell and Lewter (1986) acknowledge that experience is a fundamental epistemological tenet in black women’s thought systems. Collins (2000) holds the view that lived experience can be used as a criterion for credibility when making knowledge claims. She also argues that what counts as knowledge is black women’s interpretation of their experiences rather than the interpretations and explanation given by the majority group (Collins, 2000). Second, Collins (2000) claims that Black feminist epistemology uses a dialogic means of assessing knowledge claims. This posits the researcher as an insider rather than an outsider within an interpretivist frame. As this tenet concerns knowledge production, my identity as a black woman of Nigerian origin allows me to be positioned as an insider in the research process and to share a level of connectedness that allows for meaningful dialogue with my research participants (Madill, Jordan and Shirley, 2000). I also assume an active presence in the research, being directly involved in knowledge construction and production (Stanley and Wise, 1993).

Third, Collins (2000) argues that the ethics of caring which involves ‘talking from the heart’ is another epistemological dimension of Black feminism. She suggests that ‘personal expressiveness, emotions, and empathy are central to the knowledge validation process’ (p. 263). This means that knowledge cannot be value free, it is validated by the presence of empathy, emotions and compassion. This view aligns with the nature of this research as it encourages connectedness between the researcher and the research participants (Reay, 1996) and the writing of the researcher into the research process (Presser, 2005). Collins (2000) suggests an ethics of personal accountability as the fourth characteristic of Black feminist epistemology. Within this frame, the researcher’s character, values, core beliefs and ethics play a vital role in validating knowledge claims. As Cohen et al.

(2007) point out 'what counts for worthwhile knowledge is determined by the social and positional power of the advocates of that knowledge' (p. 27). This suggests that the social positioning of the knower needs to be scrutinised to hold ethical relationship to claims. My interest in this research was born out of intervention work with ethnic minority women, and the motive is that of bringing issues affecting them to the fore to investigate appropriate interventions. Also, Collins (2000) views connectedness of ideas and personal biography as a form of credibility, which means my personal biography as a woman of Nigerian origin researching the experiences of Nigerian women using a feminist framework contributes to the credibility of my research.

### **3.3.2. Feminist Research- Methodology:**

Debates on feminist research raised questions on how to conduct research in a way that is 'woman-centred' (Smith, 1974; Rienharz, 1992). So, the primary goal of feminist research became to 'put the social construction of gender at the centre of inquiry in order to correct both the *invisibility* and *distortion* of female experience in ways relevant to ending women's unequal social position' (Lather, 1988, p.571: emphasis original). Although there is no singular research method (Burns and Chantler, 2010), there are however, commonly agreed characteristics of feminist research and key methodological principles that feminists abide by to produce sound research findings (Skinner, Hester and Malos, 2005). The first is gender and gender inequalities (Renzetti, 1997). This is based on the premise that 'the nature of reality in western society is unequal and hierarchical' (Skeggs, 1994, p. 77). Therefore, feminist researchers produce knowledge used to argue for broader social change and social justice (Fonow and Cook, 1991; 2005; Burns and Chantler, 2010).

Secondly, feminists work in ways that acknowledge and attempts to minimise the power imbalance that exists between the researcher and the researched (Renzetti, 1997; Eichler, 1997), in so doing, challenging conventional or mainstream ways of collecting, analysing, and presenting data (Gelsthorpe, 1990; Code, 1995; Lather, 2001). Given this view, Oakley (1981) suggests that researchers engage with their participants in a two-way interaction to overcome problems such as hierarchy and unequal power relationships. The third is that of enabling the voices of the marginalised to be heard (Skinner, Hester and Malos,



2005). This refers to a social shift 'in which women's experiences, ideas and needs (different and differing as they may be) are valid in their own right' (Klein, 1983, p. 8). Although, feminist research uses women's experiences as a significant indicator of 'reality' against which hypotheses are tested (Shield and Dervin, 1993), Burns and Chantler (2010) argue that 'claims to voice or experience can be problematic because it can privilege a particular reality while silencing another'. Therefore, they urge feminist researchers to 'open up the possibility for multiplicities of voices by locating voices within a political and social context' (p. 74).

Fourthly, feminist researchers work in ways that consciously empower the researched (Reinharz, 1979; Lather, 1988). Lather (1988) points out that feminist research is concerned with consciousness raising whereby women are more informed and educated about their realities in a way that opens up the possibility for them to seek change. The fifth characteristic of feminist research is reflexivity, where context stripping is completely avoided, instead feminist scholars are engaged in the research process by identifying their values and bringing their own subjective experiences to the research (Eichler, 1997). Apart from the researcher engaging in the co-construction of knowledge (Stanley and Wise, 1990), the researcher and the researched in a way provide a type of validity check for one another's data (Shield and Dervin, 1993). Lastly, feminist researchers strive to use the right tool for research (Oakley, 2000). Although there is no research technique that is distinctly feminist (Stanley and Wise, 1993; Renzetti, 1997; Ramazanoglu and Holland, 2002), Reinhartz (1979) advocates that feminist researchers 'avoid exploitative inquiry methods' (p. 95). In addition, Skinner, Hester and Malos (2005) note that what is particularly important in feminist research is that 'the approaches adopted come at the topic under investigation in a way that is more likely to reflect the experiences of women and children rather than distorting them' (p.17).

The following section will provide a discussion of narrative inquiry as a method that is rooted in a feminist-intersectional approach and is suitable for research into Nigerian women's experiences of sexual abuse and violence.

### 3.4. Narrative Inquiry:

The development of narrative inquiry as a research methodology was influenced by philosophers, anthropologists, and psychotherapists such as Dewey, Johnson, Geertz, Bateson, Czarniawska, Coles, Bruner and Polkinghorne in the 1990s (Clandinin and Connolly, 2001). Since then, there has been an increasing amount of interest in the use of narrative inquiry in the social sciences (Atkinson and Delamont, 2006). Booth and Booth (1996) suggest a number of reasons for this interest in narrative inquiry. They state that it is because of the:

“growing frustration over the problem of the ‘disappearing individual in sociological theorising; a reaction against the ‘over-determined’ view of reality brought about by methods that impose order on a messy world; the creeping disenchantment with research that subordinates the realm of personal experience to the quest for generalisation; and the ‘excluded voice thesis’ that has developed primarily from feminist research and critical race theory”. (Booth and Booth, 1996, p. 55)

Narrative is both process and phenomenon (Mishler, 1986a; Polkinghorne, 1988; Riessman, 1990). ‘As process or method, it is the pattern of inquiry for the study; as phenomenon, it represents the structured quality of the experience of the story’ (Clandinin and Connelly, 1994, p. 416). Thus, as a method, it allows for the in-depth study of individuals’ experiences over time and in context (Clandinin and Caine, 2008), using a diverse range of approaches (Mishler, 1999). Narrative is a form of discourse for telling others about significant experiences, and making meaning of them (Edvardsson, Rasmussen and Riessman, 2003). If narrative is ‘the primary form by which human experience is made meaningful’ (Polkinghorne, 1988, p. 1), it is therefore, ‘one if not the fundamental unit that accounts for human experience’ (Pinnegar and Daynes, 2007, p. 4). This is because our very identities as human beings are inextricably linked to the stories we tell of ourselves, both to ourselves and with one another (Huber et al., 2016).

As an interdisciplinary method of research, there are some variations to personal narratives depending on the discipline. For example, in social history and anthropology, narrative can refer to an entire life story, woven from the threads of interviews, observation, and documents. In sociolinguistics and other fields, the concept of narrative is restricted, referring to topically specific stories organised around characters, setting, and plot. In another tradition (common in psychology and sociology), it encompasses long sections of talk, extended

accounts of lives in context that develop over the course of single or multiple interviews (Reissman, 2003). This makes narrative as a method, 'slippery, unruly, rich, characterised by diversity, differing levels of analysis, and contrasting philosophical assumptions' (Goodbody and Burns, 2011, p. 178). Narrative methods of inquiry 'seeks to generate detailed accounts rather than brief answers or general statements' (Reissman, 2008, p. 23) by providing mechanisms to retain the context and complexities in which a life is lived (Polkinghorne, 1995).

Five key methodological principles guided my choice of narrative for this study. Firstly, it is important that the methodological process takes cognisance of participant's culture and characteristics. Many African countries, including Nigeria generally have a rich culture of storytelling. It is an everyday practice which is used to preserve and spread culture and traditions. Oral history, poetry, folktales and sayings are used both to teach and to entertain. Narrative inquiry aligns with this practice and with the view that Black feminist epistemology uses a dialogic means of assessing knowledge claims (Collins, 2000). This is because it is based firmly on the premise that, as human beings, we come to understand and give meaning to our lives through storytelling (Andrews, Square and Tambokou, 2008). It allows individuals to 'construct who they are and how they want to be known' (Reissman and Quinney, 2005, p. 394). Plummer (1995) asserts that 'stories gather people around them' (p.174), connecting people with shared history and tradition. This approach not only allows for the access of rich and meaningful data but creates an environment and an atmosphere where participants with a tradition of storytelling feel safe and emotionally sound to share most often difficult experiences (Knox and Burkard, 2009).

Second, this methodological approach fits my reflexive stance. As a woman of Nigerian origin, I understand the importance of the practice of storytelling and how it is used within the Nigerian context. It fits who I am in terms of my background and offers the opportunity to use the practice of storytelling in an academic context. Within this approach, my subjectivity forms part of the research process. As Clandinin and Connolly (2000) note: 'in narrative inquiry, it is impossible (or if not impossible, then deliberately self-deceptive) as a researcher to stay silent or to present a kind of perfect, idealised, inquiring, moralising self' (p. 62). Narrative inquiry and its commitment to social constructionism also fits

with my ontological and epistemological standpoint because it holds that our constructions of who we are is a result of social influences which could be structural or interactional (Burr, 2003). This suggests that the researcher is involved in constructing the stories told and a central figure in capturing and describing the lived experiences of participants (Bhattacharya, 2016).

Thirdly, narrative research aligns with, and fulfils the conditions of feminist research because it provides a platform for women's stories to be heard (Casey, 2003). It is a method that does not assume women's oppression, instead researchers listen to women's accounts and experiences, and use theory to make sense of these accounts (Cole, 2009). This allows researchers to attempt to understand how women attach value to experiences and what meaning such experiences portray (Riley and Hawe, 2005). Fourth, narrative inquiry focuses on 'the structure and content of stories people tell that help them make sense of their experiences' (Rossman and Rallis, 2003, p. 99). It avoids the disintegration of master narratives as people make sense of experience and claim identities by telling and writing their stories (Langellier, 2001). These characteristics are important in researching the experiences of black women who have experienced sexual abuse and violence because it allows the production of research texts that illuminate not only the experiences of abuse but the complexities and contexts in which these abuses happen. In addition, Black feminist epistemology advocates that the story is told and preserved in narrative form and not 'torn apart in analysis' (Collins, 2000, p. 258). Through this intimate way of studying individuals' experiences, the researcher can understand and situate each story told and lived within larger cultural, social, and institutional narratives (Clandinin and Connolly, 2000). Also, this approach is well suited for researching an intimate and sensitive research topic like sexual abuse and violence where it is very important to respect the stories of the research participants (Maple and Edwards, 2009) by acknowledging that sometimes 'telling' can be painful and humiliating rather than empowering.

Fifth, narrative inquiry as a methodological approach can offer important support for intersectionality as a feminist theory. Since my research participants are black women of Nigerian origin who have experienced multiple marginalisation as a result of their race, gender, class and other social identities within different

contexts, there is a need to recognise and provide an analysis of the complex matrix of oppression they experience. Because narrative inquiry provides mechanisms that retain the complexity and contradiction contained in a situation (Polkinghorne, 1995; Cole, 2009) and takes cognisance of time, place, situations and individuals' interpretation of experiences (Denzin, 1994), narrative data is critical to the work of intersectionality. Schultz and Mullings (2006) note that personal narratives are 'notably useful in terms of providing detailed accounts that illustrate complex social relationships and dynamics in some depth and contribute to an understanding not only of relationships between concepts, but the processes and the meanings that those processes and relationships hold' (p.7). Similarly, this research resonates with Corrine Squire's assertion that, 'we frame our research in terms of narrative because we believe that by doing so we are able to see different and sometimes contradictory layers of meaning, to bring them into useful dialogue with each other, and to understand more about individual and social change' (2008, p. 5).

Although narrative inquiry is increasingly being recognised as an important methodological approach within the social sciences, it has not gone without its criticisms. Goodson (1992, p. 240) warns that the art of storytelling can 'confine' the teller within their own story. It is argued that stories that are retold, represent identities and societies (Riessman, 1990; 1993; 2003; Plummer, 1995). This implies that narratives can be used to reinforce dominant social practices (Plummer, 1995; Riessman, 1993; 2003; Young, 1997; Milner, 2001). Similarly, hooks (1991) notes that it can reaffirm existing conceptions and marginalisation and keep in place existing structures of domination. Thus, feminist researchers need to guard against pathologizing women in their representations of women's narratives.

The question of whether or not narratives represent memory reconstruction versus 'facts' raises issue about the validity of the narratives told by participants (Clandinin and Connolly, 2001). Jackson (1998) argues that narratives can never communicate raw experience because it entails processes of representation, interpretation and reconstruction. She suggests that as people tell their stories, new meanings emerge, and they give meaning based on their current positioning and location. Likewise, Freeman and Brockmeier (2001) hold the view that

'autobiographical narratives often confer meaning on events that they did not, and indeed could not possess at the time of their occurrence' (p. 82). It is this meaning making and interpretation that is being sought through narratives, not an accurate and objective representation, as each narrative represents 'particular points of view...in particular voices' (Brockmeier and Harre, 2001, p.53).

Another criticism of the narrative inquiry is that it makes claims based on what might be a single narrative (Squires, 2008). We are reminded that narratives fall within the social constructionist perspective which implies that all narratives are dependent on the context of the teller and the listener; and are not intended to represent 'a general truth' (Hunter, 2009). The aim of narrative inquiry is therefore not to find one generalisable truth but to 'sing up many truths/narratives' (Byrne-Armstrong, 2001, p.112). Personal bias is another potential concern. This is because the subjective nature of this methodology provides room for the researcher's personal experiences to creep into the research process (Bhattacharya, 2016). This raises questions around misinterpreting or misunderstanding the stories, including the 'crisis of representation' (Denzin, 1989; Gergen and Gergen, 2003). In addition, it highlights fundamental issues around 'whose story is being told, the researchers' or the researched and for what purpose? (Cole, 2009). Researchers are therefore urged to acknowledge the power that comes with the interpretation of the stories, 'paying analytical attention to how the facts got assembled that way, for whom was this story constructed, how was it made and for what purpose? what cultural discourses does it draw on, take for granted? what does it accomplish?' (Riessman and Speedy, 2007, pp.428-429). This allows the researcher to be cautious about how their own storied lives can influence interpretation of narratives.

### **3.5. Reflexivity:**

Reflexivity has come to be regarded as one of the pivotal themes in feminist research (DeVault, 1996; Ramazanoglu and Holland, 2002). Rakow (1987) refers to this concept of reflexivity as the awareness of subjectivities. England (1996) claims that this form of awareness could be achieved through 'a self-critical sympathetic introspection and the self-conscious analytical scrutiny of the self as researcher' (p. 244). However, Rakow (1987) observes that in gender research 'we are what we study' (p. 81). Likewise, Callaway (1981) talks about the use of

'ourselves as our own sources' in research (p. 470). It is also argued that feminist research frequently includes the researcher as a person (Reinharz, 1992). This is because 'the self is regulated by some feminist as the valuable starting point' (Gill, 1998, p. 25). Lofland et al. (2006) extend this argument urging early qualitative researchers to draw on their experiences when conducting a research study. This may sometimes mean that researchers pursue topics of personal interest in their studies (Charmaz, 2014).

Indeed, reflexivity is critical in conducting fieldwork as it induces self-discovery and can lead to insights about the research questions (England, 1996). In addition, in feminist research, reflexivity plays a major role in data analysis and knowledge construction more generally (Mason, 2002; Doucet and Mauthner, 2006). Thus, a researcher's biography and broader construction of gender, age, race, sexual identity and so on of themselves and that of the researched, may inhibit or enable certain research insights (Hastrup, 1992; Shield and Dervin, 1993). This calls for a 'conversation with ourselves about how we are relating with the data according to our subjective view point' (Bradford and Cullen, 2012, p.105), and being consciously aware of own biases and background in order to be able to situate that information in relation to the experience of the researched. The acknowledgement of one's own objectives and biases, therefore, becomes part of the research findings (Shield and Dervin, 1993).

Reflexivity, therefore, becomes an on-going theme throughout the research process because as a black woman of Nigerian origin researching the lived experiences of other black Nigerian women in the UK, I enter the research process with different identities which need to be understood at every stage of the research process. First, my identity as a black woman of Nigerian origin means that I may tend towards seeking support avenues and advocating for the women under study. Also, as a researcher and feminist, my role becomes that of seeking ways that this research study will not only empower women, but how it might help in bringing the issues that affect them to the limelight. In this regard, I acknowledge that there will be shifts and overlaps of these roles and identities throughout the research process and this will need to be put in check.

These identities present another issue, which is that of unequal power relations. Although it is argued that the research relationship is inherently hierarchical, feminist researchers actively seek ways to counter unequal power relations within the research process. There is a possibility that my participants may see me as the expert, so the need for a critical awareness of the knowledge and experience I take into the study becomes vital (Richards, 2009). On the other hand, the identities presented may allow a better understanding of women's experiences of violence and to gain access to information that may not be readily shared with others (England, 1994). Whilst Bernard (2001) proposes continual reflexivity as a guiding principle against unequal power relations, England (1994) argues that reflexivity alone cannot dissolve this tension, instead methodological strategies should be adopted to counterbalance this. The following chapter will describe in detail these strategies whilst drawing on the methodological principles discussed.



## **CHAPTER FOUR: METHOD**

### **4.1. Introduction:**

The central focus of this research was to explore if and how cultural beliefs, norms and practices might contribute to sexual abuse and violence against women of Nigerian origin living in the UK and secondly, to examine women's experiences of support in the UK. In pursuit of these aims, this chapter will draw heavily on the overarching feminist methodological framework to conducting research discussed in chapter three. I start by discussing the process of recruiting participants and how it opened up questions in relation to my 'insider/outsider' status. I will then provide a description of participants before going on to reflexively discuss the process of conducting in-depth narrative interviews with participants. Feminist researchers who advocate the use of qualitative methods such as in-depth narrative interviews to explore and capture the subjective experiences of women who are marginalised, have also drawn attention to the ethical dilemmas that are inseparable from such research endeavours. Whilst professional bodies, such as the British Sociological Association (2017) provide important ethical guidelines that seek to maintain ethical standards, the ethical issues encountered in feminist research practice are difficult to anticipate. Therefore, I will discuss my ethical position in undertaking research into sexual abuse and violence before outlining the specific ethical issues that emerged from my research study. These included: issues encountered in gaining informed consent and confidentiality, the shifting nature of power-relations in the research process, the practice of minimising harm on both the participant and the researcher, and the crisis of representation. A detailed discussion of the process of data analysis; thematic analysis and the listening guide (LG) (Brown and Gilligan, 1993) will be provided. Finally, methodological concerns such as quality and rigour will be discussed.

### **4.2. The Fieldwork:**

The aim was to recruit women of Nigerian origin, living in the UK who had experienced sexual abuse and violence. This was decided in order to uphold the principles of feminist standpoint epistemology (Hartsock, 1987) and to do justice to my research questions. Since the experiences of women under study are directly influenced by social structures within which they are located at a given

point in time, it could be argued that their experiences are located at the standpoint of the marginalized or disadvantaged and their concrete experiences represent epistemic privilege or authority (Harding, 1991). In addition, in narrative inquiry, the researcher is considered to be in 'collaboration' with the researched, therefore the topic must be of genuine concern to the research participants (Shield and Dervin, 1993). Therefore, to access women that met the research criteria, I identified groups or organisations where Nigerian women attended on a fairly regular basis (Lee and Renzetti, 1990). My first inclination was my local church and other 'sister' churches within the same geographical area. My second consideration was organisations that work with BME women including refugees and asylum seekers.

As articulated in feminist research, undertaking research in a sensitive topic or indeed other types of inquiries is not a linear process. Different factors may enable or inhibit the process. One of such factors is the researcher's social positioning in the research process. Thus, the concept of positionality (Collins, 1986) provided the theoretical bases to understand how my social positioning might impact on the research process. Positionality, which acknowledges the fluid and multiple nature of our identity in various contexts (Collins, 1986; Kezar, 2002) opens up possibilities for the researcher to consider how the identities they bring into the research, including social class, ethnicity, age, gender, religion, professional affiliations and so forth may be interpreted and acted upon by potential participants (Alcoff, 2006). Because it is believed to affect the fieldwork in many ways (England, 1994), Alcoff (2006) asserts that recognising identity and how it relates to our positionality in different context can help feminist researchers notice and respond to its complex and fluid nature. This invariably deters us from going into the research with fixed expectations (Srivastava, 2006). As clearly summarised by Narayan (1993), 'the loci along which we are aligned with or set apart from those whom we study are multiple and in flux and various identities may at different times outweigh the cultural identity we associate with insider or outsider status' (pp. 671-672). The following section on my insider/outsider status with regards to the identities I bring to the research, provides a discussion of the possible positional dynamics of researching a sensitive topic within one's culture.

#### **4.2.1. Recruiting participants- Church settings:**

I contacted three churches via emails and telephone calls and was invited to attend their meetings to speak to women about the study. During these meetings, I provided detailed information about my study both verbally and through an information sheet (Appendix B). Following this, I informed the women that I was interested in hearing the stories of women of Nigerian origin, who have experienced sexual abuse and violence, at the same time reiterating that the study was independent of the church and so, there was no obligation to participate. I advised women to contact me privately in their own time, should they wish to take part. This was to ensure anonymity and to prevent women making disclosures in front of other church members. Confidentiality, anonymity and data protection were thoroughly explained, and I assured the women that all procedures to ensure confidentiality, anonymity and data protection will be adhered to.

#### ***Insider/Outsider status***

Recruiting participants through churches was problematic. Apart from my pre-conceived expectation of lower response rates with ethnic minority communities when researching sensitive topics (Dillman, 2000), I became aware of the tension that existed as a black woman with a perceived 'insider' status discussing sexual abuse and violence within a church setting. Because some of the women I spoke to had previously hinted at their experiences of sexual abuse and violence, I had an expectation that they would volunteer for the study, but just like Phoenix's (1994) study of 'Mothers under twenty', I found out that being a black researcher with an 'insider' positionality did not guarantee access to the potential participants that I had expected to take part in the study. This raised a paradoxical question of my positionality within these church settings. Brownlie (2009) notes that it is not always easy or indeed possible to predict how potential participants view the commonality or the difference the researcher brings to the research study. Although Dwyer and Buckle (2009) identify the benefits of being an insider in the research process which include: acceptance, ease of access and the gathering of rich data, it is possible as Kaufman (1994) notes, that individuals might feel more at ease in discussing sensitive aspects of their lives with strangers who are not part of their community than with those who they are familiar with and had

interacted with at other times. In addition, such close-knit communities may be suspicious of the motives of the researcher in researching a very sensitive topic for academic purposes (Dwyer and Buckle, 2009). It is also possible that factors such as poor understanding of confidentiality (Coker, Huang and Kashubeck-West, 2009), fear of social stigma and negative stereotyping (Mason, 2005), and concerns about gossip within the local area (Ryan, Kofman and Aaron, 2011) may have contributed to lack of engagement. Similarly, it is important to note that within religious settings women are highly 'visible' due to the cultural expectations of modesty. Fontes and Plummer (2010) hold the view that sexual scripts such as the importance of virginity may contribute to lack of disclosure of sexual abuse and violence in religious settings. As Finkelhor et al. (1989) assert: 'sexual stigmas adhere to victims, and for girls there is the stigma of having been sexually corrupted, compromised and devalued' (p. 393). The authors further suggest that this association is believed primarily among religious women because notions of female sexual purity is more emphasised in such settings (Finkelhor et al., 1989).

#### **4.2.2. Recruiting participants- Other organisations:**

I contacted five organisations that work directly with BME women, including refugees and asylum seekers via emails and telephone calls. Three responded positively, so I attended their women's groups to speak to women about my study.

#### ***Insider/Outsider status***

In feminist research, the positioning of the researcher in relation to the researched is viewed as a powerful platform to scrutinise research practice (Stanley and Wise, 1983; 1990; Harding, 1993; Acker, 2000). With these groups of women, I occupied a dual position of being both an 'insider' and an 'outsider'. Due to my shared identity with participants in relation to race, gender, and country of origin, I was perceived as an 'insider'. On the other hand, since I do not share my participants' experiences of sexual abuse and violence, and considering social factors like class, education, immigration status and other experiences (Ganga and Scott, 2006), I was therefore an 'outsider'. However, just like in Kanveredzi's (2018) study, my insider status was superior to my outsider status because my insider status made it easier in gaining access, establishing rapport with participants (Bhopal, 2010) and in enabling in-depth narrative about women's experiences of sexual abuse and violence. Given that feminist research ethics

requires that research is inclusive of women's experiences, one dilemma I faced was how to turn away women who had only experienced domestic abuse and did not meet the criteria for the research, which is, to have a lived experience of sexual abuse and violence. Bearing in mind the importance of validity and rigour in feminist research (Dallimore, 2000; Cho and Trent, 2006), I explained the research aims to the women in a polite and non-judgemental manner.

#### **4.2.3. Participants:**

A guide number of ten-fifteen, and an age range of 18- 40 was agreed at the ethics clearance stage of this study. This number is not sufficient to be representative, neither was it meant to be representative of all Nigerian women living in the UK. This guide number was chosen because narrative interviewing is not suitable for a large sample size (Riessman, 2004). Moreover, the in-depth nature of the narrative interviews and an in-depth analysis of three case studies will provide very rich data for understanding women's experiences of sexual abuse and violence, and support in the UK, which is sufficient to contribute to this knowledge gap.

Purposive and snowball sampling was used to recruit participants due to the small sample size (Curtis et al., 2000). A total of twelve women were recruited for the study, ten, through organisations that work directly with BME women, including refugees and asylum seekers. Two others were recruited through the researcher's direct contacts. Only one participant was known to the researcher prior to the interviews. Participants were all women of Nigerian origin, living in the UK aged between 27 - 46. All twelve women who took part in the study had experienced different forms of sexual abuse and violence including female genital mutilation (FGM). The study included women who are British born, and those who either migrated at a very early age or later in their lives, including refugees and asylum seekers. Only one had English as her first language. Out of the remaining eleven, six spoke English fluently while the rest had more limited fluency.

#### **4.3. Narrative Interview Guide:**

Although narrative interviews, a form of unstructured, in-depth interview are motivated by a critique of the more structured approach of interviewing (Jovchelovitch and Bauer, 2000), it was necessary to develop an interview guide

for this study. The narrative interview guide (Appendix C) was developed as a prompt for the researcher and provides detail of briefings and introductions, including background questions for building rapport before the main narration begins. It also provides information on possible follow-up question to help in eliciting further and rich narrations from participants. Overall, the interview guide was developed in such a way that ensures that the influence of the researcher was very minimal to allow women construct and make sense of their experiences in their own way (Hartsock, 1987; Collins, 2000).

The main research questions I sought to address using this interview guide were:

1. How do women of Nigerian origin in the UK construct their experiences of sexual abuse and violence?
2. What are the barriers to help-seeking and how do women experience support in the UK?

The first section of the interview guide included questions around basic demographics, such as age, place of birth, how long they have lived in the UK and what part of Nigeria they are from. This is because sexual abuse and violence is a very sensitive subject and hard to talk about especially within the Nigerian culture. So, it was vital to build a level of rapport with the women and to ease the way into the main narration. The second section involved introducing the women to the main narration, so the question posed was: is there anything about what happened to you that you would feel comfortable telling me about? The purpose of this question was to act as an invitation for participants to 'look back and recount experiences that are located in particular times and places' (Laslett, 1999, p. 392). Secondly, the framing of the question allowed for the power balance to be tilted towards participant in a way that enabled them to decide the content of their narrative, with very minimal intervention from the researcher (Goodbody and Burns, 2011). In other words, it allowed women to construct their reality the way they wished and allowed for subjectivities, holistic perspectives and personal interpretation of their experiences to be expressed (Reinharz, 1983). This type of questioning style draws from the Freirian idea which assumes that any individual who is listened to on their own terms emerges from that interaction more conscious of their world and thus, better able to act upon it

(Shield and Dervin, 1993). Discussion of how women responded to this question is found in section 4.6.

The final section involved a conversational style of interviewing (Coates, 1996; Riessman, 1993), to follow-up relevant themes raised during the narration (DiCicco-Bloom and Crabtree, 2006). Although the same interview guide was followed by the researcher for all the participants, probing questions were asked as they emerged from individual narratives (Hill et al., 2005). This was based on the assumption that participants' narration evolves from different contexts and at different stages of their lives, so variation in their narratives was expected. Broad and open-ended questions were used to elicit information on other areas of their experience, such as how they got help and their coping strategies. Participants were also invited to talk about other known beliefs and practices in Nigeria that they think might contribute to sexual abuse and violence. This style allowed for a friendly atmosphere where participants did not feel that they were being 'cross-examined' for information. It also provided opportunity for participants to ask questions of their own and for the researcher to reveal her own emotional and intellectual investment in the research (Fraser, 2004). The final section also made provision for a 'concluding talk' which involved asking participants how they felt narrating their stories, if they required any form of support and if they wished to receive a copy of the summary when the research is concluded.

#### **4.4. Ethical Practice and Reflections:**

This study was reviewed and approved by the PSYSOC Research Ethics Committee of the University of Central Lancashire (Appendix D). The ethics application I submitted to the University ensured that I addressed how the wellbeing of research participants would be safeguarded. This is in line with the University's code of ethics along with the British Sociological Association's (BSA) Statement of Ethical Practice (2017), which states that: 'Sociologists have a responsibility to ensure that the physical, social and psychological well-being of research participants is not adversely affected by the research' (p. 4).

##### **4.4.1. Feminist Ethical Practice:**

My research practice was also guided by feminist ethical framework. This meant that as a researcher, it was important to start with examining my position and

biases in relation to researching sexual abuse and violence against women. As Kelly (1998) points out:

“any researcher choosing to study sexual violence must begin with an ethical commitment, a commitment which includes not condoning abuse explicitly or implicitly, seeing the purpose of the research as increasing understanding in order that more appropriate responses can be developed, and wanting to contribute to a long-term goal of ending violence in the lives of women and children”. (Kelly, 1998, p. 73)

Consequently, it was important for me to reflect on, and confront any biases, fears and stereotypes which may result in victim-blaming (WHO, 2003). I agree with Campbell and Wasco (2000, p.783) who argue that the aim of feminist research is ‘to capture women’s lived experiences in a respectful manner that legitimates women’s voices as sources of knowledge’. So, my role was to give attention to the voices and experiences of the women by using an intersectional framework that captures the diverse nature of oppression they face and to present their experiences as authentically as possible (Brabeck and Brabeck, 2009).

Conducting a study on a sensitive topic such as sexual abuse and violence is an ‘ethically complex undertaking’ (Jossleson, 1996, p. 69). Renzetti and Lee (1993) define sensitive topic research as ‘one that potentially poses for those involved a substantial threat, the emergence of which renders problematic for the researcher and/or the researched the collection, holding, and/or dissemination of research data’ (p. 5). Seiber and Stanley (1988) argue that although sensitive topics are open for study, there are however unforeseen barriers that would militate against conducting such a study. Within the Nigerian community, themes associated with sexual behaviours can be seen as intrusive and a taboo and so not widely discussed. So, it was crucial that I consider how to present the topic to potential participants without presenting a privileged ‘self’ or stereotyping participants (Weis and Fine, 2000). Also, in every step of the research process, I adopted what Kvale (1996) describes as a contextual and situational approach where the researcher’s skill helps her/him to reflexively negotiate any ethical complexity.

#### **4.4.2. Informed Consent:**

The process of enabling informed consent is defined by the Social Research Association (SRA) as ‘a procedure for ensuring that research participants



understand what is being done to them, the limits to their participation and awareness of any potential risks they incur' (Social Research Association, 2003, p. 28). It is suggested that some people may be coerced into research by reason of the service or support they access or even financial gain they may receive through participating in the research (Fontes, 2004). Following my access to possible participants through gatekeepers, I ensured that my participants had full information of the research by providing concise and clear information about the research at least two weeks before the interview in the form of an information sheet (Appendix B). In addition, when speaking to women who were in the process of seeking asylum about my research, I made it clear that refusal to participate in the research will not affect the support they receive from organisations or their asylum claim. One woman who had informed me that she had experienced severe sexual abuse and violence and had agreed to take part in the study, later declined to participate after going through the information sheet. At first, I was dismayed because at this stage, I had only interviewed two women, so I feared that this might become a trend with women, where after going through the information sheet, they would decide not to participate. However, my ethical obligation of 'freely given informed consent of those studied' (British Sociological Association, 2017, p.4), restrained me from exploring this further with the woman. Also, on reflection, the woman's refusal to take part after reading the information sheet meant that the information sheet was clearly written, and she understood the content of the information and was confident to exercise her rights.

For the women who were interviewed, before the start of an interview, I renegotiated informed consent by going through the information sheet with them and asking whether they had any questions. I also made them aware that they could refuse participation for whatever reason by stopping the interview (BSA, 2017). Informed consent was then obtained prior to the commencement of each interview via a consent form (Appendix E) signed by both the participant and researcher. Because the women all received either a £10 gift voucher or £10 cash as an appreciation for their time, the question of if the women had truly provided informed consent was considered. Ultimately, altruism (Oakley, 2016) was seen as the main motivation for the women's participation in the research. This is because the women commented on how good they felt to see a Nigerian woman

interested in researching a subject that has been an object of Nigerian women's oppression for a long time.

#### **4.4.3. Confidentiality and Data Protection:**

Most of the women were concerned about being identified through participating in the research. Although, I assured them that any identifying details would be removed from the transcripts, some women were still sceptical about participating in the study. For example, one woman who was willing to share her story, did not want to be interviewed with or without audio recorder for fear of being identified. Instead, she volunteered to hand-write her story. This was agreed but after contacting her on three different occasions to arrange a place and time to meet to collect her written story, with no success, I decided not to pursue it further to avoid any indication of coercion.

For the women who participated, place and time of meeting was discussed and agreed to ensure confidentiality. Interviews were held in pre-booked meeting rooms in settings that participants attended regularly. Most of the women interviewed had children so time and date that allowed women to arrange help with childcare was agreed. This is because interviews in the presence of children may result in a woman's words being repeated to other children or even adults, resulting in a breach of confidentiality. Each interview began by explaining the precautions being taken to protect their identity and to keep their personal details strictly confidential. The women were assured that contents of the interview would only be discussed with my supervisors who are bound by the same duty of confidentiality. The consent form and information sheet provided information about my confidentiality commitment, and participants were informed that it will only be broken if the researcher thinks the participant is at risk of harm or involved in an activity that may place someone else at risk of harm. This was done in accordance with the BSA (2017) guideline which imposes the responsibility on researchers to ensure research participants understand how far they will be afforded anonymity and confidentiality. Also, to ensure the highest level of data protection, physical movement of paper-based materials was limited to a minimum. Each recorded narrative interview was assigned a unique ID to ensure identification of a particular narrative within the sample, but neither contained participants' names nor initials or other details (BSA, 2017). The audio recording

of interviews were deleted once transcription had been completed and all paper-based materials were stored in a locked cabinet.

#### **4.4.4. Power Relations:**

Feminist researchers have theorised extensively the nature of power relations that characterise feminist research practice (Cotterill, 1992; Phoenix, 1995; Wolf, 1996). In feminist research, there is a general assumption that the researcher, by virtue of her education and status, occupies a more powerful position in the research process (Stanley and Wise, 1983). The principles of feminist research are therefore, to produce relationships between the researcher and the researched that are 'non-hierarchical and non-manipulative' (Cotterill, 1992, p. 253). So, in this research, my pragmatic approach was to be aware and accept that there will be an imbalance of power in favour of the researcher, like those related to a professional and a client group (Cullen, Bradford and Green, 2012), and then look for ways to minimise it. Apart from applying the Foucauldian approach to the notion of power, Hamilton (2019) has written about the need to adopt intersectional reflexivity as a tool for negotiating power in qualitative research process. She argues that intersectional reflexivity allows the researcher to be attuned to how different social identities interact in complex ways to influence the power dynamics in research. Thus, enabling effective response to the ways power dynamics may manifest in the research process. Therefore, in this research, although I recognise the privileges I bring to the research with regards to class, immigration status, education etc., and how these might tilt power in my favour, am also aware that engaging in intersectional reflexivity (Hamilton, 2019) will illuminate the complex ways my participants' identities (both explicit and implicit) may interact to shift the dynamics of power in their favour.

#### ***Interviews and Power Relation***

Patai (1991) notes that 'the personal interview is a particularly precise locus for ethical issues to surface' (p.145). Some feminist researchers (e.g. Oakley, 1981; Finch, 1984) suggest that woman to woman interviewing can help in building trust and rapport which can 'dissolve inequality' since women share the same subordinate structural position in a male dominated society (Oakley, 1981, p.66). However, it may be as Wise (1987) argues that inequality and power imbalance still exist even when there is a shared gender identity. According to Ramazanoglu

(1989), other intersecting factors such as age, class, race, and disability create diversity and may place women at an uneven footing which can affect the research process. Although, it is suggested that building rapport with participants and making the interview an 'interactive experience' can reduce power imbalance and shorten the distance between the researcher and the researched (Cotterill, 1992, p. 594), I was careful not to be misleading or give the women a false sense of friendship. I was conscious of what Duncombe and Jessop (2002) termed 'faking friendship' which in itself is unethical and could be seen as manipulation. Accordingly, I defined the boundaries of the relationship at the beginning by making the women aware of my role as a researcher interested in hearing about their experiences of sexual abuse and violence.

At the beginning of each interview, I clarified what time participants needed to leave and how flexible their time was in order to work within their time boundaries. Also, my interview approach allowed the women the chance to decide the direction and content of their narratives. Although questions were used at the end of the interviews to clarify points raised by participants, however, to maintain trust, care was taken not to push them beyond how much they wanted to disclose (Creswell, 2013). In addition, at the end of each interview, I invited interviewees to ask questions, and some took up the opportunity to ask about my interest in this field. This lends some support to the view that giving oneself to answer questions from research participants could facilitate research relationships (Egnarevba, 2001). Giving back to the agency was another important consideration, so I volunteered to assist in running seminars and workshops for the women. This agrees with Maynard's (1994) view of demonstrating reciprocity in fieldwork where she suggests that the researcher offer services or materials in exchange for the privilege of studying people's lives.

On the other hand, as Bhopal (2010) and Hamilton (2019) observe, power is subjective, multi-layered, and constantly changing. This was the case during some of the interviewing process. Some women exerted control over the research process by for example, refusing to answer follow-on questions relating to their immigration status, maybe for fear of criminalisation. This resonates with Standing's (1998) claim that, research participants can exercise power during the research process by refusing to answer questions posed them. Another woman,

although had volunteered to be interviewed, was very selective in her response. I imagined that apart from exercising power over the interview process, her selective response could reflect her reluctance to recollect painful memories (Goodrum and Keys, 2007). Also, some of the research participants were older than me, so there was an immediate cultural expectation to act respectfully towards them, by not interrupting them, which immediately empowered them. This meant that some participants used the interview space to re-affirm their self-worth. For example, one participant made me aware from the onset that she has a master's degree from a UK university. In addition, she spent a substantial amount of time telling me about the impact she has made within her community through advocacy. This aligns with Skeggs (1995) observation, where she notes that the self-worth of her research participants was enhanced by 'being given an opportunity to be valued, knowledgeable and interesting' (p.81). Equally important is that from the recruitment stage to interviewing women, my research engaged with consciousness raising which is in line with feminist principles (Lather, 1988). My presence at the women's group sessions, opened discussions about sexual abuse and violence enabling women to be more informed and educated in the field. Multiple accounts of such awareness culminated in one woman telling me that she will have to speak to her children about sexual abuse and violence, so they do not become victims of such abuse.

#### **4.4.5. Safeguarding:**

##### ***Minimising Harm- Participants***

Ethical procedures mandate researchers to address questions pertaining to the potential risks to the researched during the research process. I completed relevant safeguarding training prior to the commencement of data collection and familiarised myself with the University's Safeguarding Policy. In addition, I was mindful of the ethics of care (Gilligan, 1982) which includes empathy and being person-centred. For women accessed through groups, an initial introduction of the research was made by 'gatekeepers' which proved very helpful because women were pre-warned about the sensitive nature of the research. I then attended group sessions to interact with the women on a one to one basis and in small groups of twos or threes. From these interactions, I gathered that most of the women left their home countries as a result of different forms of gender-based

violence including domestic abuse, sexual abuse, FGM, witchcraft related abuse and sex trafficking, so for them, discussing the abuse they suffered was a common theme within their conversations. They felt that talking about their experiences of violence has helped them build resilience as a group.

Questions such as “are you ok to talk about your experiences? Is this the right time or would you prefer us to rearrange the interview?” were posed before commencing an interview. The pace of the interview was dictated by participants and regular breaks offered to participants, however, none took up the offer. Provisions were made to stop the interview in case any problems arose such as participants showing signs of distress. It was also important to use active listening skills to pick up any signs of emotional distress participants might exhibit in order to act quickly. Follow-up questions posed after a narrative were asked in a supportive, non-judgmental manner and carefully phrased in a way that the respondent is in control of how much information they wished to offer in order not to provoke an emotionally charged response. I was conscious not to direct follow-up questions on participants’ children as some of the women had fled abusive situations leaving their children behind, so such questions may have been upsetting for them.

Although narrative interview as a data collection method allows participants to determine the direction of the interview and how much or how little they wish to disclose, the in-depth and intrusive nature of this method may invoke the recollection of ‘deeply personal, emotionally charged information’ (Kirsch, 2005, p.2163). This was the case with five of my interviewees. During the interviews they broke down in tears whilst telling their story. For example, one of the interviewees who experienced rape, FGM and currently living in destitution as a single mother of a seven-year-old son with a serious medical condition, told her story amidst sobs. I encouraged her several times to take a break from the interview, but she declined. On reflection, I wondered if she continued telling her story because of the £10 voucher/cash she would receive, considering she was living in destitution. Albeit my ethical standpoint was to offer the incentive even if the interview was stopped. Although her story constituted vital data for my research, it nevertheless left me feeling guilty. As Standing (1998) notes, ‘we cannot alter the material realities of those researched’ (p.199). This is an ethical

dilemma that further reveals that 'the crises and tragedies occurring to our respondents or study population, may enhance our own research' (Wolf, 1996, p. 20). Apart from exercising an ethical duty to protect the interviewee by encouraging her to take a break from the interview, I also with her permission inquired into the support available to her from the gatekeeper at the end of the interview. I was informed that she was currently accessing counselling support, food bank and support with her asylum claim.

Gerard (1995) coined the term 'research abuse' to describe: 'the practice of researchers parachuting into people's lives, interfering, raising painful old feelings, and then vanishing- leaving the participants to deal with unresolved feelings alone and isolated' (p. 59). According to Parker and Ulrich (1990), ending the interview on a positive note is essential in interviewing vulnerable groups. Therefore, after every interview, I reaffirmed the women's strength and courage, in some cases, using specific examples from their narratives. In addition, participants were debriefed and a debrief sheet (Appendix F) was given to them which contained information and contact details of three legitimate, relevant and accessible sources of help in case they required further support. Apart from accessing support through organisations, most of the women informed me of other informal network of support they access on a regular basis.

### ***Minimising Harm- Researcher***

It is important to be aware of emotional and physical risks on the researcher that may arise through undertaking research on sensitive topics (Maynard, 1994). Hubbard et al. (2001) note that researchers who conduct studies on sensitive topics can be affected by accounts of traumatic experience that their participants tell. According to Lee (1993), 'if the interview is distressful to the interviewee, it can also be distressful for the researcher' (p. 106). This is because finishing an interview does not necessarily mean the end of the emotional impact of the story on the researcher (Goodrum and Keys, 2007). Burr (1996) further notes that 'the effect of being involved in, and in a sense, sharing the private world of people in despair, can be a 'psychologically and emotionally wrenching' experience' (p. 176). In undertaking this research, like most feminist researchers, I did not assume a dispassionate observer stance (Gould and Nelson, 2005). So, in relation to secondary trauma and possible impact on the study, I adopted

suggestions from Lofland and Lofland (1995). They advise that researchers incorporate debrief sessions into the research schedule and use a personal diary to express emotions. Taking this into account, supervisory sessions were planned during the data collection period and there was room for debrief sessions if needed.

My experience of working in a professional capacity with young people affected by child sexual exploitation somewhat prepared me for the experiences the women shared. Although it did not reduce my sensitivity to their stories, it helped me to develop some level of emotional resilience. Just like Goodrum and Keys (2007), I found that after conducting the first three interviews, I was able to build an emotional capacity while remaining compassionate to the women. In addition, my busy lifestyle of attending to family, work and socialising with close friends did not allow me to dwell so much on the difficulties experienced by the women. In relation to physical risks, I complied with the University's lone working policy when conducting interviews in participants' homes. This involved letting one of my supervisors know the location, time of the interview, and the possible duration of the interview. Contact was also made as soon as the interview was complete, and I was safely out of the participant's address.

#### **4.5. The Crisis of Representation:**

The research process presents complex power relations that are constantly changing. Cotterill (1992) however, points out that the final shift in power is always in favour of the researcher. Accordingly, many feminist writers have critically interrogated the politics of representation, arguing that power and representation are intricately linked (Hoskins, 2015). England (1994) argues that the researcher's subjectivities not only play a central role in the field, but also in the final text. This is what Alcoff (1995) termed 'the crisis of representation' (p.100). The dilemma of representing my participants first emerged at the transcription stage. Because some of the women I interviewed have limited English Language skill, they used 'broken' English and slang to convey or make sense of some of their experiences. So, even though I intended to transcribe the interviews verbatim, I found some of their slangs difficult to transcribe. This meant that I had to make interpretive and representational decisions (Lindsay, 1996) to make the transcripts readable in English. Consequently, some of the



untranslatable nuances of their experiences may have been lost in translation. Bird (2005) posed the question of 'how the voices of the research participants can be heard in the way they wish them to be heard' (p. 228). In this sense, my agenda of making my transcripts readable overrides how the participants wished their voices to be heard. Taking this into account, the ethical practice of giving participants opportunity to review their transcripts was offered, but all participants declined the offer. Similarly, Letherby (2003) emphasises the authority of the researcher in selecting and rejecting data at the different stages of the research. This was the case in my research study. Apart from deciding the research questions, I had the power to decide which interview data to select for a more in-depth analysis. In so doing, I may have run the risk of representing other participants whose transcripts have not been selected, in reductive ways (Hoskins, 2015).

It is also argued that the researcher's interpretation of texts and subsequent representation of interview accounts is influenced by structural relations of power and the researcher's discursive positioning, which can 'reinforce the oppression of the group spoken for' (Alcoff, 1995, pp.99-101). Furthermore, there is a possibility that the researcher can interpret and present the data to suit the research questions or she/he may lose track of the need to present multiple perspectives (Letherby, 2003; Creswell, 2013). Maynard (1994) suggests that this could be remedied by sending the draft report to the participants to appraise. Ramazanoglu and Holland (2002) on the contrary, argue that it 'depends on a high degree of trust in the research relationship, and does not offer any consistent method for dealing with conflicting understandings among the researched, conflicting political interest or the ethics of informed consent' (p. 116). I agree with this, so instead, I engaged my reflexive skills in data analysis by continually questioning whose voice is being represented in my analysis (Harding, 1993).

In reflecting on the dilemmas of representation, Patai (1991, p.137) asks whether it is possible 'to write about the oppressed without becoming one of the oppressors'. As a PhD student, my position, avails me the privilege of 'turning people's lives into an authoritative text' (Ramazanoglu and Holland, 2002, p.113). Therefore, I was obligated to write about my participants in a manner that avoids pathologizing them. For example, most of my participants were either refugees

or asylum seekers. So, in trying to amplify their voices, I was critically aware that I might be using terms they may not identify or agree with. Just like in Aleixo et al's. (2014) study of immigrant families as they learn to navigate the U.S. educational system, one of the participants rejected the term 'immigrant' explaining that her family does not fit the description of 'immigrant'. Burman (1996, p.139) contends that the act of 'speaking for' not only risks patronising and colonising 'other' voices but is also in danger of essentialising those accounts. Spivak (1988) also highlights the dangers associated with intellectuals representing the oppressed group through such platforms in her article, '*can the subaltern speak?*'. She critically reflects on representing the voices of the subaltern and the harmful effects of speaking for disempowered groups by referring to the Hindu patriarchal codes of conduct and British colonial representations of women. Thus, Spivak warns: 'let us also suspend the mood of self-congratulation as saviours of marginality' (Spivak, 1992, p. 204).

In line with this, Alcoff (1995, p.111) proposes four sets of interrogatory practices for researchers to consider when speaking for the 'other'. First, she argues that 'the *impetus* to speak must be carefully analysed and, in many cases, (certainly for academics!) fought against' (ibid). This entails critically examining our motivations to speak for the 'other' and the acknowledgement that occupying an intellectual position does not always equal to 'knowing'. Secondly, we are to 'interrogate the bearing of our location on what we are saying' (ibid). She further highlights the need for researchers to be accountable and to take responsibility for what they claim. Lastly, she suggests that we interrogate the effects of our words on the marginalised group we are representing. Does it reinforce the researcher's power and the participant's powerlessness? Likewise, in the process of conveying the words, does it further silence the oppressed group? This means taking responsibility for the way our findings will be used (Kelly, 1998). According to Alcoff (1995), 'our representation should rest on political effectivity which should enable the empowerment of oppressed peoples' (p.116). Although the findings for this current research may not directly benefit my participants, it intends to contribute to advocacy work, intervention activities and training for professionals who work with ethnic minority women affected by gender-based violence. In other words, although 'it may be too late to alleviate

the sufferings of those involved in it, it can contribute to legislation, policy or the behaviour of agencies in ways which later enhance the experiences of others' (Maynard, 1994, p. 17).

#### **4.6. Narrative Interviews:**

Clandinin and Caine (2008) state that narrative inquiry can be conducted by listening to individuals tell their stories and/or living alongside participants as they live their stories. This research utilised the telling of stories through conducting in-depth narrative interviews. The narrative interviews were guided by an interview guide and conducted in English. Study participants were interviewed between May 2017 and August 2017. Interviews were conducted in either settings that participants attend or their homes, so there was no need for them to travel. Interviews lasted between 30 minutes to an hour and each participant received either £10 cash or £10 gift voucher as a 'thank you' for sharing their story. Interviews were audio-recorded and afterwards the participant was debriefed, and none raised any issue of concern. All participants were given the opportunity to review their transcript, but none took up the offer.

I approached the interview process reflexively, bearing in mind that as narrative inquirers seek to inquire into experiences, they must begin their inquiries with a conscious awareness of their own subjectivities (Shield and Dervin, 1993; Clandinin and Caine, 2008). I was also open to new knowledge, bearing in mind that as Asselin (2003) notes, although the researcher may be viewed as an 'insider' within the culture being studied, new understanding may emerge from subcultures within the culture being studied. Riessman (2008) also points out that 'narratives do not merely refer to past experience but create experiences for their audiences' (p. 40). As I engaged with each interview, the specific wording of my questions was less important compared to the emotional attentiveness I invested into the interview process (Riessman, 2008). This undetached approach invoked a pressing need for equality in my relationship with participants and so, created a safe space for them to share their stories (Oakley, 1981). Although participants acknowledged the fact that the research study may not directly benefit them, they still viewed the researcher as an advocate, working to amplify their voices and to bring issues affecting women of Nigerian origin living in the UK to light. I was also conscious of my role in the process, however, I found myself shifting between a

researcher and a practitioner, constantly negotiating ways I could use my professional knowledge and skills to be helpful to my participants during and after the interviews (Clandinin and Caine, 2008).

Although I approached the interview process expecting a sexual abuse and violence narrative, I was open to hearing other related narratives as women do not experience sexual abuse and violence in isolation. Most of the women told a gender-based violence narrative leading up to their experiences of sexual abuse and violence. The narratives were placed within a context of time and was rarely recounted in a chronological order (Emden, 1998). Participants used gestures, silences and body language to express emotions, some of which were captured in the interview transcripts. This was expected because within Nigerian culture, words can be performed in gesture and in action (Mishler, 1999). Participants also used phrases like, “you know what I mean”. This was used assertively to demonstrate shared knowledge and understanding. However, I was aware that my gender and shared cultural identity may not be enough for ‘full knowing’ (Reissman (1987, p.189) and that differing, as well as shared cultural identity can impede my ‘knowing’ (Edwards, 1990; Ramazanoglu, 1989; Ribbens, 1989). I also agree with Dwyer and Buckle (2009) as they point out that researchers who share the same cultural identity with their participants may run the risk of missing out on relevant information due to participants’ assuming collective knowledge. Whilst I found myself subconsciously saying “oh yes” during the main narration, I noted and sought clarification of relevant themes during the conversational stage of the interview.

Most participants started their interview confused as to where to begin, so ‘they moved back and forth in time’ (Riessman, 2008, p. 25). Their stories were fragmented, subjective and ‘slightly chaotic’ in nature (Coates, 1996), and sometimes providing after-the-event retrospective narratives (Dawson and McLean, 2013). This conforms to the constructive interpretation and meaning making of events that happened in the past that accompanies the process of storytelling (Mishler, 1999b). As Bruner puts it: ‘a life is not ‘how it was’ but how it is interpreted and reinterpreted, told and retold...’ (1987, p. 31). So, narrators interpret the past in stories, rather than reproduce the past as it was (Riessman, 2000). Another significant aspect of participant’s narration was that some of them

expressed the desire to forget the sexual abuse and violence they experienced. So, in some cases their narration was either disjointed or held back. Because participants' words are at the heart of understanding their experiences of sexual abuse and violence (Polkinghorne, 2005), it was imperative to elicit their stories using questions such as, "then what happened?" (Hyden, 1994, p. 101), or "tell me more about when..." (Squires, 2008), whilst respecting their choice as to whether or not to provide further information. So, narrative becomes a tool to 'excavate and reassess memories that may have been fragmented, chaotic, unbearable, and/or scarcely visible before narrating them' (Riessman, 2008, p. 8). The narratives produced by participants aligned with Polkinghorne's definition of narrative which is 'a kind of organisational scheme expressed in story form' (1988, p.13), or 'a meaning structure that organises events and human actions into a whole' (p18).

#### **4.7. Data Analysis:**

Reinharz (1983) observes that this stage of experiential analysis is a reflective and solitary one as opposed to the active and interactive nature of all the stages preceding it. It involved several steps and practices that are flexible and adaptive allowing the familiarisation and immersion in the narrative data (Speedy, 2008). Within narrative inquiry, the only rule is that the interpretation of data reflects the language of the people who were studied, and the written language of the researcher be readable and useable (Reinharz, 1983).

##### **4.7.1. Transcription:**

Within interpretative qualitative methodology, transcription can be seen as 'a key phase of data analysis' (Bird, 2005, p. 227) and the method used often reflects the research goals and theoretical perspectives (Poindexter, 2002). Following the interviewing process, the audio recorded interviews were listened to three times: the first time was to familiarise myself with each narrative, the second time was to transcribe the data. Words from the audio tape were transcribed verbatim, which meant that non-lexical elements of speech such as pauses, and sobs were also transcribed and 'intonations that indicated emotions or attitudes were noted to add context when interpreting the data' (Mishler, 1986; Riessman, 1993, 2002, p. 225). I then listened to the recorded interview for the third time to fill in gaps missed by the first transcription. Each transcript was assigned a number to

protect participants' confidentiality. The re-transcribed data was then numbered in lines (Riessman, 1993). The main reason for using numbers is the greater ease it provides when referring to different segments of the interviews (Fraser, 2004). These listening processes allowed me to interact with the data and to begin the process of meaning making.

Although interviews were conducted in English, some participants spoke a mixture of English and 'broken English'. Some even used expressions in their dialect to convey meanings, which they themselves sometimes translated during the interview. I tried to keep intact these expressions within the transcript, although some were altered to make the transcript more readable in common English. Bamberg (2012) argues that the process of transcribing not only allows the rendering of reality, it transforms and communicates what is considered relevant about that reality to the reader and to the interpretive task at hand. It is recognized as an interpretative process in itself, where meanings are created, rather than simply putting audio recorded words on paper (Mishler, 1991; Lapadat and Lindsay, 1999). Riessman (2008) also notes: 'in constructing a transcript, we do not stand outside in a neutral objective position, merely presenting 'what was said', rather, investigators are implicated at every step along the way in constituting the narratives we then analyze' (p. 28).

Qualitative methodologies call for a 'pluralistic' stance in the analytic process. This search for a valid interpretive frame is perhaps the research stage that causes most controversy and concern (Squires, 2008). In a qualitative research like mine, the employment of more than one qualitative approach helps one gain a broader spectrum of meanings of the studied phenomena (Tuval-Mashaich, 2014). Also, a dominant feature of narrative inquiry is that meaning making is conducted in a way that is open to interpretation and reinterpretation; and interpretation requires laying open the angles and perspectives from where meaning is being conferred (Bamberg, 2012). Therefore, in this research, a thematic analysis was first conducted on all twelve transcripts, then three transcripts were selected as case studies for an in-depth analysis using the listening guide (LG) method of qualitative data analysis (Brown and Gilligan, 1993).

#### 4.7.2. Thematic Analysis:

Braun and Clarke (2006) state that ‘thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich) detail’ (p. 79). After the process of transcription, transcripts were uploaded onto the NVivo 11 qualitative data analysis software. Thematic analysis of the twelve transcripts follows the guide provided by Braun and Clarke (2006, p.87) as shown in the table below.

Table 4.7.2.a: Phases of thematic analysis (Braun and Clarke, 2006, p.87)

<b>Phases</b>	<b>Description of the process</b>
<b>1</b> <i>Familiarizing yourself with your data</i>	I listened to the tapes three times to familiarise myself with the data, transcribe and fill in gaps. I then read and re-read the transcribed data, noting down my reflections for each transcript. I considered how each story was told, tone of voice, what the stories said about the lived experiences of class, gender, race, age, disability, religion and/or geographical locations and other identities (Fraser, 2004). This task was taken seriously so that the research texts would reflect the narrative quality of the experiences of both participants and researcher (Clandinin and Caine, 2008). The process of familiarising myself with the transcript also helped me to reflect on my own biases, preconceptions and expectations of the data.
<b>2.</b> <i>Generating initial codes</i>	Working with one transcript at a time, I identified repeated patterns of meaning and interesting features of the data in a systematic fashion across the entire data set.
<b>3.</b> <i>Searching for themes</i>	I coded them into themes and sub-themes using ideas from my research questions whilst being open to other emergent themes that required consideration (Hunter, 2009). I then gathered all

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data relevant to each potential theme. During this process care was taken to retain the interactional context in which the words were spoken including progression of themes within the interviews (Squires, 2008). In so doing, 'sequence and the wealth of the detail contained in long sequences were preserved' (Riessman, 2008, p.74). This was particularly useful in avoiding the fragmentation of text and contexts (Mauthner and Doucet, 1998) and simplifying the complexity of participants everyday lives (McCormack, 2004).

- 
- |           |  |   |
|-----------|--|---|
| <b>4.</b> | <i>Reviewing themes</i>                | Following this process, themes were reviewed by checking if the themes worked in relation to all the interviews. Emergent themes were also collated and analysed. |
| <hr/>     |  |   |
| <b>5.</b> | <i>Defining and naming themes</i>      | I engaged in continuous analysis, refining each theme, and generating clear definitions and names for each theme.   |
| <hr/>     |  |   |
| <b>6.</b> | <i>Writing up the analysis chapter</i> | During this phase I selected rich and compelling extracts for analysis under the relevant theme and sub themes in relation to the underpinning research question. |
-



Table 4.7.2.b: An example of generating initial codes

<i>Extract from transcript</i>	<i>Initial coding</i>
<p><i>I was being told that because of tradition I need to obey the husband whatever he asked me to do even if am comfortable doing it or not I need to do it, but I couldn't argue because it is old days tradition and they will tell you if you don't do this, you are not respectful you are not a good wife, you are not this..., they will give you all kinds of names.</i></p>	<ul style="list-style-type: none"> <li>○ Woman's submission</li> <li>○ Traditional context of abuse</li> <li>○ Gendered power relations</li> </ul>

Table 4.7.2.c: A set of final codes (selected examples)

<b>Selective coding framework</b>	<b>Final coding framework</b>
<ul style="list-style-type: none"> <li>○ <i>Confusion</i></li> <li>○ <i>Poor mental health</i></li> <li>○ <i>Disorientation</i></li> </ul>	<p>Emotional and Psychological distress</p>
<ul style="list-style-type: none"> <li>○ <i>Man's entitlement</i></li> <li>○ <i>Man's authority</i></li> <li>○ <i>Obedience and submission to husband</i></li> </ul>	<p>Gendered roles and expectations</p>

### 4.7.3. Analysing Case Studies using the Listening Guide (LG):

Yin (2009) defines a case study as a strategy 'used to explore a phenomenon in-depth and within its real-life context: especially when the boundaries between phenomenon and context are not clearly evident' (p.19). It is widely used when the amount of information or detail collected is large (Gomm, Hammersley and Foster, 2000). Hartley (2004) also writes that the aim of using a case study is 'to provide an analysis of the context and processes which illuminate the theoretical issues being studied' (p.323). One advantage of the case study approach is that it is all-encompassing, which means that 'a number of methods may be used, either qualitative, quantitative or both' (Hartley, 2004, p.324). Therefore, three

transcripts were selected as case studies based solely on the richness of their data in relation to my research questions (Yin, 2014). The three case studies were analysed using the listening guide (LG) or 'Listening for Self and Relational Voice' method of narrative data analysis (Brown and Gilligan, 1992; 1993).

The LG focuses on voice 'as a channel of connection, a pathway that brings the inner psychic world and feelings and thoughts into the open air of relationship where it can be heard by oneself and by other people' (Brown and Gilligan, 1993, p.14). Within the psychic life, women's voices are said to be polyphonic and complex, therefore, 'the LG provides a way of systematically attending to the many voices embedded in a person's expressed experience' (Gilligan et al., 2003, p.30). This makes it relevant in understanding how women of Nigerian origin might experience sexual abuse and violence. As a feminist method, it also attends to high levels of reflexivity (discussed in chapter three) relevant for a black woman researching the lives of black women. Brown and Gilligan (1992; 1993) propose four readings of the transcripts called 'listenings'. Each 'listening' focuses on a different aspect of participants' voices. Gilligan et al. (2003) note that the first two 'listenings' are more prescribed, whereas the other 'listenings' are shaped by the research questions.

In this study, the foci of the four 'listenings' were: overall geography or plot of the story; Self ('I Poems'); Contrapuntal voices, and Power relations. The four approaches to 'listenings' are described further below. I created a worksheet where the participant's words as well as my interpretations were documented on different columns, in such a way that, each listening step is followed by a subjective and an in-depth examination of participants' voices (Petrovic et al., 2015). These multiple 'listenings' offer the researcher the opportunity to tune into the polyphonic voices of participants and to the complexities embedded in their voices and experiences (Brown and Gilligan, 1992; Gilligan et al., 2003; Gilligan, 2015). Within these 'listenings', I constantly reflected on my position as a black woman of Nigerian origin, in a privileged position of interpreting the life events of other black women of the same origin (Brown and Gilligan, 1993).

#### **4.7.4. The LG Phases:**

In this first phase, I read the transcript several times to establish an understanding of 'what is happening, to follow the plot, the unfolding of events. I 'listened' for the 'who, what, when, where and why' of the experiences (Brown and Gilligan, 1992, p.27). I attended to the use of reoccurring words or metaphors, themes and contradictions within the text. I also 'listened' for a shift in the use of first, second, or third person's voice. In the second phase I read the transcript to listen for the voice of "I" speaking about self by following and underlying every first-person pronoun and words that provide context. In this phase, I noticed that some women interchangeably used "I", "Me", "My", "You" and "We" to refer to self or construct personal identities. The pronoun "you" was mostly used to refer to self when participants knowingly or unknowingly separate themselves from a particular statement or event (Woodcock, 2010b). Therefore, it was meaningful to explore this pathway too in this current research. This meant that, apart from highlighting the texts within the transcript that contained the "I" pronoun, I also highlighted texts within the transcript that contained the other pronouns when the women were referring to 'self', including accompanying verbs or statements that describes 'self'. Thus, as Woodcock (2016) notes: 'by attending to the different ways women speak of 'self', the 'I Poem' subsequently constructed may not completely resemble or align with the 'I Poem' suggested by Gilligan and Colleagues' (p.7). After identifying the voices of 'self', I then cut and pasted all the voices of 'self' traced from the narrative and listed them in the order of appearance, with each pronoun starting a new line in order to construct the 'I Poem'. In this listening for self, I identified how my participant referred to herself through her words, what she says about her feeling and how she describes her thinking and decision-making process (Belknap, 2000). I also arranged the 'I poems' into stanzas to indicate a shift in meaning or change in voice (Gilligan, 2011).

The third listening, known as, 'listening for contrapuntal voices' (Gilligan and Eddy, 2017, p. 79) focused on relationships and social networks that my participants were affiliated to. This allowed me to listen to multiple facets of the story being told (Gilligan, 2015) and to unpack several layers of expressed experience (Forrest, Nikodemos and Gilligan, 2016). This 'listening' was guided

by my research questions: 1. How do women of Nigerian origin construct their experiences of sexual abuse and violence? 2. What are the barriers to help-seeking and how do women experience support in the UK? These 'listenings' included listening for the voices of self-silencing as a result of 'debilitating cultural norms and values' (Brown and Gilligan, 1993, p. 17), the voice of psychological/emotional distress characterised by confusion and uncertainty and the voice of resilience, indicative of help-seeking and support. In the fourth phase, I read the transcripts to 'listen' for power relations and where dominant ideologies and structural factors constitute the voice of silence and oppression. For example, how cultural themes and beliefs (Tuval-Mashiach, 2014) place Nigerian women in oppressive and discriminatory positions. Also, how women's narratives of power relations link with macro-level processes and structures (Doucet and Mauthner, 2008). I attended to the dialogical organisation of discourse within narratives. For example, I compared the ways in which my participants positioned the self ("I") in relation to others ("They") and considered it to indicate power relations (Harré and Van Langehove, 1999).

#### **4.8. Quality and Rigour:**

The question of how the quality of qualitative research can be demonstrated has received much attention in the literature (Lincoln and Guba, 1985; Lather, 1993; Kvale, 1995; Creswell, 1998; Seale, 1999). Lincoln and Guba (1985) whose work has been influential in this respect, argue that in evaluating quality in qualitative research, the general concept of reliability, validity and generalisation, which serves as a standard in evaluating research within a positivist paradigm remains fundamental. However, these standards are generally not consistent with qualitative research. This is because in qualitative research, 'truth value' is not seen as singular, instead as multiply constructed from different contexts by different participants (Lincoln and Guba, 1985). Also, reliability is hard to achieve in an interpretivist paradigm such as narrative studies because they are heavily context driven. This implies that, even if the same topic guide is used, different researchers may ask the questions in different ways which may generate different answers (Dodge, Ospina and Foldy, 2005). Lincoln and Guba (1985) developed the idea of credibility, transferability, dependability and confirmability to replace validity, reliability and generalisation in interpretivist paradigm.

Credibility refers to strategies and approaches that strengthen confidence in the research findings (Gringeri, Barusch, and Camhron, 2013). Other writers describe credibility as findings and interpretations that resonate with readers and participants (Hesse-Biber and Leavy, 2011; Marshall and Rossman, 2006). Dependability represents the concept of reliability and transferability represents generalisability used in positivist research practice (Lincoln and Guba 1985). Deetz (1973) also reminds us that qualitative research can be as 'valid' and 'rigorous' as quantitative research 'if judged with appropriate criteria and if separated from simple impressionistic insights' (p. 14). To this end, there have been many suggestions on how to improve and demonstrate quality and rigour in qualitative research, suggesting that researchers adopt different methods to achieving quality and rigour. Lincoln and Guba (1985) claim that credibility can be built up through prolonged engagement, persistent observation, triangulation, peer review, member checks and negative cases analysis. They also suggest that transferability can be achieved through writing thick descriptions. Thick description refers to presenting the data and findings in sufficient detail so that readers may evaluate the extent to which the findings may aid in understanding other people, times, situations, or places (Cho and Trent, 2006). Similarly, Lincoln and Guba (1985) suggest that dependability can be achieved through conducting an audit trail. Seale (1999) points out that auditing, which can also be used to establish confirmability of the research is an exercise of reflexivity because it involves a self-critical account of the steps and decisions made throughout the research process.

Other researchers have also argued in this line, for example, Wolcott (1990) suggests that qualitative researchers need to be consistent and accurate in recording the research process. This is seen as a principal approach for demonstrating quality and rigour (Carcary, 2009). In addition, some scholars see research audit trail as a means of ensuring the quality of a qualitative research study (Koch, 2006; Akkerman et al., 2006). This view is supported by Rice and Ezzy (2000, p.36), as they write: 'maintaining and reporting an audit trail of methodological and analytic decisions allow others to assess the significance of the research'. Dodge, Ospina and Foldy (2005) assert that trustworthiness (validity) is established by explaining how we have addressed issues such as

biases that result from self-presentation, gaining access to the research site, and methods of documentation. Cho and Trent (2006) take some of these approaches further and propose what they termed a transactional approach to validity. They argue that methods such as member checking, bracketing and triangulation which is grounded in active interaction between the inquiry and the research participants, can potentially enhance the level of accuracy and consensus since it revisits facts, feelings, experiences, and values or beliefs collected and interpreted. A second idea by Cho and Trent (2006) on how to improve quality lies in what they called transformational validity. This term is used to indicate a research study that is progressive, emancipatory and leads to the type of social change that supports feminism, including empowering women and ending violence. Together, these views highlighted above provide important guidance in building quality and rigour into this current research. The following section therefore provides a discussion of how quality and rigour has been acknowledged and made explicit in this study.

#### **4.8.1. Quality and Rigour in Practice:**

This research is a narrative study situated within a feminist-intersectional framework. Polkinghorne (1988) asserts that narrative studies must rely on the details of their procedures to achieve trustworthiness and credibility. Therefore, the philosophical position of the researcher was made explicit from the beginning, accompanied by providing a rationale for the use of a methodological framework (Finlay, 1998; Finlay and Ballinger, 2006). The process of recruiting participants and data collection was recorded in a careful, thorough and systematic way (Ballinger, 2004), including a transparent description of the processes of interpretation and analysis (Madison, 1988; Houghton et al., 2013). It also provided an extensive documentation of findings (Lincoln and Guba, 1985) (see chapters five to eight). These ensured first, that the various contexts and perspectives that construct the realities of the participants is understood (Loh, 2013), by representing experience in a way that keeps place and time connected to action (Dodge, Ospina and Foldy, 2005). This is a quality standard in narrative inquiry referred to as coherence (Riessman 2002). Polkinghorne (2007) argues that 'this is the best evidence available to narrative researchers about the realm of people's experience' (p. 479). Secondly, the extensive documentation ensured

that raw data is distinguished from the analysis provided by the researcher (Dodge, Ospina and Foldy, 2005) and makes transparent '*how we claim to know what we know*' (Altheide and Johnson, 1994, p.496; italics in original).

Another notion of credibility proposed by qualitative researchers is 'catalytic validity' described as 'the degree to which the research empowers and emancipates the research subjects' (Scheurich, 1996, p.4). This current research has progressively documented how issues of power were managed and how the research study has contributed to consciousness raising amongst research participants. It has also highlighted how research findings intend to contribute to advocacy, intervention activities and training of professionals in the field of violence against women (Cho and Trent, 2006). In addition, the question of returning transcripts to participants was posed during data collected and all participants declined to revisit their stories. This could be due to the sensitive nature of this research topic. Sandelowski (1993) criticises this approach of ensuring validity for relying on the foundational assumption of a fixed truth or reality against which the account can be measured, pointing out that stories previously told 'may elicit feelings members no longer have, regret, and/or have forgotten' (p.6).

Reflexivity is also an important criterion for measuring quality and rigour in qualitative research. It is increasingly acknowledged by researchers (e.g. Finlay, 1998; Gough, 2003; Gilgun, 2006; Rolfe, 2006; McCabe and Holmes, 2009; Lambert et al., 2010) in qualitative research processes. Also, many studies suggest that reflexivity can be used as a criterion of rigour in qualitative research (e.g., Houghton et al., 2013; Zitomer and Goodwin, 2014; Shelton et al., 2014). Reflexivity is a key element of transparency, which is the 'degree to which all relevant aspects of the research process are disclosed' (Yardley, 2000, p.7). So, apart from highlighting and making transparent the researcher's subjectivities, reflexivity allowed issues raised when using particular strategies, and how they were taken into account to be made explicit (Ballinger, 2004). Although, there is a view that reflexivity is undertaken in interpretive research to add the researcher's own contribution to the understanding and to trace how the researcher's original sense of the topic changes over the course of the research (Bergum, 1991), I have however, adopted reflexivity in this current research to

not only critically reflect on my subjectivity as a researcher but to ensure the transparency of my research process.

Relevance is another important aspect of quality in this study (Dodge, Ospina and Foldy, 2005). In addressing the issue of relevance, this research considers the following questions: First, if the narrative 'truth' described in this study is useful to Nigerian women. Indeed, this study has raised consciousness within this group, such that women are more informed about issues relating to sexual abuse and violence (Unger, 1992). Secondly, are findings relevant for use by members of the research community or by members of the teaching community? (Loh, 2013). This is an original study and can become a basis for others' work (Riessman, 2008). The last issue considered in this research in relation to relevance is if the findings resonate with practitioners' experiences and addresses the challenges they face in their work (Hummel, 1991). This also relates to the concept of utility which is the extent to which the research has an impact, either theoretically or practically (Ballinger, 2004). This study is both theoretical and practice based, so produces knowledge that would equip practitioners in their problem-solving capacities (Hammersley, 2004b).

### ***Summary***

This chapter provided a detailed discussion on the process of recruiting participants, along with the researcher's insider/outsider status. The process of conducting narrative interviews with participants was discussed before addressing the ethical dilemmas encountered. It also presented an in-depth discussion of the methods of data analysis and then concludes with a discussion on quality and rigour. Based on the thematic analysis, the following chapter will present a contextualised description of women's lives at the time of the study.



## **CHAPTER FIVE: INTRODUCING THE WOMEN**

### **5.1. Introduction:**

In the previous chapter, I presented my research design and discussed the processes involved in recruiting and conducting in-depth narrative interviews with twelve women of Nigerian origin living in the UK who have experienced sexual abuse and violence. In this chapter, I provide a contextualised description of the women who participated in the study to set the scene for the following chapters. This chapter begins with a description of the recruitment area and the demographic characteristics of the women and the perpetrators. In keeping with narrative principles, it also presents a short-form narrative introduction to all twelve women. Since most of the women recruited for this study were either refugees, asylum seekers or refused asylum seekers, their lives within the broader immigration context in the UK is discussed. Next, I discuss women's relationships, including intimate relationships, relationship with their children, other family members and friendships in the UK. The nature of sexual abuse and violence experienced by the women is presented using extracts from women's narratives before examining the possible links between sexual abuse and violence and asylum seeking in the UK. To further expand on this analysis, I will examine how gender, race and class oppressions intersect with structural processes to pose a challenge to gaining a refugee status for women in this study whose main grounds for seeking asylum is sexual abuse and violence.

### **5.2. Demographic Characteristics:**

#### **5.2.1. Recruitment Area:**

A city in the Northwest of England was chosen as the main site for the recruitment of participants due to its ethnic diversity and proximity to the University.

#### **5.2.2. The Women:**

The participants for this study were twelve women of Nigerian origin living in the UK who volunteered to discuss their experiences of sexual abuse and violence. The women were aged between 27 and 46 years (mean age of 36.5 years) and none had any known disabilities. Only one woman was born in the UK. Another woman is of mixed heritage, comprising of another West African country and Nigeria. The remaining ten women were born in Nigeria (Ogun State = 4, Delta

state = 2, Edo state =1, Oyo State = 1, Osun Sate = 1 and Lagos State = 1), making a total of 6 states, with four from one major ethnic group, Yoruba. In comparison to the number of states in Nigeria, it is important to note that these states are not representative of the whole of Nigeria (see figure 5.2.2.). According to data from the National Population Commission [NPC] (2018), Nigeria is the most populous country in Africa and the 14th largest in land mass, with over 198 million people. Presently, Nigeria is made up of 36 states and a Federal Capital Territory. The states are grouped into six geopolitical zones: North Central, North East, North West, South East, South South, and South West. There are about 374 identifiable ethnic groups, but the three major groups are: Hausas in the North, Yorubas in the West, and Igbos in the East. About half the population is Muslim, 40% is Christian, and 10% follow indigenous religious practices (NPC, 2008; 2013). Ten of the women in this study identified their religion as Christianity (n = 10), while the remaining said they were Muslims (n = 2).

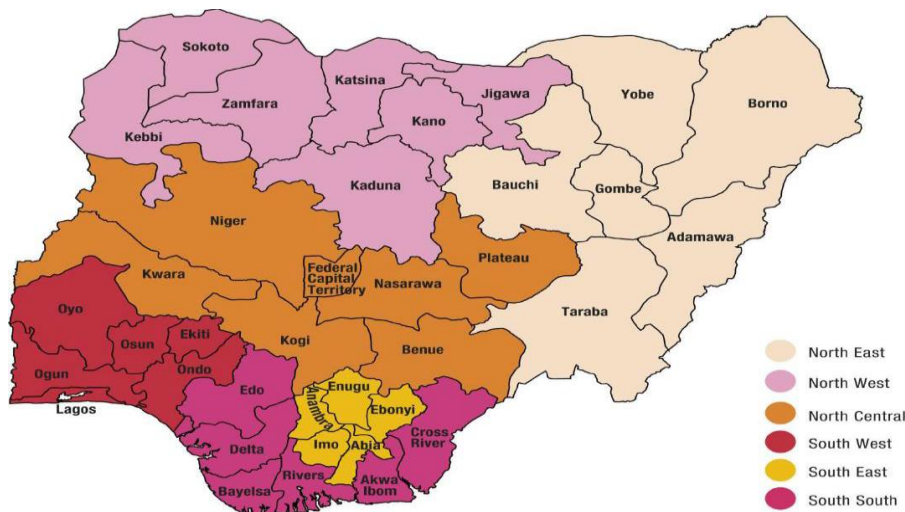


Fig 5.2.2: The map of Nigeria showing the 36 states and 6 geo-political regions

(Source: 28 Too Many)

### 5.2.3. The Perpetrators:

The term perpetrator as used in this study refers to the person women identified as perpetrating their sexual abuse and violence. Five out of the twelve women interviewed, identified more than one perpetrator of sexual abuse and violence.

Overall, the perpetrators include a church minister (n =1), a stepfather (n =1), an unknown male (n =1), intimate partners (n =8), a family friend (n =1) and an auntie’s husband (n =1). All the perpetrators are of Nigerian origin and are adult males, except in two cases of female genital mutilation (FGM), where parents (male and female) were named as perpetrators (n =2). FGM has been included as both sexual and physical abuse in this study. Women experienced sexual abuse and violence perpetrated in Nigeria and in the UK. Of the twelve women, five experienced sexual abuse and violence perpetrated in the UK. Five other women said their experiences of sexual abuse and violence were perpetrated in Nigeria. One experienced sexual abuse and violence both in Nigeria and in the UK while another experienced abuse while living in another West African country. Table 5.2 below provides a summary of key demographic variables relating to the women while table 5.3 presents a short-form narrative introduction to all 12 women.

Table 5.2a: Summary of key demographic variables relating to the women

Women	Age	Religion	Relationship Status	No of Children	Nature of Violence	Perpetrator	Location of abuse	No of years in UK	Immigration Status
Angela	29	Christian	Single	1	CSA, Sexual assault & Physical abuse	Church Minister Stepfather	UK	British	British Citizen
Efe	36	Christian	Single	1	Sex trafficking, rape, FGM & Physical abuse	Unknown male & Parents	Nigeria	11	Refused asylum seeker
Omola	42	Christian	Single	2	Intimate partner SA/V & Physical abuse	Male partner	UK	12	Asylum Seeker
Sarah	42	Christian	Separated	0	Intimate partner SA/V & Physical abuse	Husband	Another West African Country	2.5	Asylum Seeker

Orede	27	Muslim	In a Relationship	1	Rape & Physical abuse	A family friend (male)	UK	12	Refused asylum seeker
Asaro	43	Christian	Separated	0	Intimate partner SA/V & Physical abuse	Husband	Nigeria	10	Asylum Seeker
Temí	42	Christian	Separated	4	Intimate partner SA/V & Physical abuse	Husband	Nigeria	2	Asylum Seeker
Tope	35	Christian	Separated	1	Intimate partner SA/V & Physical abuse	Husband	UK	9	Asylum Seeker
Lola	44	Muslim	Separated	3	Sexual assault, Intimate partner SA/V & Physical abuse	Husband	UK	13	Asylum Seeker
Titi	42	Christian	Separated	3	CSA & Physical abuse	Auntie's husband, relatives	Nigeria	5	Asylum Seeker
Omono	46	Christian	Separated	2	Intimate partner SA/V, physical abuse	Husband	Nigeria	2.5	Refugee status
Bisi	43	Christian	Separated	4	Intimate partner SA/V, FGM, physical abuse	Husband & Parents	UK & Nigeria	9	Asylum Seeker

Table 5.2b: A short-form narrative introduction to all 12 women (names are pseudonyms)

**Angela**

Angela is 29 years old. She tells a story of childhood sexual abuse (CSA) perpetrated in the UK, first, by a church minister from the age of 8 until 12, and second, by her stepfather during her teenage years. She constructs her first experience of CSA around the religious practice of “spiritual baths” conducted in white garment churches. The authority and power accorded to male church ministers is significant to her experience of CSA and barriers to help-seeking. For her second experience of CSA, her narrative points to the patriarchal nature of her family as influencing her experiences of CSA. The family dynamics was also an underlying factor that influenced her mother’s use of rape myths in intervening in her experiences of CSA. She experienced homelessness briefly after she moved out, but secured housing support from a women’s refuge. She then speaks of her experiences of sexual assault perpetrated by her stepfather whenever she visited home. Further in her narrative, she describes how she was impacted by loss of self and identity and how she continues to experience psychological distress as a result of her experiences of CSA.

**Sarah**

Sarah is 42 years old. She tells a story of intimate partner sexual abuse and violence (IPSA/V) perpetrated in another another West African country by her ex-husband. Her story centres heavily on the cultural gendered expectation of bearing children, and how this influenced her experiences of IPSA/V. She sought help from family members, however, the dominant patriarchal ideology that violates women’s right to freedom from domestic abuse and violence posed a barrier to her ability to leave the abusive relationship. Because of the severity of the emotional impact of the abuse, she was eventually forced to relocate to the UK to seek asylum.

**Efe**

Efe is 36 years old. She was raped in her home in Nigeria by an unknown male. She speaks of the severe depressive symptoms she experienced as a result of the shame and stigma associated with rape in Nigeria. Her narrative then shifted to how a female sex trafficker exploited these vulnerabilities in deceiving her into becoming a sex worker in Holland. She sought help from a woman in Holland who linked her up with her brother in the UK, consequently leading to revictimization when she arrived in the UK. She eventually left and sought housing support from her uncle. This support was short-lived after she had her son and was asked to leave. She speaks about seeking asylum in the UK and the repeated refusal which led to her current state of destitution. She also tells of her experiences of living with female genital mutilation (FGM) and the consequent rejections, relationship breakdowns and medical problems she suffers.

**Orede**

Orede is 27 years old. She tells a story of her experience of being raped and living as a ‘sex slave’ in the UK for six months. Her passport was withheld by the perpetrators who brought her to the UK, and she was physically abused and threatened with deportation whenever she attempted to escape. She finally escaped to another city where she applied for asylum on the grounds of sexual abuse and violence, however, her asylum claims were rejected. Although, she makes light of her situation by using a coping mechanism, “forgetting the past” and “focusing on her child”, her narrative tells of the emotional anguish associated with her experiences of sexual violence, the battles with the immigration system and the uncertainties that surrounds living in destitution.

**Omola**

Omola is 42 years old. She tells a short narrative of coercive intimate partner sexual abuse and violence (IPSA/V) and physical abuse experienced in the UK. The impact of IPSA/V which was reflected through poor physical and mental health forced her to leave the abusive relationship with no option but to seek asylum. Although she is now appealing the refusal of her claim, she continues to live with the uncertainties her situation presents.

**Asaro**

Asaro is 43 years old. She experienced intimate partner sexual abuse and violence (IPSA/V) perpetrated by her ex-husband in Nigeria. She speaks of gendered expectations and the religious belief of wifely submission in influencing her experiences of IPSA/V. Because she did not have children, her experiences of IPSA/V were not only justified by her husband, but her own family. This was as a result of the perceived obligation to bear children resulting from the practice of bride price. She eventually found the courage to leave her abusive husband to seek asylum in the UK. This decision was also made to avoid the stigma associated with separation and divorce in Nigeria. She lived temporary with her older brother when she first arrived in the UK before moving to another part of the UK where she experienced a period of homelessness. Further in her narrative, she described how she was picked up by immigration and the inhumane treatment at the immigration detention camp for women. At the time of the study, she was awaiting her asylum decision appeal.

**Temí**

*Temí is 42 years old. She experienced intimate partner sexual abuse and violence (IPSA/V) perpetrated by her husband in Nigeria. Her experiences of abuse and violence were embedded in the interaction of gender, gendered expectations, and the practice of bride price. She also speaks of how gendered power relations operated in ways that influenced her financial dependence on her abusive husband, posing a barrier to help-seeking. The severity of the emotional and psychological impact of the systematic abuse perpetrated by her husband forced her to eventually escape the abusive relationship to seek asylum in the UK. She also speaks of her need to escape the societal stigma associated with a relationship breakdown in Nigeria. At the time of the study, she was in the process of appealing her asylum claim refusal.*

**Titi**

*Titi is 42 years old. She experienced childhood sexual abuse (CSA) which was perpetrated by her auntie's husband in Nigeria whilst living in an extended family system. Her narrative makes bare how factors associated with her age, fear of homelessness and the threats made by the perpetrator silenced her and created grounds for the continuation of the abuse. Further, she tells of how she faced getting her fingers cut as a consequence of her father's refusal for her to undergo the practice of FGM. She also tells of other experiences related to witchcraft practice in Nigeria that led to her relocation to the UK. She speaks of a period of homelessness in the UK but was later provided with some housing support through the Home Office. Her narrative tells of a woman who continues to be impacted by psychological distress resulting from the different forms of violence she suffered.*

**Tope**

*Tope is 35 years old. She experienced intimate partner sexual abuse and violence (IPSA/V) perpetrated by her ex-husband in the UK whilst she was pregnant. She speaks of her experiences of IPSA/V as underlined by inequitable gender norms that prescribe gender roles and expectations. Because she was financially reliant on her abusive husband at the time, she could not seek help for her experiences of violence. Also, insecure immigration status, fear of deportation, and the skewed information from her social network contributed to her delay in help-seeking. She also speaks of how the fear of being 'visible' as a woman with insecure immigration status with no state entitlement, posed a barrier to her ability to seek intervention whilst she was in labour, as a result, she lost her unborn child.*

**Omono**

*Omono is 46 years old. She suffered intimate partner sexual abuse and violence (IPSA/V) perpetrated by her ex-husband in Nigeria. Her narrative describes how unequal power relations and gendered expectations influenced her experiences of IPSA/V. She escaped her abusive marriage, not only to protect herself from the abuse, but to protect her daughter from female genital mutilation (FGM). Her narrative tells of a woman who continues to live with the limitations posed by the practice of bride price and the concurrent practice of libation which apparently has the potential to inflict negative consequences on a woman if she moves onto another relationship.*

**Lola**

*Lola is 44 years old. She tells a story of intimate partner sexual abuse and violence (IPSA/V) perpetrated by her ex-husband in the UK. Her narrative centres on the role of unequal power relations and gendered expectations in influencing her experiences of IPSA/V. She also speaks of financial reliance on her abusive husband, the care of her sick child, the role of cultural master narratives and the limitations of her insecure immigration status as contributing to her inability to seek help. She eventually sought housing support after her husband left her but had a negative experience from her local council. She was eventually provided with housing support through a voluntary organisation.*

**Bisi**

*Bisi is 43 years old. Her narrative tells of how women who had undergone female genital mutilation (FGM) may experience intimate relationships. She experienced relationship struggles and breakdowns both in Nigeria and in the UK. The emotional trauma associated with her first relationship breakdown in Nigeria led to her relocation to the UK. Whilst in the UK, she began another relationship which also broke down as a result of the impact of FGM on her enjoyment of sex, consequently, she became homeless. Her local church offered her some support and referred her to a Children's Centre. Through the Children's Centre she was referred to an asylum support organisation who supported her to apply for asylum, however, she speaks of her negative experiences with the Home Office. Although she experienced the third relationship breakdown after her youngest child was born, she hopes to put in another claim for asylum on the grounds of parent of a British citizen.*

### **5.3. Women's Lives at the time of the Study:**

It should be noted that women volunteered the information reported in this section during their narratives of sexual abuse and violence or during the follow-on questioning stage of their interviews.

#### **5.3.1. Immigration:**

Only one woman identified herself as a British citizen. Out of the remaining eleven, only one woman had Refugee status, eight women said they were asylum seekers, two said they have been refused asylum and are now destitute. In the UK, a person is officially a refugee when they have their claim for asylum accepted by the government (Refugee Council, 2018). The only woman in my sample who had refugee status reported:

*"I just got my leave to remain because the Home Office saw what I was going through. Because they know about my first baby that died and all that. I got it with just a year and 4 months" (Omono).*

Some of the women said they entered the UK on a visit visa, while others on a false passport. The length of time they lived in the UK ranged between 2 and 13 years (mean length of stay in the UK = 7.5 years). While the immigration status of the women is not statistically representative of Nigerians in the UK, it may reflect figures from the Refugee Council (2018) which indicate that the region of the UK with the largest number in dispersal accommodation at the end of 2017 was the North West (9,739). This region has also had the largest proportion since the beginning of 2008. Although my aim was not to involve mostly women who were either refugees or asylum seekers, however, since the majority of my participants fall within this category, the following section will examine their experiences of asylum in more depth.

##### **5.3.1.1. Asylum:**

According to the Refugee Council (2018), an asylum seeker is a person who has left their country of origin and formally applied for asylum in another country but whose application has not yet been concluded. Research also indicates that the UK is one of the top ten countries in which asylum claims are made (Blinder, 2014). Table 5.3.1.1a. shows that the number of applications for asylum in the UK increased in Q3 2018 compared with Q3 2017 and with each of the earlier quarters of 2018.

Table 5.3.1.1a: Asylum applications in the UK by quarter (excl. Dependants)

Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
6,522	7,225	6,713	6,584	7,444

(Source: Refugee Council, 2018)

Figures from the Refugee Council (2018) indicate that in 2016, 25% of asylum applications were made by women, whereas, in 2017, about 27% were made by women. Although Nigeria is not in the top ten asylum applicant producing countries, it is however in the top ten for women asylum applicants producing countries in the year 2016, the year preceding interviews with women under study.

Table 5.3.1.1b: Top ten countries for women asylum applicants 2016

Countries	Applications by women	% of total by women	Change in no. from 2015
Iran	698	17%	+195
Albania	657	44%	+57
Iraq	606	23%	+316
Nigeria	585	51%	+129
Pakistan	540	19%	+24
India	391	26%	+164
Eritrea	382	31%	-374
China	294	42%	+73
Vietnam	285	37%	+119
Syria	231	17%	-8

(Source: Refugee Council, 2018)

According to data from the Home Office (2018), out of 1664 applications made by Nigerians in 2017, 540 of those were made by women aged 18 and above. In this study, the eight women who identified themselves as asylum seekers were in the process of appealing their asylum claim refusals. For example, one woman spoke of the uncertainty surrounding her appeal.

*“I don’t have legal aid, you know, am paying for my solicitor. In fact, I don’t know, maybe they are still going to deport us. I don’t know what will happen, I don’t know, I don’t know, I won’t lie, because I have been to court, they said no. I want to do upper tribunal now or what do they call it? I have never been to court before, it is this process and I don’t know what is happening” (Temi).*



This uncertainty is reflected in the data from the Refugee Council (2018) in which the percentage of refusals increased in 2017 compared with other recent years and from the table below, Nigeria had a well above average refusal rate. Out of 162 applications made in Q3 2018, only 23 applicants were granted refugee status or one other form of protection.

Table 5.3.1.1c: Asylum decisions by nationality, Q3 2018, top ten countries for number of decisions

	Decisions	Refugee status	Humanitarian Protection	Discretionary Leave	Other Grants	Refusals
Iran	580	267	5	0	22	286
Iraq	533	78	14	4	34	403
Pakistan	386	77	1	1	5	302
Eritrea	315	188	0	0	0	127
Sudan	309	151	1	0	2	155
Afghanistan	308	117	8	2	22	159
Bangladesh	260	15	0	1	6	238
Albania	203	1	0	1	7	194
<b>Nigeria</b>	<b>162</b>	<b>15</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>139</b>
Vietnam	158	82	0	0	2	74

(Source: Refugee Council, 2018)

Although, according to the Refugee Council (2018), Nigeria is among the countries of origin with largest numbers of asylum detainees by the end of Q3 2018, however, out of the ten women (eight asylum seekers and two refused asylum seekers) in this study, only one spoke of being detained under Immigration Act powers. Thus, reflecting the overall picture of women detainees at the end of 2017 in which only 270 women were detained as compared to 2,275 men. Asaro, who was detained under the Immigration Act powers described how she was arrested in the extract below.

*“... police and immigration, they came together. When they came to arrest me, they came very early, it was as if I was sleeping, dreaming, I was like, is this real? They were shouting from the door, H, H, we are here for H, banging the door. Imagine around 5-6am, you just like, are my dreaming? who are these people? What should I do? the way they came banging at that early hours, I was like oh my God, should I jump through the window? One mind just said, if you jump, you will jump and meet them there, and if you are alive they will still do what they*

*want to do, so why not...and when they now came in, they were like we have come for you, and I almost wee'd on myself immediately. I said am coming, am coming, they thought I was running. I said no, I want to use the toilet" (Asaro).*

The extract below also captures her experiences at the detention centre for women.

*"Then in detention one thing... although I stayed just 10 days, but that 10 days, when I came out, it took me 2-3 months to recover. It is a place that I will not even advise my enemy to go to. The detention place for the ladies, when some people tell you their story... some people have been there for months, and the way they treat them... because in my presence they deported people. The way they are taking them, especially those on chartered flight, some women go naked. Like one day, they came to pick some ladies, about 6 of them. When they entered the room, they were naked, that was the only reason they didn't take them that day... no pant, no bra and when the men... because the mix them both men and ladies coming to pick them and force them, they force them to the bus to take them to the airport. Some of them, they were dragging them on the floor. Then the food in detention, 5-year-old baby, if they put it in the plate for the baby, the baby will say no am not eating, if this is all you are going to give me, I better stay hungry" (Asaro).*

### **5.3.1.2. Asylum support and other support streams:**

All eight women seeking asylum said they were in receipt of one form of asylum support or the other, including dispersal accommodation. For example, one woman spoke highly of the support she receives from the Home Office.

*"... I didn't see anybody except the Home Office, they give us house, 3 bedrooms, then they are giving us allowance. They really try, yes, they try now. I never expected that I will be in 3-bedroom house. I know how I was managing, coping with people, living with different people, so in a situation that even sometimes things will spoil they will come and fix it, you know all those things. So, I will always appreciate them for that" (Titi).*

Apart from being in receipt of one form of asylum support or the other, women also talked about the support they received from locally run organisations and from their friendship groups. For example, talking about the activities they attend, Sarah states:

*"We have support from this group, they are giving us food and other stuff" (Sarah).*

Women also received other non-monetary support. This is strikingly evident in Bisi's narrative.

*"... like all these organisations are helping us, they will help us if we want to call, they will call for us. Like I had to get solicitor, they are the ones that filled the form for me. All these things make it a little bit better. They may not change your immigration status, but at least you have hope" (Bisi).*

In addition, Bisi talked about how the group support each other.

*"Like for example, somebody here had issues, we had to gather money, £10, £20 for her to get solicitor. This girl was crying so we all had to help" (Bisi).*

### **5.3.1.3. Living as a Refused Asylum Seeker/Destitute:**

Destitution here implies those asylum seekers who have no recourse to asylum support due to administrative faults or because their asylum claims have been refused (Refugee Council, 2018). It has been argued that the UK's immigration policies limit the number of successful asylum claims, therefore, failed claimants are left with no choice, but destitution (Chantler, 2010). Two women who identified themselves as destitute described their state of limbo while commenting on their experiences of destitution which included: sleeping rough, lack of support, no hope and suicidal ideation.

*"I have two people that I go to in their house in em... what is it called? ... (place). I have another one in (another place), but all my things are still in my uncle's house. During the day, I go there sometimes to sleep" (Efe).*

Her state of frustration and hopelessness is also apparent in the extract below.

*"I thought everything is going to be fine, 11 years now. I have gone through so many places for support. I am not getting any support. I don't even know what to do, sometimes for me to just hurt myself (sobs)" (Efe).*

Blanchard and Joy (2017) also note similar experiences, such as lack of support, rough sleeping and suicidal thoughts in their study which aimed to provide a portrait of the crisis facing refused asylum seekers who cannot be returned. Orede also commented:

... *“All the things I said they don’t believe me, because if they believe me, they supposed to support me. So, I don’t know, I don’t know, I just be there, I don’t know what to do” (Orede).*

However, she remained optimistic about her future. As she states:

*“I have a boyfriend; he has a residency. I think that he will make me stay here and put the paper on” (Orede).*

Due to the restrictions on her status, she cannot get married to him, which invariably leaves her in the same position, as she states:

*“You can’t do marriage if you don’t have status, the Home Office doesn’t allow you to do that. He is ready to do that, but he can’t go through that process. If the Home Office doesn’t allow you, you can’t go to the registry” (Orede).*

#### **5.4. Women’s Relationships:**

My aim in this section is to describe women’s relationships to develop a better understanding and a bigger picture of their lives.

##### **5.4.1. Relationships:**

###### **5.4.1.1. Intimate Relationships:**

With regards to intimate relationships, all had previously been in a heterosexual relationship. The majority of the women said they were separated (n = 8), three women identified themselves as single (n = 3) and only one said she was in a relationship. For the eight women who had been previously married, the duration of marriage ranged between 3 to 18 years (mean duration of marriage =10.5 years). Reflecting on their relationship status, most of them expressed a sense of contentment and freedom in either being separated or single. These extracts from Sarah, Temi, and Omono reflect this view.

*“I just want to be on my own because what happened has just put me off and made me think that everybody, all the men are the same. So, I just want to be on my own and see what life brings, fresh life. I don’t want to choke over anything. Am not rushing into anything” (Sarah).*

Temi also expressed similar stance as Sarah. She said:

*“Here in UK, I don’t have anybody, I just focus on my children maybe it is because of what I have encounter before, so I just decided to stay*

*on my own because I have a lot of stress and I don't want any other stress" (Temi).*

Likewise, Omono stated:

*"I just want to have my kids and live longer than to come and die of sex and sex. Even right now as we speak, no man, I have been here for the past, going to three years now, no man. It doesn't trip me at all" (Omono).*

#### **5.4.1.2. Relationship with Children:**

The table below represents women and the number of children they had at the time of study.

Table 5.4.1.2: Women and the number of children they had at the time of study.

<i>No of Women</i>	<i>No of Child(ren)</i>
2	0
4	1
2	2
2	3
2	4

This figure includes those children in the UK and those left behind in Nigeria. Three women disclosed that they left their child(ren) behind in Nigeria (two women left one child each, and one woman left two children) with either friends or family member(s) for reasons including, the urgency of their escape from the abusive relationship, and the uncertainties relating to their relocation to the UK.

For those (n=10) who have children, motherhood played a significant role in their lives. In the following extracts, women identified motherhood as a form of coping strategy. They spoke about this coping strategy in two ways: first, by focusing on the essence of motherhood, and secondly, using their child(ren) as a distractive strategy (Rizo et al., 2011). By focusing on the essence of motherhood, women gained strength to cope with their experiences. For example, Angela built her resilience around the love and comfort that comes from being a mother. This gave her the motivation to keep going, irrespective of any obstacles. She stated:

*"... my son is so beautiful and he adores me and he loves me (breathing heavily and in tears) for everything and that there is no love*

*no man can give you, only your children can give you that love, so I think he as well helped to heal me too, em and he kept motivating me and pushing me and you know because I want to make him proud and I don't want him to suffer the way I suffered. I don't want him to live the life that I lived, and I want him to know that regardless of anything you could keep going, you can do it" (Angela).*

For Orede, her child gave her strength and something to live for.

*"if you don't have kids you can just say I want to die, but because of the sake of kids you need to smile, even if the smile is not real, you know what I mean?" (Orede).*

Although Bisi was burdened by physical and emotional health problems, she nevertheless, expressed strength and hope in motherhood.

*"It is just getting too much for me, it is just too much, because of these kids am going to keep going ahead because what I go through, I don't want these children to go through it, nobody can look after your kids like you, so because of them, am just trying to be strong for them. And I know by God's Grace everything will be ok. That is what I think" (Bisi).*

On the other hand, for Lola and Titi, looking after their child(ren) was a form of distraction from the impacts of the abuse. In Lola's case, her fear for her sick child became a distraction from the impact of the abuse she experienced.

*"So here I was now, I still was feeling a bit shaky with (child) because I knew she had a major operation coming up. In my mind, I was just saying I will do it, I will do it. All these health visitors and ... they kept coming because of her health and all that but I couldn't tell them about him at all, but I could tell them about (child). When I talk about (child) and my fear for her and all that, it was good" (Lola).*

Titi's view was similar to that of Lola's. When her children are in school, she seems to battle with emotional outbursts, but when they return, they become a source of distraction from those emotions. Speaking about this she stated:

*"it is not easy for me, you can see I have cried today. When the children go to school now, it is only me, I will just be looking; by the time they come back, I say oh what can I do for them to eat..." (Titi).*

#### **5.4.1.3. Relationship with Families in the UK:**

Out of the twelve women, only three commented on family member(s) that live in the UK. Efe who was destitute talked about how she was supported by her uncle when she first arrived in the UK, however, she was asked to leave after she had her child.

*“I have been living with my uncle all these while and now the wife said she is fed up, so last year she said I should leave, that she cannot.... because she has three children, she is living in a two bedroom and one other small room” (Efe).*

Asaro on the other hand lived with her older brother when she first arrived but left voluntarily.

*“... first my brother was supporting me when I came, because I have a senior brother here, we are the same parents, he is in (city), which is far away. After some time, I just say to myself let me just move away from there to come to...I went to (city), so I was in (city) where I did my post study work” (Asaro).*

Angela who was born in the UK said she is in contact with her mother and siblings and goes to visit regularly. However, she has been unable to build a relationship with her father who also resides in the UK. She stated:

*“He's never been interested in me and am always the one always reaching out... he doesn't want to have anything to do with any of us and its hard, really hard” (Angela).*

#### **5.4.1.4. Friends and friendship groups:**

Just like motherhood, friends and friendship groups played a major role in some women's ability to cope with their experiences of sexual abuse and violence. Research shows that black and minority ethnic women are known to prefer informal coping strategies like speaking to friends (Lewis et al., 2006). This was the case with three women in this study. Of note is that women did not speak to their friends or friendships groups as a way to seek support and advice in relation to their experiences of sexual abuse and violence as observed in some studies (e.g., Anitha, 2008; Thiara and Roy, 2010), but purely as a coping strategy just like in Kanyeredzi's (2018) study. For example, Angela who had experienced child sexual abuse (CSA), spoke of a friend who was instrumental in her ability to develop resilience (Filipas and Ullman, 2006).

*“I have my friend (name) and we will sit down and talk and stuff, she tells me she's been through a lot as well, so I guess maybe helping her, helped me too, because I got her to talk about it and I was able to talk about my own experience” (Angela).*

Likewise, Omola described how two friends supported her whilst she was in the abusive relationship, and through the process of leaving the relationship. She stated:

*“thank God for that woman, she supported me, and I have got another friend too, she too she used to support me” (Omola).*

Omola also referred to the support group she attended as her friendship group:

*“... and by coming here, you will meet other women, so you will have more friends, like sometimes you know like before, I don't live here, it is the Home Office that brought me here. I didn't have any friends, I live in (city). So, by coming here, you will meet other women you will take their number, sometimes if you are down, you will call, and we will chat together, so that one is very good” (Omola).*

Another woman also made this comment about the support group:

*“This place it unites us and makes us... at least you share your own with me, we encourage each other. We encourage ourselves that is what we can do for each other” (Bisi).*

This form of coping strategy highlighted by these women may point to the significance of a talking therapy in the process of recovering from abuse (Bryant-Davis, 2005). In addition to the likelihood of helping women to cope, friendships and friendship groups seems to also impact positively on women's mental wellbeing.

### **5.5. Nature of Sexual Abuse and Violence experienced by women in this study:**

All the women in this study reported two or more types of sexual abuse and violence at any one time. The nature of sexual abuse and violence reported aligns with the definition provided by WHO (2002) which identifies child sexual abuse, sexual abuse and violence perpetrated in marriage and other intimate relationships, including those perpetrated by non-partners and sexual violence from cultural practices such as female genital mutilation (FGM) as types of sexual abuse and violence. Understanding the nature of sexual abuse and violence experienced by women in this study is especially important in light of the debates regarding how other BME women experience GBV. A feminist-intersectional lens will be applied to women's experiences of sexual abuse and violence. This will allow for a deeper understanding of the reality of men's power within the Nigerian cultural context, and how the intersections of different social factors influenced



women’s experiences of sexual abuse and violence. The nature of sexual abuse and violence experienced by the women in this study is shown in the table below.

Table 5.5: Nature of Sexual Abuse and Violence

Nature of sexual abuse and violence	Number of women
<b>Child sexual abuse (CSA)</b>	2
<b>Sexual assault</b>	2
<b>Rape</b>	2
<b>Sex trafficking</b>	1
<b>Intimate partner sexual abuse and violence (IPSA/V)</b>	8
<b>Physical abuse (linked to sexual violence)</b>	12
<b>Female genital mutilation (FGM)</b>	2

### **Child Sexual Abuse (CSA)**

Two women experienced CSA (Angela & Titi). Angela experienced CSA in the UK perpetrated by her mother’s boyfriend who was a church minister and secondly by her stepfather. She spoke of how her mother’s boyfriend perpetrated sexual abuse on her through the religious ritual practice of “*spiritual baths*”. She stated:

*“it started when he used to give me spiritual baths, so he used to bath me, and he will take me upstairs in my mum’s house at the time, cream me and everything and then that is when he will start to molest me. He used to tell me to lie down and he will just play with my breast, things like that. He used to make me hide behind the door so that if anyone is coming on the stairs, they couldn’t see me” (Angela).*

First, it is possible to see how the power the mother’s boyfriend had by virtue of being male and a church minister accorded him a specific form of authority which was fundamental in the perpetration of the sexual abuse. Secondly, the intersection of her age and gender, along with the religious practice acted as a situational variable in the perpetration of the sexual abuse (Finkelhor, 1984). She also spoke about the CSA perpetrated by her stepfather. This next extract demonstrates how her stepfather exploited her vulnerabilities: age, gender and

illness to create a contradictory perception of himself which enabled the perpetration of the sexual abuse.

*“She (mother) left went to (country) and came back, no before she came back what he (stepfather) was doing... I was really ill, I had tonsillitis so he used to crush anti-depressants and he used to put them in my hot chocolate and em because when I was sick he used to look after me, so he used to crush them and put them anti-depressants em... in the hot chocolate because he used to make me breakfast in bed and things like that or he would make me hot chocolate before I go to bed and then, obviously am thinking he’s being nice and I didn’t think anything because I used to drink it, didn’t I? So then, what I noticed is that when he used to do that I would forget to lock my door and then he would come in when I literally be asleep, and I would never forget because I remember the day when it happened, and I was asleep, and he got on top of me. I had my back up, I was lying on my stomach and he got on my back and then he had lubricants, so he tried to lubricate me as well and he tried to penetrate me, but he didn’t penetrate me em... you know and then he would turn me over and try to get on my front like that. Even before that event, you know there were times when he would just come in and I will be dazed. I will be so dazed because I didn’t know what was going on, do you understand?” (Angela).*

This account suggests that a risk factor such as living with a stepfather and situational factors like illness can provide opportunity for the perpetration of CSA (Finkelhor, 1984). Further analysis of Angela’s experiences of CSA can be found in chapter eight, case study one. Titi described her experiences of CSA in Nigeria. She was made to live with her auntie’s family to reduce the financial strain on her family which led to her being sexually abused by her auntie’s husband. She stated:

*“When I was around 14 or 15 years, I was abused by my auntie’s husband. So, you know, when, in a situation when someone is living in a room, in the night, he will just come and finger us all you know...” (Titi).*

Despite being aware of the abuse at the time, Titi had no means of escaping the abuse. It seems that her age and gender intersected with her forced reliance on extended family to provide the context for the continual perpetration of the abuse by her auntie’s husband. The experiences of CSA by Angela & Titi though perpetrated in the UK and Nigeria, bear some similarities. Both suggest that children who do not live with both parents or who live with stepfathers are at a greater risk of experiencing CSA (Nlewem and Amodu, 2017). Also, in both

cases, the intersection of age, gender, power and other disadvantages provided the situational context for the abuse to happen (Finkelhor, 1984). This is important for social care practitioners when considering appropriate interventions that might reduce the likelihood of revictimization.

### **Sexual Assault**

Sexual assault was identified in two women's narratives, Angela & Lola. Angela who was sexually abused by her mother's boyfriend and stepfather described her experiences of sexual assault perpetrated by her stepfather. She said:

*“Even after I moved out, and I would come and visit my mum he would still try, he would still, you know, have these little sexual innuendos, he would try to pinch my bum, he would try to kiss me on the lips, he would pinch my boobs... even when am sleeping in the room he would remove the duvet and try to like, caress my bum and things like that, so you know I would quickly cover myself” (Angela).*

This extract arguably shows how gendered power relations can manifest in interpersonal interactions. It is possible to see how unequal gender relations was reflected through the intrusive touching by her stepfather. This continual sexual assault on Angela by her stepfather is also a key element of patriarchal ideology that relegates the woman's body to an object of sexual pleasure (Gervais et al., 2012). Lola also described her experiences of sexual assault within marriage whilst living with her ex-husband in the UK. This extract from her narrative illustrates how illness and gendered roles and expectations could influence the experience of sexual abuse and violence.

*“I was very sick with the pregnancy, very sick, and the whole idea was ... he will go like eeh, you have to do this, and this was me a pregnant woman and my husband is asking me to do all these, using my mouth, my hand, I don't want to, but I knew what was going to happen if I didn't and so there will be (sighs). All throughout the pregnancy, it was a horrible period for me, I won't lie. It wasn't good at all, it wasn't good” (Lola).*

This extract suggests that gendered roles and expectations (discussed in chapter six) could shape the context and experience of IPSA/V. It seems that Lola was not only physically violated but was also emotionally violated by her abusive husband through forcing her to carry out sexual acts on him whilst she was pregnant. Although, studies (e.g., Fawole, Hunyinbo and Fawole, 2008; Adesina, Oyugbo and Olubukola, 2011; Olofinbiyi et al., 2013) highlight the prevalence of

sexual abuse and violence against pregnant women of Nigerian origin, this extract further provides insight into how pregnant women may experience sexual violence perpetrated by an abusive partner. Furthermore, the phrase: *“but I knew what was going to happen if I didn’t”* holds several implications. It is argued that men’s aggression tends to be directed at women who refuse to accept subordination (Kelly, 1988). Therefore, Lola had to succumb to her ex-husband’s controlling behaviour to avoid physical violence. This type of submission could also be interpreted as her coping strategy (Ullman and Filipas, 2005) and because this abuse was perpetrated in the UK, it supports Kalunta-Crumpton’s (2017) assertion that patriarchy can thrive outside of its originating environment.

### **Rape**

Orede & Efe both told of their experiences of rape. Orede described how she was constantly raped by the man who brought her to the UK.

*“He will just lock me in. He wants sex all the time, they want sex all the time, they left the food for me, but if I try to want to run away, they will just throw things. There is a lot of things, a lot of things” (Orede).*

Efe also described how she was raped in her home in Nigeria by an unknown male.

*“I was shaking, shaking... and he brought out the bullet from the gun and he said do you know what is this, I said no, I don’t know what it is, he said are you crazy? do you not know what it is? I said yes, yes, I know, he said what is it? I said it is a bullet. He said if you don’t cooperate with me this is what I will use to kill you. I said please don’t kill me, don’t kill me, I will cooperate. He said now am going to rape you. So, he now... before then he went outside, he went to the kitchen side looked for key, opened the door, took me outside, like outside the compound he said that I should face the wall, he was smelling of alcohol, smoking. He now raped me. After he finished raping me, he led me back into the room and he said I should lie down and cover myself up” (Efe).*

It appears that Orede and Efe’s experiences of rape, although were experienced in the UK and Nigeria, hold a similarity. Both experiences were influenced by the exercise of power and control by their perpetrators (Brownmiller, 1975). This contrasts with findings from studies conducted in Nigeria (e.g., Peters and Olowa, 2010; Ojo, 2013), indicating that the perpetration of rape in Nigeria is to a large extent related to rape myths. One explanation for this control and power could be the culture of male dominance and the need to exercise that dominance

(Achunike and Kitause, 2014). It may also be as a result of the view promoted by patriarchal ideology which reduces women's body to objects of sexual pleasure (Gervais et al., 2012). This highlights the need for preventative work both in Nigeria and in the UK to focus on patriarchal ideologies that promote sexual violence against BME women.

### **Sex Trafficking**

Efe who was raped in her home in Nigeria, described how a female trafficker exploited the vulnerabilities associated with the interaction of rape myths, illness and poverty to deceive her into becoming a victim of sex trafficking. She also described how she went into depression as a result of the shame and stigma associated with being raped.

*"... I was just living like that, I was very sick, so I wasn't attending my saloon properly the way I used to, so I was very sick so once in a while when I go to ehh... the saloon, there is this lady, I think she normally travel. So, because everybody is respecting her in our saloon, so we used to do her hair and everything, so am like her favourite when she comes because I was very good with what I am doing. She always asks after me, so my madam now said ah! look at what happened to her. She said let them send for me to come and see her. I went and everything, so she said this thing that happen to you, I can help you out with it. She said I have to leave this country if not, that memory is not going to finish from me. I never even know that it is like people that take people to go and do prostitution. She said you are going to help me with a child, as you are doing hair, you will be doing hair at home, you will be having money and everything. So, we called my mother and everything, she said I should not worry she is the one that is going to process everything she didn't even say bring money, so that is how she did everything. I just saw myself in Holland with her, when we got to Holland it was another story, she said I should start doing prostitution with her" (Efe).*

The level of attention and affection offered by the female trafficker was something Efe seemed to have not experienced before, particularly living in a society that stigmatises victims of rape. This severely diminished her ability to detect the exploitative motives of the female trafficker (Reid, 2014). Thus, suggesting that some Nigerian women may lack knowledge regarding the tactics used by traffickers particularly when the perpetrator is female, a respected member of the community and in some cases has a personal relationship with the victim (Parker and Skrmetti, 2013; The World Bank Group, 2019). Research has suggested that traffickers often take advantage of previous vulnerabilities such as prior

experiences of violence including sexual abuse (Reid, 2014; Reid and Piquero, 2014) through frequenting victims' typical locations (Albanese, 2007). Efe's experience of rape coupled with the helplessness she felt as a result of the society-imposed stigma and shame provided the conditions for the sex trafficker to take advantage of her. This next account on how she sought help from another woman in Holland shows how vulnerability associated with being a victim of sex trafficking could lead to revictimization (Adams, 2011). She stated:

*"... I don't know how the process this thing. That is how she then helped me. So, she said when you get to England, my brother will pick you up. The man truly came from this thing there... near Nigeria house in London. He came to meet me there, he picked me and took me to his house. I was living there with him and that one too wanted me to be having sex with him again" (Efe).*

### ***Intimate Partner Sexual Abuse and Violence (IPSA/V)***

Over half of the women (n= 8) contextualised their experiences of sexual abuse and violence within an intimate relationship. For example, Asaro and Omono who both left their abusive husbands to seek asylum in the UK described how unequal power relations and gendered roles and expectations influenced their experiences of IPSA/V in Nigeria.

*"At first, I tried to like... I talk to him to say am not enjoying this you end up satisfying yourself, not considering me. Sometimes in the middle of the night when am fast asleep he is waking me to say..., and I keep telling him, you are forcing me into it not when am in the mood, you are just considering yourself and I keep telling him, but he is like that is your business" (Asaro).*

Omono who suffers from pelvic cramps stated:

*"... But now, I get it like twice in a month and when the pain starts, it starts from your tommy to your pelvis like cramps, like you are in labour and em... like you are given birth. And my partner would not want to, my husband would not want to understand that. And when you are in a labour and you have that kind of cramp and you now still have to make love to fulfil your marital right, you see? You can imagine how painful that is" (Omono).*

It is possible to see how the control exercised by both Asaro and Omono's ex-husbands removed any possible options, and further points to the fact that marital rape is not viewed as a valid concept in both cases (The World Bank Group,

2019). Since Asaro & Omono were married at the time of the abuse, it is reasonable to assume that the practice of bride price may have influenced their experiences of IPSA/V. Bride price is a practice that arguably influences the notion of male sexual entitlement (Horne, Dodoo and Dodoo, 2013), a key factor that minimises the severity of marital rape and supports lack of disclosure. Further exploration of bride price as a cultural practice contributing to sexual abuse and violence can be found in chapter six. Lola who experienced IPSA/V in the UK described the powerlessness associated with the notion of male sexual entitlement.

*“The things he would ask you to do and you had to do it, there was no option, who do you go to? Who do you go to? You had to, yeah, you had to, you had to. Whether you like it or not, that wasn’t the point, he would go like are you not enjoying it? So, what are you supposed to say? You know you had to pretend, that is what you are supposed to do because if you didn’t then you are making it worst again” (Lola).*

All these women experienced a significant level of controlling behaviour from their intimate partners which could be located within notions that reinforce male superiority and dominance. However, a closer look at the extract from Lola’s narrative shows that her experiences of IPSA/V also occurred within a broader pattern of coercive control (Stark, 2007), which included a consideration of her sexual satisfaction. It could be seen that this tactic was used by her ex-husband to control and subject her to submission. Studies show that such contexts and egocentric views may continue to validate the perpetration of IPSA/V against women of Nigerian origin (Adegoke and David, 2007; Adekeye, 2008).

### ***Physical Abuse***

Studies (e.g., Gacia-Moreno et al., 2006; Vatnar and Bjorkly, 2008; Balogun, Owoaje and Fawole, 2010) have shown that there is a substantial overlap between sexual abuse and violence and physical abuse. The fact that all the women reported physical abuse associated with their experiences of sexual abuse and violence support these studies. Women experienced physical abuse including those involving CSA: *“I have had a few I’d say cuts and stuff from where he has been trying to do it too hard, it kind of like cut me down there and stuff”* (Angela), and physical abuse resulting from the refusal to undergo FGM in Nigeria: *“so they said I will face the consequence, that they will cut all my fingers.*

*This finger was cut*" (Titi). Just like in previous studies (e.g., Fawole et al., 2005), the refusal of sex was a reason for women's experiences of physical abuse in this study as Omono states:

*"we need help whereby if you don't have sex, your husband will start beating you because of sex" (Omono).*

This next extract from Tope who experienced IPSA/V in the UK also illustrates the relationship between sexual violence and physical abuse.

*"Sometimes if he says let us have sex and I say am tired, if you see the way he will slap me. You are tired for what? What are you doing in the house? What are you doing? You tell me you are tired. Even though when I lost the baby ... like after two weeks after the baby, he is asking for sex. I say but you know that I just came back from the hospital. I can't do that, I do not have .... but he will not listen" (Tope).*

Inequitable gender norms that prescribe gender roles and expectations potentially leaves women vulnerable to both physical and sexual violence because deviance from these roles can result in violence (The World Bank Group, 2019). Also, of interest in this extract is how her partner asserted power and control by immediately placing her in a subordinate position defined by her class and role. Similarly, Sarah described the complexity of her experience. Just like in Brisibe, Ordinioha and Dienye's (2012) study, alcohol abuse was a major risk factor in the perpetration of Sarah's physical and sexual violence in addition to the vulnerability associated with her gender.

*"Sometimes he is drunk, he wants to have sex, you can't fight him back, he is a man, you cannot really stand up to him... sometimes he beat me up, all those kind of things" (Sarah).*

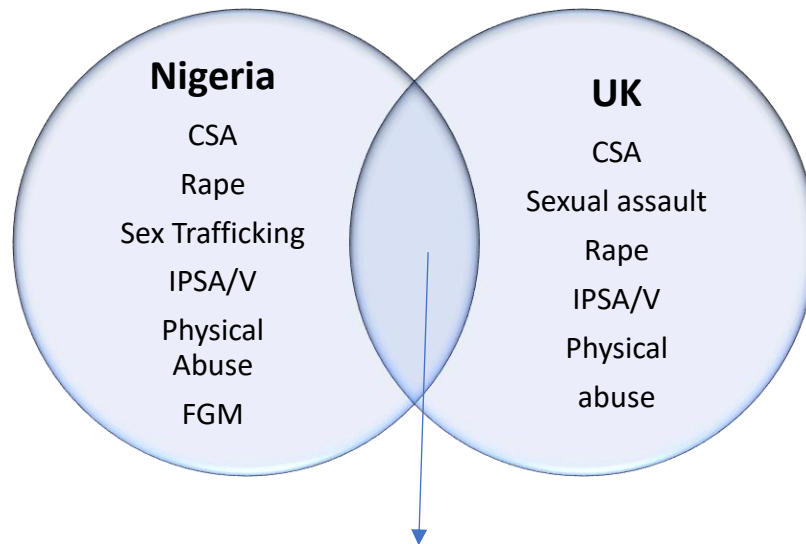
Based on these accounts, it could be surmised that physical abuse is associated with sexual abuse and violence for women who experienced sexual abuse and violence in Nigeria and in the UK. In addition, these extracts align with suggestions that patriarchal ideology which assigns greater power to the man can lead to violence (Levitt and Ware, 2006b). Also, the acceptance of gendered role by men could be strongly associated with this form of abuse (Antai, 2011).

### ***Female Genital Mutilation (FGM)***

Two women (Bisi & Efe) disclosed that they had undergone FGM in Nigeria. As these women spoke of this cultural practice in relation to its negative impacts on their health and relationships, this will be discussed in chapters six and eight.



Figure 5.5 summarises the similarities between factors contributing to the sexual abuse and violence women experienced in the UK and those experienced in Nigeria.



<b>Points of similarities</b>	
<b>CSA</b>	<ul style="list-style-type: none"> <li>○ Living with extended families or stepfather increases the likelihood of CSA.</li> <li>○ Intersections of age, gender, power and other disadvantages could provide context for perpetration of CSA.</li> </ul>
<b>Rape</b>	<ul style="list-style-type: none"> <li>○ Influenced by the exercise of power and control, including ideologies suggesting women's bodies as objects of sexual pleasure and men's entitlement to such pleasure.</li> </ul>
<b>IPSA/V</b>	<ul style="list-style-type: none"> <li>○ Resulted from controlling behaviour due to notions of male superiority and female subordination and male sexual entitlement.</li> </ul>
<b>Physical abuse</b>	<ul style="list-style-type: none"> <li>○ Resulted from inequitable gender norms and male sexual entitlement.</li> </ul>

Fig 5.5: Summary of sexual abuse and violence experienced by women in Nigeria and the UK.

## 5.6. Links between Sexual Abuse and Violence and Asylum Seeking:

Out of the eleven women (eight asylum seekers, two destitute and one refugee), five women specifically associated their asylum seeking in the UK to escaping sexual abuse and violence perpetrated in Nigeria. Also, apart from their experiences of sexual abuse and violence, these women relocated to the UK to avoid the stigma associated with a relationship breakdown in Nigeria. Perhaps their need for this form of escape signals a blame culture where women are held responsible for broken marriages. For that reason, they saw the UK as providing an opportunity for a fresh start, as Temi stated.

*“I don’t know anything about asylum, my own problem is that let me just leave this marriage because it has led to depression and all that. I just want to come, I just want to leave the marriage and I could have stayed back but the stigma that used to come with it you know. Let me go to where they don’t know me and start afresh, that was what was in my mind then” (Temi).*

Asaro also echoes similar view in this extract.

*“... we were married for about 3-4 years, my dear it wasn’t easy because em... I was like flashing back the marriage, the picture, the video, what would people say, what would my people say, what would my friends say, but I tried not to feel that bad because I had to leave Nigeria. My leaving Nigeria coming to the UK, helped me a bit because if I was in Nigeria people would be asking me what happened, how come, what are you doing?” (Asaro).*

Also speaking about her marriage, Sarah said:

*“it was so abusive that I couldn’t just take it, so I had to just run away” (Sarah).*

She also described how her cousin helped her to relocate to the UK.

*“I told her (Cousin) about everything that was going on. I said I can’t cope, else I have to die. So, my cousin, she connected me with somebody who brought me here in the UK” (Sarah).*

Titi and Omono escaped their abusive marriages, not only to protect themselves, but to protect their daughters from female genital mutilation (FGM). This extract from Omono captures this view.

*“I was married, and it took me the 11th year to have my first child, he is 8 now then the second one she is 4 now, but I fled when the second one was one year and two months. I ran to the UK for protection and*

*to try to avoid my husband and my mother in law and to find a safe place as well for my daughter” (Omono).*

As noted in the extracts above, factors such as poor mental health, the stigma of a failed marriage and the need to protect children from abuse appear to play an important role in expanding women’s agency in relation to leaving their abusive marriages. It also seems that for these women, relocation to the UK was part of their coping strategy. However, the effectiveness of this coping strategy was impacted by other structural barriers and limitations that these women had to contend with in the UK regarding their immigration status (see section 5.7). It has been noted that structural barriers and limitations posed by women’s immigration status limit their access to resources and in some cases, adversely affect their ability to cope with their experiences of sexual abuse and violence in the host country (Goodman et al., 2009).

In light of these findings, it is possible that in some cases, women of Nigerian origin who are the main applicant in asylum cases, do so based on the grounds of escaping sexual abuse and violence perpetrated within intimate relationships and the stigma associated with the breakdown of such relationships. These findings are very significant particularly with the introduction of the Particular Social Group (PSG) which is one of the five protected grounds in which women that are victims of violence in their country of origin may be considered for refugee status (Millbank, 2009b). The PSG sees that violence against women such as domestic violence, forced marriage or female genital mutilation (FGM) occurring in countries of origin are recognized as a ‘public’ concern (Chantler, 2010). Although this finding adds to this current debate, however, as Chantler (2012) points out, this link warrants further exploration in research studies.

### **5.7. Intersectionality and Women’s Experiences of Asylum Seeking in the UK:**

Since women presented with a range of experiences of sexual abuse and violence, which included; rape, sex trafficking, intimate partner sexual abuse and violence, childhood sexual abuse, sexual assault and female genital mutilation (FGM) at the time of seeking asylum in the UK, it was imperative to examine their experiences of applying for asylum in the UK solely on the grounds of these experiences. At the time of this study, women were at different stages of their

asylum claim. Two women said their application had been withdrawn and the remaining were at different stages of appealing their asylum refusals. It is important to note that the data presented in this section is part of women's narratives of sexual abuse and violence.

The primary legal tool used by the UK in the determination of refugee status for asylum claimant is article 2A of The Refugee Convention, 1951, which states:

*“... and owing to well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it”*

Feminists have argued that this framework for the determination of refugee status, poses a structural concern with regards to women claiming asylum on grounds such as sexual abuse and violence (Chantler, 2010; Chantler and Thiara, 2017). This is because most of the persecutions covered within the framework fall within the public sphere (Baillot, Cowan and Munro, 2009), whereas women experience violence that sits within the private sphere, for example, sexual abuse and violence (Musalo, 2007). This creates a public-private divide, thus, making it difficult for women to meet the requirements of the convention (Freedman, 2008). In response to this, the UK have adopted the Gender Guidelines (1998) which provide procedural guidelines in dealing with gender related forms of persecution. The guide also recognises the uniqueness of women's claims in addition to providing consideration for case owners on how to conduct interviews in a culturally sensitive manner. However, Baillot, Cowan and Munro (2009) argue that the influence of this guideline on women's asylum claim is often debated. Freedman (2008) also points out that 'rape and sexual violence are often not considered in the same way as other forms of violence suffered by refugees, but are effectively normalized, and considered as part of the usual relations between men and women' (p. 160). This is particularly problematic for some women in this study for whom sexual abuse and violence is the main narrative of their asylum claim. For example, speaking about her asylum application, Temi said:

*“I didn’t tell them that the reason why I came to this country is that I don’t have shelter and that I am not eating. No, it is because of the abuse and violence that I came” (Temi).*

The extract from Temi above may suggest that for these women, financial gain was not the dominant reason for their asylum claim (Castles et al., 2003). For example, some women noted that they travelled regularly to the UK in the past and never intended to become asylum seekers: *“Before we used to travel together here and go back” (Bisi)*. Similarly, when speaking about her abusive marriage, Asaro alluded that if not for the abuse, she would have stayed in her marriage, because after completing her master’s degree in the UK, she travelled back to Nigeria to get married. She stated:

*“... after I did my masters in the UK, I went back and did the traditional one...” (Asaro).*

Studies (e.g., Freedman, 2008; Baillot, Cowan and Munro, 2009; 2012; 2014; Akinsulure-Smith, 2012) examining the experiences of women asylum seekers who alleged sexual violence as part or main grounds for their asylum claim have noted the lack of gender-specific statistics in relation to women asylum seekers who alleged sexual violence, and if at all, such disclosures influence the determination of a refugee status (Baillot, Cowan and Munro, 2012). By providing an intersectional analysis of women’s asylum-seeking experiences, this study therefore, extends our understanding of such women’s experiences of the UK immigration system.

Women in this study generally expressed their experiences of the asylum process around the ‘culture of disbelief and denial’ (Souter, 2011, p. 48), as the following women point out:

*“... all the things I said, they don’t believe me” (Orede).*

*“you know, all the story you tell Home Office, they don’t believe” (Tope).*

*“... I told them all these, but they have refused me, they said am lying” (Temi).*

One woman went as far as involving her local member of parliament, MP:

*“One time I went to meet MP, he wrote letter for me, they said they didn’t believe” (Bisi).*

Souter (2011) argues that the United Kingdom's procedure for refugee status determination (RSD) suffers from a 'culture of disbelief' and the existence of a parallel 'culture of denial' (p. 48) which has led to the unjust refusal of many asylum claims. For the women in this study, this culture was implicated by other multi-layered factors in operation in their lives.

First, women fleeing sexual abuse and violence may not be in the position to provide evidence of the abuse to corroborate their story, thus providing the Home Office grounds for the refusal of their claim. Bisi who involved her MP, had to go through the dehumanising process of medical assessment several times to provide evidence to show she had undergone FGM. However, she reported that the evidence did not influence her asylum determination.

*"The evidence I provided they said I didn't provide it for them. The MP now advised me that I should go back to the hospital, do I have original copy? I said they took original copy from me. And the hospital they have closed down now. So, they said I should go and book appointment in (city). I should go back to (city) to get the evidence, it is still not making any difference since over 2 years" (Bisi).*

There is a possible indication from this account that the 'culture of disbelief and denial' (Souter, 2011, p.48), still overrides evidence in some ways. Secondly, just like in Baillot, Cowan and Munro's (2009) study, women in this study used words and phrases that were not consistent with the English language meaning of sexual abuse and violence. For example, one woman, commenting on her experiences of repeated marital rape stated: *"when I don't like it or not, he wants to have it"* (Sarah). Apart from limited English vocabulary, women's use of such phrases may be related to the shame and discomfort associated with reliving the experience of sexual abuse and violence and perhaps, the cultural taboos around sexuality which may prevent a verbatim or direct articulation of sexual abuse and violence. These cultural issues relating to language, may possibly reduce the severity of the experience they convey (Chantler, 2012). In addition, strict questioning procedures and guidelines adopted by the Home Office interviewers (Baillot, Cowan and Munro, 2009), may not conform to women's cultural mode of disclosure, which is storying. Also, findings from Crawley and Lester (2004) note that in asylum interviews, women are not always interviewed by a same sex interviewer, which could further pose a barrier for such women, thus, hindering

the complete or open vocalisation of their experiences of sexual abuse and violence.

Third, women faced obstacles posed by the Home Office's lack of understanding of cultural issues specific to these women. For example, in the extract below, Bisi expressed frustration in the Home Office's lack of understanding of the gendered power relations that exists in a patriarchal society like Nigeria when it comes to traditional practices like FGM.

*“So, they (Home Office) say that I should take my kids to another part of Nigeria. I said I relocated before, it is not...even, I try to ...no matter what, you can't escape it” (Bisi).*

This account illuminates the powerlessness that women may experience when it comes to traditional practices like FGM. It also points to an assumption by the Home Office that her children would be safe from FGM if she relocates to another part of Nigeria. Chantler and Thiara (2017) argue that such an assumption ‘invokes a particular notion of a ‘self’, as it does not consider the woman’s socio-cultural context, but rather based on opportunities available in the UK’ (p. 91). Another woman who feared for the wellbeing of her daughter in relation to FGM was Orede. In this extract, she emphasized the notion that women do not have the power within such society to make decisions regarding the child:

*“when they tell me to go back to Nigeria, am thinking about my daughter as well because they do it on her father's side. When they start, they will say they need to do it and they will do it, nobody can stop them... you know in Nigeria, it is the man that has power on the kids than the woman, so you can't say no, you can't say no” (Orede).*

This perhaps, points to the vulnerability of children born in the UK to parents who had undergone FGM or support the practice. This was also described by Macfarlane and Dorkenoo (2015) in their study of the prevalence of FGM in England and Wales. Furthermore, it draws attention to how women could be caught between two structural forces, the Home office discriminatory immigration processes, and the structural forces of patriarchy embedded in the Nigerian society. Of note is that women's non-adherence to practices like FGM in Nigeria, potentially carries consequences. The United Nations Children's Fund (2013) also points out that women who refuse this practice for themselves or their daughters may suffer severe repercussion as a result. Titi confirmed this

viewpoint. She tells of how she faced losing her fingers due to her parents' non-adherence to the practice of FGM before her brother rescued her. She stated:

*“so, they now said I will face the consequence, they said they wanted to cut all my fingers because my parents refused, but my brother was the one that rescued me. This finger was cut (shows researcher the finger). Yes, they hold me, and they wanted to cut, so my brother just ... oh my sister, I don't want to think about it, see this finger, I cannot fold it. It is two fingers, if you see, they cut this place, but it was stitched, you will see white vein (sighs heavily)” (Titi).*

This account further solidifies the tendency for women to occupy a powerless position when it comes to practices like FGM. Therefore, for women like Titi, fleeing Nigeria to seek asylum in the UK may be the only means of ensuring their safety and that of their children who may also be subjected to such practice (Kahn, 2015a).

Fourthly, another factor that potentially affected the asylum process with regards to the women in this study was the peculiarity of their narrative construction. In chapter four, section 4.7, I examined how women 'moved back and forth in time' (Riessman, 2008, p. 25) in their narration, and how fragmented and 'slightly chaotic' their narratives were sometimes presented (Coates, 1996). Baillot, Cowan and Munro's (2009) study reports that this type of narration that does not accord to the expected narrative convention may potentially become an obstacle to women's asylum claim. Given the impacts of sexual abuse and violence or in some cases, coping strategies, it is not surprising that some women's narrative constructions were adversely affected. For example, Orede whose coping strategy was to 'forget the past', stated during her narration: *“I have forgotten a lot, but you know, I passed through a lot, I can't remember a lot of things” (Orede)*. Titi also stated: *“There is a lot, but I forgot a lot” (Titi)*. This becomes problematic in asylum claims, as they are required to create a detailed and coherent narrative, with accurate chronology of events. Indeed, it could lead to an assumption that the woman's story is lacking credibility. It is also argued that in assessing the credibility of an account, case owners have been known to capitalise on narrative inconsistencies. This is what Trueman (2009) termed the 'manufacture of discrepancy' (p. 296). Furthermore, when the impacts of sexual abuse and violence are combined with the lengthy and emotionally taxing asylum process, it increases the complexity of these contextual issues (Akinsulure-Smith, 2012).



Fifth, most unsuccessful applicants will go on to lodge an appeal against their asylum claim refusal to the independent Immigration and Asylum Chamber First Tier Tribunal and then 'the tribunal', which will lead to an in-person hearing presided over by an Immigration Judge (Baillot, Cowan and Munro, 2012). In this study, women first expressed the fact that they live with the uncertainty of this process. Temi commented:

*"I don't know what will happen, I don't know, I don't know, I won't lie, because I have been to court, they said no. I want to do upper tribunal now or what do they call it?" (Temi).*

It is assumed that asylum applicants will be assisted at this tribunal hearing by a legal representative, barrister or immigration adviser, however, due to the current economic climate, much of this assistance has either been cut or even decommissioned. Therefore, women are left to either represent themselves or look for other means to fund a legal representative (Baillot, Cowan and Munro, 2012). Temi who was applying with two of her four children acknowledged this difficulty and the possible impact it could have on their claim:

*"I don't have legal aid, you know, in fact, I don't know, maybe they are still going to deport us" (Temi).*

This added barrier creates anxiety (Goodman et al., 2015) and an increased fear of deportation (Wilkinson, 2007). Given this picture, these women are squarely disadvantaged by the intersection of the government's no recourse to public funds policy, the economic climate and their immigration status. This means they are unable to afford legal representation, as Bisi noted:

*"Part of the problem is that we don't have money to pay solicitor for the asylum claim. They cut legal aid. They said if I have good solicitor with this my matter... but nobody to call to do that one for me, and I don't have money, the money they are charging me, I don't have to pay. The main thing is that if we can get a lot of support for solicitor, am saying this now because if I get solicitor, my case might be different" (Bisi).*

Asylum seekers rely on income support, which is 30 percent lower than the usual rate of financial support compared to a British citizen (Refugee Council, 2018). These do lend some support to specific concerns about structural inequalities and the cycle of disadvantage experienced by these women.

## **5.8. Chapter Summary:**

This chapter has provided a contextualised description of twelve women of Nigerian origin living in the UK who volunteered to describe their experiences of sexual abuse and violence. For all, but one woman, asylum seeking was an important element of their day to day life. Although eight of the women who were seeking asylum have had their claims rejected, they continued their struggle towards freedom from sexual abuse and violence by appealing their asylum decision. Apart from receiving asylum support, women accessed both monetary and non-monetary support from their local asylum support agencies. However, some who were destitute continued to face severe deprivation of the basic necessities of life and poor mental health. To cope with the impacts of sexual abuse and violence and in some cases, the uncertainties of asylum seeking in the UK, women drew emotional strength from their role as mothers and from their friends and friendship groups.

This chapter also provided a discussion of the nature of sexual abuse and violence experienced by women which included child sexual abuse (CSA), sexual assault, rape, sex trafficking, intimate partner sexual abuse and violence (IPSA/V), physical abuse and female genital mutilation (FGM). For CSA, living with non-parents or stepfather increases the risk factors for the abuse. Also, the intersection of age, gender and social disadvantage provided situational conditions (Finkelhor, 1984) that enabled the abuse to happen. This has implications for social care practitioners when considering appropriate interventions that would reduce the likelihood of revictimization. The patriarchal ideologies relating to gendered roles and expectations, and sexual entitlement was significant in women's experiences of sexual assault and IPSA/V. In addition, analysis of women's experiences of physical abuse clearly supports previous studies highlighting a direct relationship between sexual abuse and violence and physical abuse.

Furthermore, two women's accounts of their experiences of rape in Nigeria and UK were found to be associated with the exercise of power and control by men against women's bodies when perceived as objects of sexual pleasure. This is in contrast to studies suggesting rape myths as a major factor influencing the perpetration of rape. Thus, highlighting the necessity for preventative work in

Nigeria to focus on patriarchal ideologies and attitudes that promote sexual violence against women. It was also found that the intersection of rape and patriarchal views sustaining negative societal responses to victims of rape in Nigeria contributed to one woman's vulnerability to sex trafficking and revictimization.

To further contextualise women's experiences, attention was drawn to a possible link between Nigerian women's experiences of sexual abuse and violence and asylum seeking in the UK. In examining women's experiences of the asylum process in the UK and the ways intersectionality influenced their claims, it was found that the 'culture of disbelief and denial' (Souter, 2011, p.48) influenced their experiences of the asylum process in the UK. In view of how women fled from their abusive relationships, they faced barriers posed by the lack of evidence to support their claims. Although in one case evidence was provided, however, the 'culture of disbelief and denial' (Souter, 2011, p.48) posed a barrier to a successful claim.

Analysis also shows that phrases used to describe their experiences of sexual abuse and violence which did not align with the English language meaning of sexual abuse and violence seemed to have reduced the severity of the experiences women conveyed, thus impacting on the success of their claims. Also, the Home Office's lack of understanding of the cultural issues specific to these women meant that conclusions were made based on Eurocentrically informed viewpoints, thus neglecting, for example, the gendered power relations apparent in a patriarchal society like Nigeria when it comes to traditional practices like FGM. Because women were psychologically impacted by their experiences of sexual abuse and violence, and their experiences of the asylum process in ways that affected their memory and the recollection of specific adverse experiences, their mode of narration did not accord with the expected narrative convention, thus raising questions about the credibility of their story. Since women's narratives indicate that their claims were initially denied, they went through the appeal process. However, the withdrawal of legal assistance due to the current economic climate further disadvantaged these women who were already limited by the no recourse to public funds policy and the poverty caused by their immigration status. Together, these factors disempower women and

reveal how intersectionality shapes their experience of the asylum process in the UK.

## **CHAPTER SIX: CULTURAL BELIEFS, NORMS AND PRACTICES**

### **6.1. Introduction:**

Whilst chapter five provided a contextualised description of women, including a discussion of the nature of sexual abuse and violence they experienced, the intention of this chapter is to provide a discussion of how women construct their narratives of sexual abuse and violence in relation to deeply held cultural beliefs, norms and practices that justify male dominance and discriminate against women (Heise and Manji, 2016). Therefore, this chapter addresses the research question, how do women construct their narratives of sexual abuse and violence? and discusses identified themes under the following headings: male privilege, gendered roles and expectations, religious beliefs and practices, rape myths, bride price and female genital mutilation (FGM). In this chapter, the reader will notice that the themes are all linked and embedded within structures of patriarchy, which in turn, gave power to systems that shaped the perpetration of sexual abuse and violence. Therefore, I will move beyond simply outlining and discussing these themes to consider and shed light on some 'invisible' dynamics of gender, cultural beliefs, norms and practices and how they intersect to shape women's experiences of sexual abuse and violence. Direct extracts from women's narratives are presented to highlight the severity and extent of the problem.

### **6.2. Cultural beliefs, norms and practices:**

In order to avoid pathologizing the women in this study or indeed, Nigerians, it is important to note that the cultural beliefs, norms and practices discussed in this section often cut across different countries, ethnicities and religions. Figure 6.2 below sets out six themes which represent cultural beliefs, norms and practices identified in women's narratives.

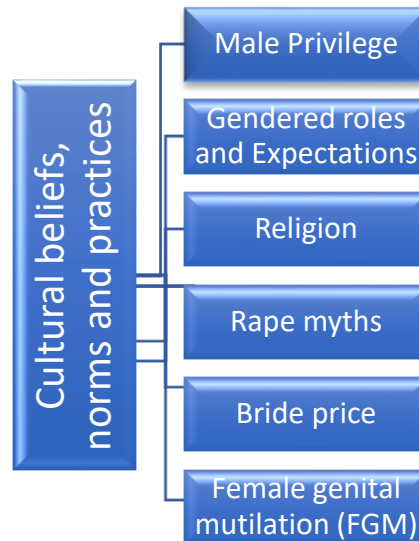


Figure 6. 2: Cultural beliefs, norms and practices

### ***Male Privilege***

Studies show that in Nigeria, men are ascribed a more superior role of the head of the house, and they generally hold absolute control and power in domestic decision-making (Abayomi and Olabode, 2013). This cultural belief is usually passed from one generation to another through the process of socialisation, for example, family, schools, religious institutions, and the media (The Nigeria NGO Coalition Shadow Report to the CEDAW Committee, 2008). In this study, some women commented on how this assumption about the man's value and superiority is engraved in women through socialisation:

*“if not that I came to the UK, my dear, I must tell you the truth, we are brought up like that, the man has the final say, he is the head of the house” (Asaro).*

Another commented:

*“em because of our upbringing, we think the man is the head of the house, he has the final say, so all you need to do is yes Sir, yes Sir, even when he is wrong you should be going yes Sir” (Sarah).*

In both extracts, the emphasis on “brought up” and “upbringing” suggest a socialisation process. Asagba (2014) also notes that this form of socialisation is incorporated into the most basic aspects of day to day life in Nigeria such as greetings. She explains that young girls are greeted with the good luck of finding a good husband that would take care of them. Thus, suggesting that at a very young age, girls internalise the superiority of the male in the household and the

notion of complete dependence on the male for their sustenance, which could become the baseline for wifely submission (Balogun and John, 2015). This form of socialisation was noted by Boudet et al. (2013) as a key factor in the acceptance of gender inequality. It is also possible to see from the extracts that an exposure to alternative discourses in a new environment could help shift learned and internalised gendered beliefs (Marcus and Harper, 2014). This relates to the concept of acculturation since the main driver of the shift in the internalised belief is associated with women's new environment (Berry, 2005).

### ***Gendered roles and Expectations***

Because belief around the superiority of the man in the household is tied to his role as the breadwinner and the patriarch who makes all decisions (The World Bank Group, 2019), by default, the woman occupies an inferior position defined by her role. As Uwe et al. (2007) argue, the way women are perceived in Nigeria is based on cultural norms and gendered expectations. This aligns closely with some women's narratives in this study. Speaking about her experiences of sexual abuse and violence, Lola described how her ex-husband normalised the abuse by reminding her of her role as a wife and the expectation to satisfy him sexually.

*“he (ex-husband) didn't seem to think it was abnormal, the way he said it was as if it was a normal thing. When I complain, he will say that there are wives who are happy to do these for their husbands, yes you know, he said that again, and again and again. That sort of like, there are men who would go out and pay for this if their wives aren't doing it. And the wives will have to beg them to come back” (Lola).*

This seems to confirm the view that men who hold more traditional gender role attitudes and patriarchal ideologies that suggest that sex is a man's right in marriage are at increased risk of engaging in the perpetration of sexual violence (The World Bank Group, 2019). Although studies of VAW in Nigeria have reported that women are sometimes accepting of men's use of violence against women (e.g., Ilika, 2005; Oyediran and Isiugo-Abanihe, 2005; Kunnuji, 2015), it is clear that Lola sees it as “*abnormal*”, suggesting a rejection of this cultural norm. Arguably, the intersection of male superiority and gendered role created the context for the normalisation and reinforcement of the sexual abuse and violence she experienced. There was also an expectation that married women behave in a manner that is respectful and submissive towards their husbands. In this study,

these expectations were mostly communicated by the woman's family and the partner. One woman described how her family condoned the sexual abuse and violence she suffered because of gendered expectations. She said:

*"I was being told that because of tradition I need to obey my husband, whatever he asked me to do even if am comfortable doing it or not, I need to do it. I couldn't argue because it is old days tradition and they will tell you if you don't do this, you are not respectful you are not a good wife, you are not this..., they will give you all kinds of names" (Sarah).*

This extract provides an example of how gender is used to shape and determine power dynamics in intimate relationships. It further perpetuates a gender stereotype in which women are expected to be sacrificing, while men are expected to exercise dominance and superiority over women. Indeed, such gendered hierarchies are foundations on which gender inequality, oppression and power is maintained. Feminist theoretical perspectives posit that this form of gender inequality will help predict the likelihood of VAW or create fundamental justification for sexual abuse and violence (Dobash and Dobash 1979). This is because when sexual abuse and violence is viewed through the lens of gendered expectations, it could be interpreted differently. It is this type of wider interpretations that serve to justify sexual abuse and violence (Krahe, Bieneck and Moller, 2005; Adames and Campbell, 2005). Thus, creating grounds for the continuation and the operationalisation of subordination and powerlessness in women's lived experiences.

A further justification for sexual abuse and violence found in this study was the need to fulfil the gendered and marital obligation of bearing children for their husbands as observed in the following extracts from Sarah and Asaro's narrative who did not have children at the time of the study. These women described how this expectation was significant in influencing their experiences of sexual abuse and violence. Their comments below illustrate this further.

*"in a place where the husband is drunk, he will just come home just start to struggle with the woman and try to have sex with the woman but in this case the woman cannot say anything and you cannot report the man to any of the family members because they will tell you, he got married to you because he wanted children, when he wants to have sex with you, he will have it at any time" (Sarah).*

Asaro also stated:



*“Even when you are not comfortable having like sex or whatever, he will force you to do it because, he will say, I got married to you because you need to have children. I have to have sex with you anytime I want, you are my property which now that am here, I find it that it is really abusive, but when we are back home, we took it that, that is what tradition expects us to do” (Asaro).*

It appears that the collective acceptance of gendered roles by both the man and the woman’s family suggest that gendered roles are not to be contested by women. Kandiyoti (1987a) describes it as a ‘corporate control over female sexualities... with extensive informal support systems’ (p. 333). Furthermore, these extracts perhaps suggest that women are expected to be compromising and selfless to maintain the patriarchal structure. In essence, these women’s accounts support the view that in societies where gendered roles and expectations are upheld, women’s sexual and reproductive autonomy could be diminished (Horne, Doodoo and Doodoo, 2013) in such a way that women are not only looked upon as objects of sexual pleasure but also as reproductive tools (Gervais et al., 2012).

### ***Religion***

Religion is an integral part of the lives of Nigerians and has been argued to support the overall wellbeing of women (Bell and Mattis, 2000; Para-Mallam, 2006; Bernard, 2016). Inglehart and Norris (2003) note that although religious institutions are not monolithic, they could still shape cultural norms, social rules, and behaviours that impact on gender roles and expectations. In a similar vein, Igbelina-Igbokwe (2013) argues that religion has become ‘a critical weapon to enforce the subordination of women given the high spirituality and connectivity that Nigerians, especially Nigerian women, attach to religion’ (p.6). This suggests that patriarchal ideologies incorporated into religious interpretations and practices to foster inclusivity (Olajuba, 2008), could contribute in part to the relegation of women. Although religion was found to be an important part of the lives of the women in this study, however, some spoke of religious beliefs as a system that reinforced the notion of the superiority and authority of the man in a way that influenced their experiences of sexual abuse and violence as this extract from Asaro illustrates.

*“he will always say, he is the man, he is in charge, that kind of..., I should always obey him, and he keep reminding me that the Bible says woman be submissive” (Asaro).*

It seems that because gender norms favour males as a group since it upholds their dominance over females, it would be embedded into cultures and traditions that guide the daily lives of women, for example, religion. Therefore, it is possible to see how the cultural norm of wifely submission is reflected through religious interpretations that suggest that refusing sex is a form of deviance and a sin on the part of the woman. Furthermore, it is likely that those who perpetrate sexual violence in the form of marital rape might use these beliefs embedded in religious texts to support their abuse (Knickmeyer et al., 2003). Thus, these interpretations justify these cultural norms and further solidify subordination and discrimination against women (The World Bank Group, 2019). Similarly, feminists have argued that such norms embedded in the teachings of wifely submission is a contributing factor to VAW (Dobash and Dobash, 1979; Ayyub, 2000). Because such religious ideologies contribute to gender inequality and the perpetration of VAW, it is likely that women who tend to account for the majority of religious memberships (Olajuba, 2008), will become less egalitarian which may contribute to a systematic reproduction of women’s disadvantage and VAW.

The way religion shape gender unequal attitude and social interaction was observed when Lola reported on how, in exercising their religious beliefs, her friends advised her to remain in the abusive relationship. She said:

*“My Christian friends told me to pray. My Muslim friends told me the same thing. He is your husband, and they were saying it with all the love and all the care, it is not that they meant harm, they didn’t want to harm me. What they were doing was pushing me deeper into this circle of violence” (Lola).*

The phrase, *“he is your husband”* as used in the extract seems to emphasise the relationship between religiosity and commitment to marriage (Mahoney et al., 2001), which could be viewed in two ways. First, it is believed that religious affiliations are key in determining matters regarding marriage and divorce (Casanova and Phillips, 2009) and secondly, divorce within a religious context contradicts the cultural norm prescribed for women (Seguino, 2011). Although, it would appear by their suggestion, *“to pray”* that Lola’s friends struggled with the conflict of advocating for her to remain in the relationship and their disapproval

for the abuse, nonetheless, their intervention embodied norms and stereotypes based on patriarchal religious belief which prescribes passivity and compliance. Thus, making it difficult for women to enact resistance, thereby leaving them vulnerable to further abuse (Levitt and Ware, 2006b).

Also, of interest is how religious beliefs could be used as a tool to minimise sexual abuse and violence. Whilst reflecting on her second experience of CSA, Angela who was sexually abused by her stepfather applied her Christian belief in making sense of the perpetrator's actions as this extract shows:

*"I don't know what was going through his mind at the time. Am a Christian as well, so you know, I could say that, and a lot of Christians can say that it was the devil that was putting things in his mind and making him behave the way he was behaving because generally, he has got a really good heart and he is a lovely man"(Angela).*

Because religious beliefs shape everyday behaviours and decision-making (Seguino, 2011) as this extract indicates, it is possible that when sexual abuse and violence are viewed and assessed through a religious lens, it could undermine the seriousness of the offence. It may also lead to the separation of the abuser from the abuse, which may hinder the victim from taking actions to prosecute the offender or even seek help. This informal impact of religious belief could be far-reaching. This is because Nigerian women are more likely than their male counterparts to be engaged in religious activities (Olajuba, 2008), therefore, this religious ideology could foster grounds for the accommodation and sustenance of VAW in Nigeria.

The discussion of this theme so far suggests that religious beliefs are a measure of religiosity (Seguino, 2011). However, apart from religious beliefs, religiosity also involves religious practices of outward, observable expressions of faith and ritual performances (Marks and Dollahite, 2001). Angela speaks of how a form of religious practice directly influenced her experiences of childhood sexual abuse. Angela was sexually abused from the age of eight until 12 by a church minister as a result of a religious ritual practice known as '*spiritual bath*'. This church minister was also her mother's boyfriend at the time. She stated:

*"it started when he used to give me spiritual baths, so he used to bath me, and he will take me upstairs in my mum's house at the time, cream*

*me and everything and then that is when he will start to molest me and things like that” (Angela).*

Arguably, this extract shows how practices associated with religiosity could leave women and girls vulnerable to sexual abuse and violence. Thus, as Bell and Mattis (2000) argue, religious practices can contribute to women’s vulnerability to sexual abuse and violence. See chapter eight, case study one for a more in-depth discussion on this form of religious practice.

### ***Rape Myths***

Rape myths are major factors justifying sexual violence against women in every society (Carmody and Washington, 2001; Buddie and Miller, 2001; Vonderhaar and Carmody, 2015). Burt (1980) defined rape myths as ‘prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists’ (p. 217). Lonsway and Fitzgerald (1994) extend this definition, stating that rape myths, which are ‘attitudes and beliefs that are generally false but are widely and persistently held, serve to deny and justify male sexual aggression against women’ (p. 134). Arguably, rape myths serve largely to keep patriarchal ideologies and structures in place since they not only protect men from being held accountable for rape but may justify the perpetration of sexual abuse and violence (Carmody and Washington, 2001). Two women’s accounts illustrate how rape myths could be used to minimise the severity of sexual abuse and violence. Angela who was sexually abused by her stepfather in the UK speaks of how her mother employed rape myths in responding to the sexual abuse she experienced.

*“... she (mother) would just say to me, make sure you lock your door before you go to bed and things like that” (Angela)*

It seems that Angela’s mother placed the responsibility for protecting herself from being sexually violated on Angela who was a child at the time of the abuse. This could be seen to align with the rape myth that suggests that a woman deserves to be sexually violated if she did not take precautions to protect herself from the perpetrator (Carmody and Washington, 2001; Buddie and Miller, 2001; Xenos and Smith, 2001). This observation is consistent with the view that those who hold beliefs regarding the expected roles of women created largely through patriarchy, may also tend to accept rape myths (Burt, 1980). Thus, when gender role and expectation come into play the perpetrator is exonerated. Although, it

may seem that Angela's mother colluded with the perpetrator (Bernard, 2001), however, as Brownmiller (1975) argues, sexual violence is perpetuated by a patriarchal system where men hold higher status and have greater power than women. Nonetheless, Angela's mother asserted this belief through her response as Angela further states:

*"and my mum used to say things to me like, make sure you wear bra, don't wear shorts, you know little little things like that, and I will be like mum stop, what are you doing? Because it is not me, why should I have to do these things to cover up because of him" (Angela).*

This extract aligns with the rape myth that suggests that the woman asked for it through her provocative behaviour or revealing dress (Carmody and Washington, 2001; Buddie and Miller, 2001; Xenos and Smith, 2001; The World Bank Group, 2019). This ideology could be understood through gender norms grounded in patriarchy which suggest that women and girls who wear certain clothes 'invite' rape since it negates the culturally accepted behaviour for women (Brinson, 1992). Thus, her mother's response signifies a clear socialization in the belief that women or girls could minimize their risk of rape or sexual abuse and violence by modifying their behaviors, including dressing in a socially acceptable manner (Vonderhaar and Carmody, 2015). Furthermore, although there are literature suggesting that men are more likely than women to endorse rape myths (Suarez and Gadalla 2010), however, this finding supports previous literature suggesting that rape myths are not only supported by men, but also women (Lonsway and Fitzgerald, 1994; Carmody and Washington, 2001; Hammond, Berry and Rodriguez, 2011).

This next extract from Efe describing her brother's response when she told him she had been raped by an armed robber reveals how Nigerian society could be unsympathetic towards victims of rape due to a combination of rape myths embedded in a culture of male dominance and the silencing of women's voices.

*"... I said armed robbers just came to the house now, they (brothers) said where are they, where are they? I said they just raped me. I started crying and then he (brother) holds me, the other one (another brother) holds me. After, we now sat down together and everything, he (brother) said, I want to tell you something, this thing that happened to you, don't say it out to anybody. You know when you say it out, they are going to use it to laugh at you. I said ok. I kept it" (Efe).*

This extract possibly indicates that rape myths can be subtle (McMahon and Farmer 2011) and may often operate implicitly rather than explicitly (Edwards et al., 2011). It seems that Efe was discouraged from disclosing the rape due to victim blaming, shame and stigma associated with being raped (Brownmiller, 1975; Ward, 1988) and possible perpetrator absolution (Payne et al., 1994). It further supports the theory suggesting a relationship between rape myths and less favourable attitudes toward victims of rape (Boakye, 2009). It could, therefore, be surmised that the level of acceptance of rape myths in a society will determine the way society responds to rape, which in turn will influence the level of disclosure of acts of rape. Furthermore, as Brownmiller (1975) argues, social control is the fundamental element in the sexual domination of women. Thus, according to this feminist perspective, rape myths which may manifest in the stigmatisation of victims of rape as in the case of Efe, could be a social mechanism by which women's voices are silenced and male power is perpetuated. Further, rape myths do not only function at a societal level, but also at an interpersonal level, as prescribed beliefs shared by individuals (Edwards et al., 2011). Indeed, it is possible that Efe's brother was trying to protect her from the social stigma that would follow if she disclosed. In general, this could have a profound effect on individuals and society in ways that not only minimize the severity of sexual abuse and violence but may further disempower women even if they have the resources to pursue legal actions (Brinson, 1992; The World Bank Group, 2019).

### ***Bride price***

Bride price is a practice that is widely observed in many regions of the world, including Southeast Asia and sub-Saharan Africa (Anderson, 2007). According to Lowes and Nunn (2017), it is 'a payment from the groom or groom's family to the bride's family at the time of marriage' (p.117). In Nigeria, for example, the payment of bride price takes place during a traditional marriage ceremony (Adegoke and David, 2007). Previous studies conducted on the practice of bride price (e.g., Hague, Thiara and Turner, 2011) have also taken into account a number of positive impacts such as its role in 'bonding families together, offering appreciation for the 'gift' of the wife to the husband and giving women value and status in their marriages' (p.556). These positive impacts of bride price were

reflected in one woman's narrative as she provides a background to her narrative of sexual abuse and violence experienced in the UK.

*"... aunty said go and do it properly so that the man's family will respect you as well. Let's say in Nigeria, especially in Nigeria, if you marry, they have to marry you properly. If not, you don't have respect, nobody will respect you" (Omola).*

It seems that women themselves hold onto the values attached to the practice of bride price. Whilst this practice may command some respect for women, on the contrary, Aluko and Aluko-Arowolo (2007) argue that this practice may connote men's ownership of their wives, and the perception of men as the head of household with absolute control in decision-making. Similarly, Oguli Oumo (2004) argues that the payment of bride price constitutes a contract involving an exchange of substantial amount of money or goods paid by the groom to the bride's family for the bride's productive labour and her capacity to produce children. Therefore, the practice may potentially become a tool that cements women's inferior position in the family (Hague, Thaira and Turner, 2011) and may reinforce the perpetration of domestic violence including sexual abuse and violence (Fakunmoju et al., 2016). Because the payment of bride price is likely to lead to male dominance in families, women who are subjected to violence may have no recourse for escape, thus, continuing the cycle of revictimization. For example, Asaro who did not have children at the time of the study, described how her mother responded to her experiences of sexual abuse and violence at the hands of her ex-husband.

*"...my mother was like, no you have to stay with him after all you are married, you are married. He has paid your bride price just stay and endure, with time he will change, talk to him he will change" (Asaro).*

It is apparent that this response from her mother influenced Asaro's decision to remain in the abusive relationship longer. Thus, this practice may reinforce the inequality between men and women (Hague, Thaira and Turner, 2011). While it was noted in women's narratives that the bride price could be returned, on the other hand, some women also spoke of the power dynamics inherent in the family structure that may stand as a barrier. Women explained that in practice, family members are reluctant to return the bride price due to the stigma attached to single parenthood (Illika, 2005), and possibly, the inability to bear the financial

burden associated with returning the bride price (Mazibuko, 2016; Onyango, 2016). Temi speaks of how she was encouraged to exercise continual perseverance (Tran and Jardins, 2000) to avoid the stigma of single parenthood.

*“everything that he (ex-husband) is doing, my mother will tell me that I should endure, I should endure. I should do this, I should do that, do you want to become a single parent?” (Temi).*

She further states:

*“...you know back in Nigeria the stigma of not being in husband’s house... people will be mocking you, even your parents and it will be another ball game, that you cannot stay in your husband’s house? Even when they are killing you, they believe that you have to stay there” (Temi).*

In conceptualizing the stigma and shame of “not being in husband’s house” it is possible to see the interactions of gender, gendered expectations and the practice of bride price in influencing the accommodation of violence in marriage by both Asaro and Temi’s mothers. Perhaps, both Asaro and Temi understood that leaving the marriage would not gain the approval of their families. Thus, they remained in abusive relationships due to the fear of being seen as non-conforming to gendered norms and the possible rejection by their family and community (Gill, 2004; Tonsing, 2014; The World Bank Group, 2019). It therefore seems that within such cultural contexts, sexual abuse and violence is minimised in favour of the need to adhere to cultural norms and gendered expectations regarding marriage. It can also be seen from these extracts that the woman is held responsible for making a marriage work. Therefore, a woman who seeks divorce brings shame to herself and her family. In essence, this practice may leave women experiencing different forms of abuse and violence in marriage with no choice but to be compliant to the abuser.

Asaro adds another perspective to this practice when she explained that even if the family agrees to return the bride price, the woman will have to wait till she is ready to be married to another man. If the bride price is returned before then, it could be used for ritual purposes, in which case the woman may never get married.

*“traditionally if you return it, when you have not gotten somebody else, they could use that money to end your marriage. Nobody will come and pay again for you, so most times, you have to wait after when you*



*get somebody, not just getting somebody and the person is now coming to pay, if not, if you return it without having somebody it's like they will use it against you" (Asaro).*

The complication posed by bride price also includes an ownership of the woman, and anything that belongs to her outside the marriage before the bride price is returned, including a child born to another man (Onyango, 2016). As Asaro further explains:

*"... because traditionally before... if I get somebody now am going to be married to, they have to return the bride price paid, if not, any child traditionally, in my place, any child that I have will still be his" (Asaro).*

This view was echoed by Omono in her narrative when she stated: *"not until when am done, I now go back home and return back his bride price, then I can start sleeping... and he knows no man can sleep with me" (Omono).*

Omono further associated the practice of bride price to a ritual practice of pouring out a drink as an offering to a deity, also known as libation. Her account suggests that the practices of bride price and libation happen concurrently which apparently traps the woman in the marriage for fear of repercussions associated with the ritual practice. These extracts below from Omono illustrate how this practice might be used to instil fear in women, thus, keeping them in a subordinate and powerless position. Even after separating from her husband for over two years, she claims that she cannot be involved with another man.

*"... yes, because in our own culture when you married, you can never, never sleep with any other man, they call it 'Eriwe'- google it in the Urobo language. When they pour that libation and all those stuffs, no man can climb you. As I speak right now, no man can climb me. That is our culture, you can't, when they do that libation and all those stuffs, if you dare, the man dies, or you die. Or the baby in your womb will not come out. If you get pregnant from another man, your baby can stay there for three years, not until you will now make a confession and the person you make that confession to, is your husband's family members" (Omono).*

When asked if the libation is specifically for women. She replied, *"yes. Yes, up till now, it still exists. Yes"*, indicating that this practice discriminates against women in general. She went further to provide an example to illustrate how authentic the repercussions associated with the libation could be. This example draws the reader's attention to the intersection of gender and ritual practices, in addition to providing the context around which women could be disempowered.

*“like for me because of my own experience and I still believe it works up till now because of where I come from. That of, you can’t sleep with any other man. My aunty did it and the husband nearly died, so when you see someone close to you did it and you now saw the repercussion, you run far away from it, so we don’t even dare talk about it” (Omono).*

It is worth noting that Omono identified herself as a Christian, however, she still believed that the ritual practice associated with bride price still has the potential to inflict negative consequences on her even whilst living in the UK. Therefore, it is likely that although some Nigerians may practice either Christianity or Islam, they may still believe in practices associated with African Traditional Religion (Eneji et al., 2012).

*“... That is culture. Where you are from, you will now become afraid, so you don’t go cross your boundary never mind that we are in the English world” (Omono).*

Arguably, both inter-related practices could potentially diminish women’s autonomy in such a way that suggest that there are no alternatives to the abusive marriage. The extracts from Asaro, Temi & Omono suggest that, apart from their narratives being embedded within structures of patriarchy and heteronormativity, women were also faced with the complexities posed by the practice of bride price. It is relevant to note how these complexities interacted with gendered expectations from both society and family members to further disempower women from acting, thus, contributing to these women remaining in abusive situations for a prolonged period.

### ***Female Genital Mutilation (FGM)***

FGM, as defined by WHO (2018) encompasses all procedures involving partial or total removal of the external female genitalia or injury to the female genital organs for non-medical reasons. It is known that communities from more than 28 countries in Africa, including Nigeria and in some countries in Asia and the Middle East practice FGM (WHO, 2018). It is seen as a global concern since migrants from these areas immigrate to different parts of the world, including the UK. Whilst recognising that FGM is not practiced in every part of Nigeria, the practice is still entrenched in some parts of the country. All the women interviewed in this study have knowledge about FGM. However, only two women (Efe & Bisi) said they had undergone FGM. They spoke about their experiences of FGM in relation to

the impacts it has had on their lives and relationships. Speaking about her experience of living with FGM, Efe who is single at the time of the study stated:

*“... so, because of this FGM, for almost 1 year now, I haven't got anybody in my life because any man I meet, they say that I am not sexually active and all those things... so, it has affected my life and everything” (Efe).*

Similarly, Bisi spoke of how her husband left her for another woman due to problems associated with FGM.

*“I was circumcised, that is FGM, I didn't enjoy sex, he used that against me, you are not even good in bed, problem every time, all those things. You know beginning he loved me with it but when everything turned, he now used that against me” (Bisi).*

It is possible that women who do not enjoy sex as a result of having undergone FGM, may experience relationship struggles and breakdown. Further discussion on this type of impact of FGM can be found in chapter eight, case study three. Studies also point to the numerous health consequences of FGM (Morison et al., 2001; WHO, 2001). These health consequences can range from immediate complications e.g., severe pain, haemorrhage, shock, and infections to longer-term consequences e.g., vulvar dermoid cysts, chronic pelvic infections, and with heightened risk of rectovaginal fistulae (Leye et al., 2006). The following quotes illustrate the complexity of symptoms Efe and Bisi experienced. Of note, is that, in their narratives, they associated these symptoms to having undergone FGM. Speaking about the conversation she had with her general practitioner (GP), Efe stated:

*“... I now went to my GP, when I got there, I now told my GP what happened to me and everything, so she even saw me the way I was looking because I was having so many issues with my stomach, even they were saying that I will not be able to give birth because I was not seeing my period for 4 months and I was very sick. They did different kinds of test for me and there was a day my GP called me, and she said, do you know we have done 99 tests for you? I was like what? so she said we can't really know what these is all about” (Efe).*

Likewise, the complexity of Bisi's health problems was succinctly captured in the extract below.

*“... I developed a lot of sickness which I didn't even know of” (Bisi).*

These extracts support the claim that the practice of FGM could lead to long-term health problems for women which may not be apparent to them till a later time (WHO, 2001). In addition, these accounts from Efe and Bisi highlight how this practice which is associated with the curbing of women’s sexual appetites, the sexual pleasure of the husband, the preservation of chastity, ensuring marriageability and improving fertility (Aderinto, 2010; Okeke et al., 2012; NDHS, 2013; Oyefara, 2014; Adeniran et al., 2015; Ashimi and Amole, 2015), is rooted in norms that gives control to men and disempowers women from decision making, particularly in the sexual and reproductive areas of their lives. Thus, limiting the quality of women’s lives. Another point of note is that Bisi and Efe are both from the southern regions of Nigeria. This is in keeping with research data which revealed that FGM is most prevalent in the southern region of Nigeria (Okeke, Anyaehie and Ezenyeaku, 2012).

### 6.3. Summary of cultural beliefs, norms and practices:

The following table presents the cultural beliefs, norms and practices discussed under the themes: male privilege, gendered roles and expectations, religion, rape myths, bride price and FGM. They are presented in relation to feminist perspectives and how they might have influenced women’s experiences of sexual abuse and violence.

Table 6.3: Summary of cultural beliefs, norms and practices

Themes	Cultural beliefs, norms and practices	Feminist perspectives	Sexual abuse and violence
<b>Male privilege</b>  <b>Gendered roles and expectations</b>	Men are superior to women.	Gender inequality, maintains women’s oppression.	Normalisation of sexual abuse and violence.
	Women are expected to be respectful and submissive to their husbands.	Gender hierarchy, women’s subordination by men.	Sexual abuse and violence are justified.
	Women are expected to satisfy their husbands sexually and to bear children for their husbands	Patriarchal ideology that leads to the systematic relegation of women to inferior roles.	Marital rape is accepted, and women are not allowed to contest it.

<b>Religion</b>	Women are expected to be submissive to their husbands' sexual demands.	Subordination and discrimination against women are reinforced.	Normalisation of marital rape.
	Divorce is against religious teachings	Unequal gender attitudes, women continue to experience powerlessness.	Systematic reproduction of discrimination against women and women's experiences of revictimization
	Ritual practice of "spiritual baths".	Exercise and the abuse of power and authority by male religious leaders.	Vulnerability to sexual abuse and violence and revictimization.
<b>Rape myths</b>	Women are responsible for protecting themselves from being sexually violated.	Serves to keep patriarchal ideologies and structures in place through holding onto gendered roles and expectations.	Exoneration of perpetrators. Hence, the possible continuation of sexual violence against women.
	She asked for it through her behaviour and dressing.	This is grounded in patriarchy and acts to exonerate perpetrators of sexual violence.	Disempowers women from acting.
	It is shameful to be raped	Male dominance and the silencing of women's voices.	Lack of disclosure of acts or rape and sexual violence.
<b>Bride price</b>	Being a single parent is shameful	Potentially reinforces women's inferior position in the society.	Reinforces the perpetration of domestic violence and sexual abuse and violence.
	Women are responsible for making the marriage work.	Inequality between women and men.	Lack of disclosure of sexual abuse and violence and a cycle of revictimization.
	Ritual practice associated with the practice of bride price	Discriminates against women and disempowers them from taking control of their lives.	Diminishes women's autonomy, so they see no alternatives to

	can inflict negative consequences on women who move onto another relationship after separation.		the abusive marriage.
<b>FGM</b>	Beliefs and norms associated with the need to curb women's sexual appetites, increased sexual pleasure of the husband, the need to preserve chastity, ensure marriageability and improve fertility.	Gender inequality. Gives control to men, whilst disempowering women.	Long-term physical and sexual health problems. Lack of autonomy regarding the sexual and reproductive areas of women's lives.

#### 6.4. Conclusions:

Based on the narratives of twelve women from Nigerian origin living in the UK who experienced sexual abuse and violence, this chapter has highlighted and discussed the cultural beliefs, norms and practices that might have contributed to women's experiences of sexual abuse and violence. Socialisation was found to be a means by which the superiority of the male was passed from one generation to another. Nonetheless, two women's narratives demonstrate a shift in this socialised perspective resulting from their relocation to the UK, thus, aligning with the concept of acculturation developed by Berry (2005). Lola who experienced sexual abuse and violence in the UK also expressed a rejection of the patriarchal ideology that justifies sexual abuse and violence in marriage by describing it as "abnormal". However, it is possible that women who reject patriarchal ideologies that influence sexual abuse and violence may continue to experience sexual abuse and violence in their new environment. This could be the case if their partners continue to hold onto patriarchal ideologies around traditional gendered roles and expectations whilst living in a new environment. Furthermore, although some women rejected the inequality and the unequal power relations in marriage resulting from the practice of bride price, findings suggest that some women may still hold onto the values attached to the practice and in another instance, the

negative consequences that may result due to the associated practice of libation whilst living in the UK.

To understand the context of women's experiences of sexual abuse and violence, feminist perspective was applied in analysing women's narratives by placing gender and power at the centre of the explanatory framework to understanding sexual abuse and violence. Findings suggest that the notion of male superiority was mapped onto gendered roles and expectations which reinforced some women's experiences of sexual abuse and violence. Furthermore, findings suggest that the power and authority ascribed to male religious leaders served as a major factor that constituted contexts for the perpetration of sexual abuse and violence against Angela. Although religion as a belief and practice remained a vital part of women's daily lives, however, when patriarchal ideologies are incorporated into religious texts, it is likely to influence women's experiences of sexual abuse and violence. Patriarchal interpretations of religious text provided the context for the perpetration and the justification of marital rape. Also, interventions grounded on religious beliefs triggered notions of 'long suffering' and passivity in marriage, thus, leaving women vulnerable to revictimization. In addition, it was found that when experiences of sexual abuse and violence are interpreted using a religious lens, it could minimise the severity of the abuse or even exonerate the perpetrator.

Two women's accounts illustrate how rape myths grounded in patriarchal ideologies could influence women's experiences of sexual abuse and violence in Nigeria and in the UK. Angela who experienced CSA in the UK described how rape myths was used by her mother to respond to her experiences of CSA. Whereas in Nigeria, rape myths were used to minimise the severity of the rape Efe experienced. In both cases, rape myths acted in a way that reinforced male domination and the silencing of women's voices. Also, FGM as a cultural practice was found to be grounded in gendered roles and expectations which deliberately gives control to men whilst disempowering women in sexual and reproductive areas of their lives.

Overall, this chapter has discussed how cultural beliefs, norms and practices influenced women's experiences of sexual abuse and violence. Also, highlighted

within the discussion is how women who disclosed their experiences of sexual abuse and violence to family member(s) found the response sometimes unsupportive and influenced by cultural beliefs, norms and practices which in turn became a barrier to help-seeking. The next chapter provides a further discussion of reasons for delayed help-seeking and the nature of support women accessed.



## **CHAPTER SEVEN: WOMENS'S HELP-SEEKING AND EXPERIENCES OF SUPPORT**

### **7.1. Introduction:**

The previous chapter presented a discussion of how women construct their narratives of sexual abuse and violence in relation to cultural beliefs, norms and practices. In this chapter I extend the discussion by addressing the research question: what are the barriers to help-seeking and how did women experience support? First, I will examine women's help-seeking behaviours and consider reasons for delayed help-seeking, exploring the following themes that emerged from the thematic analysis: Age, threats, isolation and lack of social support, lack of access to information, financial dependence and immigration status. I will then examine the nature of support women accessed by analysing women's experiences of formal and informal support, under three themes: emotional, medical and practical support. In so doing, I also hope to provide an analysis of how different systems of oppression interacted to shape women's experiences of help-seeking and support to inform future support and intervention strategies.

### **7.2. Help-seeking:**

An EU-wide survey on violence against women found that victims/survivors do not always seek help at the onset of abuse (FRA, 2014). Similar findings are reported in studies examining ethnic minority women's attitudes towards help-seeking (e.g., Bui, 2003; Frias, 2013; Sayem, Begum and Moneesha, 2013; Linos et al., 2014). A study focusing on the help-seeking behaviour of female survivors of violence in Nigeria, found that the majority (60%) of women that have been exposed to physical and sexual violence did not seek help to stop the violence (Linus et al., 2014). This corroborates the research findings from NPC and ICF International (2014) which report that Nigeria has one of the lowest rates of help-seeking behaviour. The study found that among women aged 15-49 who experienced physical or sexual violence by either intimate or non-intimate partners, 45% never sought help, only 31% sought help from different sources, while 12% spoke to someone about their experience of violence but did not seek help.

The findings of this current study are similar to these previous findings in that women did not seek help the first time they experienced sexual abuse and violence. For example, when talking about her experiences of CSA, perpetrated by her stepfather, Angela stated: *“I was coping with so many things, I didn’t seek any counselling or anything of that sort”* (Angela). Efe who was raped by a stranger as an adult, talked about how she did not disclose being raped after she was admonished by her older brother not to do so, she said: *“I kept it”* (Efe). Likewise, two women who experienced IPSA/V commented: *“...everything the man did to me, I just hold everything to myself”* (Tope), *“I just couldn’t report him to anyone”* (Lola). Based on these findings, the next section will provide an analysis of how women’s social identities interacted with contextual factors to influence delay in help-seeking.

### 7.3. Women’s Reasons for Delayed Help-seeking:

Bui (2003) reports that ‘a variety of structural, cultural, situational and organisational factors interact on different levels to influence women’s help-seeking behaviours’ (p. 223). In this study, these factors are categorised and analysed under the following headings, age, threats, isolation and lack of social support, lack of access to relevant information, financial dependence and immigration status, as shown in figure 7.3 below.



Figure 7. 3: Women’s Reasons for Delayed Help-seeking

#### Age

Age was a factor that influenced help-seeking for Angela and Titi. For example, Angela who experienced CSA perpetrated by her mother’s boyfriend at about eight years old, did not disclose the abuse until she was 12. She stated:

*“it all started when I was about... I think 8 years old... and it wasn’t until I was about 12, I think when my mum started to get onto it that something was going on and she used to ask me questions”* (Angela).

Furthermore, she stated:

*“... I was just a child, so I didn’t really know what was going on. I was just used to it” (Angela).*

Previous studies also show that disclosure of CSA is often delayed with many only disclosing in adulthood (Smith et al., 2000; Alaggia, 2004; Kanyeredzi, 2018). As the second extract indicates, it may be that at a young age, children do not have the linguistic or cognitive abilities to understand completely what has happened or that it was wrong (Fontes and Plummer, 2010; Allnock and Miller, 2013). Fontes and Plummer (2010) point out that to avoid negative consequences, bearing in mind factors such as being told by the abuser that it was their fault, or no one would believe them, including the influence of the grooming process, children may be unable to disclose the abuse. For example, Angela further stated:

*“... I used to deny the abuse, I don’t know why, but when I think about it, I actually don’t know why. I guess I was scared because I didn’t know, I was scared, I thought I would get into trouble maybe because of what is going to happen, obviously, it wasn’t my fault but for some reason, I was afraid that my mum would shout at me instead of him, like I was to blame or something” (Angela).*

It also seems that Angela’s decision not to disclose the abuse at that time was influenced by the relationship between her mother and the perpetrator (Hanson et al., 2003; Bernard, 2016). This interaction added to her vulnerability; thus, her subordinate position compared to the perpetrator accounted for her fear of disclosure, which is mostly the case in intra-familial CSA. Similar findings have been reported in previous studies in which children affected by intrafamilial sexual abuse took longer to disclose the abuse compared to extrafamilial sexual abuse cases (Goodman-Brown et al., 2003; Meinck et al., 2017). Likewise, age and cognitive abilities influenced Titi’s lack of disclosure as she states: *“... you know, as a child, you don’t really have that focus” (Titi).*

### **Threats**

Studies examining barriers to help-seeking indicate that threat remains a major barrier to help-seeking for most women who experience different forms of GBV (Batsleer et al., 2002; Anitha, 2008; Kanyeredzi, 2018). Three women in this study who were threatened by their abusers described how this influenced their

help-seeking. It is possible to see from the extracts presented below that threat did not operate in isolation but was reinforced by other intersecting factors including the vulnerabilities of insecure immigration status. For example, Orede who was raped by a 'family friend' in the UK spoke of how she was detained and threatened by the 'family friend' with deportation and arrest if she ever tried to escape, thus, enforcing her silence.

*"... they said if you go out, we will call the police for you, they will take you to Nigeria. They collect my passport, I didn't even see my passport, they just said I should stay at home" (Orede).*

As this account illustrates, various factors were at stake for Orede. First, women in Nigeria generally hold the police in low regard due to the patriarchal nature of the law enforcement system (Olatunji, 2012). Another point of consideration was the fear of being sent back to Nigeria. Considering the socioeconomic and cultural factors that converge to disadvantage women, it was very likely that Orede felt that she did not have other alternatives than to remain in the abusive situation. This tension was succinctly captured in this extract: *"because there is no help in Nigeria, what do you want to go and face?" (Orede).*

Similarly, Lola who experienced IPSA/V perpetrated by her ex-husband in the UK believed his threats:

*"So many times, he would threaten me, you know, and then he will warn me that if anything ever happens that I should not tell anybody because if I told anybody that he was going to make it worst" (Lola).*

In this extract, it is possible to see how the notion of male dominance and the unequal power dynamics in the home created grounds for the threats to take root. Another woman who was silenced by threats was Titi who experienced CSA perpetrated by her auntie's husband whilst living with them.

*"... the man would scare me, and he will do a lot of things, you know, he will say that I have to leave the house, he will say he will kill me if I tell anybody or em, he said he will kill me, he said he will kill me" (Titi).*

Apart from being socialised by her cultural upbringing to honour and respect older male relatives (Fontes and Plummer, 2010), especially whilst living in an extended family setting, it appears that her age, gender and the fear of being made homeless reinforced the threats and further gave grounds to the silencing of her voice. Therefore, although threats remain a major barrier to help-seeking

for most children and women affected by sexual abuse and violence, or indeed other forms of GBV, however, for the women in this study, this needs to be understood in relation to how different axes of disadvantage, situational and familial factors which are unique to them, for example, insecure immigration status, fear of deportation, cultural notions of male dominance, the need to respect elders and fear of being made homeless or losing extended family support interacted in different ways to magnify the intensity of the threats, thus leaving them powerless and vulnerable to revictimization.

### ***Isolation and lack of social support***

Isolation and lack of social support are major factors for most women who experience violence and could also influence decisions to endure violence (Gangoli, Razak and McCarry). This may be even more common with ethnic minority women whose experiences of violence are heightened by a number of intersecting factors (Abraham, 2000; Morash et al., 2000; Anitha, 2010; Mahapatra, 2012). Women in this study spoke of these intersecting factors in different ways. For example, Lola clearly articulates how living in “no man’s land” limited her ability to seek help for her experiences of IPSA/V.

*“... here we are in no man’s land, this was not back home in Nigeria where I had my mother and my family, there was no family support here... So, in my own case being here made it worst for me because there is no one to turn to or talk to. If I was at home even without telling my mum, she would know something is wrong” (Lola).*

The use of the phrase, “no man’s land” seems to suggest a lack of familiarity with the UK system, which is common with BME women, and usually a spin-off of isolation. This intersected with the lack of family support to compound her experiences of sexual abuse and violence. This could be contrasted with Femi-Ajao’s (2018) study in which as a result of UK acculturation women were more able to access information and support.

Women also spoke of how they experienced isolation due to the government’s discriminatory housing practices for asylum seekers. When people apply for asylum in the UK, they are often ‘dispersed’ to areas where accommodation is more readily available (Refugee Council and Maternity Action, 2013), and the 1999 Immigration and Asylum Act provided the legal basis for this ‘no-choice’ dispersal of asylum seekers. This extract from Bisi captures this view:

*“me I live in (city) and I travel from the house to come here, and you know, am alone in my area where they throw me from (another city), no any... I can't call someone there... no black person there, I am the only black person in that area” (Bisi).*

The use of the metaphor, “*throw me*” arguably illustrates the powerlessness that women who are subject to the government’s dispersal policy experience. This policy becomes a contributing factor to isolation and a barrier to accessing social support when women have to travel long distances to access social support. The added layer of economic hardship experienced by many asylum seekers due to their immigration status, may mean that they are unable to afford the travel or even the telephone costs associated with accessing support, thus, invariably compounding the problem of isolation and accessing support even further. This leaves these women particularly vulnerable to abuse and social exclusion (Burman and Chantler, 2005). The extract above also illuminates a different dimension of isolation that BME women may experience. Apart from geographically placing women away from an easy reach of social support, women who are placed in a majority white neighbourhood or city may also experience isolation and lack of social and emotional support in the community. This is because interaction with other women from similar or the same ethnic background has been argued to promote resilience and capacity building amongst BME women (Chun, Lipsitz and Shin, 2013). Taken together, it is clear that women’s experiences of isolation and lack of social support were influenced by a number of intersecting factors, e.g., unfamiliarity with the UK system, lack of family support due to relocation to the UK, government’s asylum housing policy and the economic hardship resulting from insecure immigration status.

### ***Lack of Access to Information***

Lack of access to information is known to be a major barrier to migrant women’s help-seeking (Batsleer et al., 2002; Bui, 2003). This lack of access to information was observed amongst women who were asylum seekers at the time of this study. For example, Lola stated:

*“I didn’t even know that there was anyone, it was later I was told that when things like this happen you could go to the police that it was domestic abuse and sexual abuse. I didn’t even know that anyway” (Lola).*

As the above account illustrates, two factors underlie Lola's delayed help-seeking. First, her immigration status may have contributed to isolation, thus, limiting her access to information on support available. This is similar to the findings from Chimba et al.'s (2012) study, in which those respondents not brought up in the UK (five out of eight) had no prior knowledge of social services. Secondly, it could be that her assessment of her situation based on her prior socialisation of gendered roles, meant that she did not deem her experience abusive or worthy of help-seeking at the time.

Temi and Bisi spoke of not knowing that they could seek asylum in the UK. They stated:

*"you know what happened, I don't know anything about asylum" (Temi).*

*"... and I didn't know anything about paper, I don't even know anything about status" (Bisi).*

Some relied on the information from their social network. However, this information, contributed to their further disempowerment in this regard.

*"... because I didn't meet with right people that will direct me, all the people I met, they say you have to endure, you have to endure, you know this country, it is not like Nigeria. I didn't know anything about the country so, I just ...everything the man did to me, I just hold everything to myself" (Tope).*

One key point of note here is that the social stigma attached to asylum seeking may restrict women's social relationships or associations, thus, limiting their contact with relevant sources or access to accurate information. Therefore, while on the one hand, women may benefit from associations with those with shared experiences in terms of immigration and culture, on the other hand, these associations may contribute to their further disempowerment and oppression. In sum, these women spoke of a number of factors that influenced their lack of access to relevant information. These included insecure immigration status, influences of their prior socialisation and social network.

### ***Financial Dependence***

Research suggests that women who are financially dependent on their abusive partners tend to remain in the relationship longer compared to women who are financially independent (Pan et al., 2006; Kim and Gray, 2008; Anitha, 2010; 2011). This was the case with some women (n=4) in this study. For example, the

consequence of financial hardship on her sick child meant that Lola remained in the abusive relationship longer:

*“... I couldn’t because I couldn’t see myself without him, I thought of how I will take care of (child). I thought, how would I do this? And back then, he was the one working, I wasn’t working, I couldn’t work” (Lola).*

These findings are broadly similar to those of Burman and Chantler’s (2005) study, in which the consequence of the financial hardship on children delayed women’s help-seeking. In the above extract, Lola’s subordinate position in relation to her husband’s, was influenced by two factors. First, she said: *“I wasn’t working”*, drawing attention to the barriers imposed by her immigration status. She also said: *“I couldn’t work”*, suggesting that even if she was able to work, she would have to confront her childcare responsibilities. The intersection of these factors limited her options in relation to seeking help. Similarly, Tope who experienced IPSEA/V during pregnancy did not see any way out of the abusive relationship as a result of financial limitations caused by her immigration status. She stated:

*“... with this (the abuse), I will still be begging him, please, please, you know. I don’t have anybody, it is only you I have, you know” (Tope).*

Contrary to findings from Bhandari et al.’s (2011) study, where they reported that the need to protect their unborn child triggered actions to leave their abusive husbands amongst 20 rural women interviewed in their study, this was not the case for Tope due to the economic hardship associated with her insecure immigration status. The interaction of her immigration status and consequent poverty, meant that she completely relied on her abusive husband for financial support.

In this next extract, gendered power relations operated in ways that influenced Temi’s financial dependence on her abusive husband. She stated:

*“... and I don’t have mouth, I can’t say anything, coupled with, he is the breadwinner... to crown the story, he didn’t allow me to work, he didn’t allow me to work, he will say I should stay in the house that most of his colleagues their wives are not working” (Temi).*

Of interest in the above quote was her use of the metaphor *“I don’t have mouth”*, which may indicate subordination in relation to her husband. It may also be as argued by The World Bank Group (2019) that in a Nigerian family context a man



has the right to control his wife's mobility and access to social and economic opportunities. It is therefore possible that in the face of patriarchy, women may be limited financially in a way that enforces their financial dependence on their husbands, which could become a barrier to help-seeking.

### ***Immigration Status***

Previous studies (e.g., Chantler et al., 2001; Batsleer et al., 2002; Anitha, 2008) and those conducted specifically on Nigerian women (e.g., Nwosu, 2006; Femi-Ajao, 2018) have highlighted the relationship between immigration status, violence perpetuated on women and help-seeking. This study also found a significant association between women's help seeking and their immigration status. From women's narratives, it could be seen that both those who are asylum seekers (n=8) and refused asylum seekers (n=2) were aware of the structural barrier associated with their immigration status and how it limited or restricted their access to support. For example, responding to why she did not seek help for a medical problem, Titi said: *"because we don't have right, because we are illegal"* (Titi). This was also echoed by Tope when commenting on why she did not seek help for her experiences of IPSA/V.

*"because of the paper, because some people say if you don't have document in this country if you report anything to the police or anything, they will take you back to your country"* (Tope).

Likewise, Lola commented:

*"... I couldn't go and report him because I didn't have papers, so I was thinking if I go to report him surely, I will put myself in trouble, you know the idea of going, I thought, I don't have any right to, am not legal here"* (Lola).

It is possible that women also feared the consequences that may arise if they sought help. This is consistent with other studies which document that immigrant women who are 'illegal' are deterred from help-seeking for fear of deportation (Bauer et al., 2000; Dutton et al., 2000; Femi-Ajao, 2018).

### **7.4. Section summary:**

This section has discussed some of the reasons for delay in help-seeking for women in this study. Although the findings of this study are consistent in some ways with previous findings relating to BME women's help-seeking patterns, however, an intersectional lens allowed for an illumination of different contextual

and familial factors which are unique to the women in this study and how they interacted to shape women's delay in help seeking. Whilst recognising that in general, young girls may be constrained by age, which impedes their cognitive and linguistic abilities, it is important to note that young girls from BME families, in this case Nigeria, may be further constrained by the hierarchical structures within the family that works to silence their voices.

Threats was another factor that influenced delay in help-seeking for some women. However, threats did not influence delay in help-seeking in isolation, other factors such as insecure immigration status, fear of deportation, notions of male dominance and fear of losing family support worked in ways that increased the potency of the threats made by the perpetrators. Furthermore, a number of factors were found to have influenced women's experiences of isolation and lack of social support. These included the lack of familiarity with the UK system, lack of family support, the government's discriminatory housing policy for asylum seekers and financial hardship resulting from their immigration status.

Lack of access to information was observed to extend beyond information about where to, or how to access support and information about the UK immigration system, to the knowledge of what constitutes abuse. Furthermore, information from women's social network may also have acted as a barrier to help-seeking. For some women in this study, numerous factors culminated to enforce their financial dependence on their abusive spouses which limited their ability to seek help. These included insecure immigration status, childcare responsibilities and gendered power relations resulting from patriarchal ideologies. Therefore, women, especially those who have child(ren) were left to negotiate the costs and benefits of remaining in the abusive situation and in most cases, decisions were made to stay, thus, creating more grounds for revictimization. In sum, the delay to seek help by women in this study was found to be shaped by the interaction of their unique social identities, situational factors and structural power relations that worked to disadvantage them and restrict their access to much needed support.

## 7.5. Nature of Support:

### 7.5.1. Introduction:

Previous studies have identified two dimensions of help-seeking by ethnic minority women: formal sources, referring to both statutory and non-statutory service providers, and informal sources, referring to women's social network, such as friends, family and their religious communities (Batsleer et al., 2002; Anitha, 2008; Thiara and Roy, 2010; Thiara and Gill, 2012; Kanyeredzi, 2018). Similarly, women in this study sought help from both informal and formal sources. Albeit they sought help from informal sources before accessing formal support. This section employs an intersectional lens to examine how women experienced support in relation to the different support streams, and in the process, highlighting some nuanced good practices. To contextualise this topic of support, three themes, emotional, medical and practical support will be discussed.

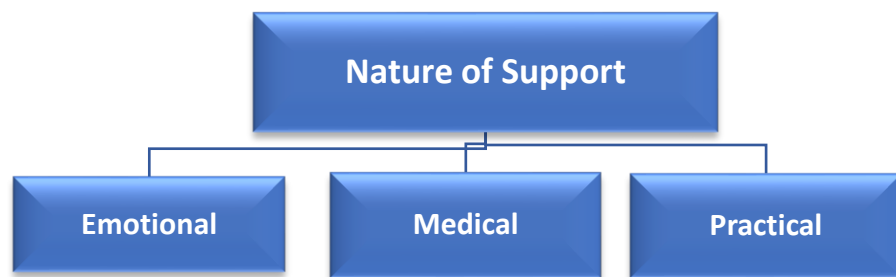


Figure 7.4: Nature of Support

#### ***Emotional Support***

Women in this study generally accessed emotional support through support groups, one to one informal support and counselling. Most women (n=9) derived emotional support from being able to speak about their experiences of sexual abuse and violence within a supportive network such as support groups. They expressed the view that the collective sharing of experiences in a 'safe space' that allowed them to speak freely, provided a strong bond between them, thus, strengthening their hope and resilience. The extracts below from Omola, Tope, Asaro and Bisi, further reflect women's general view about attending support groups.

*"... when we are around each other like, everybody will talk their experience you will gain from A, you will gain from B" (Omola).*

*“... when we go to all these programmes, all these supports we hear a lot of experiences of other people, sometime when you want to stay at home and be thinking, when you get there, you will laugh” (Tope).*

*“So, you make yourself active going for those activities that was what I did and the more you talk to people, the less the burdens” (Asaro).*

*“This place, it unites us and makes us... at least you share your own with me, we encourage each other” (Bisi).*

Because of the strong emphasis on “talking” and “sharing experiences”, it is possible that support group settings provided opportunity for women to validate each other’s emotions, be it self-blame, anger, guilt, shame and other emotions. This could also be seen as a flexible and therapeutic intervention which accommodates protective factors that are pertinent to BME women, for example, a sense of community (Chantler, 2006; Lindsay, 2008; Carranza, 2012; Kanyeredzi, 2018). This sense of community and the opportunity to provide encouragement for each other was an important aspect of the support group as emphasised by Omono, *“we support each other” (Omono)*. In this regard, responses to the emotional and psychological impacts of abuse are targeted from a place of strength and familiarity, which is necessary for positive outcomes. It also appears that the interconnectedness which support groups provided was key in women’s journey to resilience and in making sense of their experiences of sexual abuse and violence (Chantler, 2006).

As already discussed in chapter five, section 5.4.1.4, some women also derived emotional support through their friends and friendship groups. Another source of emotional support for women (n=5) in this study was counselling. Most who accessed counselling support did so following referrals made by their General Practitioners (GPs) just like some women in Kanyeredzi’s (2018) study. This meant that apart from addressing women’s immediate health needs, their GPs acknowledged and dealt with the underlying emotional and psychological issues impacting on their overall health. This is dissimilar to findings from other studies (e.g., Humphreys and Thiara, 2003; Anitha, 2008), where it was reported that GPs tended to treat just the symptoms presented by women who had experienced violence while neglecting the underlying cause of the symptoms. In this study, Titi who saw her GP for symptoms relating to depression, stated: *“it was through my doctor, they sent me for counselling” (Titi)*. Also, Efe who suffered

from complex medical issues as a result of FGM, was referred to counselling by her GP:

*“... they now put me through counselling, I was attending counselling. There is a place near (city), it's called (name), so I was attending counselling there with one lady every week, and I was going, so was helping me with... so when I got there, we will talk and everything” (Efe).*

Just like in Yoshioka et al.'s (2003) study, women were generally open to counselling and other mental health interventions: *“you know counselling, mind all these..., I have done a lot and it helps me” (Temi)*. It seems that women who accessed counselling for emotional support found it helpful, however, Angela holds a contrary view of counselling support. Her experience demonstrates the need for a culturally sensitive approach to intervention. A type of approach that considers context and intersecting factors that may pose a barrier to intervention and in some cases, even make matters worse. This extract illustrates this point further:

*“... even when I did go to seek counselling, it was hard. I think I was 26... and it didn't help, it just made matters worse to be honest, because then they were saying obviously it is my step dad, they were like, he is still living at home, you know, my little brothers are at home and things like that, so, she kind of like took that it is her duty of care to inform social services and things like that and social services getting involved bearing in mind, my brothers don't know anything that was going on” (Angela).*

Although Angela's narrative does not reveal the specific interventions carried out by social services, however, in thinking about effective response to intrafamilial sexual abuse, the extract above demonstrates the importance of a culturally sensitive approach where professionals are aware of values considered pertinent to different cultural groups, such as protecting the family's image (Fontes and Plummer, 2010), and bearing in mind that many factors interplay for such group that may lead to the feeling of conflicting loyalty. Nonetheless, whilst professionals respectfully and sensitively engage with this group, they must not lose sight of their professional responsibility to keep children safe (Bernard and Harris, 2016).

### **Medical support**

Half of the women (n=6) spoke of their experiences of accessing medical support. As with other studies (e.g., Van Hook, 2000), some accessed primary care in response to the psychological impacts of the sexual abuse and violence they experienced, for example, depression. One woman indicated that she received a diagnosis: *“doctor say am depressed” (Bisi)*. While another needed a change of medication for her depression:

*“... when I came, the one I was using in Nigeria, I told them that it is not working, the doctor, she is a female doctor that I met, and she said I should not use that one... and she now prescribed another one for me, and since that time I have been fine” (Temi).*

Two women, Lola and Tope accessed emergency care. Lola accessed emergency services for her sick daughter: *“I had the ambulance number on speed dial, we had this letter for open admission onto the ward, so when they came, straightaway we were taken to meet the consultant” (Lola)*, while Tope accessed emergency care in relation to her second pregnancy: *“six months my water broke, I had to call ambulance” (Tope)*. Whilst accessing medical support can be a protective factor for these women, however, it is possible that structurally imposed barriers, like no recourse to public funds (NRPF), may restrict women’s access to vital medical support. This form of disadvantage produced a real-life consequence for Tope. She told a very sad narrative of how she lost her unborn child:

*“... and then when I had pregnancy by then 2012 in the hospital, nine months pregnant, I lost the baby in the hospital with negligence, because... I will call that negligence because the baby is nine months, and I started contraction, they said my cervix is not yet open. I had to go back home. By the time I got back to the hospital, they say the baby have died...*

*because of the panic of this country that I don’t have paper, if I call police, or if I call ambulance, they will ask for the paper, that is why I did not call ambulance for my first child. You know when am pregnant by then, the baby wants to come out, they sent me back home, if not that the fear I have, I should have called ambulance to take me back to the hospital, they will check me, but because of the fear I have, I can’t call ambulance...” (Tope).*

This example presents vividly how women who are already disadvantaged by reason of their immigration status, could further experience state induced

violence. What is illuminated most clearly here is how gender, social class and structural systems of power intersected to reproduce this state induced violence for Tope. Ultimately, not only was she a victim of structural inequality, she was further stripped of the privilege to exercise her rights as a result of an added layer of poverty. This next extract extends our understanding on how these intersections can influence women's lived experience of powerlessness.

*"I think about my son I lost in the hospital because I see it like they cheat me because of my status, because all the lawyer I saw, they say I should take it up. They ask me money, which I don't have to pay, because when that thing happened freshly in 2012, everybody say I have chance, I have to sue the hospital, that is what everybody said, but they say it is 50/50% chance. They know that they can compensate me, but they will say you take us to court, what is your status? so am scared if I do that to the hospital and I don't have right to stay and I can't go back to Nigeria..." (Tope).*

In drawing attention to her state of powerlessness, there are further complexities that are worthy of note. Given the tensions and contradictions in the extract, it could be seen that on the one hand, she was certain of state injustice towards her, while on the other hand, she was deprived of pursuing justice due to her fear of being 'visible' as a result of her immigration status. Thus, her fear of deportation was central to her further silencing, indicating the multi-layered and routinised ways such women can experience disadvantage (Crenshaw, 1993).

### ***Practical support***

Women generally accessed practical support which could be classed under food, material and monetary support; information, advice and guidance; housing and child-focused support.

#### *Food, material and monetary support*

Apart from being an important resource for women's emotional support, support groups also featured in women narratives of accessing food, material and monetary support. For example, *"they give us food and other stuff"* (Sarah) and *"... so going to these groups, one, they give you food and two they give us transport"* (Asaro). Some women also spoke of how workers within the support groups acknowledged the operations of intersectionality in their experiences of accessing support. As already discussed, asylum seeking women fleeing abuse may experience isolation due to the government's 'no-choice' dispersal of asylum

seekers policy. This understanding allowed workers to be responsive to the intersection of this policy and the financial hardship resulting from insecure immigration status as Bisi stated:

*“I have to be rushing now to go and pick my kids because of the distance. Even sometimes (worker) had to give me money to pay for the after school because I can't meet up to pick them” (Bisi).*

Furthermore, whilst highlighting the benefit of support groups with regards to helping to combat isolation and possible mental health problems, Asaro also commented on the financial benefit of attending support groups.

*“... what I did as soon as I claimed the asylum, I started joining groups, they are so many, .... because one thing that we asylum people face is isolation and depression, so, in order to kill that, I had to join so many groups. So, going to these activities, one, they give you food and two, they give us transport, like this activity, yesterday we had four pounds, this activity today we are going to have four or five pounds depends on how much, and by the time you buy a week ticket, you are making a little extra from it, and the more group you join, the more useful the one week bus pass will be for you and there are some days you have two or three activities so for that day, if you collect four pounds, three times, that is 12 pounds a day. One-week bus pass is 17 pounds, so a day's activity has covered your transport for the next week” (Asaro).*

By making financial provisions within their limited budget, support groups exemplified the application of an intersectional approach that minimised isolation. They recognised barriers that contribute directly to inequality of access to service provisions in relation to women in this study who are already disadvantaged by other intersecting factors. Arguably, addressing possible barriers to accessing service provisions is as important as ensuring relevant services are available to BME women affected by GBV. This also draws attention to the need for adequate service planning that considers and prioritises the ease with which women can access services (Chantler et al., 2001; Burman and Chantler, 2005).

#### *Information, advice and guidance*

Given that lack of access to information posed a major barrier to help-seeking for all the women with insecure immigration status in this study, women identified information, advice, and guidance as their key support needs. Of note is how women accessed information, advice, and guidance first from their informal sources, and the role such sources played in directing them to formal support



providers (Anyikwa, 2015). An example that illustrates this clearly is seen in the following extracts from Bisi:

*“... So, from church, they introduce children’s centre to me, sure start, and first time, they provide food for my kids, they said I should be bringing them” (Bisi).*

The provision of food and the accessibility of the children’s centre seems to have helped in minimising isolation, in addition to promoting further help-seeking as she stated:

*“... so, they now said, do you know anything about asylum? So, it is from there they introduced asylum to me. I never heard something like that before” (Bisi).*

The children’s centre referred her to an asylum support organisation, which demonstrates good practice with regards to signposting to a relevant service. Whilst contextualising the multiple roles of this support organisation, she added:

*“These people, they introduced us to doctors, counselling, all these organisations” (Bisi).*

This is a clear indication that when referrals are effectively managed, it can initiate a network of relevant support streams for women affected by different forms of violence and disadvantages. Again, it was clear from women’s narratives that support groups provided support that is of practical and emotional nature. Of note is that apart from providing information, staff guided women through the process of accessing relevant support. For example, Bisi stated:

*“... like all these organisations are helping us, they will help us if we want to call, they will call for us. Like I had to get solicitor they are the ones that filled the form for me. All these things make it a little bit better” (Bisi).*

Likewise, Efe describes the practical nature of support she received from her FGM support worker.

*“... so, she (FGM worker) was saying that we should put in a new application with FGM and the rape and all those stuff that happened to me, so that is what she is trying to do” (Efe).*

Apart from examples of good practices observed from these extracts, i.e., making referrals to relevant agencies and providing support that is of practical nature which responds to women’s intersectional needs, another good practice was the utilisation of peer-partners (D’Elia et al., 2009) by the support group. This was a

role taken up by Omono who had recently gained her refugee status. She worked from a place of knowledge and experience to provide information, advice and guidance on a variety of issues, including those relating to asylum claims.

*“I still come here because I know what they are going through. I need to stand by them and support them. I am a pre-mentor on FGM. I teach with (worker), so I try to tell women about FGM, sexual abuse and also, my situation. So that is what I do for now, that is why you can see am still coming. I encourage them and give them support. Sometimes, I look into their cases, not until you are in that situation, you cannot know what they are going through” (Omono).*

This is a plausible demonstration of competent practice which could potentially improve outcomes for these women, both emotionally and in relation to their asylum claims. Watters (2009) also posits that such cultural mediators and advocates who act to bridge the gaps between services and BME communities can be effective in achieving positive outcomes. This form of support was also reported by Femi-Ajao (2018) in her study as the perceived support need of Nigerian women who experienced intimate partner violence. Overall, this highlights the need to incorporate interventions borne from a solid theoretical understanding of the issues affecting BME women (Safety4Sister, 2016).

### *Housing Support*

Housing support is one of the support provisions drawing increasing interest within discourses of VAW, in particular, BME women. It is a subject that resonated with all the women in this study. The tendency noted in this study was that women who required housing support were more likely to stay with friends and relatives in the first instance. For example, when Angela was made homeless by her mother and stepfather, she stayed with a friend:

*“... I went to stay with my friend because it was late. After that, I went to stay somewhere else” (Angela).*

It was when she could no longer stay with friends that she sought formal support:

*“So, I went to (organisation), told them about the sexual abuse that have been going on, they put me in connection with a women’s refuge” (Angela).*

Although, this may be the case with majority women who experience different forms of domestic and sexual violence, however, some women’s

conceptualisation of housing needs extended beyond their experiences of sexual abuse and violence to include the complex interplay of factors such as being subject to no recourse to public funds (NRPF) and their immigration status, thus, making it even more difficult for these women to seek formal support. Therefore, they relied on the temporary housing support provided by friends and family members. Some women however, expressed how difficult it was for them to rely on such support, as Asaro stated: *“it wasn’t easy, because at that beginning, nobody was ready to keep me”* (Asaro). Even when she found a friend who offered her a place to stay, she stated: *“I was sleeping in their sitting room, my bag could be... imagine your bag is under the staircase or the storage and you sleep in the sitting room”* (Asaro). Titi also noted: *“I was managing, coping with people, living with different people”* (Titi). Another woman who expressed this difficulty was Bisi who was living temporarily with church members, she stated: *“it’s just like burden to them with two kids”* (Bisi). Just like in Netto’s (2006) study, women did not identify themselves as homeless until they were asked to leave. For example, referring to her uncle’s wife, Efe said:

*“... so, last year she said she is fed up and I should leave, that she cannot... because she has three children, she is living in a two bedroom”* (Efe).

Taking into account the complex interaction between structural forces and ethnicity, research indicates that BME households generally live on lower incomes compared to their white counterparts (Gervais and Rehman, 2005; Bywaters et al., 2016; Office for National Statistics, 2018). This leads to a financial constrain which makes it less viable for them to continue supporting a family member or a friend who is seeking housing support. Efe and Lola went to seek support from their local council, however, much like women in Anitha’s (2008) and Femi-Ajao’s (2018) studies, they expressed negative experiences. In Efe’s case, a worker from her local council appealed to her uncle to take her back. Indeed, this did not help as she ended up ‘sofa surfing’. She stated:

*“... so, I didn’t have anywhere to go, so one of the ladies helped me to call my uncle, the social service was begging them that they should take me back... I didn’t know what to do again, so, I have to be going to friends, sometimes to go and spend the night in a friend’s house. We will go here to go and spend a night... in people’s houses, that is how I have been living”* (Efe).

Lola reported a lack of empathy along with the 'culture of disbelief' (Souter, 2011, p 48) when she approached her local council for help.

*"... and I was told to go to somewhere, it is a hill, the council something, I don't know what it is called but it is a hill. So, I went there, and I was interviewed by one woman. I told her all my story, but she said I was lying, she said I was lying, that everything I said was a lie, yes. That is what she said. That they couldn't help me, and they said em, go to any other organisation they can help, but the council wasn't going to help" (Lola).*

Arguably, this relates back to how women construct their narratives of sexual abuse and violence (discussed in chapter four, section 4.6 and chapter five, section 5.7) and what they are able to say from the position of constrained choices and complex vulnerabilities. Also, a possible explanation could be that some professionals do not understand the cultural context within which such women's stories are being told. Or, it is possible that women's stories were examined or judged through the lenses of mainstream sexual abuse and violence discourse, or through a 'culture of disbelief' (Souter, 2011, p 48), and so, the easiest option was to discredit the story. Femi-Ajao (2016) also points to the lack of an understanding of sociocultural contexts as a major limitation to mainstream assessment of violence against BME women. Pre-conceived ideologies about undocumented migrants seeking refugee status in the UK adds another layer of barriers to supportive responses from the council. Whilst different agencies may work within certain support remits, at the simplest level, good practice could mean that women are provided with information, advice and guidance on the options available to them, and possibly signposted to relevant agencies. It appears that negative attitudes, underpinned by a 'culture of disbelief' (Souter, 2011, p 48) amongst some professionals, point to how social identities can shape social relations between individuals and support agencies, which can further contribute to disadvantage and marginalisation.

In contrast, this next extract from Lola demonstrates a different dynamic of social interaction. Of note, is the demonstration of empathy and the empowering manner workers from Refugee Action dealt with her housing needs.

*"... and then I went to Refugee Action and they said they had to book an appointment, and the guy who was there like in the reception, he said do you not have anywhere to sleep tonight? I said I have, but I*

*don't know if they will change the lock. So, when he heard that, and he saw (child), then he said ok, let's see what we can do... and he went inside, and this lady came out, and she just took us up, and I wasn't supposed to have an appointment, but I did... The next day she asked me to come to bring (child's) papers... and they said tell the landlord, he can't evict you, but if he wants to evict you, he should give you letter of eviction... The money had already lapsed, and so I had to leave, and he wrote it there, letter of ejection. And when they saw that, they said, yeah, we can help you out of this. And that was how the whole process started, and then it was in (city) that we lived first and that lady very very wonderful lady" (Lola).*

From this account, a number of good practices could be observed. She was believed and then provided with information and advice about her rights with regards to tenancy. Furthermore, and most notably, her immediate housing need was prioritised above her immigration status. It has been argued that securing a safe place to live, away from the perpetrator is usually of high importance to women fleeing violence, and it is a key factor in women exercising resilience (Liebling et al., 2014). This extract illustrates that a supportive response to homelessness could be a potential pathway out of an abusive relationship. This is similar to findings from Anitha's (2008) study, where for six women, being thrown out of their marital home due to the escalation of domestic abuse, became their pathway out of the abusive relationship.

#### *Child-focused support*

This final section considers how women construct the support they received because of their child(ren). It is argued that immigration status determines eligibility for a range of services, including social services, financial support and housing (Akinsulure-Smith, 2012). Therefore, women who are limited by barriers posed by their immigration status, and other intersecting factors, do not only experience the consequences of these intersections, but their children's lives are also defined by the outcome of such intersections. In this study, some women who are mothers spoke of how they benefitted from the support made available to their child(ren). Bisi spoke of the support she received from children's social care through a multi-agency approach.

*"So, it is a little bit better, they are supporting, all these social worker, support worker, link worker, they are trying what they can to make life...they just try as much as they can to protect the kids, and if they*

*are trying to protect the kids, it will benefit you a little because you are the carer of the kids” (Bisi).*

Efe describes the support she received through a baby group.

*“there is this group I was attending when I had my baby and was called baby group. So, there are some ladies there that were supporting me with food bank and like me taking food at home as well for the family” (Efe).*

Omono describes the support she received from the Home Office because of her autistic son. She believes that aside from her story, her refugee status was granted because of her autistic son. In addition, she states that her son is provided with the level of support that matches that of a British born child. She recounts:

*“I will not lie; the Home Office was supportive. I am one of the few luckiest people that they supported because of my autistic son and because of my story. They made sure he gets all the support like every other child that is born in the UK, while he is not even born here. They put him in a special needs school” (Omono).*

From these extracts, it is possible that these forms of support were offered due to professionals being aware of their obligations to the child(ren) under the Children Act 1989. Working from this standpoint, therefore, ensures that professionals pay rigorous attention to the paramountcy of children’s needs regardless of the immigration status of the parents.

#### **7.5.2. Section summary:**

This section has highlighted the support needs of women which included emotional, medical and practical support. Women accessed emotional support through support groups and attending formal counselling. Support group featured in women’s narratives of emotional and practical support. It gave women a sense of community and provided the opportunity for women to share their experiences in a safe space, thus, strengthening their resilience and capacity to cope. With regards to counselling, some accessed this through referrals made by their GPs, and generally found it helpful. Whilst counselling seemed to provide relief to some women, findings highlight the need for a culturally sensitive approach to counselling or when making referrals to relevant agencies.

Some women accessed medical support for a number of reasons, including diagnoses, change in medication and for emergency situations. The intersection

of gender, social class and structural systems of power produced state induced violence in a way that led to real life/adverse consequences and powerlessness for one woman. Women also accessed practical support comprising of provision of food, material and monetary support; information, advice and guidance; housing and child-focused support. Good practice identified was that workers within the support groups recognised the operations of intersectionality in women's experiences of accessing support and provided an effective support that minimised isolation in addition to alleviating financial constrain around accessing service provision. Thus, suggesting that addressing barriers to service uptake is as important as making services available to women experiencing different forms of violence and disadvantage. Other good practices included referrals being made to relevant agencies which initiated a network of support streams for women, and the utilisation of peer-partners to provide a more person-centred support that is based on prior experience and knowledge of issues affecting BME women.

Women requiring housing support stayed with friends or family members in the first instance. The government's NRPF policy was an added barrier that restricted some women's options to access housing support, therefore, they relied on the goodwill of friends and family for housing support. However, the financial constraints experienced by their friends and families made it impossible to continue providing such support. It was found that women who approached their local council for help generally had negative experiences of the process. It could be that the culture of disbelief, the lack of understanding of the cultural context in which women's stories were told and the pre-conceived ideologies regarding those who seek asylum in the UK posed barriers to the provision of support to these women. However, there were patches of good practices displayed by a non-statutory service provider in one woman's narrative. Support staff worked in an empathic and empowering way by believing her story, providing relevant information and prioritising her immediate needs over her immigration status. This lends to the view that with good practice, coupled with appropriate support and intervention, homelessness could perhaps initiate a pathway out of abusive relationships. It was also found that women benefitted from support targeted at meeting the needs of their child(ren). This meant that support is provided from a

standpoint that ensures that essential services are made available to children whose mothers are denied services by reason of their immigration status.



## **CHAPTER EIGHT: A LISTENING GUIDE ANALYSIS OF THREE CASE STUDIES**

### **8.1. Introduction:**

Chapters five, six and seven presented a thematic analysis of interview transcripts of twelve women of Nigerian origin living in the UK who have experienced sexual abuse and violence. The analysis was data led (Braun and Clarke, 2008) and provided a detailed thematic analysis of experiences, impact, help-seeking and support. Chapter five provided a contextualised description of the women's circumstances, including the nature of sexual abuse and violence they experienced. In chapter six, I discussed how women construct their narratives of sexual abuse and violence, highlighting those cultural beliefs, norms and practices that might have contributed to their experiences of sexual abuse and violence. Chapter seven focused on how women construct the concept of help-seeking and their experiences of support. Also included in these three chapters is an analysis of what women's stories say about their lived experiences of patriarchal relations, class, gender, race, age and other social identities (Fraser, 2004). To gain a more in-depth and nuanced understanding of women's experiences, this study will employ a second method of analysis, the voice-centred relational or the listening guide (LG) method (Brown and Gilligan, 1992; 1993). As a feminist method, the LG focuses on centring women's voices, and to go deeper to examine the distinctive ways women speak of themselves and others, and how they speak of their experiences within different relationships, including relationships of power (Brown and Gilligan, 1992; 1993).

In chapter five, I identified and discussed the nature of sexual abuse and violence women experienced. For the purposes of the LG analysis, I have categorized them into three: child sexual abuse (CSA), intimate partner sexual abuse and violence (IPSA/V) and female genital mutilation (FGM). Following the thematic analysis of the twelve transcripts, I chose three case studies which represent each type of sexual abuse and violence. My rationale for selection was purely based on the richness of the data in relation to the nature of sexual abuse and violence. This chapter presents three women's narratives of sexual abuse and violence, Angela, Lola and Bisi (names are pseudonyms) and the application of the LG method in interpreting their experiences. Angela experienced CSA, Lola

tells a story of IPSA/V, while Bisi tells of her experience of living with FGM. Analysis of each transcript was divided into four phases, also known as 'listenings'. The foci of the four 'listenings' were: overall geography or plot of the story; 'self'; contrapuntal voices, and power relations (see chapter four for a more detailed discussion). The first listening allowed me to attend to the basic plot, metaphors and themes of the story, while in the second listening, I attended to the voice of 'self'. The third listening involved identifying different voices that relate to my research questions:

- What could be learned about the influences of cultural beliefs, norms and practices in experiences of sexual abuse and violence by listening to women of Nigerian origin who have experienced sexual abuse and violence?
- What are the barriers to help-seeking and women's experiences of support?

Based on these research questions, the contrapuntal or relational voices I listened for were, the voice of self-silencing or capitulation as a result of 'debilitating cultural norms and values' (Brown and Gilligan, 1993, p. 17). I then listened for the voice of psychological distress which relates to the impacts of sexual abuse and violence. I also attended to women's experiences of help-seeking and support, embedded within the voice of resilience. Since one of the theoretical underpinnings of this study is intersectionality, it was necessary to conduct the fourth listening, called power relations. This listening considers how dominant discourses, social norms and structural factors silence and disempower women (Harel-Shalev and Daphna-Tekoah, 2016). Due to the fragmented nature of the narratives after applying the LG method of analysis (Appendix G), it was necessary to combine 'voices' to ensure that the product of analysis aligns with the overall plot of each woman's story as was originally told.

## **8.2. Angela's Narrative:**

### **8.2.1. Introduction:**

Angela is in her late twenties. She is a single mother and pregnant with her second child at the time of interview. As a British born black woman of Nigerian heritage, raised in England, Angela speaks at an intersection of age, class, race, and gender as will be seen later in the analysis. Angela's narrative is lengthy, she

tells a story of CSA perpetrated by two men, her mother's boyfriend, who was a pastor and her stepfather. She starts by constructing her narrative around the first experience of CSA. She then swiftly moves onto describing her second experience of CSA perpetrated by her stepfather. Here, she describes her experience of a troubled childhood and her mother's response to the sexual abuse. Angela then describes the circumstances leading to her moving out of home and how the experience of CSA impacted on her self-esteem and identity. In addition, she speaks of a brief period of homelessness and subsequent help-seeking. Further, her narrative of resilience is presented which includes how she refused to undergo a second abortion and how she spoke out against the cultural norms/beliefs that silenced her voice and provided the platform for the continuation of the abuse. The interview then ended with some follow-on questions. These questions were centred around how Angela sought help and her coping strategies. In what follows, I present an LG analysis of Angela's narrative under the following headings: first experience of CSA; second experience of CSA; impacts of CSA and help-seeking; barriers to effective response; other impacts of CSA; help-seeking and coping strategies. In so doing, illuminating how Angela's experiences of CSA were tied to normative cultural norms and beliefs rooted in patriarchal ideologies. Overall, analysis demonstrates that women's resilience may hinge on accessing relevant support which could empower them to challenge those cultural beliefs and norms, often predicated on rendering them powerless and subdued.

### ***First experience of CSA***

This part comes immediately after being prompted with the statement: "is there anything about what happened to you that you would like to share?". Angela responded with a narrative of her first experience of CSA.

*"Well it all started when I was about... I think 8 years old and my mum had a boyfriend at the time, and he used to come over and stay at the house quite a lot, in fact to be honest with you he was actually a pastor, he was a minister, so he had his church and my mum goes to a white garment church. It didn't start straight away, I think he wanted to build my trust first, he used to play with me a lot and things like that but then it started when he used to give me spiritual baths, so he used to bath me. My mum wasn't there in the room she trusted him and everything. At the time, cream me and everything and then that is when he will start to molest me and things like that, em... you know, I was just a*

*child, so I didn't really know what was going on. I was just used to it. He used to tell me to lie down, and he will just play with my breast, things like that. He didn't like, penetrate me but he would attempt to, em... yeah. I have had a few I'd say cuts and stuff from where he has been trying to do it too hard, it kind of like cut me down there and stuff. It wasn't until I was about 12, I think when my mum started to get onto it that something was going on".*

From this narrative, the reader may notice that in describing her first experience of CSA, Angela did not use the second, or third person voice, indicating that she still identifies as a child in relating her experiences of the abuse, which may be indicative of the psychological impact of the abuse. Also, an 'I Poem' constructed for this account clearly shows that Angela positioned herself as 'a vulnerable child' in relation to her experience of CSA.

<i>I</i>	<i>My/Me</i>
<i>I was about...</i>	<i>my mum had a</i>
<i>I think, 8 years old</i>	<i>boyfriend</i>
<i>I think he wanted</i>	<i>my mum</i>
<i>I was just a child</i>	<i>he used to play with</i>
<i>I didn't really know</i>	<i>me</i>
<i>I was just used to it</i>	<i>give me spiritual</i>
<i>I have had</i>	<i>baths</i>
<i>I'd say cuts and stuff</i>	<i>he used to bath me</i>
<i>I was about 12</i>	<i>cream me</i>

Angela first identifies 'self' as a vulnerable child who was constrained by her age. Indeed, this voice points to the fact that Angela did not make sense of her experiences of CSA or have the vocabulary to describe the abuse as a result of her age. This is even more so for ethnic minority children where the culture of silence is encouraged by taboos associated with speaking out about sexual issues (Bernard, 2001; Bernard, 2016). Therefore, there is a possibility that in Angela's case, her age and the culture in which she was socialized may have influenced her decision to adopt self-silencing as her coping strategy (Schaeffer, Leventhal and Asnes, 2011; Collin-Vézina et al., 2015).

Returning to the above account on Angela's first experience of CSA, the statement, "*in fact to be honest with you he was actually a pastor*" automatically alerts the reader to Angela's first voice of power relations. Religious leaders hold a certain degree of power and authority within religious communities (Adedeji, 2012). It is possible that the high degree of power and authority held by Angela's

mother's boyfriend by reason of his religious title, made it possible for him to introduce religious practices in the church, *"then it started when he used to give me spiritual baths, so he used to bath me"*. The question of religious practices (*spiritual baths*) within white garment churches require further exploration. It is argued that religion is fundamental in the lives of Nigerians, and that most Nigerians would consider themselves religious (Olajuba, 2008). Adedeji (2012) also notes that there is no religion without cultural elements and there is no culture without religious influence. Therefore, practices that are customary and indigenous are incorporated into religious interpretations and are practiced in some religious settings to foster inclusivity (Olajuba, 2008). Thus, shaping the lived experiences of Nigerians who identify with such religious settings.

Angela speaks of: *"spiritual baths"* as a way that the pastor gained access to her. Adogame (2009) notes that ritual practices occupy a central place in white garment churches as it is one of the ways members express, explore, and negotiate their religious identities. The context within which Angela's *"spiritual baths"* was performed is not stated in her narrative, however, Adogame (2009) reveals that in white garment churches, ritual practices such as anointment, sanctification, prayer, healing and the invocation of God rituals are performed for reasons of cleansing, purification, healing and before taking up positions within the church. Based on this premise, Angela's mother trusted the minister (her boyfriend) to perform the ritual of *"spiritual bath"* on Angela, as she stated: *"My mum wasn't there in the room she trusted him and everything"*

After describing the nature of the sexual abuse, she experienced, Angela then shifted her narrative to describing the complexities involved in disclosing the abuse to her mother. It seems that the unequal power relations that sometimes exist within religious settings not only influenced Angela's experience of CSA but also posed a barrier to her disclosure and help-seeking. According to Angela, her mother asked if something was going on, but she denied it for the following reason:

*"I guess I was scared because I didn't know, you know I was scared, I thought I would get into trouble maybe because of what is going to happen obviously, it wasn't my fault but for some reason, I was afraid that my mum would shout at me instead of him, like I was to blame or something"*.

This account highlights some of the tensions that arise when age and gender intersect with patriarchy and religion. As Allanana (2013) argues, 'religion is used as an instrument in defence of a class society and patriarchy' (p. 127). Therefore, Angela assumed a subordinate position in this relational landscape by reason of her age and gender. Also, this extract possibly points to how Angela's mother experienced her relationship with the minister and with the church as a whole. Angela's mother may have been influenced by the requirement of submission to the patriarchal structure of the church hierarchy (Ruether, 1995). It is argued that although white garment churches adopt the white garment ropes to downplay social-class distinction, the use of differentiated ropes and regalia still demonstrates complex hierarchical positioning within the church (Adogame, 2009). Crumbley (1989) also argues that there is a prominent discrimination of women in white garment churches since women can only occupy lower ranked positions due to prohibitions and taboos. Likewise, Igbelina-Igbokwe (2013) asserts that religion has become an instrument used to condone discrimination and enforce subordination of women. For example, in white garment churches, women are prohibited from conducting services, preaching sermons, reading Bible lessons, making announcements, recitation of benediction and leading men in prayers (Adogame, 2009). Growing up within these cultural and religious contexts, invariably added to the complexity of Angela's experience of CSA. Therefore, non-disclosure became a coping strategy and a response to the powerlessness that she felt at that time.

The power and authority Angela's mother's boyfriend enjoyed also afforded him access to other children in the church. McAlinden (2006) termed this 'institutional grooming' (p.352). Angela stated:

*"I wasn't the only one, he was doing it to his cousin's daughters, and he was also doing it to his wife's daughters as well".*

This supports current literature that argue against the concept of stranger/danger in child sexual abuse discourses (e.g., Grubin, 1998; McAlinden, 2006). Angela finally disclosed the abuse to her mother when other girls started to speak up about the abuse.

*“em, when I told my mum, she was really really angry and upset you know, and I think the police got involved and he was registered on the paedophile list”.*

Angela’s mother’s response to the abuse shows how sexual abuse perpetrated by someone in a position of trust could impact on individuals. Angela ended this part of her narrative by providing an evaluation of the perpetrator as she stated:

*“he was a horrible... he was a nice man, I won’t say he was a horrible... he was a nice man... but what he did was wrong... you understand what I mean? he was buying me things, he would give me money, he would play with me and I would laugh so much... and I just think that it is ok for him to do that type of thing, do you know what I mean?”.*

This extract demonstrates several conflicts. First, Angela’s adult self which understands ‘good and bad’ immediately stated, *“he was a horrible...”*, but then, she pauses, which may indicate confusion and/or a dialogue between two different voices. In looking back, she positions herself as a child who enjoyed the gifts and fun, therefore, she revises her comment by deciding to see the abuse as bad, but not the abuser. This type of contradiction and ambivalence is similar to the feelings expressed by the children in Katz’s (2013) study. The study found that the emotions and thoughts of the children toward the perpetrator of sexual abuse included feelings of love, desire, curiosity, and needing as well as feelings of fear, anger and considering the abusers as superheroes who can see and do anything to them. As Thornton (2003) points out: ‘grooming is a known feature of the sexual abuse of children’ (p.144) and in Angela’s case, the grooming process allowed her to build a strong sense of connection with the perpetrator, while the power and acceptance enjoyed by the perpetrator by reason of his position as a church minister facilitated trust, which allowed the abuse to happen and go undetected.

### **Second experience of CSA**

Angela continues without prompts with the following statement:

*“and then my mum had another partner this is the third guy, em which is my stepdad and he is still my stepdad at the moment. So, he came into our lives when I was, I think 15. He... him and my mum had a baby, he was living in (city), at the time. It didn’t start then until we moved to (city)”.*

Angela provides an orientation to time, place and the characters involved, then interrupts this by describing her experiences of troubled childhood. She stated:

*“em... I did have a very troubled childhood to be honest”*. This theme of troubled childhood was also observed at different points in her narrative where she additionally used the following phrases:

*“... it was really hard growing up... it was really really tough... and I had a lot of trouble growing up... so much problems, so much problems... but it was tough, it was really really tough”*.

Angela speaks of her “troubled childhood” in two ways. First, through resisting dominant patriarchal upbringing and the power dynamics this generated in the home. As she stated:

*“there was a lot of arguments, he (stepfather) was trying to be authoritative and I be like, you are not my dad, so you can’t tell me what to do, so she (mother) used to say to me, I must call him dad, he is your dad, I said no he is not, so she used to allow him to slap me and things like that, you know”*.

This extract appears to draw attention to the conflict between cultural norms and social location (Naples, 2003). As a black female, born and brought up in the UK, Angela felt she could negotiate the power dynamics resulting from the dominant cultural ideology around the man’s authority and superiority in the home (see Chapter six). Although Angela resisted the hold this power had on her through anger and arguments, however, since Angela lived within a family structure where patriarchal values are imbibed, and where age and gender determined who gets to speak, she was silenced. Thus, as Bernard (2018) contends, the intersection of the hierarchical structure of the traditional black family and gender inequalities work in ways to negatively impact the everyday realities of black adolescents. Secondly, Angela speaks of her troubled childhood through her frequent running away from home as she stated:

*“I was running away a lot from home because I didn’t want to have anything to do with him to be honest”*

It seems that in response to the tensions, arguments, and the sexual abuse she was experiencing at home, Angela employed running away as a coping strategy. Other studies have also pointed to CSA as a precursor to running away from home (Thrane et al., 2006; Smeaton, 2013).

Angela returns to the narrative of her second experience of CSA.



*“So anyway, going back to my stepdad, when we moved to (city), we em yeah moved to (city). My room was upstairs, because I had pins in my leg so, I couldn’t climb up the stairs and stuff, so they put me down stairs and then, em, I can’t really remember when it started, but him and my mum was having issues and things like that, so he used to sleep downstairs, so then, over night-time he would come into my room and he would just feel me up and I am like, what is this man doing? I remember one time, he had condoms in his hands, my mum was sleeping upstairs he was like, you don’t need to tell your mum, she doesn’t need to know, I was like... are you crazy? You are my stepdad, really? Am your daughter, how can you be looking at me in a sexual way, type of thing. I don’t know what it is about me, I guess am just a bit too soft really. I just ignored it and left it and thought he was just sleep walking, and probably he will just go away, or it would just kind of subside type of thing, so I just left him”.*

This account draws attention to how Angela’s stepfather utilised a situational opportunity to perpetrate CSA. This assertion is supported by Finkelhor’s (1984) Precondition Model. This model highlights the role of situational and contextual variables in the perpetration of sexual abuse and violence against children. Drawing from this model, it could be seen from this account that, in addition to the motivation to abuse, and overcoming the internal inhibitors especially around incest as Angela pointed out *“You are my stepdad... Am your daughter, how can you be looking at me in a sexual way...”*, the fact that Angela slept downstairs as a result of having pins in her leg, presented her stepfather with the opportunity to perpetrate the abuse. A construction of an ‘I Poem’ for the account above helps us to understand how Angela responded to the abuse by her stepfather.

---

*I remember one time  
I was like... are you crazy?  
I don’t know  
I guess am a bit  
I just ignored it  
I just left him*

---

This ‘I Poem’ resembles a dynamic described by Gilligan (1990), in which adolescent girls transition from political resisters to psychological resisters. Gilligan (1990) states that political resistance is ‘an insistence on knowing what one knows and willingness to be outspoken about it’, whereas psychological resistance is ‘a reluctance to know what one knows and a fear that such knowledge, if spoken, will endanger relationships and threaten survival’ (p. 502).

A close reading of the 'I Poem' indicates that Angela started to develop agency as seen in the line: "*I was like... are you crazy?*" She seemed outspoken and resistant to the abuse. However, in the second half of the 'I Poem' she expressed a state of confusion: "*I don't know*", which is a characteristic of psychological distress. It could be that her need for relationship meant that she could not speak openly about what she knows to be true. Consequently, she transitions into a psychological resister: "*I just ignored it... I just left him*". The 'I Poem' also points to Angela's voice of self-silencing to the abuse she was experiencing. Here, Angela could be heard expressing denial as a coping strategy. She also capitalised on being optimistic that the abuse would eventually stop.

This part continues with a change of character. Angela positioned herself as a child in need of protection from her mother, whilst hinting at her mother's inadequate response to the abuse. This is in contrast with the way her mother responded in Angela's first experience of CSA. Several factors may have influenced this. It may be because Angela was much younger and other children were also victims of the sexual abuse in the first case. In addition, in this second experience, Angela's mother was married to the perpetrator of the abuse which could have influenced how she responded to the sexual abuse (Bernard, 2001; Hanson et al., 2003; Kanyeredzi, 2018). As the narration continues, Angela stated: *My mum had ideas, but she wasn't 100% sure*. This theme continues across her narrative with phrases like:

*"You know, my mum didn't even know... my mum had ideas, but she couldn't say anything because she has no proof... she just didn't understand what I was going through... she was just thinking about her own needs at the time, she wasn't thinking about my own... and my mum just wasn't the mum that I wanted her to be at the time"*.

Although this voice does not directly allocate blame to her mother for her experiences of CSA, however, it seems to suggest that Angela deemed her mother's response to the abuse as inadequate and selfish. Another implication could be that if her mother had intervened, it may have prevented further abuse. Angela, however, began to question if the reason for her mother's inadequate intervention was because of her own behavioural response. Angela expressed this confusion in her use of, 'but', 'I don't know', 'I guess' and 'maybe' as shown in this extract.

*“but I don’t know if it is the fact that I wasn’t willing to put up a fight at the time. I guess if I did put up a fight at the time, maybe she would have done more because she used to say to me, you know we will put a lock on your door, don’t worry, type of thing... and then eventually my mum was getting onto the fact that he was coming into my room, so she put a lock on my door”.*

Angela’s mother’s inadequate response of “putting a lock” in this extract points to beliefs that are closely linked with rape myths which on its own, encourages self-silencing amongst women in general (Buddie and Miller, 2001; Ojo, 2013). This myth places the responsibility on women to safeguard themselves from sexual abuse and violence, while exonerating the perpetrator of the abuse. Angela continues her narrative with another description of sexual abuse perpetrated by her stepfather.

*“It wasn’t until she (mother) travelled for 3 weeks, she went to (country) for about 3 weeks, and it was just me. What he (stepdad) was doing... I was really ill, I had tonsillitis, so he used to crush anti-depressants and he used to put them in my hot chocolate, and I didn’t think anything because I used to drink it, didn’t I? So, then what I noticed was that when he used to do that, I would forget to lock my door and then he would come in when I literally be asleep. And I would never forget because I remember the day when it happened, and I was asleep, and he got on top of me. I had my back up, I was lying on my stomach and he got on my back and then he had lubricants, so he tried to lubricate me as well and he tried to penetrate me, but he didn’t penetrate me. Em you know, and then he would turn me over and try to get on my front like that. Even before that event, you know there were times when he would just come in and I will be dazed. I will be so dazed because I didn’t know what was going on, do you understand? Because I was drugged basically, and he would just do all kinds and I’d wake up and I think what’s going on? Did something happen yesterday? I wouldn’t be able to remember or recall, I would think, I was probably just dreaming, but that one event, I know I wasn’t dreaming because my subconscious body, it was like fright or flight type of thing so it is like I wanted to be awake and it was like I was subconsciously aware of what was going on but then I was dozy at the same time because I was drowsy should I say, do you understand what I mean? So, it’s like I recorded that memory”.*

This account presents another way Angela’s stepfather not only used situational opportunity of her mother being away but devised an elaborate plan to perpetrate sexual abuse and violence (Finkelhor, 1984). The following is the ‘I Poem’ constructed for the account above:

---

<i>I was really ill</i>	<i>I remember the day</i>
<i>I had tonsillitis</i>	<i>I was asleep</i>
<i>I didn't think anything</i>	<i>I didn't know</i>
<i>I used to drink it, didn't I?</i>	<i>I was drugged</i>
<i>I would forget to lock my door</i>	<i>I wasn't dreaming</i>
	<i>I recorded that memory.</i>

---

This 'I Poem' brings to light Angela's vulnerable 'self', taken advantage of by her stepfather. Also, the voice of a child who was open to genuine and trusting relationship with her stepfather could be heard as she recounted the sexual abuse. In addition, through careful listening, the voice, who blames 'self' for her experience of sexual abuse could also be heard. Angela continues by describing her mother's response to the sexual abuse by her stepfather when she returned after 3 weeks of being away. She stated:

*"so it wasn't until my mum came back... wait till you hear this, when she came back, I told her what had been going on she told me to take a pregnancy test and she said to me that if am pregnant am keeping that child, yeah, yeah and I was like no am not, are you crazy? I don't know if she knew what she was saying at the time or she really knew what she was thinking about but those were her words, but good thing was I wasn't pregnant... em so yeah, then after that now she just had to... she would just say to me make sure you lock your door before you go to bed and things like that".*

Although, it is argued that women from diverse backgrounds may differ in the way they respond to the sexual abuse perpetrated on their children (Campbell and Lewandowski, 1997), a further examination of Angela's narrative shows that no responsibility was allocated to the perpetrator of the abuse, her stepfather, which may proffer Angela's mother as a collusive mother in Angela's experiences of CSA (Bernard, 2001). However, going by the discourse around Angela's troubled childhood and the unequal power dynamics in the home as discussed earlier, it could be that cultural imperatives arising from ideas of male superiority within the family might have influenced Angela's mother's response to the abuse. Therefore, it is possible that Angela's mother had no other option but to intervene in a manner that supported the rape myth that women and girls alone are responsible for protecting themselves from sexual abuse and violence. This shows that although women in general could be affected by rape myths, there is a tendency that cultures that are more accepting of male superiority, in this case

the Nigerian culture, will be more likely to apply rape myths in addressing issues of sexual abuse and violence against women.

It is also very likely that Angela's mother was grappling with the fear regarding the uncertainty of re-marrying and the social stigmatisation associated with divorce and single parenthood in black communities (Ilika, 2005), thus she felt the need to protect her husband as Angela further states:

*"...it was more of my mum putting that on me because, you know she didn't want people knowing what was going on, she didn't want people looking at him differently and things like that or treating him any differently, you know while forgetting the effect that it is having on me"*

Bernard (2001) also argues that in a traditional African family, the discovery of CSA may provoke divided loyalty for the mothers and a need to protect the image of the family. Arguably, all these factors not only silenced Angela, but posed a barrier to effective response from her mother. In thinking about Angela's mother's role in the family dynamics, it seems that Angela's mother adopted a strategy that maximized her security within the relationship, albeit, inadequate in protecting her daughter from the abuse. Izugbara (2005b) points out that in families where insecurities exist, women have no choice but to endorse abuse resulting from unequal power relations. Also, it may be that in keeping with the desired status and protecting the acceptable roles, Angela's mother became more accepting of male domination. As Kandiyoti (1988) states: 'the unequal power dynamics such women experience combined with status considerations, result in their active collusion in the reproduction of their own subordination' (p.280).

When presented with the statement: "from your story, it's surprising that your mother sensed he was abusing you sexually, yet she was happy to keep him in the same house with you, even when she travelled", Angela responded with numerous contradictions. These contradictions seem to represent a conflict between the voice that sees her mother as negligent and selfish and the voice that empathises with her mother. She stated:

*"yeah, it just back to being, em... even when my mum says things like, I put my children before any man. I just kind of think, no you don't, because if you did, you would have left him..."*

Then she immediately switched to her voice of 'empathy' stating:

*“I don’t know for sure but thinking about it that is what am guessing. She was thinking maybe she’s got two kids for him, making four of us, she will have to cope as a single mother on her own. She did not want to go through that by herself, do you understand? So, she wanted to, I guess keep him around, you know even though he was a huge burden”.*

With the same breath, she switched back to the voice that speaks of her mother’s negligence and selfishness:

*“she did have choices to make and she chose what she wanted to choose, and I wasn’t one of them and I had to kind of go and fend for myself and grow up on my own from a very young age”.*

These extracts present a simultaneous co-occurrence and a clear conflict between the two voices. The conflict between the two voices possibly stems from her need to express her vulnerability as a child and, her need to be an understanding adult/mother. After Angela narrated a story of her mother’s own experiences of abuse as a child which was centred around emotional and physical abuse, she was presented with this question: “do you think she used her own past experience to make you forgive her for what she did?” Angela responded by providing a resolution to the contradictions highlighted:

*“it is the simple fact that she is my mum as well, she is the only mother av got”.*

### ***Impacts of CSA and help-seeking***

Angela continues by reflecting on her troubled childhood by drawing attention to the psychological impact of her experiences of CSA. She stated:

*“So, at that point in my life I was thinking, why does this keep happening to me? you know, is like every man that comes into my life just want to abuse me or just use me for sex. It was very hard, and it affected my self-esteem, it affected my confidence, affected everything, my mental, emotional everything”.*

It seems that there is a part of Angela that is beginning to associate her experiences of CSA to something that is inherent within herself. This resonates with what Filipas and Ullman (2006) categorised as characterological self-blame. They argue that this form of self-blame is associated with poor outcomes and can lead to damaging long-term psychological and physical health consequences. The second line of this extract perhaps demonstrates how Angela is beginning to

mentally formulate a view of men as abusers, which may negatively impact on how she experiences heterosexual relationships.

The discourse of troubled childhood was also reflected in her voice of psychological distress as she states: *“I was coping with so many things, I didn’t know who I was. I was trying to find out who I was”*. Angela then shifted her narrative by reflecting on leaving home as a result of the many problems at home, *“she kicked me out when I was 17 as well... so much problems, so much problems”*. The implication of being kicked out of home was homelessness, however, she sought help from her friend as she stated:

*“I had no way of...I didn’t even know what I was going to do, I had nowhere to go. I guess maybe at the time, I was thinking I don’t wanna call anyone, things like that, then I went to stay with my friend”*.

This is very much similar to the help-seeking patterns noted in other studies (e.g., Anitha, 2008; Femi-Ajao, 2018), where women from BME backgrounds seek help from informal sources first, before seeking or accessing support from formal sources.

*“So, from there, I had to go to (organisation), you know you’ve got (organisation) at that time. So, I went to (organisation) and told them what has been going on and I need help finding somewhere to live. They put me in connection with a women’s refuge so then the women’ refuge was in (city). They met me literally straightaway and within 4 or 5 days, I had already found somewhere else to live”*.

Seeking help and accessing housing support marked a turning point and a shift in power relations for Angela. Angela’s voice of resilience could be heard hereafter and is constructed around challenging and confronting the abuser and her mother through the rejection of myths associated with rape, and refusal to go through a second abortion. First, Angela speaks out against the sexual abuse perpetrated by her stepfather.

*“even after I moved out and I would come to visit my mum, he would still try, he would still, you know, have these little sexual innuendos. He would try to pinch my bum, he would try to kiss me on the lips, he would pinch my boobs, things like that he would still try to do those types of things to me, and it got to a point where I said to him look, I don’t like it when you do that, so don’t do it, you understand? He said, I wanna play with you. I say well, I don’t find it funny, it just makes me feel uncomfortable, you understand? So, I told him, and he would stop”*.

Angela continues expressing resilience after leaving home. This voice was heard when she reflected on how she went from self-sacrificing to assert what she really wanted. First, Angela describes the hold gendered expectations had on her.

*“I got pregnant at 23 and I had an abortion, my mum said to me that if I keep that child, she would disown me. Obviously, I didn’t wanna lose my mother, I listened, I got rid of it, it affected me because it was something of my own, and I knew the mother that I want to be, and I knew that I would be a great mother, it really did get to me that I got rid of that baby”.*

It appears that even after Angela left home, she continued to be dependent on her family for emotional support in a way that meant she conformed to the cultural gendered expectations that frowns at bringing up a child outside marriage. However, Angela speaks of a turning point, when she stood up to her mother. She stated:

*“I stood up to her and I said to her, am not getting rid of my child... so it was at that point that I guess something happened... I was 25 by the time I had him, she said to me if that is what I wanted to do then fine”.*

In listening to Angela’s voice of resilience expressed when she resisted her mother’s wish to go through a second abortion, one could hear her orientation towards the need to be both dependent and independent, an indication of the blurry lines that exist for women who experience violence perpetrated by family members (Chantler, 2006). In the next extract, it could be seen that even after Angela left home, her mother still used rape myths to address incidences of sexual abuse and violence as she stated:

*“Anyway, after I had him, I would still go and visit my mum and stuff and even when am sleeping in the room with my brothers, he (stepfather) would come in and he would just stand by the door and he would just be looking at me or he would remove the duvet and try to like, caress my bum and things like that so you know, I would quickly cover myself if I could hear him or something like that...and my mum used to say things to me like, make sure you wear bra, don’t wear shorts, you know little little things like that, and I will be like mum stop, what are you doing? Because it is not me why should I have to do these things to cover up because of him. That is the guy you chose to be with, so you can’t tell me... that means I should not come to the house anymore then because you can’t tell me I must do this, I must do that because he is a man, and he shouldn’t even be looking at me in a sexual way regardless”.*



However, her voice of resilience resounded through her courage and ability to go beyond the unequal power relations that existed in the home to speak out against the sexual abuse and challenge her mother with regards to rape myths. Further in her narrative, Angela spoke about a time when she finally addressed the sexual abuse with her mother and stepfather. She stated:

*“... so anyway, you know, I basically told them that look, I can’t go through this anymore, what happened, it really did affect me and it still does, and we had a long talk and I told him as well that look this is wrong and it was really wrong what you did, things like that, he was very sympathetic, he apologized and everything... and I guess I needed to do that, to address it so he can understand”.*

Angela’s journey to resilience and independence is complex. It challenges the proffered ideas around ‘independence’ and reinforces the recognition of interdependence in working with minoritized women who experience sexual abuse and violence (Chantler, 2006).

### **Barriers to effective response**

Another way Angela addressed her experiences of sexual abuse and violence was to seek counselling. However, Angela’s narrative draws attention to how cultural insensitivity could hamper effective responses for black women like Angela when seeking formal support.

*“and you know and even when I did go to seek counselling it was hard. I went to seek counselling, I think I was 26 at the time or maybe, I went to seek counselling and it didn’t help, it just made matters worse to be honest... because then they were saying obviously it is my step dad, they were like, he is still living at home, you know, my little brothers are at home and things like that so, they, she kind of like took that it is her duty of care to inform social services and things like that and social services getting involved bearing in mind, my brothers don’t know anything that is going on. I probably won’t tell them, I probably tell them when my step dad is dead in the ground, do you know what I mean? I won’t tell them now because then it’s gone so there is no point of me bringing up the past type of thing but later on in life when they are adults then I will tell them this is what is going on and you didn’t know because I was protecting you guys and I didn’t wanna affect your relationship”.*

Although Angela did not state how the case progressed, however, it is clear that there is a need for professionals to recognise those values considered pertinent to BME families in intervening in cases of intrafamilial CSA, such as protecting the family’s image (Fontes and Plummer, 2010). In addition, bearing in mind that

many factors relating to family structure and dynamics may interplay for BME women that may lead to the feeling of conflicting loyalty (Bernard, 2001). For example, Angela stated:

*“I am the oldest girl, I am the only girl, and there was a lot of pressure on me because I was the oldest girl and I was the only girl, do you understand? I’ve got a lot of people looking up to me, I’ve got my cousins and everything, you know”.*

This is indeed relevant to our understanding of why there could be delay in disclosure until adulthood or even non-disclosure for women affected by sexual abuse and violence (Smith et al., 2000; Alaggia, 2004). Studies show that BME women who experience violence can be silenced by the nature of their family structure (Kasturirangan et al., 2004). The way Angela interacted with her family structure not only draws our attention to the importance placed on inter-familial relationships within the Nigerian family, but how this type of relationship may heighten gendered expectations and silencing. Alongside, it suggests that a stereotype based on age and gender can influence the power dynamics in inter-familial relationships (Fiske, 1993). In light of this, it became clear that Angela’s age and gender simultaneously worked in ways that gave her no choice but to be self-sacrificing as she continues:

*“I was still protecting him, and I was protecting him for a long time. Em... I was protecting him for my family, I was protecting him for my brothers, you know”.*

It seems that as *“the oldest girl”*, Angela felt obligated to ensure a better family life for her two younger brothers. This also perhaps raises questions about the relationship between being female and self-sacrifice. It is argued that within black cultures, there are expectations that women remain subordinate, nurturing and self-sacrificing (Jewell, 1993), which seemingly strengthens the powerlessness and oppression some black women experience. Another closer look at this extract may proffer ideas or myths that suggests that men do not rape boys since Angela was willing to ensure that her brothers remain in the same home with the perpetrator.

Angela then returns to her mothers’ inadequate response to the sexual abuse perpetrated by her stepfather by recounting her mother’s response to the disclosure that was made to social services. She stated:

*“my mum was so angry typical, and I was like, I was only trying to do what was best for me at the time sorry that the social services got involved, but it is not my fault that your man did that to me, it is not my fault what do you want me to do? Am here dealing with it suffering yeah is on my mind all the time, everything, not even just him everything, so and am doing something, am seeking help do you know what I mean?”*

The last three lines of this extract seems to suggest a voice overtaken by her on-going struggles with the impacts of CSA, indicative of a voice of psychological distress. The long-term impacts of sexual abuse have also been reported in other studies (e.g., Kendler et al., 2000). Based on a population-based sample of 1411 female adults, Kendler et al. (2000) conclude that women who experienced severe cases of CSA, just like Angela, are at increased risk of an on-going psychological disorder. Angela, however, decided to conclude her narrative in a positive note, indicating the value she places on her family and the way she prefers her family to be perceived. She stated:

*“but obviously we are ok now, do you know what I mean? but it’s been a long journey”.*

### ***Impacts of CSA, help-seeking and coping strategies***

This part comprises of Angela’s responses to follow-on question around support and coping strategies after the main narration. However, there are instances where Angela used this part to speak of how she has been impacted by her experiences of CSA. When asked, “so what helped you?” Angela’s response to this question was lengthy:

*“the main help for me to be honest, part of me is saying because I decided to give my life to Christ, you know and I decided to completely throw myself into church and that was what kind of kept a lot of demons away, but then at times when things didn’t go exactly how I planned them they will all come rushing back all those feelings of unworthiness, these feelings of not being enough (in tears) feeling of regret, they all come back. Every time I like get to a halt and I just couldn’t get past it (voice shaking and in tears) to be honest with you, am still dealing with it, I actually am because... and really and truly, I say my children as well because having (child), he was my saving grace because you know before him, I was just, just doing all kinds you know, and when I had him, I realised that it was time for me to grow up and I’ve got a son that depends on me and my son is so beautiful and he adores me and he loves me (breathing heavily and in tears) for everything and that*

*there is no love no man can give you, only your children can give you that love. So, I think he as well helped to heal me too, em and he kept motivating me and pushing me and you know because I want to make him proud and I don't want him to suffer the way I suffered, I don't want him to live the life that I lived, and I want him to know that regardless of anything you could keep going, you can do it (in tears)"*

This account demonstrates the pain she feels and her on-going struggles with her experiences of CSA. First, in speaking about her source of help, a contradiction was identified. Although Angela speaks of being sexually abused by a pastor, yet she stated:

*"the main help for me to be honest, part of me is saying because I decided to give my life to Christ, you know, and I decided to completely throw myself into church and that was what kind of kept a lot of demons away".*

This extract seems to relate closely to how cultural backgrounds shape women's help-seeking in relation to experiences of violence (Fontes, 1993; Bernard, 2018; Kanyeredzi, 2018). It may also be that Angela perceived the church as a symbol of restoration, freedom from the influences of CSA and as a source of healing. Similar findings are reported in other studies (Collins et al., 2014; Fisher et al., 2017; Kanyeredzi, 2018). In Collins et al.'s (2014) study, women spoke of their religious identity as connected to their recovery from CSA. The authors point out that some women may find strength in their spiritual and religious background in which they were raised and harness this to promote their healing. Of relevance is that, in no part of Angela's narrative did she express a rejection of her Christian faith unlike some survivors of CSA perpetrated in a church or by a church minister (Franz, 2002), indicating a separation of the abuse from her Christian faith. On the other hand, Collins et al. (2014) note that 'religion becomes an additional obstacle to recovery when it exacerbates the feelings of internalized shame and worthlessness that stem from the trauma of CSA' (p. 522). This is very similar to Angela's experiences as seen from her response above when she stated:

*"but then at times when things didn't go exactly how I planned them they will all come rushing back all those feelings of unworthiness, these feelings of not being enough (in tears) feeling of regret, they all come back every time I like get to a halt and I just couldn't get past it".*

Also, of note is how Angela used five metaphors in describing her coping strategies and her on-going struggles with the impact of the sexual abuse. As a

woman born and brought up in the UK, it may be that her good use of metaphors is related with being a native speaker of English (Kövecses, 2002; Iaroslavtseva and Skorczynska, 2017). In speaking about accessing help and its effectiveness, Angela used these metaphors: “*throw myself into church... kept a lot of demons away*”. These metaphors inform us of how women, especially BME women generally make use of religious associations to meet psychological and emotional needs (Para-Mallam, 2006; Bernard, 2016; Kanyeredzi, 2018). On the other hand, she used the following metaphors: “*they will all come rushing back ... I like get to a halt ... I just couldn't get past it*”, to speak of her on-going struggles with the impacts of CSA, a story which represents her voice of psychological distress. These metaphors are also a clear indication of the powerlessness Angela feels in herself in relation to the impact of the abuse, thus, they are metaphors for Angela's voice of psychological distress. Studies also report similar long-term effects for women who have undergone multiple victimisation (Filipas and Ullman, 2006; Howard et al., 2013).

On a different note, Angela's voice of resilience was heard when she identified her son as an important factor that strengthened her ability to cope with the impact of the abuse. Two characteristics could be identified in relation to her ability to cope. First, she states: “*I've got a son that depends on me*”. This suggests a mother who is willing to persevere in the face of difficulties for the sake of the child. Secondly, there are expressions of commitment to make the son's life better than hers. All these coping strategies resounded through her voice of resilience.

In response to the question: “did you get help from the church?” Angela responded:

*“no, no there wasn't anyone, I mean I didn't really feel comfortable talking about my personal life with people. I don't want people feeling sorry for me and things like that or maybe people thinking that am looking for sympathy or wot not because am not, so I didn't speak to anyone”.*

Crisp (2007) notes that embracing silence is a common spiritual practice for survivors of sexual abuse and violence in religious settings. In the same vein, Collins et al. (2014) argue that this silencing may be as a result of the fear of rejection in their spiritual communities. This may stem from the formulation of the

problem of sexual abuse and violence within religious settings in a manner that often places blame on notions of the female seductive character rather than on the perpetrator of the abuse (Flynn, 2008). This could even be more heightened for Nigerian women where sexual narratives within religious settings may be embedded within a broader cultural frame of gendered expectations in a way that results in victim blaming and rejection. It may also be that Angela was conscious of the hierarchical power structure that exists in some church settings where unequal gender relations may mean the silencing of female voices.

Angela went on to state that she sought emotional support from a friend.

*“I did have my friend (name) and we will sit down and talk and stuff she tell me she been through a lot as well she was two or three, I think she was sexually abused at that age as well so I guess maybe helping her, helped me too, do you know what I mean? because I got her to talk about it and I was able to talk about my own experience and because I do really have a passion for that, like helping other people and being kind of like an agony aunt, like talking to them and wot not (laughs). I guess helping them makes me feel good and am ok then, do you know what I mean?”.*

This extract possibly demonstrates the importance of informal support and talking therapies in developing resilience for women with experiences of violence.

### **8.2.2. Summary:**

Angela’s case study shows how women who experienced sexual abuse in childhood may speak of their experiences in adulthood when ‘self’ is identified as a vulnerable child unprotected by a parent. Also, in speaking of experiences of sexual abuse and violence, women who are native English speakers may make good use of metaphors in contextualizing and making sense of their experience, which is relevant for narrative analytic methods like the LG. Religious beliefs and practices were the main factors that influenced Angela’s first experience of CSA. The unequal power relations found in some religious settings was significant in this first experience of CSA. It also appears that this type of power relation, rooted in notions of male domination and female submission could pose a barrier to disclosure and help-seeking.

Angela speaks of how rape myths embedded in cultural beliefs around the superiority and authority of the male in the household provided the basis for her silencing and exacerbated her second experience of CSA. Although rape myths

function in ways that generally silence women who experience sexual abuse and violence in every society, Angela's narrative shows that in cultures where patriarchal views are upheld, rape myths are more likely to be applied in addressing issues relating to sexual abuse and violence. Another underpinning factor in relation to Angela's second experiences of CSA was the importance she attached to her position in the family, including the nature of her family structure. This not only led to her need to fulfil culturally prescribed gendered roles and expectations but influenced capitulation and the continuation of the abuse.

Angela experienced both past and present impacts of CSA. The theme around troubled childhood shows how the impact of CSA could be reflected through behavioral problems such as running away from home. In addition, Angela also experienced a brief period of homelessness as a result of the problems at home. As an adult, Angela continues to struggle with the impact of CSA. This was first observed through the conflict in the voice that sees her mother as negligent and the voice that empathizes with her mother. Secondly, through her voice speaking of psychological distress in the present across her narrative. Also, the way Angela is beginning to formulate her view of men as abusers, is important in understanding how her experiences of CSA may impact on the way she experiences heterosexual relationships.

In describing her current coping strategy, Angela speaks of embracing her Christian faith and the role of informal support played in her healing process. Another important factor in Angela's ability to cope was the recognition of her role as a mother and the determination to make her child's life better than hers. Although, Angela adopted self-silencing in the context of fulfilling gendered expectations and/or as a coping strategy, she later accessed formal support. Her experience of accessing formal support draws our attention to the need for cultural sensitivity in working with women and families from BME backgrounds who experience violence, and, in another context, the need to recognize and make provisions for women's shifting positions in relation to independence and dependence. Accessing housing support was a significant factor that influenced Angela's voice of resilience. This was demonstrated through a shift in power relations and her courage to speak out against sexual abuse, cultural beliefs and norms that encouraged the silencing of her voice as a child.

### **8.3. Lola's Narrative:**

#### **8.3.1. Introduction:**

Lola is a 44-year-old single mother of three who had been living in the UK for 13 years and had also separated from her ex-husband 6 years prior to this study. She was seeking asylum with one of her children in the UK, while two of her children were living in Nigeria. Lola tells a story of Intimate Partner Sexual Abuse and Violence (IPSA/V) perpetrated by her ex-husband. Lola started by providing a background of the relationship and how the abuse started. She then shifted her narrative to her relocation to the UK and the continuation of IPSA/V when she fell pregnant. Her narrative then features the birth of her daughter and daughter's illness which she develops across her entire narrative. Lola continues to construct her narrative around her ex-husband's perpetration of IPSA/V, his threats and the role of cultural master narratives in her silencing. Subordination, oppression and domination were significantly featured across her experiences of IPSA/V. Her narrative then captures the limitation posed by her immigration status in relation to help-seeking and support. The storyline is then shifted to accessing support, resilience and a turning point which marked the naming of her experience as abusive, including a shift in power relations. The following presents an LG analysis of Lola's narrative of IPSA/V under the headings: IPSA/V and gendered power relations; barriers to help-seeking; impacts, help-seeking and "a turning point"; coping strategies and other impacts of the abuse. Her narrative draws attention to how experiences of IPSA/V could result from the power and authority ascribed to the male in the family context which is then reflected through the exercise of sexual privilege over women. Analysis also shows that through accessing support, women may begin to interrogate male authority and domination over them.

#### ***IPSA/V and gendered power relations***

When prompted with the statement, "is there anything about what happened to you that you would like to share?" Lola began by providing a background of the relationship with her ex-husband. She stated:

*"em, I em... met my ex-husband during the service year, you know in Nigeria, during the service year in Nigeria".*



In this opening, she also spoke about completing her service year, which is a 12 months nationwide program for recent graduates in Nigeria. She then speaks about moving to a different part of Nigeria, securing a job and eventually getting married. At this point, Lola quickly stated that she has two older children in Nigeria, a boy and a girl who were 16 and 15 years old respectively. After providing this background information, Lola briefly describes her experience of abuse in Nigeria and how it started:

*“em, this all started from back home, em, because he drinks, em and you know when I talk, he goes like eh... because he works with a brewer, yes. Of course, that doesn't mean you should drink though, you work with a vodka company, that doesn't mean you should drink vodka all the time (laughs). So, most times...you know the manifestation would come out and ..., obviously someone who is drunk, you know the excuse is that whatever they do is under the influence”.*

In the above extract, Lola speaks of the abuse as, *“the manifestation”*, which provides no clarity as to the nature of abuse perpetrated by her ex-husband whilst he was under the influence of alcohol. However, she makes it clear that alcohol cannot be used as an excuse to perpetrate violence. Lola then describes her relocation to the UK and her experience of IPSA/V at the hands of her ex-husband. She stated:

*“I came here first, and then he (ex-husband) came after me, about a year and half... and then he got here and then there was now a different dimension to it... and then it was about when I got pregnant with (child), that is when this thing started, and the whole idea was... because I was in pain and he will go like eh, you have to do this, and this was me a pregnant woman, and my husband is asking me to do all these: using my mouth, my hand, I don't want to, but I knew what was going to happen if I didn't and so there will be... all through the pregnancy, it was a horrible period for me, I won't lie. It wasn't good at all, it wasn't good”.*

In the above extract, the phrase: *“a different dimension to it”* seems to suggest that the abuse she experienced whilst in Nigeria is of a different nature to that perpetrated by her ex-husband in the UK. Also, her brief narrative of the abuse in Nigeria might indicate that she did not deem it serious in comparison to the abuse in the UK. An ‘I Poem’ constructed for the above extract is presented below:

---

*I got pregnant  
I was in pain  
I don't want to  
I knew  
I didn't  
I won't lie*

---

This 'I Poem' represents Lola's voice of 'self', an indication of how she represents herself (Brown and Gilligan, 1992; 1993). This voice represents a woman who is assertive and able to make her own decisions. However, this strong assertive voice was taken over by the powerlessness she feels in the situation through her voice stating, "*I don't want to*". After this brief description of the nature of IPSA/V she experienced whilst she was pregnant, Lola then devotes a good chunk of her narrative to the complications involving the birth of her daughter and the severity of the medical condition her daughter was born with, including the surgery that was conducted on her daughter the very next day she was born. Lola then moves onto returning home from the hospital and the continuation of the abuse:

*"by the time we got home, he's (husband) been on the phone, he's been on... you know these men who likes watching porn? And so, he's been on there, and by the time we came home, that's all my husband wanted, all these things he's been watching and all that. And here I was, I even have this problem with my bladder because the volume of water I was carrying had affected nearly all my internal organs, so... then if I needed a wee, I had to run, if I didn't run, I had to do it on myself. I had to go for physiotherapy and everything and also, I had to do all the exercise, the pelvic floor and all that. And there was my husband the father of the child and all he wanted was just his wife doing this or doing that to him and I couldn't, I just couldn't. The things he would ask you to do, and you had to do it, there was no option, who do you go to? Who do you go to? You had to, yeah, you had to, you had to. Whether you like it or not, that wasn't the point, he would go like, are you not enjoying it? So, what are you supposed to say? You know you had to pretend, that is what you are supposed to do because if you didn't then you are making it worst again".*

A key theme that ran across this account and the entire transcript was how Lola describes the nature of the IPSA/V she experienced. For example, she used phrases like "*all these things he's been watching and all that*" ... "*his wife doing this or doing that to him...*" "*The things he would ask you to do, and you had to do it*". On the most basic level, it may be that her narrative was grounded within a cultural frame that constrains women's articulation of narratives that are of

sexual nature. This way of describing sexual abuse and violence is relevant for women whose main grounds for claiming asylum is their sexual abuse and violence narrative. This may indeed potentially become an obstacle to their asylum claim where direct articulation and coherence is required to ascertain the authenticity of the claim (Baillot, Cowan and Munro, 2009). An examination of an 'I Poem' constructed for this account first reaffirms Lola's assertive voice of 'self', then later, the voice of a woman oppressed and violated by the privileges ascribed to the male in a patriarchal family system is clearly heard when she dissociated herself from the experience by the using the pronoun, 'you' as shown in the 'I Poem' below.

---

<i>I</i>	<i>You</i>
<i>Here, I was</i>	<i>Ask you to do</i>
<i>I was carrying</i>	<i>You had to</i>
<i>I needed a wee</i>	<i>Who do you go to?</i>
<i>I had to run</i>	<i>You like it or not</i>
<i>I had to do it</i>	<i>You had to pretend</i>
<i>I couldn't</i>	
<i>I just couldn't</i>	

---

Lola continued by reflecting on how she coped with the abuse whilst taking on the heavy responsibility of caring for her sick child. In this reflection, she emphasizes how her daughter had regular blue episodes which meant she had the ambulance number on speed dial. At this point, Lola was also struggling with her own health challenges resulting from the birth of her daughter, however, she began to question her resistance to the sexual abuse and violence, as she stated:

*"and all the time I was wondering in my mind, is it because am not strong? you know when you are wishing yourself to be strong enough to do what he wanted, but I couldn't, I felt ashamed, I felt embarrassed. I felt awful!"*

Although Lola's narrative would indicate that she could not meet the sexual demands of her abusive husband, she however, seems to be impacted with the feeling of shame. She may have been overtaken by the cultural convention that equates 'a good wife' to one that self-sacrifices irrespective of any debilitating circumstances (Odimegwu and Okemgbo, 2003). It also seems that patriarchal influences reinforced gendered expectations in the relationship, thus, in the following extract, Lola's voice of power relations could be heard when she stated:

*“When I complain, he will say that there are wives who are happy to do these for their husbands, yes you know, he said that again, and again and again. That sort of like, there are men who would go out and pay for this if their wives aren’t doing it. And the wives will have to beg them to come back”.*

This account is similar to the notion of ‘suffering and smiling’ described in Ogunsiji et al.’s (2012) study of Nigerian women who experienced intimate partner violence. Women were expected to endure abuse whilst fulfilling the perceived gendered roles and expectations. This form of gendered power relations which stems from the interaction of patriarchy and expected gendered norms, shaped the way Lola experienced oppression, domination and IPVA. Given that dominant egocentric views around the superiority and authority of the male can contribute to the validation and the perpetration of violence against women (Adegoke and David, 2007; Adekeye, 2008; Kalunta-Crompton, 2017), it becomes an added layer of disadvantage that women of Nigerian origin living in the UK would have to contend with. These egocentric views which have been described as controlling behaviour in a number of studies (e.g., Antai, 2011; Ashimolowo and Otufale, 2012), also relegate women to subordinate positions and help to encourage their silence.

### ***Barriers of help-seeking***

Lola then continued by highlighting some of the barriers that limited her ability to seek help. She stated:

*“here we are in no man’s land this was not back home in Nigeria where I had my mother and my family, there was no family support here. I mean what was I supposed to do because I couldn’t go and report him because I didn’t have papers so I was thinking if I go to report him surely, I will put myself in trouble. All that was there, you know back home, you think what would they call you? She went there and then she shot her husband to ... and this was some of the things that people from Nigeria will call you and say, my husband said am now with another man, you know all those stories you hear, and I sort of sit down and think, really?”.*

Although, overall, Lola used limited metaphors compared to case study one, two metaphors can be identified in the first and the second half of the extract above. Lola first used the metaphor, “no man’s land” to speak of the isolation she feels and to indicate a lack of familiarity with the UK’s system, which is known to be a barrier to help seeking for Nigerian women experiencing violence in the UK

(Femi-Ajao, 2016). Her voice of self-silencing and capitulation was heard through her use of the second metaphor, *“shot her husband”*. This metaphor was used within a context of betrayal. There has been much discussion on the concept of family honour and how it is pertinent as a barrier to help-seeking amongst South Asian women (Gangoli, Razak and McCarry, 2006; Izzidien, 2008). In the same vein, the context in which this metaphor was used calls attention to the concept of ‘family and community betrayal’ for Nigerian women experiencing sexual abuse and violence. In the above extract, Lola posed this question: *“what would they call you?”* to draw attention to the underlying fear of the stigma and possible social ostracism that may result if she leaves her abusive husband. This provided a strong basis for self-silencing and capitulation. A third barrier to help-seeking highlighted in the above extract was the limitation posed by her immigration status. Women with insecure immigration status are known to endure abuse as a result of the fear of being deported if the abuse is reported to the police (Bauer et al., 2000; Dutton et al., 2000; Femi-Ajao, 2016). Although, women whose relationships have broken down as a result of domestic violence can apply for the destitution domestic violence (DDV) concession which makes provision for such women to access public funds for a period of three months provided they are able to apply for an indefinite leave to remain (The Home Office, 2018), however, Lola did not meet the criteria as an asylum seeker at the time of the study. Thus, indicating the exclusion of such women from vital support as a result of such policies.

Still speaking of the barriers to help-seeking, Lola points to how gendered expectations influenced her decision to remain in the abusive relationship.

*“... even your friends, you can’t tell because some people say, some say you probably not given your husband what he wants. You know, all these things you just have to keep it in there and take it, that is what I did”.*

Lola’s voice filtered through these words: *“keep it in there and take it”*, indicates a strong voice of self-silencing and capitulation. It seems that this voice was influenced by the accepted cultural master narrative around gendered roles and expectations especially in marriage (Tankink, 2004). This is very crucial in our understanding of how cultural scripts based on gender relations may influence how Nigerian women respond to violence (Tankink and Richters, 2007). Another

important point is how the level of acculturation in the host country may influence women's response to sexual abuse and violence. In Lola's case, it is possible that she identified more with her Nigerian culture as opposed to the culture of her host country. Therefore, it is perhaps not surprising that Lola resorted to self-silencing and capitulation (Gilligan, 2004) when confronted with cultural master narratives of gendered norms like non-refusal of sexual demands and submission to the husband (Ilika, 2005; Peters and Olowa, 2010). Thus, Lola gave up on her fight for an authentic relationship, suppressing what she knew to be true for fear of possible repercussions or a breakdown of relationship.

Lola seems to provide a rationale for her decision to self-silence and capitulate when she stated:

*"I couldn't because I couldn't see myself without him, I thought how will I take care of (child)? I thought how would I do this? And back then, he was the one working, I wasn't working, I couldn't work".*

It seems clear that Lola's insecure immigration status was significant in her experiences of IPSA/V. Unlike women with secure migration status in the UK who may have alternatives, Lola's insecure immigration status meant that she had to depend on her abusive husband for her sustenance and that of her sick child. She was also burdened by the responsibility of caring for her sick child. Thus, her orientation towards survival could be heard through her voice of capitulation. Indeed, capitulation became a conscious coping strategy and a means of protecting herself and her child. Her insecure immigration status further provided a platform for the unequal power relations in the household as identified when Lola explained why her ex-husband perpetrated the IPSA/V:

*"so, at that time he was the only one working, it was more like I am the one taking care of everything, so if I ask you to do this, you have to do it".*

Of critical importance here is how the culturally imposed gendered power relations already in operation was reinforced by the structural disadvantage of insecure immigration status and poverty, thus, contributing to the furtherance of sexual abuse and violence.

With regards to help-seeking, Lola did however, share some of her concerns with her ex-husband's friends, but this resulted in threats and denial of money for food and other necessities by her ex-husband as she stated:

*“and then he will warn me that if anything ever happens that I should not tell any of them because if I told anybody that he was going to make it worst. Can you imagine a man to do something to you just because, then you knew he would give you the money to feed your child, but it was also his child? Well you had to, you had to go and beg him, it is horrible. Oh! It's awful, it's awful.”*

This extract draws attention to a woman who constantly negotiated her sexual autonomy as a means of survival. Thus, highlighting the sexual privilege men hold in a patriarchal society like Nigeria and the severity of the disadvantage women face as a result of their gender, insecure immigration status and poverty.

### ***Impacts of the abuse, help-seeking, support and “a turning point”***

Whilst relating the severity of her situation, Lola shares the physical health impact this systematic abuse had on her.

*“you know, I wear size 12 now, I mean you've seen me now but then I was like a size 6, because am tall all the cloths I had was fallen off. You then the safety pin that they use back home that is what I used to hold the jeans I wore together because I didn't have money to buy a new one that would be my size”.*

At this point, due to the deterioration of her physical health, Lola could no longer meet the sexual demands of her abusive husband, as a result, her husband left her, and she became homeless. She stated:

*“Everything he wanted me to do, it wasn't just possible, and this idea of me using my mouth, I wasn't just ok to do it at that point and just thought because of that opposition, he just left. The landlord came and said I had to leave”.*

Her health visitor then referred her to her local council, however, Lola's experience of help-seeking from her local council demonstrates how structural power relations (Collins and Bilge, 2016) can disadvantage women like Lola who have insecure immigration status.

*“and I was told to go to somewhere, it is a hill, the council something, I don't know what it is called but it is a hill. So, I went there, and I was interviewed by one woman. I told her all my story... they said I was lying about everything, that the husband has not abandoned me. So how was I supposed to convince them? So, I thought what evidence*

*do they need, I didn't have anything, what would I show them? It is not like he is beating me, and you see the mark on me, you understand. How do I show you that all these has happened? What do I do? It is a different case if he slapped you and they could see the mark on your face. But you can't show anyone, so it was just your word against whoever, you know".*

This extract first illustrates how physical abuse can be privileged over other forms of abuse as a result of the prioritisation of evidence. Batsleer et al. (2002) also draw attention to how the privileging of physical abuse over other forms of abuse dominates much of the police and the criminal justice system in their study and argue for the need to acknowledge other manifestations of abuse perpetrated on women. Secondly, the council's disbelief of her story might have been influenced by her ethnicity and the current 'hostile environment' with regards to immigration. It also appears that the operations of structural intersectionality inherent in the lives of women with insecure immigration status who experience violence was significant in Lola's interaction with her local council. As Crenshaw (1991) argues, systems of race, gender and class converge and interacts with women's pre-existing vulnerabilities to create yet another dimension of disempowerment. It seems that the social disadvantage resulting from her immigration status, gender and class provided grounds to be disbelieved by professionals (Souter, 2011). Thus, pointing to how social identities can shape social relations between individuals, and how it could further contribute to disadvantage and marginalisation.

Lola contrasted the experience of seeking help from the council with her experience of help-seeking from a voluntary organisation when she stated:

*"... and then I went to (organisation) and they said they had to book an appointment, and the guy who was there like in the reception, he said do you not have anywhere to sleep tonight? I said I have, but I don't know if they will change the locks. So, when he heard that, and he saw (child), then he said ok, let's see what we can do... and he went inside, and this lady came out, and she just took us up, and I wasn't supposed to have an appointment, but I did... The next day she asked me to come to bring (child's) papers... and they said tell the landlord, he can't evict you, but if he wants to evict you, he should give you letter of eviction... So, he (land lord) came again the following day and said are you not out of the house? and I said I can't go anywhere but there is this group who said they would try and help me, but I have to show that you really want me out. The money had already lapsed, and he wrote it there, letter of ejection. And when*



*they (organisation) saw that, they said, yeah, we can help you out of this. And that was how the whole process started, and then it was in (city) that we lived first and that lady, very very wonderful lady”.*

This organization displayed good practice by believing Lola’s story. They addressed her immediate needs by empowering her with relevant information, at the same time prioritizing her housing needs over her immigration status. This support was relevant for Lola in expressing her voice of resilience, thus, illustrating how appropriate help of a practical nature can have a positive psychological impact on women. This voice of resilience resounded when Lola described how she attempted to reconcile with her ex-husband after accessing support for housing. She stated:

*“... I said let’s see if we can work this out and then he came, and he came to the house, he said right, if we are going to work this out, these are my conditions, you won’t believe it. He had the nerve to say that... and he said whatever he did, I must not talk, I must not complain. Whatever he asks me to do, I must gladly accept and do it... and after he said that, I don’t know what ... it was like, you know when they say a scale was lifted from your eyes and your eyes become clear and I said to him, you are a wicked man”.*

The use of the metaphor, “a scale was lifted from your eyes” is fundamental to our understanding of the significant challenge women may experience in leaving abusive relationships. Some women may be unaware that what is happening to them counts as violence (Walby and Allen, 2004). Lola’s recognition and naming of what she was experiencing as abusive and violent involved the process of time. It has been argued that recognizing that violence is occurring is itself a process involving several steps (Radford and Kelly, 1991). According to Radford and Kelly (1991), the first step involves recognising that what is happening is unacceptable and secondly, naming the behaviour as violent. The added layer of being socialised to see violence within marriage as the norm within some Nigerian cultures (Femi-Ajao, 2018), and the reliance on this socialised perspective in assessing their situation (Menjivar and Salcido, 2002), means that women of Nigerian origin may be reluctant to accept that what is happening to them is abusive or warrants help-seeking in the first place. Although this challenge exists, Radford and Kelly (1991) also point out that certain events may trigger a recognition of a behaviour as violent for such women. For Lola, this was at the point when she described a turning point. She stated:

*“I told him, I said it in my language, it is not easy to find the right word in English (laughs). Yes, what I said to him was from that part of me that I think I had never really, but it was more like saying, you know you are not human, the way I said it to him, you know. I said you want me to do this? You want me to? And I said to him all those times I used to kneel down and beg this man. Can you imagine a woman begging to be violated because I knew I needed to feed, and I needed to feed my daughter? I said... I now told him. I said I pray my daughter will never ever, any of my daughters meet a man like you. I said they will never, ever meet a man like you. I said it to him. I said if your daughter told you that my boyfriend not even my husband, I said if one of your daughters told you that my boyfriend did this to me and I was begging, I said what would you say to them? I said wouldn't you say to them that, that's evil? Won't you even go there and punch the man out? At that time, the emotions were ... I said wouldn't you do that? If she came to you as a teenager or as a young woman and said my husband did this, I said what would you do?... That was **the turning point** (laughs), that was it, that was it. After that I knew I couldn't do it any more, I knew, I knew. I didn't even have the strength, I knew. I thought whatever it was, whatever love it was, it is dead now”.*

Here, Lola was beginning to find her voice, and reading through the extract, one could almost see a sense of pride and maybe surprise in Lola's voice at her own ability to confront her abuser. She went from being oppressed and silenced to a political resister (Brown and Gilligan, 1993), resisting the unequal power relations that influenced her experience of IPSA/V. It is noteworthy that at this point Lola was no longer financially dependent on her abusive husband, thus the expression of her voice of resilience and the turning point. This highlights the importance of ensuring that relevant provisions are made for women escaping violent situations. She also spoke of an assertion she made shortly before her daughter was to go in for a major surgery. She said: *“In my mind, I was just saying, I will do it, I will do it”*. Although, Lola is beginning to exhibit some resilience, which demonstrates her capacity to cope, however, a closer listen to this extract possibly reveals an underlying vulnerable voice, a voice that is engulfed by the fear of the future and constantly in tension with her resilient voice. This aligns with the view that BME women who have left abusive relationships can exhibit strength, yet in other aspects, be vulnerable (Chantler, 2006). It is, therefore, imperative as studies indicate, that both short and long-term support is made available to BME women escaping violent relationships (Chantler, 2006; Gangoli, Razak and McCarry, 2006; Anitha, 2008; Thiara and Roy, 2010).

### ***Coping strategies and other impacts of the abuse***

Whilst she was still reflecting on her daughter's surgery, Lola speaks of using motherhood as a distractive coping strategy in the first half of the following extract.

*“All these health visitors ... they kept coming because of her health and all that but I couldn't tell them about him at all, but I could tell them about (child), when I talk about (child) and my fear for her and all that, it was good... but I couldn't tell anyone about him. It is not the kind of thing that you can tell, then where do you start from? But then you felt guilty, you felt used... how do you even say it? how do you justify it? How do you justify staying that long there? Why didn't you do something? But then how do I tell them I had to feed myself and my child”.*

A distinctive feature in the second half of this extract is the way Lola used first and second person pronouns. In examining how she transitioned from the first person to the second person pronoun, it could be seen that Lola started with the first-person pronoun, 'I', then slips into the second person pronoun, 'you' when referring to the abuse and its impacts on her, before returning to the first-person pronoun when she referred to 'self' in relation to herself and her child. This suggests a constant dissociation from the abuse, indicative of her voice of psychological distress.

As Lola comes to the end of her narrative, she tries to communicate the relief she now feels as a woman who is free from violence, however, this sense of relief was short lived as she expresses an on-going impact of IPSA/V.

*“I mean now, thinking of it now in my head am thinking I hope that there are no women, am sure there are, (sighs). But am out of it now... it is painful to think. There are some days that am at the bus stop and am just crying, even now am telling you. This emotion will just hit you, 'gbim' like that”.*

The impact of the abuse is powerful, disruptive and out of her control, and sets in motion a trail of psychological distress. Other studies have also shown that IPSA/V has an on-going impact on the deterioration of women's mental health (Howard et al., 2013; Kanyeredzi, 2018). As Lola continues speaking about the impacts of the IPSA/V, another example of transitioning could be seen:

*“I still have one or two friends who don't know the full story. All they just knew was that he maltreated me and that was it... You don't feel*

*good about it, you feel ashamed, that shame is there that you did that... what was I supposed to do?”.*

The two voices of “I” and “you” run in tension with one another and may signal a dissociation from who she was, her experiences of sexual violence and who she now perceives herself to be, a woman that is free from sexual abuse and violence. As Lola constructs her new identity, she dissociates from her old identity, using the ‘you’ pronoun instead of ‘I’. This form of awareness raises continuous conflict for Lola, which is in tune with her voice of psychological distress.

As the interview concludes and Lola was asked to reflect on how she felt narrating her story, she instead used the opportunity to express her frustration with regards to the relationship. She stated:

*“you know the anger and frustration doesn’t go (laughs) .... sometimes I tell myself, why did you allow this to go on so long? and sometimes, in my head, am thinking how can a man? ... his parents came to my parents not that he saw me on the road and picked me up, you know this was a proper, they came, they did engagement. All those things still ... how did I get it wrong, why did I marry him?”*

This extract clearly shows Lola’s use of rhetorical questions. The rhetorical questions are representative of the story she tells, a woman engulfed in confusion, regret and self-blame, a key characteristic of the voice of psychological distress, also common in women with experiences of domestic and/or sexual violence (Fry and Barker, 2001; Filipas and Ullman, 2006; Breitenbecher, 2006).

In response to a follow-on question about her coping strategies, Lola spoke of the fulfilment she derives from volunteering with an organization that was introduced to her by her health visitor. She stated:

*“mostly, I volunteer with em (organization) that is where I went to today, it’s mostly for women and kids who are struggling and mostly people in my situation like asylum seekers and refugees. It was my health visitor who first sent me there, you know as a client, but over the years am now sort of volunteering also which is ... can be rewarding also”.*

She then speaks of engaging in prayer as a coping strategy: *“I am a Muslim; I pray a lot”*. Lola also makes clear the relief she derives from engaging in physical activities which has also been reported in other studies as a coping strategy for women affected by violence (NICE, 2009; Foster et al., 2015). She stated:

*“I used to go to Taiichi classes, it was a free class I used to go there, and we were taught all these relaxation methods, so I looked it up on the computer and sometimes when (child) is not at home, I just put it on. I just put it on and just hoping that eventually you will get, you will get your papers then you can work. That hope is there”.*

### **8.3.2. Summary:**

In this case study, Lola tells a story of her lived experiences of IPSEA/V. Analysis suggests that Lola’s experiences of IPSEA/V were influenced by the privileges of power and authority ascribed to males in a patriarchal society like Nigeria. Lola’s experiences of violence in Nigeria and her experiences of IPSEA/V in the UK, could mean that Lola’s ex-husband still held onto patriarchal values whilst in the UK (Kalunta-Crumpton, 2017). It was also found that controlling behaviour which is due to the culturally imposed gendered power relations, worked in tandem with the structural disadvantage Lola faced as a woman with insecure immigration status to reproduce her experiences of IPSEA/V, whilst cultural master narrative of gendered roles and expectations sustained her experiences of IPSEA/V. In response, Lola adopted self-silencing and capitulation as a coping strategy. Also, as a coping strategy, Lola constantly negotiated her sexual autonomy whilst in the abusive relationship in response to ideologies around the sexual privilege of men in patriarchal societies. The coping strategies Lola adopted after leaving the abusive relationship included focusing on her sick child, volunteering, praying and engaging in physical activities.

Regarding help-seeking, it was found that isolation and unfamiliarity with the UK system were significant barriers in the help-seeking process for Lola. Other intersecting factors such as caring for her sick child, threats and being financially dependent on her abusive husband contributed to her delay in help-seeking. Analysis shows that the concept of ‘family and community betrayal’, similar to the concept of ‘family honour’ articulated in South Asian women’s experiences of intimate partner violence align with the fear of stigma and social ostracism for Nigerian women experiencing sexual abuse and violence in intimate relationships. Thus, becoming a significant barrier to help-seeking or escaping violent relationships. Likewise, the process of recognising and naming the situation as abusive may be a challenging process for Nigerian women due to

their prior socialisation on gendered roles and expectations within marriage and the suggestion that violence is a norm in such relationships.

Lola's voice of 'self' indicates an on-going conflict with her identity as an abused woman and her current identity as a woman free of abuse. This conflict was also demonstrated in the way Lola used rhetorical questions across her narrative, pointing to a woman impacted by psychological distress. Lola was also impacted by physical health challenges and homelessness. In seeking housing support, Lola faced barriers associated with structural power relations stemming from her social identity as a black woman with insecure immigration status. However, she expressed resilience after she accessed support from a voluntary organization who prioritized her housing needs over her immigration status and believed her story. Lola's voice of resilience was heard when she confronted her ex-husband and spoke out against sexual abuse and violence. On the other hand, in expressing her voice of resilience, a vulnerable voice was also heard, pointing to the fear of the unknown or uncertainty women like Lola might face. The conflict in the two voices support the view that women can exhibit both strength and vulnerability when leaving abusive relationships. Thus, suggesting the need for both short and long-term support for such women.

#### **8.4. Bisi's Narrative:**

##### **8.4.1. Introduction:**

Bisi is a 43 years old single mother of four children. She has been living in the UK for 9 years at the time of the study. She lives with three of her children, while her oldest child is in the care of a friend in Nigeria. She is also currently seeking asylum in the UK. She tells a story of love and rejection, arising from living with female genital mutilation (FGM). The main events of Bisi's narrative centre around love, rejection, gendered power relations, impacts of FGM and resilience. Bisi first constructs her narrative around her first relationship which involves falling in love and family life in Nigeria. This part of her narrative was brief as she shifted her narration to her struggles with the impact of FGM in her marriage. She spoke of her desire to remain in the marriage but was forced to leave when her husband married another woman. The powerlessness and distress resulting from the situation led to her decision to relocate to the UK. Following her relocation to the UK, Bisi constructs her narrative around a second relationship, but not

necessarily love. Again, Bisi tells of her struggles in the relationship as a consequence of the impacts of FGM. The relationship finally ended after she had two children. Her narration then shifted onto how she approached the church for support and the subsequent referral to formal agencies. Whilst speaking of her experiences of help-seeking, Bisi highlights her coping strategies and her negative experiences with the Home Office. The last part of Bisi's narrative depicts a continuation of her relationship struggles when she tells of the third rejection. She however demonstrates profound resilience when she spoke out against sexual abuse and violence and the structural inequality women like herself experience in the UK. The analysis is presented in accordance with her narrative landscape under the following headings: first relationship; second relationship; help-seeking; third relationship and resilience. Analysis shows that although dissatisfied, Bisi continues to live within the boundaries of the expectations of womanhood prescribed by culture, which is rooted in the need for a heterosexual relationship. Whilst this seems to be at odds with her lived experiences of FGM, Bisi continues to uphold this cultural ideal of womanhood at a cost that resulted in emotional and psychological distress. Again, just like in the preceding case studies, access to relevant support was seen to promote resilience and the ability to cope.

### ***First relationship***

The first part of Bisi's narrative came immediately following this opening statement, "is there anything about what happened to you that you would like to share?". She stated:

*"I was born Christian and the person I married, I fall in love with, in Nigeria is Muslim. The family didn't support the marriage from the beginning, but we love each other, he is happy to carry on, I am happy to carry on, two of us love each other".*

Bisi then briefly talks about the problems they encountered from both families as a result of the inter-religion marriage and she ends by stating: "*That one is long story, I don't want to... I just want to brief that one for you*". Bisi then continues by describing how the relationship broke down:

*"So, the person that love you, everything just changed so he said he don't want to continue this marriage again. Later he just decided to marry another person, left me and the kids, we had three children at*

*that time, and we lost one. He didn't tell me that I should go but when... I don't like you, I don't like you, and if you like stay there. He just maltreats me more because I was circumcised that is FGM, I didn't enjoy sex, he used that one against me, you are not even good in bed, problem every time all those things. You know, beginning he loved me with it but he now used that against me. I had to ... I can't go back to my family because they don't want me and he too, he doesn't want me again, what will I do? Life is just something else for me. But I love this man, but this thing is getting too much. I can't cope anymore so that is why I decided to come here."*

The above extract suggests that Bisi was impacted by the intersection of gender and the practice of FGM. The rejection from her family seems to be as a result of the gendered power dynamics resulting from inter-religion marriage, whereas the rejection from her husband stems from the negative impact of FGM. An 'I Poem' constructed for the above extract highlights a number of voices as shown below.

<i>I</i>	<i>Me</i>
<i>I married</i>	<i>Left me and the kids</i>
<i>I fall in love</i>	<i>He just maltreats me</i>
<i>I am happy to carry on</i>	<i>He used that against</i>
<i>I was circumcised</i>	<i>me</i>
<i>I didn't enjoy sex</i>	<i>Managed me</i>
<i>I love this man</i>	<i>They don't want me</i>
<i>I can't cope anymore</i>	<i>He doesn't want me</i>
<i>I decided to come</i>	<i>Life is just something</i>
<i>here</i>	<i>else for me</i>

The voice of 'self' in the first stanza describes a woman who is honest and in tune with herself: "*I was circumcised, I didn't enjoy sex*". This voice which does not dissociate 'self' from FGM, in some ways could be seen to precede self-silencing and capitulation. It may also tell of a woman who has accepted the power that men will continually hold over her because of FGM. The second stanza presents her voice of rejection and the powerlessness she feels as a result of living with FGM and her husband's response to it. Overall, the account above points to two closely related voices. The first is love and the second, rejection. Bisi used the word 'love', in different ways when describing her first relationship.

*"two of us love each other... the person that love you... beginning he loved me... but I love this man..."*

Here, her voice of love and commitment is clearly heard. The use of 'love' in the context of the first relationship, helps us to understand Bisi's commitment to her



first relationship. Closely aligned with love is the voice of rejection, as she stated: *“He didn’t tell me that I should go but when... I don’t like you, I don’t like you...”*. As she continues to describe the rejection, Bisi stated, *“life is just something else for me”*, expressing uncertainty and despair, an indication of her voice of psychological distress. It is possible that the uncertainty and despair in her voice also stems from her experiences at the intersection of living with FGM and the structural disadvantage associated with living as an asylum seeker in the UK. Bisi also speaks of ‘self’ that is burdened by the impacts of FGM, confused and yet undecided as she stated: *“I love this man, but this thing is getting too much...”*. The conflict in this extract could be heard through the dialogue between two voices: the voice that is still in love and the voice that resists victimization and rejection: *“I love this man, but...”*. Through careful listening, one could see how the voice that is still in love was interrupted and silenced by the voice that resists victimization and rejection by the introduction of *“but”* (Gilligan and Eddy, 2017). This conflict also represents her voice of psychological distress.

### **Second Relationship**

Without prompts, Bisi continued her narration by stating:

*“I didn’t prepare to come and stay, just to come and ... because I have come before for visiting and go back. I land in (city) here, so the person I stayed with here said he can’t accommodate me anymore. One day I just went to the train station, so, I met this man in train station there. I was like, you know when you give up totally and you don’t have anybody to talk to. This man came and said what happened, what happened? So, I don’t even have where to go back to, so I followed him to his house, but I didn’t even think it because that is not my mission, I still love this man (first relationship). He said I should not worry, along the line we started living together. And first thing about me, if I meet a man, I let them know my problem because it is affecting me, I know that they did it already for me when I was a baby so there is nothing I can do”.*

An ‘I Poem’ for the above account is presented below:

<i>I</i>	<i>My, me</i>	<i>You</i>
<i>I met this man</i>	<i>My problem</i>	<i>When you give up totally</i>
<i>I followed him</i>	<i>It is affecting me</i>	<i>You don’t have anybody</i>
<i>I still love this man</i>	<i>They did it already for me</i>	
<i>I let them know</i>		

Although the 'I Poem' in the first stanza seems in some ways to indicate the powerlessness Bisi feels as a woman living with the impacts of FGM, a closer reading, however, draws attention to the voice of a woman who is committed to an authentic relationship. This voice was heard when she stated: "... *I still love this man*", indicating a voice of love and commitment cut short and silenced by FGM. The second stanza presents a voice of 'self' that is victimized and impacted by the consequences of FGM. In which case, although she is very much committed to finding an authentic relationship, she cannot help the feeling of being inadequate and uncertain about her future. This seems to be organized around her acceptance of an inferior and subordinate position in intimate relationships as she stated: "... *they did it already for me... nothing I can do*". This uncertainty is overtaken by the voice of pain in stanza three as she slips into the second person pronoun to disconnect herself from the pain, an indication of psychological distress. This voice tells a story of how she feels at present in dealing with the consequences of living with FGM with regards to intimate relationships.

Bisi continues her narration by describing how her family grew, also hinting on the impact of FGM in the relationship.

*"We have my first daughter with him in 2010, this man still stayed by me. Although sometimes he will just say how come you don't even request for sex only when they ask. You know I will pretend to enjoy it because I must tell you the truth, I didn't enjoy it. Even though when they are doing it, it's like they are doing something bad to me, you understand, am not enjoying it and you know the men if they know you are not enjoying it, they will not enjoy it as well. So, he will ask, I will say, I tell you my problem from the beginning and he will say don't worry. I will be watching blue films (pornographic films) and everything. We had the second baby again with it in 2011, he will try and try, and he will say don't worry, but he will just be tired and say, what kind of body do you have? He started his own problem with me. Along the line, he just left me for another woman, and he said I should find my way".*

This account represents a story of the negative impact of FGM on her enjoyment of sex in the second relationship. Here, Bisi tells of her struggles with the long-term sexual health implications of FGM. Although, some studies (e.g., Okonofua et al., 2002; Nwajei and Otiono, 2003) report no significant negative effect of FGM with regards to sexual enjoyment, others (e.g., el Defrawi et al., 2001; Oyefara,

2014) report that FGM adversely affects women's sexual enjoyment. In a similar vein, Bisi's narrative brings to bare an area that has received very little attention in studies, the belief that FGM can promote the sexual pleasure of the man (Aderinto, 2010; NDHS, 2013). Bisi explodes this myth, suggesting that FGM also impacts negatively on men's enjoyment of sex, similar to findings from other studies (e.g., Almroth et al., 2001; Berggren et al., 2006; Fahmy, El-Mouelhy and Ragab, 2010). Bisi stated:

*"...and you know the men if they know you are not enjoying it, they will not enjoy it as well".*

This reversal in the perceived sexual pleasure of the man with regards to FGM, also contributed to the 'love and rejection' Bisi experienced in her first relationship and in this second relationship, *"... he just left me for another woman"*.

### ***Help-seeking and the Home Office***

This second rejection led to homelessness for Bisi and her children as she stated:

*"When he left the house and didn't pay the rent the landlord asked me to leave the house".*

Mirroring how BME women use religion as their help-seeking strategies (Bernard, 2018), Bisi then speaks of seeking help from the church, she stated: *"the church member helped out"*. Apart from providing temporary accommodation, the church introduced her to a Sure start children's center. The children's center also provided her with information regarding seeking asylum:

*"So, they now said do you know anything about asylum? So, it is from there they introduced asylum to me. I never heard something like that before. I said if asylum is the best thing for me because am hard working am not lazy. I will work, I want better future for my children, so they were the ones that helped me book appointment, I went to (place)".*

Then from this point, Bisi drastically shifts her narrative to the power relations inherent in the Home Office's processes when she spoke of applying for asylum in the UK on the grounds of the fear of FGM being performed on her daughters if she was to return to Nigeria.

*"this thing they know I have got evidence, they know the truth as well, but they said they are not practicing it in Nigeria. So, they say that I should take my kids to another part of Nigeria".*

This structural power relation appears to exist at the intersection of gender, race and social identity and embedded within the wider social context, thus, contributing to the disadvantage Bisi experienced in her asylum-seeking process (Collins and Bilge, 2016). Of interest is how Bisi tells this story of power using the dialogical organization of “I” and “they”. Her use of “I” in relation to “they” is considered to indicate Bisi’s acknowledgement of the unequal power relations that exist in her interaction with powerful social structures (Harré and Van Langehove, 1999) like the Home Office. In addition, there is a clear indication of how institutionally accepted narratives of gender related violence in a privileged society like the UK, can constitute further silencing and marginalisation of women like Bisi who are seeking asylum in the UK on the grounds of gender-based violence. See chapter five, section 5.6 where I discuss this in more detail.

Bisi continues:

*“You know my problem is, in my side they are still practicing it even till tomorrow. Where I come from, if you have girls, they must do it. They believe that if they don’t do it, it will affect you in the future. It is the culture that if they don’t do it that children will have problem”.*

Bisi used the phrase, “my problem is” to represent FGM as a micro-level expression of an ideology that disempowers some Nigerian women, and perhaps, also highlights a wider issue of domination and subordination inherent in the Nigerian society (Ozo-Eson, 2008). FGM is deeply rooted in patriarchy and it is about the sexual control of women (Nigeria Demographic and Health Survey, 2013). Bisi’s narrative presents a concrete example of how this form of control consolidates unequal power relations in intimate relationships. As shown by the analysis presented in the preceding sections, Bisi continually occupied an inferior position within her relationships as a consequence of FGM. The above extract describes how the dominant ideology around the practice of FGM perpetuates the silencing of women’s voices. It also highlights the relationship between gender, culture and power, and perhaps strengthens the idea that when a practice is culturally and socially accepted, it becomes powerful. The social and cultural acceptance of the practice of FGM in some parts of Nigeria, enforces conformity to the practice. Bisi used the word, “they” to indicate the unequal power relations that exist between being female and the culturally/socially

accepted practice of FGM. Consequently, non-adherence to the practice exposes women to stigma and possible social ostracism (Aderinto, 2010; Oyefara, 2014).

The statement: *“It is the culture that if they don’t do it that children will have problem”*, points to a domain of power within unwritten rules or norms of everyday life that reinforces existing power relations (Smith, 2013). First, this domain of power can reinforce stereotypical gendered roles by focusing on the culturally perceived benefits of FGM, which include, curbing women’s sexual appetites before marriage to preserve chastity, sexual pleasure of husband and ensuring marriageability (Aderinto, 2010; Okeke et al., 2012; NDHS, 2013; Oyefara, 2014; Adeniran et al., 2015; Ashimi and Amole, 2015). Another important aspect of the extract: *“It is the culture that if they don’t do it that children will have problem”*, with regards to power relations is that it provides the platform for examining the rules and ideas around ensuring the marriageability of young girls in cultures that practice FGM (Oyefara, 2014). One way of examining this may be to consider what is culturally considered as beautiful and feminine in cultures that practice FGM. Although, socially accepted forms of physical beauty and sensuality have not been well researched in different cultures (Ahmadu, 2000), however, within some cultures, it is believed that the clitoris or the female genitalia is dirty and may lead to promiscuity (Abdel-Azim, 2012). Others have reported that FGM is seen by some cultures as the removal of the masculine part of the woman, similar to opinions about the removal of body/pubic hair to achieve smoothness considered beautiful (Puppo, 2006; Catania et al., 2007). Gruenbaum (2005) also notes that the smoothness derived from type 3 FGM is considered in some cultures as feminine and sensual. Invariably, fear of being culturally and socially seen as ugly or masculine, or a target for ridicule continue to promote its acceptance even amongst women themselves in those communities (Catania et al., 2007; Abdel-Azim, 2012).

### ***Third Relationship***

During the interview, Bisi speaks of putting in a new claim on the grounds of, ‘parent of a British citizen’ as she stated:

*“I got two girls with the first partner I met here in 2009 when I came here. This one (carrying a baby) is another man’s. The father of this one is British, but along the line he told me that he doesn’t need a wife.*

*Anyway, he came and made passport for the boy, he made British passport for him. That is what I used for the new fresh claim I made now. He didn't support financially but sometimes he calls he would say, you know we are just boyfriend and girlfriend...".*

Although, Bisi's intention was to provide information regarding her new claim, however, her voice of rejection could be heard in the above extract. This third voice of rejection re-emphasized Bisi's relationship struggles as a result of FGM and resounded when Bisi stated: "... he told me that he doesn't need a wife... we are just boyfriend and girlfriend". Since Bisi's voice of rejection echoed across her three relationships, it is possible that there is a link between FGM and her relationship struggles. Also, the voice of rejection seems to uncover Bisi's need for an authentic relationship and her desire for the traditional, the one which is culturally constructed. Perhaps, Bisi aligned her identity close to her perceived need for relationship and family, thus, the compulsion to reclaim this identity through relationships. Although, at this point in her life she is beginning to demonstrate resilience (discussed next), but this does not seem to be transformative in her struggles with her identity. Her struggles are gendered and related to the normative ideals of womanhood regarding family and sexuality within the Nigerian culture. It is thus striking that the same practice of FGM which is believed to enable women achieve full womanhood, can also deny them of that same identity.

### ***Resilience***

As Bisi concludes her narration, she spoke of the impacts of living with FGM and the uncertainties surrounding her asylum claim. However, her voice of resilience was heard towards the end of the extract as she identified her children as her source of resilience. She stated:

*"if I wanted to give up I would have, I developed a lot of sickness which I didn't even know of, doctor say am depressed, I have heart problem, my heart will just be beating, am on medication. So, the situation made me develop a lot of...now I have high blood pressure, am on tablet as well. Even next Wednesday I have to go back, they want to fix 24-hour monitoring. You know, it is just getting too much for me. It is just too much. Because of these kids am going to keep going ahead because what I go through, I don't want these children to go through it, nobody can look after your kids like you, so because of them, am just trying to be strong for them. And I know by God's Grace everything will be ok. That is what I think".*

This strong voice of resilience shows Bisi's commitment to her children, which in turn enhanced her capacity to cope. Indeed, this voice was heard through her determination to protect her children and to build a future for them that is free from abuse and gender-based violence. Furthermore, at the follow-on questioning stage when asked to describe other cultural beliefs and practices in Nigeria that may contribute to sexual abuse and violence, her voice of resilience resounded when she demonstrated political resistance (Gilligan, 1990) by speaking out against gender inequality and gender-based violence. She stated:

*"You know all these forced marriages; we don't have freedom of speech. We should have freedom to choose for yourself. Nobody should choose for you because we are human being, we know what we want. Nobody should, because of the parents. I can't say because I gave birth to them, they must do this, they must do that, no. That is my experience, I thought it is part of the problem that we women are facing".*

Bisi continued with another strong voice of resilience when she assumed the role of an advocate in speaking out against the structural inequalities experienced by Nigerian women who enter the country illegally as a result of fleeing abuse and harmful cultural practices like FGM. She also addressed structural power relations within the UK that continue to pose a barrier to help-seeking and support for such women. She stated:

*"... because of that (abuse), they even use another person passport. Because they have to run away for their life, and the Home Office want to send them back because they don't believe them, it is part of the problem they are facing. So, all those things are affecting us and if we are trying to run away, they will be telling us that our country is good".*

Apart from her voice of resilience coming through strongly in this extract, Bisi also clearly articulates how intersectionality influences the lived experience of ethnic minority women who experience gender-based violence. Just like in Chun, Lipsitz and Shin (2013), by working with other women in her support group, Bisi's 'consciousness' was raised. This enabled her to see how her social identity and that of other women created a platform for their disadvantage, thus, she saw the need to speak out against structural inequalities and power relations that continue to disadvantage women like herself in the UK.

When asked about the support she has received so far, Bisi's voice of resilience was heard when she described the support available to her through statutory and non-statutory agencies. She stated:

*"I think this place helps especially with these kids even if I were alone, they might detain me many times but because of the kids, many people that are involved in children are helping us. At least the school, if anything wants to happen, school will try as much as they can because of ... not for you, because they don't want anything to happen to that kid. So, it is a little bit better, they are supporting, all these social workers, support worker, link worker, they are trying what they can to make life..."*

It would appear that women who are well supported are more able to build and maintain resilience. Bisi's positive behavioral adaptation in the face of adversity (Hart and Blincow with Thomas, 2007), was filtered through this sense of knowing that there are support streams available, not only for herself, but for her children.

Finally, in responding to how she felt sharing her story, Bisi stated:

*"I think it helped, sometimes from here it will get me, and I don't want to do that, even it used to affect me. Even when I leave here it would be affecting me, but I have tried to avoid that, and I have prayed against it. So, I just cut that thought".*

Bisi used the metaphor, *"I just cut the thought"* to refer to her coping strategy in dealing with the impact of living with FGM. Kelly (1990) argues that 'we forget experiences in order to cope with an event that we do not understand, cannot name, or that places acute stress on our emotional resources' (p.124). This coping strategy adopted by Bisi brings to light the emotionally damaging nature of FGM (Abdel-Azim, 2012), and informs us of her voice of psychological distress.

#### **8.4.2. Summary:**

Bisi's case study illustrates how women who have undergone FGM may experience intimate heterosexual relationships. Although Bisi's first relationship started with the theme of love, this was quickly cut short by her experiences of rejection which was observed across the three relationships. Overall, Bisi's narrative illustrates the way the practice of FGM is rooted in the control of women's sexuality and how it promotes unequal power relations within intimate relationships, relegating women to inferior and subordinate positions. The interaction of gender and culturally perceived ideals of womanhood reinforces the



need for the practice. This also means that in some societies where FGM is equated to beauty, women are left with no choice but to endorse the practice to avoid stigma, social ostracism and the possibility of young girls refused marriage.

Bisi struggled with maintaining intimate relationships as a result of the impact of FGM on her enjoyment of sex. These struggles and experiences of rejection speaks contrary to one of the perceived benefits of FGM, which is for the sexual enjoyment of men. Findings indicate that FGM negatively impacts on the sexual enjoyment of the male in a heterosexual relationship, an area which is very much under-researched. In this regard, it is possible that the practice of FGM which is perceived to enable women achieve complete womanhood, could also deny them of culturally normative ideals of womanhood, which is relationship and family. Evidence also points to physical health challenges and homelessness as consequences of living with FGM. Despite her relationship struggles and her continual expression of despair and uncertainty about her future, a characteristic of her voice of psychological distress, her voice of 'self' tells of a woman who has not given up on her desire for an authentic relationship.

In response to homelessness, Bisi sought help, first from an informal source, her local church. Subsequently, she was introduced to a Children's Centre where she was supported in putting in an asylum claim. Bisi however tells of her negative experiences with the Home Office resulting from the power relations that exists at the intersection of gender, race and social identity. Nonetheless, Bisi's ability to cope was observed when she spoke about her commitment to her children, an indication of her voice of resilience. Also, this voice was heard when she spoke of knowing that there are support avenues available for her and her children, and finally through her voice expressing political resistance, advocating and speaking out against cultural practices and structural inequalities that constitute unequal power relations and the silencing of the voices of women like herself.

### **8.5. Conclusion:**

The key aim of this chapter was to gain an in-depth understanding of women's experiences of sexual abuse and violence using the voice-centred relational or the listening guide (LG) method of narrative analysis (Brown and Gilligan, 1992; 1993). By presenting an LG analysis of three women's narratives of CSA, IPSA/V

and FGM, this chapter has contributed to addressing the concern of women's voices not being adequately represented or heard in research studies (Gilligan et al., 2003). Through the engagement with silenced voices and those voices which are in conflict with another within a relational landscape, the voice-centred method provided a platform for the voices of these women who have been affected by sexual abuse and violence to be listened to in multiple ways. In other words, it allows for the identification of multiple 'voices' or different subjective standpoints (Hartsock, 1987) in relation to how women construct their social realities and experiences of violence (Smith, 1987; Collins, 2000).

With regards to the findings of this study, the LG distinguishes itself from thematic analysis in several ways. The LG provides insight into how women develop more than one 'voice' regarding those cultural beliefs, norms and practices that may have influenced their experiences of sexual abuse and violence (Beauboeuf-Lafontant, 2008). The identification of different 'voices' revealed contradictions in women's 'voices', which does not only imply an on-going emotional and psychological distress, but also reveals the ways women speak of, and position 'self' as changeable, depending on their cultural, social and relational contexts (Brown and Gilligan, 1992; 1993). By avoiding the pit falls of focusing on words alone, the LG, thus, lends itself to an effective mechanism for excavating and responding to debilitating impacts of sexual abuse and violence. Also drawing on its distinctive characteristics in relation to presenting multiple standpoints, the LG analysis highlights a dynamic of women's points of resilience as well as their vulnerabilities as they make meaning of their experiences of sexual abuse and violence.

With regards to research methodology, of interest is the way women's level of spoken English accounted for how they used metaphors in their narratives. This underscores the need to consider the use of the LG in analysing narratives of women for whom English is not a native language. This will be explored further in the next chapter. The next chapter is the final chapter of this thesis and will attempt to weave together the findings from this chapter and the thematic chapters. The implications of these findings will also be discussed in relation to policy and practice before providing suggestions for future research.

## **CHAPTER NINE: DISCUSSION OF FINDINGS AND CONCLUSIONS**

In this final chapter, I provide an overview of this research and a summary of the findings. Key findings are situated within a feminist-intersectional framework and discussed under the four domains of power proposed by Collins and Bilge (2016). Next, I adopt a feminist-intersectional framework to develop a model for understanding how Nigerian women in the UK may experience sexual abuse and violence, including barriers to help-seeking. Also based on an intersectional framework, I propose a model for providing a culturally competent support for Nigerian women in the UK who experience violence. Within this chapter, I consider the practice and policy implications of the research findings and the methodological implications of using the Listening Guide method of narrative data analysis (Brown and Gilligan, 1992; 1993). The chapter ends with a discussion of the limitations of this study and directions for future research.

### **9.1. Overview of research and summary of findings:**

Two aims guided the research presented in this thesis. First, a principal aim of this thesis was to examine if and how cultural beliefs, norms and practices might contribute to the sexual abuse and violence of Nigerian women living in the UK. BME women's experiences of violence in the UK, including sexual abuse and violence have been understood mainly through the experiences of South Asian women (Sendall and Westmarland, 2010), with only one study (Femi-Ajao, 2018) focusing on Nigerian women's experiences of intimate partner violence and abuse. As the UK population is becoming increasingly diverse, it becomes imperative to prioritize research into VAW of other BME groups. Therefore, a guiding research question underpinning this study was, how do women of Nigerian origin living in the UK construct their experiences of sexual abuse and violence? Based on the narratives of twelve women of Nigerian origin living in the UK with lived experiences of sexual abuse and violence, this study found that women experienced historical child sexual abuse (CSA), sexual assault, rape, sex trafficking, intimate partner sexual abuse and violence (IPSA/V), physical abuse and female genital mutilation (FGM) (see chapter five). Furthermore, adopting a feminist perspective, analysis points to the following cultural beliefs, norms and practices as contributing to women's experiences of sexual abuse and

violence: male privilege, gendered roles and expectations, religious beliefs and practices, rape myths, bride price and female genital mutilation (FGM) (see chapter six).

Although there have been studies conducted on BME women's experiences of violence, none have been carried out on Nigerian women's experiences of sexual abuse and violence in diasporic countries (see chapter two). Thus, by empirically illustrating the nature of sexual abuse and violence these women experienced and how cultural beliefs, norms and practices might have contributed to these experiences, this thesis has made a key contribution to knowledge and to the VAW literature, and I think, has satisfied the requirement for feminist research to capture the voices of women who are marginalized. In addition, it contributes to the international call on research examining culture-specific factors that support continued VAW from BME backgrounds to inform local and global efforts (Nayak et al., 2003). Whilst feminist perspectives allowed for the illumination of the cultural beliefs, norms and practices highlighted, the feminist-intersectional model developed in section 9.3 presents a more holistic understanding of how women of Nigerian origin in the UK may experience sexual abuse and violence, an original and important theoretical contribution to knowledge.

The second key aim of this study was to explore women's experiences of support in the UK. This aim addressed two areas: firstly, the barriers to help-seeking, and secondly, the nature of support women accessed in the UK. Feminist scholars assert that due to the intersectional nature of BME women's experiences of violence, their ability to seek help and access to support is often compromised, leaving them with little or no support for their experiences of violence (Burman and Chantler, 2005; Graca, 2017). The findings of this study support this claim. Although previous studies (e.g., Mama, 1989b; Batsleer et al., 2002; Gill, 2004; Anitha, 2008; Ahmed, Reavey and Majumder, 2009; Thiara and Gill, 2012; Graca, 2017; Femi-Ajao, 2018; Kanyeredzi, 2018) document a number of factors which may also act as barriers to help seeking for women of Nigerian origin in the UK, the adoption of an intersectional lens allowed for the illumination of factors unique to the women in this study that overlapped to co-construct barriers to help seeking. This included: age, threats, isolation and lack of social support, lack of access to information, financial dependence and immigration status (see chapter

seven). While there are legal interventions and initiatives for VAW, it is argued that this is still very limiting for some BME women who experience violence (see chapter one). Therefore, based on the findings of this study, a support model was developed (see section 9.4). This is an important contribution to knowledge as it suggests a way of providing culturally competent support for Nigerian women in the UK with lived experiences of sexual abuse and violence, and possibly other BME women who experience violence. By highlighting how different factors affecting BME women could be addressed while providing accessible and culturally competent support, this model potentially provides an important way of rethinking and perhaps commissioning services for BME women who experience gender-based violence.

## **9.2. Situating the findings within a feminist-intersectional framework:**

It is the position of this thesis that the cultural beliefs, norms and practices (see chapter six) that influenced women's lived experiences of sexual abuse and violence were as a result of the interaction of gender and male power (Dobash and Dobash, 1979; Bograd, 1988; Yllö, 2005). Because women experienced sexual abuse and violence both in Nigeria and in the UK resulting from this interaction (see chapter five), findings seem to also align with the assertion that ideologies associated with country of origin, in this case, patriarchy, found in many communities, may remain strong within migrant communities (Brettell, 2000; Kalunta-Crumpton, 2017). It is argued that patriarchy is both structural (women's access to and positions within social institutions) and ideological (the beliefs, norms, and values about the status and roles of women in a society) (Dobash and Dobash, 1979). Therefore, since culture is woven into the fabric of Nigerian society and is known to constitute powerful tools that give, and shape the identity of Nigerians (Asagba, 2014), the adoption of patriarchal ideologies would mean that cultural beliefs, norms and practices could become instruments for the perpetration and justification of different forms of VAW of Nigerian origin at both structural and ideological levels. This study contributes to this conceptualisation as its findings in relation to beliefs, norms and practices delineate both structural and ideological dimensions of patriarchy.

Although, feminist perspectives are foundational in understanding women's experiences of sexual abuse and violence, this study however, rejects the

simplistic analysis of the role of cultural beliefs, norms and practices in this regard and argues that intersectionality is integral in understanding sexual abuse and violence against women of Nigerian origin living in the UK. Intersectionality draws our attention to the impact of race, class, gender and other dimensions of social identity of black women (Collins and Bilge, 2016). Because these social divisions are expressed in power relations at different levels between people, social institutions and organisations (Yuval-Davis, 2006), the key findings of this study will be discussed under four distinctive and interconnected domains of power discussed in chapter one. These are 'cultural, interpersonal, disciplinary and structural' (Collins and Bilge, 2016, p. 7). By taking the issue of power relations into account, these domains allow for the broadening of analysis through the consideration of the 'broader social landscape of power and hierarchy' (Anthias, 2012, p.14). Thus, eliciting a more in-depth understanding of how intersectionality produces disadvantage in women's lived experiences of sexual abuse and violence. These domains do not have clearly defined boundaries, instead, they overlap in many ways, mutually influencing each other (Collins and Bilge, 2016) in a way that allows sexual abuse and violence to be analysed through different lenses other than gender, race or class. Thus, capturing the way women's experiences of sexual abuse and violence may be 'qualitatively different' from that of mainstream women (Crenshaw, 1993, p. 3). Therefore, the originality of this study not only lies in the key findings which may have a wider application to women from other BME backgrounds living in diasporic countries who experience different forms of gender-based violence, but in the discussion of these findings under the four domains of power.

### **9.2.1. Structural domain of power:**

This domain of power provides the opportunity for intersectional discrimination to be analysed more broadly to understand its impacts on the lives of BME women who experience violence (Siddiqui and Thiara, 2018). According to Crenshaw (2000), 'structural intersectionality charts the material consequences of intersectional oppression' (p. 16). Evidence from this current study aligns with this assertion. Divisions in social status created by insecure immigration status draw our attention to how state institutions like the Home Office are significant in positioning women squarely at a disadvantage and shaping the everyday

inequality in accessing services they experience. Given the Home Office's largely unchecked powers, it is no surprise that this study reveals how different factors patterning to women's culture and identity intersect with structural forces within the Home Offices' processes to reproduce oppression in women's lived experiences. These factors included women's inability to provide evidence, their use of words and/or phrases that do not align with the English language meaning of sexual abuse and violence or which minimises the severity of their claim, the peculiarity of their narrative construction and the Home Office's lack of understanding of cultural issues specific to the women (see chapter five). The intersection of these cultural issues and immigration highlight the unique and complex ways women experienced intersectional discrimination through the asylum system. This finding contributes to research on the experiences of women claiming asylum on the grounds of sexual abuse and violence. Studies such as Cowan, Baillot and Munro (2009) have examined the experiences of female asylum seekers in the UK who claim rape in their country of origin as part, or the main grounds for their application. This finding confirms some of the findings reported in Cowan, Baillot and Munro's (2009) study, and further extends our knowledge on how intersectionality can shape the experiences of women, in particular, women of Nigerian origin who are claiming asylum in the UK on the grounds of sexual abuse and violence, including rape. Findings also show that some of the women in this study requiring housing support faced barriers associated with structural power relations stemming from their social identity as black women with insecure immigration status, who are doubly disadvantaged by the government's no recourse to public funds (NRPF) policy and the pre-conceived ideologies regarding those who seek asylum in the UK. This structural disadvantage interacted with women's experiences of sexual abuse and violence to create yet another dimension of disempowerment (Crenshaw, 1991). Thus, this form of intersectional discrimination becomes a key component in the social devaluation of black women (Bernard and Harris, 2016) and leaves women with no alternative but to remain in an abusive relationship.

Although the introduction of the Destitute Domestic Violence (DDV) concession in 2012 marked a victory for Black feminists (Siddiqui and Thiara, 2018), it remained out of reach for the women (n=10) in this study who were asylum

seekers or refused asylum seekers. Considering their immigration status at the time, they could not apply for settlement within three months under the domestic violence immigration rule. The recently published revised Domestic Abuse Guidance extends funding to allow BME women not only receiving asylum support but who may be eligible for it to access refuge accommodation for their experiences of violence (Home Office, 2019). Indeed, both state interventions (DDV and the revised Domestic Abuse Guidance) may appear to portray a consideration of the intersection of race, gender and social status, however, they have failed to meet the needs of women who have been refused asylum and are destitute. In addition, findings from this study show that women who were in the process of appealing their asylum claim rejection experienced economic discrimination due to their inability to access legal aid because of the decommissioning of such services. Thus, these added layers of disadvantages mean that such women are constructively excluded from benefitting from state interventions to tackle violence against women and girls.

Yuval-Davis (2006) underlines the importance of recognising that structural disadvantage 'is always constructed and intermeshed in other social divisions' (p.195). A finding of this study is that the intersection of isolation, resulting from insecure immigration status and prior socialisation on gendered roles was a significant factor in women's inability to seek help. Kalunta-Crumpton's (2017) study of Nigerian women's attitudes and solutions towards intimate partner violence (IPV) in the US reports that the way women in her study interpreted, responded to and proposed solutions to IPV were influenced by patriarchal socialization. Likewise, Femi-Ajao's (2018) study examining factors influencing Nigerian women's disclosure and help-seeking practices in England points to the significance of socialization in influencing women's approach to disclosure and help-seeking patterns. Whilst this current study gives credence to these studies (Kalunta-Crumpton, 2017; Femi-Ajao, 2018), it nevertheless draws attention to the fact that some of the women in this current study with lived experiences of IPSA/V in the UK were not only limited by prior socialisation on gendered roles and expectations with regards to disclosures or help-seeking, but the intersection of their prior socialisation on gendered roles and expectations, and the isolation resulting from insecure immigration status reinforced their inability to seek help



for their experiences of IPSA/V. Insecure immigration status has been presented in this study and other studies (e.g., Batsleer et al., 2002; Anitha, 2008; Akinsulure-Smith et al., 2013; Femi-Ajao, 2018) as a barrier to disclosure and help-seeking for BME women experiencing violence. Findings from this study show that due to insecure immigration status, some women experienced isolation, which invariably limited their access to relevant information in relation to what constitutes abuse in an intimate relationship. As a result of this limitation, they seemingly relied on their socialised perspectives in assessing their situation (Menjivar and Salcido, 2002). Thus, they were unable to ascertain that what was happening to them was abusive or even warranted help-seeking in the first place. This means that whilst there may be funding provisions for supporting women affected by domestic violence in the UK as outlined in the '*Ending Violence against Women and Girls Strategy 2016-2020*' document, this double disadvantage experienced by some BME women means that such women remain unheard and unprotected from their experiences of violence whilst living in the UK.

Structural intersectionality could also be applied within institutions, e.g., religion, to uncover how unequal power relations could reproduce marginality and violence against women and girls. The finding that the religious ritual practice of "*spiritual baths*" conducted in some white garment churches could be a risk factor for the perpetration of child sexual abuse (CSA) makes an original contribution to knowledge about risk factors that are associated with CSA. Previous studies (e.g., Finkelhor, 1984; Finkelhor and Baron, 1986; Pintello and Zuravin, 2001; Radford, Allnock and Hynes, 2015), have shown that age, gender, living with a stepfather and basic deprivation could be associated with the perpetration of CSA. While religion has been highlighted to compound the risk of abuse to some children (Bernard, 2018), yet there are very little data on CSA perpetrated in religious settings (Keenan, 2012). Much of the data rely on investigations relating to allegations of historical child sexual abuse cases within the Roman Catholic church (Harper and Perkins, 2018) and in some cases, media anecdotes. Studies focusing on CSA within religious settings identified age of the victim and the perpetrator's own history of prior victimization as risk factors of CSA (Radford et al., 2017).

Terry and Ackerman (2008) argue that the majority of CSA perpetrated in religious settings has a situational component which allow adults unsupervised access to children. Evidence was seen in case study one, chapter eight, in which a male church minister introduced the practice of “*spiritual baths*”, conducted in isolation to gain access to young girls for the purpose of sexually abusing them. This underscores the view that children from BME groups can suffer abuse linked to faith and beliefs (Bernard, 2016). As Bohm et al. (2014) point out, perpetrators can be active agents in creating opportunities to perpetrate sexual abuse. Since religious leaders (mostly male) enjoy authority, trust, discretion and lack of supervision, religious or spiritual themes may be introduced just like in case study one with the intention to spiritually manipulate the congregation or as a tool to facilitate the perpetration of sexual abuse of children (Vieth, 2012). This points to the possibility of this form of abuse being underpinned by patriarchal abuse of power and authority within religious institutions. The patriarchal hierarchical structure found in some white garment churches is argued in this thesis to underscore the power and authority enjoyed by male church ministers. Also, because decisions of trust or who to believe hinges on such hierarchy, women and children who experience abuse within such settings may not disclose abuse for fear of being disbelieved or ostracised as in the case study presented. From a feminist perspective, this can be seen as a transmission and exercise of male power within religious settings. It follows that because women make use of religious settings to meet different needs (Para-Mallam, 2006; Bernard, 2016), and indeed make up the majority of such memberships across most religious context (Olajuba, 2008), oppressive and dominating power structures may leave them in an ambivalent position with regards to their identification with the church. Due to this ambivalence, violence resulting from the dynamics between gender and power in religious institutions may be overlooked and ignored by women themselves. The finding of this study demonstrating the association between the religious ritual practice of “*spiritual baths*” and CSA is significant in equipping policy makers in developing and implementing effective preventative strategies and safeguarding policies within religious settings that could deter those who pose a risk to children from gaining access to them in such settings.

### **9.2.2. Cultural domain of power:**

The cultural domain of power allows for the sharing of meaning and the construction of ideas about gender through the way gender is represented in macro narratives (Smith, 2013). The finding that gendered roles and expectations could only be fully achieved if young girls are subjected to the practice of FGM is an example of such a narrative and further exemplifies how ideas about gender can support women's experiences of violence at a personal level (Brownmiller, 1975; Dobash and Dobash, 1979; Yllö and Bograd, 1988). It is argued that patriarchal societies are known for their distinct divisions of gendered roles and expectations (Yllö, 1983). As such, it is not surprising that the social acceptance of FGM exerts a powerful influence in enforcing conformity to the practice in Nigeria, as highlighted in this study (chapter eight, case study three). In addition, the interaction of gender and power, reflected through social actors seems to propagate the continuity of the practice. This means that some women continue to participate in the perpetration of FGM, an illustration of the extent to which gendered roles and expectations can leave women in a powerless position, in such a way that they may become accepting of 'systems of male domination and female subordination' (Hunnicut, 2009, p. 553).

The finding is also in line with previous research that has examined the reasons for the continuity of the practice in many regions, for example, Nigeria. In particular previous research has shown that FGM is attributed to the curbing of women's sexual appetites, sexual pleasure of the husband, ensuring marriageability and improving fertility (Aderinto, 2010; Okeke et al., 2012; NDHS, 2013; Oyefara, 2014; Adeniran et al., 2015; Ashimi and Amole, 2015). However, in analysing the accounts of the two women in this study who had undergone FGM, it was found that the practice speaks contrary to the highlighted perceived benefits of FGM. It was found that FGM not only impacts negatively on the woman, but also impacts negatively on the sexual enjoyment of the male in a heterosexual relationship, an area which is very much under-researched. As a result, the women experienced rejections and consequently struggled to maintain intimate relationships. It could therefore be surmised that the practice of FGM which is perceived as a necessity to enable women to achieve complete womanhood, could also deny them the culturally normative ideal of womanhood,

which is, relationship and family. This finding makes a significant contribution to campaign strategies geared towards combating the practice of FGM.

This study also found that the practice of the payment of bride price underpins gendered roles and expectations within intimate relationships which in turn reproduced and normalised oppression. Bride price is widely practiced in many regions of the world, including Southeast Asia and sub-Saharan Africa (Anderson, 2007a). Studies show that in some parts of the world the practice could encourage the education of the female child, owing to the higher bride price received for more educated girls (Ashraf et al., 2014; Onyango, 2016; Ashraf et al., 2017). In contrast, others have examined the disadvantages of this practice, pointing to its role in depriving young girls of education (Balogun and John-Akinola, 2015). In addition, Hague, Thiara and Turner (2011) point out that in situations where domestic violence is common, bride price introduces additional ways in which men can exercise power and control over women and justify the abuse of women. It is also known that in some parts of Nigeria, the practice underpins widowhood inheritance practice. In situations where women cannot repay the bride price after the death of their husband, they are inherited by a male member of the late husband's family (Ezejiolor, 2011; Oyango, 2016). In this regard, the practice is seen to play a pivotal role in the production and reinforcement of gender inequality and has been conceptualised as a VAW issue (Hague, Thiara and Turner, 2011).

It was found that the obligation to bear children, an expectation after the bride price is paid, completely diminished women's sexual autonomy and reproductive rights within the marriage in a way that justified the perpetration of sexual abuse and violence. This finding strengthens the findings of quantitative studies like Iliyasu et al. (2016), which report a high prevalence rate of violence against women attending infertility clinics in Nigeria and provides evidence in support of the view that the practice of bride price connotes an ownership of the woman by the man with regards to sexuality and reproductive obligations (Akpan, 2003; Adegoke and David, 2007; Abayomi and Olabode, 2013; Mazibuko, 2016; Onyango, 2016). Furthermore, although it must be acknowledged that sexual abuse and violence within marriage, i.e., marital rape also happens in the West, it would seem that based on the findings from Iliyasu et al.'s (2016) study, and

this current study, women of Nigerian origin living in the UK, and those from other countries where such gendered expectations are upheld, who are unable to conceive would be vulnerable to IPVA as a result of the culturally perceived marital obligation of bearing children for their husbands.

The finding of this current study also extends our understanding of how the practice of bride price could further constitute a mechanism for the control and subordination of women of Nigerian origin. It was found that the ritual practice of pouring out libation to the gods which accompanies the practice of bride price in some parts of Nigeria not only poses a barrier to leaving abusive relationships but also, in moving onto other relationships in the UK for some women. This contributes to knowledge about how the practice of bride price could influence women's experiences of violence in intimate relationships. Evidence from this study suggests that the ritual practice of pouring out libation during a marriage ceremony could be likened to an oath-taking ritual practice carried out on women who are trafficked for commercial sexual purposes (AFRUCA, 2011). It was found that the practice of libation is conducted to instil fear of the possible consequences of moving onto other relationships. For this reason, those women interviewed in this study who migrated to the UK as a result of their experiences of violence, and had undergone the practice, opted to live as single parents. This suggests that beliefs associated with the practice of pouring of libation to the gods could be consciously imbibed by women whilst living in the UK (Sigad and Eisikovits, 2009). Furthermore, because control was exerted on women's autonomy with regards to leaving abusive relationships through this ritual practice, it is possible to see how gender intersected with both practices (the practice of libation and bride price), to form an overarching system of domination in women's lived experiences (Collins, 1991). This is significant in our understanding of how beliefs associated with country of origin might still impact on Nigerians living in the UK. This finding also aligns with the view that migrant groups do not emotionally detach from their cultural beliefs and so beliefs associated with their country of origin remain strong and play a crucial role in their lived experiences (Brettell, 2000).

### **9.2.3. Disciplinary domain of power:**

The disciplinary domain of power examines unwritten rules and norms of everyday life that tend to reinforce existing power relations (Smith, 2013). Feminists argue that gender norms are used to sustain patriarchal ideologies that influence gender inequalities and VAW (Keleher and Franklin, 2008; Watson, 2012; Heise et al., 2019). One way that power operates by disciplining women to limit their options with regards to sexual abuse and violence is through rape myths. Rape myths have been linked to traditional gendered roles and expectations for men and women (Lonsway and Fitzgerald, 1994; McPhail, 2015). Burt (1980) defined rape myths as ‘prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists’ (p. 217). Furthermore, the role of ‘rape myths’ in justifying sexual violence against women in every society has been highlighted in the literature (Carmody and Washington, 2001; Buddie and Miller, 2001; Vonderhaar and Carmody, 2015). A finding of this thesis reveals that rape myths apply across the life course. It was found that the intersection of gender and power in the home could influence Nigerian mothers’ use of rape myths in intervening in cases of intrafamilial CSA. Rape myths linked to child sexual abuse discussed in Angela’s narrative (see chapter eight, case study one) that the female child is responsible for protecting herself from a sexually abusive stepfather by not dressing provocatively and by keeping the door of her bedroom locked illustrate how rape myths could be used to advance women’s responsibility to prevent sexual violence against women and girls. Mothers responses to their children’s disclosures of intrafamilial sexual abuse are varied and not necessarily always immediately supportive or believing towards the child (Bernard, 2001; Pintello and Zuravin, 2001). Some characteristics that can strongly influence a mother’s response include the nature of her current sexual relationship with the perpetrator (Heriot, 1996) and whether the perpetrator was a stepfather (Salt et al., 1990). While these characteristics align with the context of case study one (chapter eight), analysis further reveals how the intersection of cultural factors and gendered power relations in the home left Angela’s mother in an ambivalent position with no option but to intervene in her daughter’s experiences of intrafamilial sexual abuse using rape myths. Just like in Bernard’s (2001) study, this study found that her mother was left with little alternative, but to ‘collude’ in the abuse, due to culturally determined hierarchical family structures that leave

women at the bottom, including factors such as the stigmatization associated with single parenthood.

The feminist perspective presented here contends that the acceptance of rape myths within Nigerian society is inextricably linked to the resulting effects of gender and power. While the finding of this study suggests that rape myths were used by Angela's mother to respond to her experiences of sexual abuse and violence within the family (see case study one, chapter eight), based on a feminist perspective, the thrust of the argument is that it is the interrelationship between gender and power that gave rise to the passive acceptance of rape myths by Angela's mother. Although this is the case, however, this form of passivity possibly indicates an implicit acceptance of gendered roles and expectations, thus, breeding a culture whereby incidences of sexual violence against women and girls are seen as an act of deviance by the female child or the woman. Arguably, this implies that although women in every society can be affected by rape myths, they are likely to be heightened in addressing issues of sexual abuse and violence against women and children in more patriarchal societies. Based on this view, this thesis argues that rape myths are sustained by unequal gender relations that support patriarchal structures, interpersonal violence and the subordination of women (McPhail, 2015). Therefore, with regards to transforming social attitudes towards rape myths amongst Nigerians and indeed other societies, the relationship between gender and power, in other words, patriarchy should become the focus for campaign and research.

#### **9.2.4. Interpersonal domain of power:**

This domain of power brings to bare how beliefs in gendered conditions maintain relations of domination and subordination. Beliefs associated with gendered roles and expectations were found to pose a barrier to help-seeking because of how the intersection of gender and cultural beliefs differently position women and men. Findings reveal that due to the expectation to adhere to cultural master narratives around gendered roles, conveyed through socialisation, some women had no choice but to capitulate and tolerate their experiences of sexual abuse and violence. Therefore, this study proposes the concept of 'family and community betrayal' in understanding women's fear of the possible social ostracism that might occur if they left the abusive relationship. This concept of 'family and

community betrayal' as a major barrier to help-seeking for some women in this study affected by IPSA/V is similar to the concept of 'family honour' articulated in South Asian women's experiences of violence (Gangoli, Razak and McCarry, 2006; Izzidien, 2008) and resonates with Kelly's (2007) concept of conducive contexts.

This domain also examines how the actions of intimate partners who occupy these relational landscapes disadvantage women in the process (Collins and Bilge, 2016). It was found that beliefs grounded in religious texts that advocate the superiority of the male in the household and wifely submission to husbands' sexual demands, reinforced and justified marital rape in intimate relationships. In other instances, deviations from the perceived belief of wifely submission led to some women experiencing physical abuse (see chapter five). This indicates that the traditional family setting becomes an important avenue for violence against women when men imbibe beliefs that support unequal gender relations. Of note is that because gender intersects with the culture in which women belong, those who deviate from these perceived beliefs are viewed less favourably by their immediate community, and as analysis shows (see chapter six), women are left with no option but to remain in the abusive situations. This illustrates how oppressions and dominations at this level are mutually reinforced by the cultural power relations.

Taken together, these findings show how internalised notions about gender roles, imposed by patriarchal ideologies and the surveillance within women's family produce hierarchies in interpersonal relationships in a way that co-constructed women's experiences of sexual abuse and violence (see chapters five, six, seven and eight). Therefore, addressing gender-based violence requires greater recognition of how the domains of power relations are interrelated such that they mutually reinforce each other.

### **9.3. A Feminist-Intersectional model for understanding how Nigerian women may experience Sexual Abuse and Violence in the UK:**

Models such as the Power and Control Wheel developed by Pence and Paymer (1993), have been commonly used in understanding intimate partner abuse (IPA) from both the victim and abuser's perspectives. The Power and Control Wheel



was developed based on group interviews with over 200 women attending educational classes at the Duluth battered women's shelter (Pence and Paymer, 1993). It comprises of eight segments consisting of eight tactics/abusive behaviours used by men who physically and emotionally abuse their intimate partners. These include 'intimidation; emotional abuse; isolation; minimizing, denying and blaming; children; male privilege; economic abuse; and using coercion and threats' (p.3). According to the authors, these behaviours are used to exercise a consistent pattern of power and control over their intimate partners' actions, thoughts and feelings and are also used to objectify the victim in order to justify the perpetration of the violence.

While attempts have been made to create variations of the Power and Control Wheel to address issues specific to a particular group of the population such as lesbian, gay, bisexual, and transgendered (LGBT) populations, older victims of IPA, immigrant women, those with disabilities, religion and spiritualism and class (Chavis and Hill, 2009), it is however, argued that since these attempts are focused solely on one form of oppression, it does not take cognisance of the multiplicity of factors that constitute oppression in women's lived experiences of violence (Chavis and Hill, 2009). Therefore, although the Power and Control Wheel is relevant in understanding the violence perpetrated against women in this current study, it is however, limiting as it focuses on only gender as a form of disadvantage. For women in this study, gender inequality is only one strand of the multiple identities that intersected to shape their experiences of sexual abuse and violence, help-seeking and support.

Some women's inability to seek help was a consequence of the interaction of factors such as age, gender, spiritual authority, cultural norms, unequal power relations and insecure immigration status. Others experienced gender inequality and socio-economic disadvantage. Some were impacted by financial dependence (largely the consequence of their immigration status) and had their situations compounded by gendered roles and expectations. In addition, accessing statutory support for some of these women exemplifies how structural power relations (Collins and Bilge, 2016) that exist at the intersection of gender, ethnicity, social identity and immigration status, embedded within the wider social context disadvantage BME women with lived experiences of violence. Taken

together, my findings suggest that women’s experiences of sexual abuse and violence and help-seeking practices were influenced by cultural beliefs, norms, and practices embedded in patriarchy, which were mediated through social factors and structural disadvantages in the UK. Therefore, evidence from this study was used to develop a model for understanding violence against Nigerian women in the UK. Figure 9.3 below presents a diagrammatic representation of the proposed model.

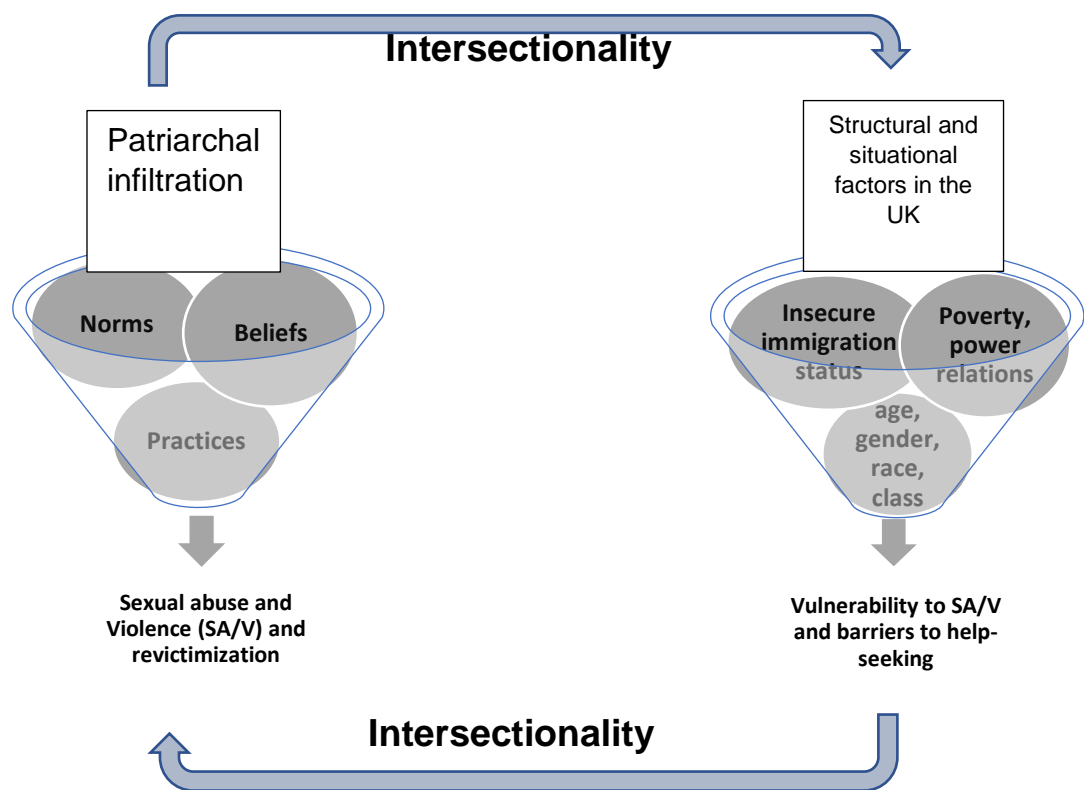


Figure 9.3: A Feminist-Intersectional model for understanding how Nigerian women experience sexual abuse and violence in the UK

The proposed model integrates the influence of patriarchy and the operations of intersectionality in shaping Nigerian women’s lived experiences of sexual abuse and violence, and help-seeking in the UK. The intersection of cultural beliefs, norms and practices and structural inequalities in the UK, not only serve to disadvantage women but make women more vulnerable to sexual abuse, violence and revictimization. In essence, the intersection of the various identities and structural power relations, result in unique social contexts that directly

shaped women's experiences of sexual abuse and violence, their ability to seek help and access vital support in the UK. The proposed model is not exhaustive, its open ended and additive approach in considering factors that may influence women's experiences of violence, takes cognisance of the multiplicity of factors that constitute oppression in women's lived experiences of violence, a limitation of the Power and Control model (Chavis and Hill, 2009).

#### **9.4. A model for providing a culturally competent support for Nigerian women who experience Sexual abuse and Violence:**

There are models developed for supporting women who experience violence. (See chapter two, section 2.5.4). Kelly's (2003) 'space for action' and Abrahams's (2007) model which detail how domestic violence affects women, also provide a means of providing holistic support for women who experience violence. Although they take cognisance of the diverse needs of women who experience violence, they are however, limited in their approach to supporting BME women who experience violence in the UK. Professionals who engage in supporting women from ethnic minority backgrounds with lived experiences of violence have consistently observed reoccurring themes relating to women's culture, family structures, racism and in some instances the ways in which their immigration status manifest in complex ways in the broader societal structure (Gill, 2004; Thiara, 2005). Thus, highlighting how multiple factors intersect in ways that pose barriers to women's help-seeking on the one hand, and in receiving appropriate service provisions on the other hand.

Femi-Ajao (2018) argues for the need to employ the services of community and religious leaders with enhanced capacity to support BME women in order to bridge the gap between statutory services and Nigerian women with lived experiences of violence, and to facilitate their utilisation of existing DVA services. Although this seems plausible, Patel (2011) draws attention to how faith-based approaches to providing support for minority communities advocated at the state level could work against BME women who experience violence. She argues that such approaches would not only lead to the erosion of secular support organizations for BME women but could neglect the gendered power relations inherent in such communities that put power and authority in the hands of religious leaders, which may consequently maintain violence against women

within the private sphere of the family (pp.29-32). Similarly, Chimba et al. (2012) highlight the implications of community and faith-based approaches. In their study, they found that BME communities were seen by women respondents as simultaneous sources of support and oppression. Although some groups and individual friends within their ethnic and/or faith community were resources for support and advice, some took the role of monitoring the women's behaviour, sanctioning and even endorsing male abuse.

A finding of this study is that secular support groups featured across women's narratives of support with regards to meeting women's emotional, practical and signposting needs. Secular support groups provided a platform for most of the women in this study to share their experiences of sexual abuse and violence and their journey through the asylum system in a safe space. This allowed them to validate each other's experiences, which also impacted positively on their overall emotional and mental wellbeing. In addition, support groups empowered women with relevant information, and supported women through the process of seeking help by providing the relevant practical support, such as making telephone calls and filling of forms. Support groups also played a key role in signposting women to relevant statutory support services. Further, staff at the support groups recognised and acted on how women's identities and structural inequalities pose a barrier to women's ability to access vital services by making provisions within their budget to accommodate such needs. Based on this evidence indicating that support groups were key in concurrently providing support that are of emotional, practical and signposting nature, a model for providing a culturally competent intervention for Nigerian women was developed as represented in figure 9.4 below.

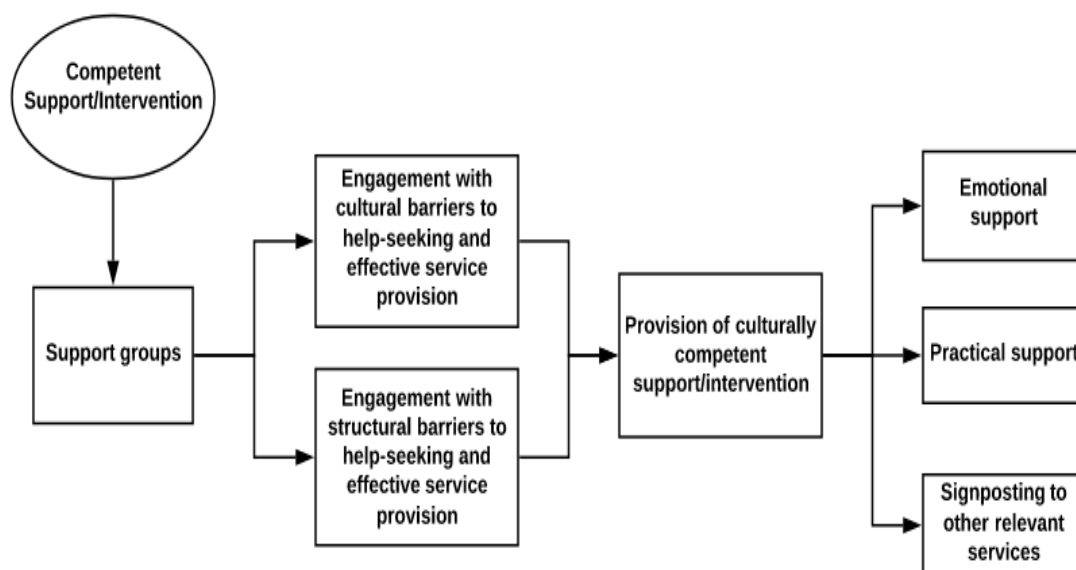


Figure 9. 4: A model for providing a culturally competent support for Nigerian women who experience Sexual abuse and Violence.

The proposed model could be used by practitioners to inform their work with Nigerian women in the UK. It is recommended that support groups be staffed by both ethnic minority women and those from the majority group. While this may be advantageous as it allows women to benefit from the diversity of skills and knowledge it presents (Watters, 2009), the staff would have to be trained in the provision of diverse support in relation to issues that affect ethnic minority women with experiences of violence (O’Neale, 2000). This ensures that their practice is underpinned by sound theoretical knowledge (Banyard et al., 2002). In addition, staff would need to keep an up to date knowledge of asylum seekers entitlement to services rather than a presumption of no service entitlement (Home Office, 2019). The model also builds on the need for support group provisions to engage with cultural and structural factors that may act as barriers to help-seeking (see section 9.3) on the one hand, and barriers to effective service response on the other. It is argued that barriers to effective service provisions also operate to disadvantage BME women who are already disadvantaged by reason of other intersecting factors in their lives. For example, given the limited English language skills of some BME women who experience violence, there may be the fear of a breach in confidentiality when interpreters are used (Gilbert, Gilbert and

Sanghera, 2004; Ahmed et al., 2009; Wellock, 2010). In addition, Burman, Smailes and Chantler (2004) underline the importance of avoiding the notion of culture as the problem, or in other words, culture-blaming as it could exclude BME women from adequate support and intervention. It is their view that service providers need to refrain from invoking a discourse of 'cultural privacy' or 'cultural respect' when dealing with BME women who experience violence. On the other hand, when the visibility of BME women is heightened in relation to their experiences of violence through service provision, it may become a barrier to service utilisation (Burman, Smailes and Chantler, 2004). Similarly, Bernard and Thomas (2016) argue that those who work with BME communities need to be aware of how their own beliefs and racial biases may affect service delivery.

Given the problematization of culture as static (see thesis introduction), support groups are urged to refrain from categorising women into a cultural group. This allows them to avoid the danger of providing services based on stereotypical views and assumptions about BME women and their families (Burman, Smailes and Chantler, 2004; Thiara and Gill, 2012; Bernard and Harris, 2016). Therefore, support provision needs to be based on the individual and the contexts of their experiences (McKenzie, 2008; Wilkinson, 2009). Furthermore, the importance of considering the intersectional discrimination that limits women's ability to access support has been emphasised in this thesis. Some of which has been through housing or other services (see chapters seven and eight). This reinforces the need for professionals to respond effectively to BME women who experience violence. It may be that support groups make provisions within their budget to accommodate possible barriers related to financial constraints such as transportation and childcare issues. By applying intersectionality in their service provision, support groups will not only acknowledge the intersecting nature of women's support needs but will effectively respond to possible barriers to accessing support. In essence, the proposed model builds on the need to recognise that Nigerian women and indeed other BME women present with a much wider spectrum of needs, and that these needs overlap at any given time, a limitation of the models proposed by Kelly (2003) and Abrahams (2007).

It is recommended that support group provisions include support that concurrently address women's diverse needs, e.g., emotional, practical and

signposting needs whilst engaging with barriers to accessing relevant support resulting from the intersection of cultural and structural factors in the UK. The flexible nature of this model makes it possible to be adapted by domestic violence, refugee and asylum services and even statutory services. Although the current austerity measures in the UK have led to the decommissioning or shrinking of vital domestic abuse services, the government's apparent commitment to tackling domestic violence could mean that support groups are funded through statutory agencies in accordance with the new Domestic Abuse Bill which pledges to strengthen the support for victims of abuse by statutory agencies (Home Office, 2019).

To promote the engagement of Nigerian women, information about the provisions within support groups could be disseminated through religious organisations that Nigerian women access, such as churches and mosques and through community groups. Other useful settings could include local GP surgeries, children centres, children's social care, housing agencies and other locally run non-profit organisations. Information should highlight factors that may affect Nigerian women in the UK and the types of support available whilst emphasising that services offered are free for women, including those with insecure immigration status. Information could be provided in the form of leaflets in English and in the three main languages in Nigeria, which are Yoruba, Hausa and Ibo. Information leaflets should also stress the independent nature of the provision from statutory influence to address fears of deportation from women who may be seeking asylum in the UK. This model does not propose a time scale for service provision, instead it argues for a deviation from the rigid model of intervention to consider the ease with which women can dip in and out of support. This is in recognition of the tendency for women to move between independence and dependence in the overall process of leaving abusive relationships (Chantler, 2006).

#### **9.4.1. The model and culturally competent support:**

Support group provisions may be seen as a form of a culturally competent intervention for Nigerian women who have experienced sexual abuse and violence. Cultural competence in practice has been defined by Cross et al. (1989) as being 'characterized by acceptance and respect for difference, continuing self-assessment regarding culture, careful attention to the dynamics of difference,

continuous expansion of cultural knowledge and resources, and a variety of adaptations to service models in order to better meet the needs of minority populations' (p.17). Although, this definition recognises culture and difference, however, it does not appear to engage with structural issues discussed in this thesis. The proposed model (Fig 9.4) addresses this gap and considers how the intersection of systems of power, including structural, shape help-seeking and access to service provision for Nigerian women who experience sexual abuse and violence. Thus, the proposed model takes cognisance of the notion of cultural competence through acknowledging the operations of intersectionality in women's lived experiences. It also makes the claim that if workers are to address the needs of BME women effectively, they must recognise the diverse support needs women may present at any one time.

Support that integrates coping strategies into interventions is argued to be a starting point for a culturally competent practice (Phasha, 2010). Evidence from this study shows that support group sessions could provide the platform for women to share their experiences in a safe space which is a form of coping strategy. In a similar vein, others argue for the need to understand, and draw upon core values that are pertinent to the lives of BME women in developing effective interventions (Fontes and Plummer, 2010; Carranza, 2012). For women in this study, the sense of connectedness gained through support groups was pertinent in their journey to resilience and in making sense of their experiences of sexual abuse and violence. These benefits have also been articulated in other studies examining support needs of BME women who experience violence (Batsleer et al., 2002; Chantler, 2006; Lindsay, 2008; Carranza, 2012).

D'Elia et al. (2009) claim that interventions which can potentially improve engagement, and outcomes for service users will need to come from a place of knowledge of cultural perspective and past experiences in accessing statutory services. The authors suggest that peer-partners can lead to positive outcomes for BME women through bridging the gap for services. This strategy could be implemented in support groups through employing the services of women of Nigerian origin, with experience of accessing asylum support (see chapter seven). This would ensure that support is well tailored to meet needs and that support is delivered from the perspective of Nigerian women to avoid lack of



engagement or disengagement. The peer-mentor could also provide services such as advocacy, mediation, informal counselling and advice in relation to asylum claims. However, care must be taken in implementing this approach so that it does not displace the utilisation of secular support streams.

### **9.5. Implications of Findings for Practice and Policy:**

The accounts provided by the twelve women who participated in this study give rise to a number of implications for practice and policy as discussed in the following sub-sections.

#### **9.5.1. Implications for Practice:**

The findings of this study not only highlight the influence of cultural beliefs, norms and practices in Nigerian women's lived experiences of sexual abuse and violence, but how the operations of intersectionality may keep women in the abusive situation while limiting their ability to seek help or access vital support. It is therefore imperative for services and professionals to recognise that the way Nigerian women, or indeed women from other BME backgrounds experience violence will be 'qualitatively different from that of white women' (Crenshaw, 1991, p. 1245). This suggests that services and professionals will need to be equipped to address the multiple issues that women may present at any one time. Intervention strategies need to be responsive to the interaction of these multiple disadvantages to ensure holistic and meaningful support. The proposed model (figure 9.4) could be adopted for practice relating to ethnic minority women with lived experiences of violence.

This study has also highlighted the barriers women face in help-seeking and accessing support. For example, it was found that women who were not within easy reach of support services by reason of the UK's 'no choice dispersal' immigration policy, may on the one hand be aware of vital services, but may not be able to access such services due to the financial disadvantage resulting from their immigration status. Service providers need to be aware of these larger structures of disadvantage that may shape women's access to support, and effectively adopt strategies in their practice to minimise this constraint. It is recommended that intervention is borne out of a multi-agency response involving information sharing, availability of resources and the harnessing of different

expertise across different agencies to meet women's needs. Service providers must therefore have information relating to local agencies providing services to abused women to effectively coordinate such support.

It is clear from the findings of this study that Nigerian women rely on a number of coping strategies in order to deal with their experiences of sexual abuse and violence (see chapter five). These coping strategies are religion, motherhood, attending support group sessions and friendships. Therefore, it is important that professionals understand and accord significance to these coping strategies when planning and delivering interventions. Another important implication is the need for professionals to acknowledge cultural challenges which may impact on the effectiveness of intervention when working with women of Nigerian origin with lived experiences of violence in the UK. Previous studies have also highlighted the need for cultural sensitivity when working with women from BME backgrounds (Burman et al., 2004; Burman and Chantler, 2005; Anitha, 2008; 2010; 2011). This study found that if intervention directed at a traditional Nigerian family is not managed effectively, it could result in such interventions being seen as intrusive due to cultural factors relating to protecting the family's image and conflicting loyalties. On the other hand, awareness of how notions of culture as the problem or culture-blaming can work in ways that may exclude BME women from adequate support and intervention is imperative (Burman, Smailes and Chantler, 2004). In essence, if women are fitted into pre-structured Eurocentric models of intervention (Reavey et al., 2006), such intervention may become counterproductive. Therefore, there is a need for a culturally sensitive practice that does not resort to forms of cultural relativism (Bernard and Thomas, 2016). It is recommended that providing training around diverse cultural and structural issues that might impact on intervention would help address this challenge.

In this study, the 'culture of disbelief and denial' (Souter, 2011, p.48) manifested in ways that posed a barrier to women's ability to access much needed support. Indeed, it was found that women may be denied access to vital services due to pre-conceived stereotypes regarding those who seek asylum in the UK. Such stereotypes mean that the most basic support such as providing information and signposting women to relevant agencies are withheld, thus, leaving women with no service provision at all. Therefore, service providers need to first, be

understanding of the cultural context in which women's stories are told and secondly, be aware that structural factors such as racism replicate disadvantage and oppression in women's lives. On the other hand, evidence shows elements of good practices manifested by a non-statutory organisation which could be emulated. This organisation approached support provisions from an empathic and empowering standpoint, which involved believing the woman, providing relevant information regarding women's rights in relation to the situation presented, and then prioritising their immediate support needs over their immigration status.

### **9.5.2. Implications of Findings for Home Office policy:**

The findings of this study indicate five complex factors that influenced the outcomes of asylum claim for those women seeking asylum on the grounds of sexual abuse and violence: (1) the lack of evidence; (2) the use of words and/or phrases that do not align with the English language meaning of sexual abuse and violence or which minimises the severity of their claim; (3) the Home Office's lack of understanding of cultural issues specific to women; (4) the peculiarity of women's narrative construction; and (5) the decommissioning of legal assistance (see chapter 5). This study found that women fleeing sexual abuse and violence may sometimes not have the required evidence needed to corroborate their story, thus, serving as grounds for the refusal of their claims. Even when evidence is provided, 'the culture of disbelief and denial' (Souter, 2011, p.48) embedded within the Home Office's processes further pose a barrier to the success of women's claims. Thus, this thesis advocates that the Home Office be more open to women's stories, and when determining women's claims, consideration should be given to the circumstances in which they fled abusive situations and how this might impact on their ability to provide evidence.

It was also found that women's use of phrases like, "*when I don't like it or not, he wants to have it*" (Sarah) to describe their experiences of sexual abuse and violence may serve to minimise the severity of their claim. There is therefore a definite need for asylum decision-makers to be aware that the use of such phrases by women in their narratives may be due to their limited English language skill as well as culturally imposed taboos relating to the direct articulation of sexual issues. In addition, evidence from this study and others (e.g., Cowan,

Baillet and Munro, 2009) show that the psychological impact of women's experiences of sexual abuse and violence, and the asylum process, may manifest in ways that could impact on women's ability to recall and recount their story coherently. Thus, questions contained in the Home Offices' interview guidelines for case workers, e.g., 'when did it happen?' 'where did it happen?' (Home Office, 2019, p.26) could constructively work against the success of women's asylum claims. Therefore, it becomes necessary that asylum decision-makers give favourable attention and consideration to these women's stories and if possible, resort to other means of determining the credibility of their stories. It may also be useful for the Home Office to review their questioning guidelines for BME women whose claims are founded on sexual abuse and violence to ensure that it conforms to women's mode of disclosure. Although, the Home Offices' asylum interview guidelines for case workers states: 'prepare broad lines of enquiry', it however, asks case workers to 'focus the interview on important issues and avoid wasting time on irrelevant questions' (Home Office, 2019, p.19). This type of questioning style reflects unequal power relations in the interviewing process. In addition, it is limiting since what is important for the women may not be deemed important by the case workers. The questions could be framed in such a way that would allow women to provide enough context in support of their experiences of violence. For example, "please tell me what happened to you". Further research could be considered by the Home Office in this regard.

Although the Home Offices' guidelines on gender issues for case workers states that consideration should be given if a woman can reasonably be expected to relocate given due regard to the country of origin and their personal circumstances (Home Office, 2018), evidence from this study suggests otherwise. It was found that claims made on the grounds of FGM were assessed based on Eurocentric views that do not apply to these women. It should be recognised that women do not have the power to make decisions regarding cultural practices like FGM and may face severe consequences if they do not adhere to such practices even if they relocate to another part of Nigeria. Indeed, within the Nigerian context, women are ascribed little or no regard in making decisions regarding their children. Thus, pointing to the need for those who are in a privileged position of determining women's asylum claims to be aware of the

cultural context in which women's stories are based. This should be understood and considered in asylum decision making for such women.

The findings from this study suggest that the decommissioning of legal aid which provides some financial relief for women appealing the outcome of their claims could amount to another form of revictimization. This is because women who are already structurally disadvantaged by reason of their immigration status and poverty, are exposed to yet another form of structural barrier in appealing their asylum outcome. Therefore, consideration needs to be given to the funding of legal aid services for women within the Home Office's policy. Also, in relation to this, it is imperative that adequate funding is made available to locally run asylum support organisations, because for some women, their local asylum support agency serves as an important avenue in meeting their emotional, financial, material and social needs.

This study identified two types of isolation resulting from the Home Office's discriminatory housing policy for asylum seekers. The 1999 Immigration and Asylum Act regarding 'no choice' dispersal of asylum seekers meant that women could be placed in areas that are not geographically within an easy reach of vital services and social support. Also, women who are placed in a majority white neighbourhood may experience isolation emanating from the lack of social interaction with other women of similar or same ethnic background as well as racism (Mama, 1999b; Chantler, 2006). A review of the 1999 Immigration and Asylum Act in relation to the 'no choice' dispersal of asylum seekers, to consider these factors, could enhance the quality of life for women who are seeking asylum based on their experiences of gender-based violence.

#### **9.6. Methodological implications of the LG for narrative data analyses:**

This study was based on a narrative method of inquiry. The choice of this method was influenced by five key methodological principles: (1) participant's culture of storytelling; (2) its provisions for subjectivity and reflexivity; (3) its alignment with feminist research approaches; (4) its focus on the structure and content of the story; and, (5) its support for intersectionality (see chapter three). These characteristics are important in researching the experiences of black women who have experienced sexual abuse and violence and for intersectionality as it allows

the production of research texts that illuminate not only the experiences of sexual abuse and violence, but the complexities and contexts in which it happens. In addition, Black feminist epistemology advocates that women's stories be preserved in narrative form and not 'torn apart in analysis' (Collins, 2000, p. 258). Apart from conducting a thematic analysis on the twelve transcripts, the voice-centred relational or the listening guide (LG) method was used in analysing three transcripts (Brown and Gilligan, 1992; 1993) to gain an in-depth understanding of women's experiences of sexual abuse and violence (see chapter eight).

Although the LG is well known for its application in the field of psychology, it is under-utilised in other social science fields. This thesis contributes to the literature on the use of the LG within the social sciences by exemplifying the use of LG in conducting in-depth narrative analysis on women's accounts of sexual abuse and violence. The LG is a feminist method of narrative data analysis that allows the centring of women's voices, and to go deeper to examine the distinctive ways women speak of themselves and others, and how they speak of their experiences within different relationships, including relationships of power (see chapters four and eight). However, a systematic analysis and structuring of data based on the LG's four 'listenings' could possibly lead to the fragmentation of narratives, making it difficult to retain the dynamic way the story was told. This raises the issue of representation of narratives and the authenticity of representation (Denzin, 1989; Gergen and Gergen, 2003; Brabeck and Brabeck, 2009). In addition, it highlights fundamental issues around the unequal power relations that may accompany the interpretation of narratives. Riessman and Speedy (2007) urge researchers to 'pay analytical attention to how the facts are assembled, why it was assembled that way, for what purpose, and what it accomplishes' (pp.428-429). To address this concern, each transcript was first analysed using the four 'listenings'. Then the transcript was re-read before combining 'voices' to ensure that the product of analysis aligns with the plot of the story in order to retain the flow and uniqueness of each woman's narrative.

It was also found that the multiple and successive 'readings' or 'listenings' of interview transcripts, and the requirement to listen in a different way each time (Brown and Gilligan, 1992; 1993), could be very time consuming. This limitation has also been noted by some scholars who adopted a flexible approach to the

number, types and order of the 'listenings' (Doucet and Mauthner, 2008; Edwards and Weller, 2012). In this regard, and due to the in-depth nature of analysis, only three transcripts were analysed using the LG for this current study. Therefore, although the LG provides for an in-depth analysis of data, it may only be used for a small sample size.

Finally, analysis shows that the use of LG has implications for those whose native language is not English. This study found that the effective use of metaphors in narratives was directly related to the level of competence in spoken English (MacArthur, 2010; Littlemore et al., 2014), or being a native English language speaker (Kövecses, 2002; Iaroslavtseva and Skorczynska, 2017). Although it is argued that metaphors are used in different languages and cultures (Kövecses, 2002), but because they are cultural, their direct translation may still be difficult even if women were fluent in spoken English. As a result, participants who are not native English speakers used less metaphors compared to the participant for whom English is her native language. This may have possibly affected the overall analysis of these women's narratives. Evidence from this study suggests that women used far more analogies compared to metaphors. Some examples of analogy from this study include *"life is just something else for me; am like burden to them; it is like they are doing something bad to me; it was like fright or flight type of thing; It is like they have this hold over you; being kind of like an agony aunt"*. The use of such analogies allowed women to provide a more concrete description of their experiences and to generate insight into their narratives. Therefore, as a recommendation, the LG could be adapted in ways that takes into consideration the use of analogies in addition to metaphors for non-native English speakers.

### **9.7. Limitations of the Study:**

Several limitations of this study need to be acknowledged. The study is limited by its small sample size which represents a very limited range of women from Nigeria living in the UK. Due to the sensitive nature of this study, it was difficult to recruit the target women from different settings. Therefore, most of the women (n=10) were recruited through asylum support organisations. This limited the diversity of the women with regards to their immigration status. Of the twelve women, only one was a British citizen, one a refugee, eight asylum seekers and

the remaining two were refused asylum seekers. Another limitation concerned with the sample size is that it represented only six of the 36 states in Nigeria (see chapter five). Nonetheless, the sample were twelve heterosexual women, aged between 29 and 46 years, who had lived experiences of sexual abuse and violence. Although generalisability was not the goal of this study, the data collection approach allowed for rich data to be generated from the twelve women, which provided in-depth insight into women's experiences of sexual abuse and violence, thus improving the authenticity and credibility of this study (Lincoln and Guba, 1985).

Secondly, the way women told their stories may have reflected Grysman and Hudson's (2011) claim that what is made salient at the point of narration affects the memory that is retrieved, and the story told. Also, women's narratives were not always placed within a context of time, it was sometimes fragmented, subjective and 'slightly chaotic' in nature (Coates, 1996), rarely recounted in a chronological order (Emden, 1998), and sometimes providing after-the-event retrospective narratives (Dawson and McLean, 2013). This was expected because in research employing a social constructionist paradigm, the process of narrative interviewing becomes a relational endeavour in which the participant and researcher take part in the co-construction of meanings and memories (Gemignani, 2014). In addition, it may be because some of the women employed dissociation in dealing with their experience of sexual abuse and violence, so, their narratives were either disjointed or held back. Nonetheless, I must assume that the women only told the stories that they deemed necessary to be told, which has to be respected. Adopting a second method of analysis, which is a strength of this study, may have addressed some of these issues to some extent, however, this additional analysis was only conducted on three transcripts.

Thirdly, my identity as a woman of Nigerian origin may have produced some bias in my interaction with the women and in data analysis. This may have inhibited or enabled certain research insights (Hastrup, 1992; Shield and Dervin, 1993). Adopting feminist principles in this research meant that I engaged in reflexivity in the research process and in data analysis (Mason, 2002; Doucet and Mauthner, 2006) (see chapter three for a discussion on reflexivity). In addition, working with my supervisory team was very useful in putting my biases to check. On the other



hand, my identity was a strength in this study. Although, I do not share my participant's experiences of sexual abuse and violence, my identity, cultural knowledge and prior practice knowledge of this issue, enabled me to be critically and theoretically engaged in women's stories and in the process of analysis.

#### **9.8. Directions for future research:**

Based on the findings of this study, the following are suggested for future research:

1. Whilst the findings of this study hopefully contribute to the understanding of how women who seek asylum on the grounds of different forms of sexual abuse and violence experience the asylum process in the UK, it is important to note that this was not a focus of this current study. Therefore, it would be useful to explore this area in more depth, possibly including women from other BME backgrounds.
2. This research findings show that it is possible that in some cases, women of Nigerian origin who are the main applicant in asylum cases, do so based on the grounds of escaping abusive relationships and the stigma associated with the breakdown of relationships, thus, drawing attention to a possible link between sexual abuse and violence and asylum seeking by women of Nigerian origin. As Chantler (2012) points out, this link warrants further exploration in research studies and could also be extended to women from other BME backgrounds to gain a broader perspective.
3. A significant finding to emerge from the LG analysis is that FGM not only impacts negatively on the woman's enjoyment of sex but can also significantly affect the man's enjoyment of sex which could subsequently lead to a relationship breakdown. This is an area that has received very little attention in research studies and therefore, warrants further exploration.
4. In relation to the perpetration of sexual abuse and violence against women of Nigerian origin, further work could compare the perspectives of Nigerian

men living in the UK and those living in Nigeria in order to: build more insight and understanding into the issues of patriarchy, cultural beliefs, norms and practices in influencing violence against Nigerian women; raise awareness and consciousness around sexual abuse and violence against women of Nigerian origin.

5. Furthermore, it would be useful to undertake research from the perspective of professionals supporting women of Nigerian origin in the UK who have experienced sexual abuse and violence and/or who are refugees and asylum seekers to ascertain the challenges that they face in their practice in order to inform policies and guidance. Research could also be conducted on the effectiveness of support groups in supporting BME women who experience violence in the UK.

### **9.9. Conclusion:**

The key aims of this thesis were to examine if and how cultural beliefs, norms and practices might contribute to the sexual abuse and violence of Nigerian women living in the UK and to explore their experiences of support. To address these aims, in-depth narrative interviews were conducted with twelve women of Nigerian origin living in the UK who had experienced sexual abuse and violence. Women's accounts were first analysed thematically then three case studies were selected for a more in-depth analysis using the listening guide method of narrative data analysis. In analysing women's narratives, I applied feminist theoretical perspectives, placing gender and power at the centre of the explanatory framework to understanding of VAW. The concept of intersectionality was also applied to explore the broader contextual factors that influenced women's lived experiences of violence. In this thesis I have identified women's experiences of sexual abuse and violence and help-seeking practices as influenced by cultural beliefs, norms, and practices embedded in patriarchy, which were mediated through social factors and structural disadvantages in the UK. Thus, providing evidence that culture alone is insufficient in explaining the experiences of Nigerian women in the UK who experience sexual abuse and violence.

Because power dynamics are contained within intersecting social structures, the most significant findings of this research are discussed under the four domains of power proposed by Collins and Bilge (2016), structural, cultural, disciplinary and interpersonal. Under the structural domain, three main findings were discussed. First, this study has shown that Nigerian women who are claiming asylum in the UK on the grounds of sexual abuse and violence experience discrimination resulting from the intersection of different factors patterning to their culture and identity, and the structural forces within the Home Offices' processes. Secondly, analysis has shown that the intersection of isolation resulting from insecure immigration status and prior socialisation on gendered roles was a significant factor in women's inability to seek help. Third, this study has revealed that structural power relations in some religious settings underlie the practice of "*spiritual baths*", which is a potential risk factor for the perpetration of CSA.

Situated within the cultural domain, analysis reveals that women who have undergone the practice of FGM are more likely to experience rejections and a breakdown of intimate relationships. Also, this study has shown that the practice of bride price which may connote the ownership of the woman by the man, could diminish women's sexual and reproductive rights in such a way that justifies the perpetration of sexual abuse and violence. Furthermore, analysis suggests that the accompanying practice of libation practiced in some parts of Nigeria posed a barrier to women leaving abusive relationships or even moving onto other relationships after separation. A significant finding discussed under the disciplinary domain of power is that the intersection of gender and power in the home could influence Nigerian mothers' use of rape myths in intervening in cases of intrafamilial CSA. Lastly, analysis suggests that generally the concept of 'family and community betrayal' proposed in this study are significant factors in Nigerian women's inability to seek help for their experiences of sexual abuse and violence, an important finding discussed under the interpersonal domain of power.

These findings provide evidence that while feminist theory is foundational in understanding VAW, it is not sufficient. Rather, the application of the concept of intersectionality is necessary to capture the multiplicity and complexities of factors that influence women's experiences of violence. Therefore, also as an original

contribution to knowledge, two models were developed. First, a feminist-intersectional model for understanding how Nigerian women in the UK may experience sexual abuse and violence. Also applying intersectionality, a second model was developed for providing culturally competent support for Nigerian women in the UK who experience violence.

Finally, this thesis has presented the first study to examine Nigerian women's experiences of sexual abuse and violence in the UK. Thus, has contributed to the theoretical and empirical VAW literature.

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## APPENDICES

## **APPENDIX A: Search terms and the search strategy**

In order to identify a wider range of publications, search terms were used either in combination or isolation using Boolean terms and/or, “ ”, or aesterik\*. Publications relating to research question one was identified by combining the following search terms: violence against women, domestic violence, intimate partners violence and abuse, wife beating, spousal violence/abuse and Nigeria or Nigerian women. For research question two, culture, cultural beliefs, norms, practices, tradition, traditional beliefs, cultural norms and customary norms was combined with Nigeria, Nigerian women, west Africa, and sub-Saharan Africa. With regards to research question three, the following terms were used: sexual abuse, sexual violence, domestic abuse, domestic violence, intimate partner abuse and violence, spousal abuse, spousal violence, gender-based violence, which was then combined with Nigerian women before selecting only those studies conducted in diasporic countries. For research question four, the following terms: black and minority ethnic, minority ethnic, immigrant women, black women and black and minority, were combined with sexual abuse, sexual violence, domestic abuse, domestic violence, intimate partner abuse and violence, spousal abuse, spousal violence, gender-based violence and violence against BME women. In order to identify publications specific to the UK, results were then combined with United Kingdom, UK, England, Britain, Wales, Scotland and Northern Ireland.

## APPENDIX B: Information Sheet



### PARTICIPANT INFORMATION SHEET

*Exploring the roles of Cultural Beliefs and Traditional practices in Contributing to the Sexual Abuse of young women from Nigeria living in England and examining their experiences of intervention and support.*

This document provides you with information about the research, and why you are being asked to participate in the interview. Please read this carefully before deciding to take part in the research. If you have any questions or concerns, please do not hesitate to contact me via the contact details provided at the end of this document.

Thank you,  
Chinyere Ajayi

#### **Who is organizing and conducting this research?**

The research is being conducted by Chinyere Ajayi. The research is being conducted as part of a PhD undertaken through the School of Social Work, Care and Community at the University of Central Lancashire.

This research has been reviewed and approved by The University of Central Lancashire Research Ethics Committee to make sure the research is conducted properly.

#### **The Purpose of the Research**

**This study wants to find out if and how Cultural Beliefs and Traditional Practices contribute to the Sexual Abuse and Violence of women from Nigeria living in the UK. The study will also look at women's experiences of support.**

Nigeria is a country of cultural and traditional practices. Evidence gathered by the researcher through her work shows that cultural beliefs, norms and practices play an important role in contributing to the sexual abuse and violence



of women from Black and Minority Ethnic origins. This study will focus on women from Nigerian origin.

According to NSPCC, there are two different types of sexual abuse and violence. These are contact sexual abuse and non-contact sexual abuse.

Contact abuse involves activities where an abuser makes physical contact with the person, including penetration.

Non-contact abuse involves non-touching activities, such as persuading the victim to perform sexual acts over the internet, take naked photos of themselves etc.

### **Why have I been contacted to take part?**

You have been contacted to take part to see if you have experiences that may contribute to this research and help us understand how culture and tradition can contribute to sexual abuse and violence.

### **Will I get paid for taking part?**

As an appreciation and a thank you for your time, you will be given a £10 Love to shop voucher.

### **Do I have to take part?**

No, it is your decision whether you wish to participate. It is totally voluntary. There is no requirement for you take part.

### **What will happen to me if I take part?**

If you decide to take part, your participation will involve telling your story via an interview. The interview will be digitally recorded when you are telling your story, that is if you are happy with your words being recorded. You do not have to answer all questions during the interview and you may wish to end the interview without given reasons or withdraw from the research. You may also withdraw your story or words up to **two weeks** after the interview is completed.

### **What are the possible benefits of taking part?**

This is an opportunity for you to help us understand how cultural beliefs, norms and practices can contribute to sexual abuse and violence of women from Nigeria living in the UK. I cannot promise that the research will help you directly, but it should help women who have had experiences like you. Also, you will be helping people that work with young women know how best to work with them to protect them from this form of abuse.

### **What are the possible disadvantages?**

Participation in this research requires you to give at least one hour of your time. You may also be concerned about being identified through what you say during the interview, however, the researcher will take all necessary steps to make sure you cannot be identified through what you say during the interview.

### **What will you do with the information I share?**

All information that you share during the interview will only be used for this research or any publications or presentations related to the research. The information will not be shared with anybody else apart from my PhD supervisors. The only occasion when information can be shared is if you share information that will make the researcher believe that you may be at risk of harm or that someone else may be at risk of harm. In this instance the researcher will have to pass the information to the relevant agencies.

The answers you give during the interview will be recorded and securely stored on the University's computer which is password protected in which case only the researcher will have access to the information. Your name will not be used when storing the information that you provide and your consent form will not be stored together with the information that you provide, so that even the researcher will not be able to match names to the answers given after the interviews. Your information will be kept in the University computer system for 5 years from the end of the project then it will be destroyed.

If the information that you share is to be used publicly (e.g. in a publications or presentations), anything that may allow people to know it is your word will be removed e.g. your name, age, where you live, will all be removed.

### **What will happen to the results of the research study?**

The results of the research study will be used in thesis, presentations and publications related to the research study. You can get a copy of the findings at the end of the research if you wish to do so.

### **What if I change my mind?**

If, after taking part in the interview, you wish to withdraw your consent for your information to be used in the research, you may do so within **two weeks** of taking part. You can withdraw your consent by contacting the researcher via the contact details given at the end of this information sheet.

### **What if there is a problem?**

If you have any questions or concerns about the research, please contact the researcher, Chinyere Ajayi (details below). If you are not satisfied with the answer given by the researcher, or if you wish to make a complaint about the research, or how you have been treated by the researcher, please contact the University Officer for Ethics (email address: [OfficerforEthics@uclan.ac.uk](mailto:OfficerforEthics@uclan.ac.uk)).

**Next steps**

If you wish to take part in the research project, please complete the consent form and return to the researcher within two weeks of receiving this information sheet.

If you are not clear with any of the information provided and wish to discuss the research project further before deciding whether to take part or not, please feel free to contact Chinyere Ajayi (the researcher) for discussion and clarification.

You can contact Chinyere Ajayi on:

**Many thanks for taking time to read this information sheet.**

**Date – 05/11/2016**

## **APPENDIX C: Narrative Interview Guide**

### **Interview Topic Guide**

*Exploring the roles of Cultural Beliefs and Traditional practices in Contributing to the Sexual Abuse of young women from Nigeria living in England and examining their experiences of intervention and support.*

#### **Interview:**

Briefing/Introductions:

- Name, work, university- explain research
- Thank participant for agreeing to take part and ask how the participant is doing and if they are still ok to take part in the interview
- Explain that they do not have to answer all questions and that they can stop the interview at any time without giving any reasons
- Explain they get £10 Love to shop voucher at the end of the interview
- Explain that the interview will be recorded and ask if they are happy with this
- Explain that you will be taking some notes
- Explain confidentiality and data protection
- Explain they can withdraw their information from the research within two weeks after the interviews

#### **1. Building Rapport:**

##### **Demographics:**

Name:

Age:

Place of Birth:

How long have you lived in the UK?

What part of Nigeria are you from?

- a) Explain that you will ask some questions about the experiences they have had in relation sexual abuse and violence
- b) Explain that the interview should take about one hour.
- c) Ask if they are ok to go ahead with the interview

#### **2. Main Narration:**

Is there anything about what happened to you that you would feel comfortable telling

me about?

### **3. Questioning:**

Follow-on questions from story: tell me more about..... (Linking to research questions)

#### **Prevention, identification and response to Sexual Abuse and Violence**

- Please tell me how you got help
- What did people that helped you do well?
- What did they not do well?
- What do you think we can do to prevent this form of abuse from happening to other women?

#### **Cultural beliefs, norms and practices in Nigeria**

- Do you know of beliefs and practices in Nigeria that may lead to sexual abuse?

### **4. Concluding talk:**

Ask how they felt narrating their story

Ask if they require any form of support

Ask what has helped them cope this far

Ask them to leave their email address if they wish to get a copy of the summary when the research is concluded.

**APPENDIX D: Letter of approval from the PSYSOC Research Ethics Committee, University of Central Lancashire**

Email from the Research Office on the 17/02/2017

Dear Lorraine / Chinyere

I am pleased to advise that ethical approval has been granted on your project - Exploring the roles of Cultural Beliefs and Traditional practices in Contributing to the Sexual Abuse of young women from Nigeria living in England and examining their experiences of intervention and support.

All the best with your research.

Regards

Alison

Research Development & Support Team  
Greenbank Building – Room 316

## APPENDIX E: Consent form



Research into the roles of Cultural Beliefs and Traditional practices in Contributing to the Child Sexual Abuse (CSA) of young women from Nigeria living in England and examining their experiences of intervention and child protection processes

If you have any questions about this research, please contact the researcher on: 07470991836. Otherwise, please tick to confirm the following:

I have read the information sheet and am happy to participate based on the information provided.

I understand that my participation in the above study will involve narrating my story and answering interview questions.

I understand that my answers will only be shared with the researcher's supervisors, however if the researcher feels that I am at risk of being in danger or somebody else will be in danger through my actions or any other actions related to me, the researcher will have to share the information with the appropriate agencies.

I understand that the words from my interview will be used within researcher's thesis, reports, publications or presentations. It will not be used for any other purpose, and I will not be identified through my words.

I understand that my participation is voluntary and that I do not have to answer all the questions and may wish to end the interview or even withdraw from the interview at any time without giving reasons.

I understand that the interview will be audio recorded and I am happy with my words being recorded.

I understand that I can withdraw any information given by me for the study up to **two weeks** after the interview and I know how to do this.



Name of Participant -----Signature -----Date -----

Name of Researcher -----Signature -----Date -----



## APPENDIX F: Debrief Sheet



Research into the roles of Cultural Beliefs and Traditional Practices in Contributing to the Sexual Abuse of young women from Nigeria living in England and examining their experiences of intervention and support

### **Participants debrief – Post Interview**

Thank you for taking part in the interview. Any questions or concerns, after taking part in this interview, should be discussed with the researcher, Chinyere Ajayi, contact details; 07735505604, [ceajayi@uclan.ac.uk](mailto:ceajayi@uclan.ac.uk)

If, after completing the interview, you wish to withdraw your consent for your information to be used you may do so **within two weeks** of taking part. You can withdraw your consent by emailing or ringing Chinyere on the number or the email address above.

Should you be affected in any way after completing the interview and require some support please contact any of the helplines attached where you can ring and ask for support.

If you wish to make a complaint about the research, or how you have been treated by the researcher, please contact the researcher's Director of Studies, Professor Lorraine Radford on [LRadford@uclan.ac.uk](mailto:LRadford@uclan.ac.uk) or the University Officer for Ethics (email address- [OfficerforEthics@uclan.ac.uk](mailto:OfficerforEthics@uclan.ac.uk)).

Thank you.

Support organisations	Free telephone number	Website and Email address
<p><b>The Samaritans</b></p> <p>The Samaritans work with people who are depressed or feeling suicidal. You can talk to them any time you like, in your own way, and off the record – about whatever’s getting to you.</p>	<p><b>24 hour helpline</b></p> <p><b>116 123</b></p>	<p><a href="http://www.samaritans.org/how-we-can-help-you/contact-us">http://www.samaritans.org/how-we-can-help-you/contact-us</a></p> <p>Email - <a href="mailto:jo@samaritans.org">jo@samaritans.org</a></p>
<p><b>NAPAC</b></p> <p>NAPAC offer support to adult survivors of childhood sexual abuse</p>	<p>Need to talk? Call our support line for free on 0808 801 0331</p>	<p>Website- <a href="http://napac.org.uk/">http://napac.org.uk/</a></p>
<p><b>Rape Crisis</b></p> <p>Rape crisis work to promote the needs and rights of women and girls who have experienced sexual violence and to improve services for them.</p>	<p>WANT TO TALK?</p> <p>Freephone 0808 802 9999</p> <p>12-2.30pm and 7-9.30pm every day, and 3-5.30pm weekdays</p>	<p>Website- <a href="http://rapecrisis.org.uk/">http://rapecrisis.org.uk/</a></p>

## **APPENDIX G: An example listening guide (LG) analyses**

### **First Listening**

In this first listening, I present the plot, two metaphors and two themes identified from Bisi's narrative.

#### ***Plot***

The main events of Bisi's narrative centre around love, gendered power relations resulting from FGM, rejection and resilience. Bisi first constructs her narrative around how she fell in love, her relationship and family life in Nigeria. This part of her narrative was brief as she shifted her narration to her struggles with the impact of FGM in her marriage. She speaks about her desire to remain in the marriage but was forced to leave when her husband married another woman. The powerlessness and distress resulting from the situation led to her decision to relocate to the UK. She constructs this relocation around a second relationship, but not necessarily love. After two children, again, this relationship was cut short as a result of the impact of FGM. She then speaks of how she approached the church for support and the subsequent referral to relevant agencies. Bisi speaks of her coping strategies and different support streams she accessed. The last part of Bisi's narrative highlights her on-going struggles with relationships when she tells of another rejection. She however demonstrates profound resilience, speaking out against sexual abuse and violence and the structural inequality women like herself experience in the UK.

#### ***Metaphors***

Two metaphors were identified in Bisi's narrative. It is possible that her limited use of metaphors could be attributed to her level of spoken English. Although it is argued that metaphors are used in different languages and cultures (Kövecses, 2010), it may be that translating such metaphors into English could be problematic for those whose native language is not English and who are not fluent in spoken English. Bisi's first metaphor came out while speaking about the rejection she experienced in her first relationship, she used the metaphor, "*life is just something else for me*" to express uncertainty and despair, an indication of her voice of psychological distress. It is possible that the uncertainty and despair in her voice stems from her experiences at the intersection of the cultural practice

of FGM and the structural disadvantage associated with living as an asylum seeker in the UK. Later, Bisi used the metaphor, *“I just cut the thought”* to refer to her coping strategy in dealing with the impact of living with FGM. Kelly (1990) argues that “we forget experiences in order to cope with an event that we do not understand, cannot name, or that places acute stress on our emotional resources” (p.124). This coping strategy adopted by Bisi brings to light the emotionally damaging nature of FGM (Abdel-Azim, 2012).

### ***Themes- Love and Rejection***

Two closely related themes were identified in Bisi’s narrative. The first is the theme of love and the second, rejection.

Bisi used the word ‘love’, in different ways when describing her first relationship. However, there was no mention of love when she described her second and third relationships.

*“I fall in love with... but we love each other... two of us love each other... the person that love you... beginning he loved me... but I love this man...I still love this man...”*

In this theme, her voice of love and commitment is clearly heard. The use of ‘love’ in the context of the first relationship, helps us to understand Bisi’s commitment to her first relationship. When describing her second relationship, she stated: *“... I still love this man (ex-husband)”*, indicating a voice of love and commitment cut short and silenced by FGM.

Closely aligned with the first theme is the theme of rejection. This second theme introduces the reader to Bisi’s relationship struggles as a result of FGM. Bisi’s voice of rejection resounds across the three relationships. Whilst speaking about the first relationship, she stated:

*“He didn’t tell me that I should go but when... I don’t like you, I don’t like you...”*

The next extract illustrates her voice of rejection at the end of her second relationship.

*“... he just left me for another woman”.*

Likewise, when referring to her third relationship, her voice of rejection was heard when she stated:

*“... he told me that he doesn't need a wife”.*

These rejections experienced by Bisi, appear to suggest a relationship between the practice of FGM and her relationship struggles. On the other hand, the voice of rejection seems to uncover Bisi's need for an authentic relationship and her desire for the traditional, one which is culturally constructed. Perhaps, Bisi aligned her identity close to her perceived need for relationship and family, thus, the compulsion to reclaim this identity through relationships. Although, at this point in her life she is beginning to demonstrate resilience (discussed later), however, this seems not to be transformative in her struggles with her identity. Her struggles are gendered and are related to the normative ideals of womanhood within the Nigerian culture which relates to family. It is thus striking that the same practice of FGM which is believed to enable women achieve full womanhood, can also deny them of that same identity.

### **Second Listening: “Self”**

This second listening demonstrates how Bisi talks about “self” in relation to her experience of FGM. This listening was conducted on the passage above which presents Bisi's experience of FGM. This listening is presented in stanzas based on the different voices identified in Bisi's narrative.

Stanza One	Stanza Two	Stanza Three	Stanza Four
I	Me/My	You	We
I married	He just maltreats me	The person that love	We love each
I fall in love	Managed me	you	other
I was circumcised	They don't want me	When you give up	We had three
I didn't enjoy sex	He doesn't want me	totally	children
I love this man	Life is just something else	You don't have	We lost one
I can't cope anymore	for me	anybody	
I decided to come here		You are not enjoying	We started
	My problem	it	living
I met this man	It is affecting me		together
I followed him	They did it already for me		We have my
I let them know	Doing something bad to		first daughter
I will pretend to enjoy it	me		We had the
I didn't enjoy it	He just left me		second baby
	He did not enjoy it with me		

This second listening brings a number of voices to bare. The voice of self in the first stanza describes a woman who is honest and in tune with herself: *“I was circumcised, I didn’t enjoy sex”*. This voice of self which does not dissociate “self” from FGM, in some ways could be seen to precede self-silencing and capitulation. It may also tell of a woman who has accepted the power that men will continually hold over her because of FGM. The second stanza presents a voice of “self” that is victimized and rejected. In which case, although she is very much in tune with “self”, she can’t help the feeling of being inadequate and uncertain about her future.

This theme of rejection continues in the next stanza where it is overtaken by the voice of pain. In revisiting this rejection and pain, she slips into the second person pronoun to disconnect herself from the pain, an indication of psychological distress. This voice tells a story of how she feels at present in dealing with the consequences of living with FGM with regards to intimate relationships. The last stanza represents the voice that believes in true love. The use of “we” could be seen to represent a woman who has not given up on her struggles for an authentic relationship. This is also clearly shown by how much Bisi used the word “love” in her narrative as already highlighted.

### **Third Listening - Contrapuntal Voices:**

Guided by my research questions, the following voices were identified: capitulation, psychological distress and the voice of resilience.

#### ***Capitulation***

In describing her experience of living with FGM, Bisi presents a self that is engulfed by capitulation in relation to intimate relationships. She stated:

*“I know that they did it already for me when I was a baby, so there is nothing I can do”.*

Bisi seems to organize this voice around her acceptance of an inferior and subordinate position in intimate relationships, and an acceptance of the power

men will continue to hold over her as a result of FGM. In the next extract, the voice of capitulation was heard as she reflects on her feelings after being rejected by her ex-husband, she said:

*“I was like, you know when you give up totally and you don’t have anybody to talk to”.*

This extract also conveys a voice of psychological distress, indicative of the impact of living with the experience of FGM.

### ***Psychological Distress***

In Bisi’s narrative, the voice of psychological distress was characterised by confusion and despair. In this extract, Bisi first presents a state of limbo, and then she used the metaphor, *“life is just something else for me”* to convey her voice of psychological distress.

*“I can’t go back to my family because they don’t want me, and he too, he doesn’t want me again, what will I do? Life is just something else for me”.*

Next, she speaks of “self” that is burdened by the impacts of FGM, confused and yet undecisive. She said:

*“I love this man, but this thing is getting too much... It is just getting too much for me, it is just too much”.*

The conflict in this extract could be heard through the dialogue between two voices: the voice that is still in love and the voice that resists victimization and rejection: *“I love this man, but...”*. Through careful listening, one could also see how the voice that is still in love was interrupted and silenced by the voice that resists victimization and rejection by the introduction of *“but”* (Gilligan and Eddy, 2017). This conflict represents her voice of psychological distress. Later, Bisi used another metaphor, *“cut the thought”* as a way to resolve the conflict between the two voices. Although this metaphor informs us of her voice of psychological distress, it also points to Bisi’s coping strategy in relation to the impacts of her experience.

### ***Resilience***

The voice of resilience which showed Bisi’s capacity to cope was identified when Bisi described the support available to her through statutory and non-statutory

agencies. At other times, this voice was heard when she described her commitment to her children and when she assumed the role of an advocate in speaking out against the structural inequalities experienced by Nigerian women fleeing abuse and traditional practices.

First, her voice of resilience could be heard clearly when she described the support available to her. She stated:

*“I think this place helps especially with these kids even if I were alone, they might detain me many times but because of the kids, many people that are involved in children are helping us. At least the school, if anything wants to happen, school will try as much as they can because of ... not for you, because they don't want anything to happen to that kid. So, it is a little bit better, they are supporting, all these social worker, support worker, link worker, they are trying what they can to make life...”*

It would appear that women who are well supported are more able to build and maintain resilience. Bisi's positive behavioral adaptation in the face of her adversity (Hart and Blincow with Thomas, 2007), was filtered through this sense of knowing that there are support streams available, not only for herself, but for her children.

Another strong voice of resilience was heard when Bisi spoke about her commitment to her children. She said:

*“if I wanted to give up I would have... because of these kids am going to keep going ahead because what I go through, I don't want these children to go through it, nobody can look after your kids like you, so because of them, am just trying to be strong for them. And I know by God's Grace everything will be ok. That is what I think”.*

Indeed, this voice was heard through her determination to protect her children and to build a future for them that is free from abuse and gender-based violence. Clearly, Bisi also understood the need to build her coping strategy around this commitment.

Further in her narrative, when asked to describe other cultural beliefs and practices in Nigeria that may contribute to sexual abuse and violence, her voice of resilience resounded when she demonstrated political resistance (Gilligan, 1990) by assuming the role of an advocate, one that speaks out against gender inequality and gender-based violence. She stated:



*“You know all these forced marriage, we don’t have freedom of speech. We should have freedom to choose for yourself. Nobody should choose for you because we are human being, we know what we want. Nobody should, because of the parents. I can’t say because I gave birth to them they must do this, they must do that, no. That is my experience, I thought it is part of the problem that we women are facing”.*

In another instance, Bisi’s strong voice of resilience was heard advocating for women who enter the country illegally as a result of fleeing abuse. She also addressed structural power relations within the UK that continue to pose a barrier to help-seeking and support for such women. She stated:

*“... because of that (abuse), they even use another person passport. Because they have to run away for their life, and the Home Office want to send them back because they don’t believe them, it is part of the problem they are facing. So, all those things are affecting us and if we are trying to runaway they will be telling us that our country is good”.*

Apart from her voice of resilience coming through strongly in this extract, Bisi also clearly articulates how intersectionality influences the lived experience of ethnic minority women who experience gender-based violence. Just like in Chun, Lipsitz and Shin (2013), by working with other women in her support group, Bisi’s “consciousness” was raised. This enabled her to see how her social identity and that of other women created a platform for their disadvantage, thus, she saw the need to speak out against structural inequalities and power relations that continue to disadvantage women like herself in the UK.

#### **Fourth Listening - Power Relations:**

##### ***FGM and Power relations***

FGM is deeply rooted in patriarchy and it is about the control of women’s enjoyment of sex (Nigeria Demographic and Health Survey, 2013). Bisi’s narrative presents a concrete example of how this form of control promotes unequal power relations in intimate relationships. As shown by the analysis presented in the preceding sections, Bisi continually occupied an inferior position within her relationships as a consequence of FGM. In this extract, Bisi describes how the dominant ideology around the practice of FGM also perpetuates the silencing of women’s voices.

*“You know my problem is, in my side they are still practicing it even till tomorrow. Where I come from, if you have girls they must do it. They believe that if they don’t do it, it will affect you in the future. It is the culture that if they don’t do it that children will have problem”.*

This extract highlights the relationship between gender, culture and power, and perhaps strengthens the idea that when a practice is culturally and socially accepted, it becomes powerful. The social and cultural acceptance of the practice of FGM in some parts of Nigeria, enforces conformity to the practice. Bisi used the word, *“they”* to indicate the unequal power relation that exists between the female gender and the culturally/socially accepted practice of FGM. Consequently, the non-adherence to the practice exposes women to stigma and possible social ostracism (Aderinto, 2010; Oyefara, 2014).

The statement: *“It is the culture that if they don’t do it that children will have problem”*, points to a domain of power within unwritten rules or norms of everyday life that reinforces existing power relations (Smith, 2013). First, this domain of power can reinforce stereotypical gendered roles by focusing on the culturally perceived benefits of FGM, which include, curbing women’s sexual appetites before marriage in order to preserve chastity, sexual pleasure of husband and ensuring marriageability (Mandara, 2004; Aderinto, 2010; Okeke et al., 2012; NDHS, 2013; Oyefara, 2014; Adeniran et al., 2015; Ashimi and Amole, 2015). However, Bisi’s narrative exposes some contradictions with these perceived benefits of FGM. She tells a story of the negative impact of FGM on her enjoyment of sex within intimate relationships:

*“...You know I will pretend to enjoy it because I must tell you the truth, I didn’t enjoy it...”*

Here, Bisi tells of her struggles with the long-term sexual health implications of FGM. Although, some studies (e.g., Okonofua et al., 2002; Nwajei and Otiono, 2003) report no significant negative effect of FGM with regards to sexual enjoyment, others (e.g., el Defrawi et al., 2001; Oyefara, 2014) report that FGM adversely affects women’s sexual enjoyment. In a similar vein, Bisi’s narrative brings to bare an area that has received very little attention in studies, the belief that FGM can promote the sexual pleasure of the man (Aderinto, 2010; NDHS,

2013). Bisi explodes this myth, suggesting that FGM also impacts negatively on men's enjoyment of sex.

*"...and you know the men if they know you are not enjoying it, they will not enjoy it as well".*

This reversal in the perceived sexual pleasure of the man also contributed to the 'love and rejection' Bisi experienced as highlighted earlier. Another important aspect of the extract: *"It is the culture that if they don't do it that children will have problem"*, in relation to power relations is that it provides the platform for examining the rules and ideas around ensuring the marriageability of young girls in cultures that practice FGM (Oyefara, 2014). One way of examining this may be to consider what is culturally considered as beautiful and feminine in cultures that practice FGM. Although, socially accepted forms of physical beauty and sensuality have not been well researched in different cultures (Ahmadu, 2000), however, within some cultures, it is believed that the clitoris or the female genital is dirty (Abdel-Azim, 2012). Others have reported that FGM is seen by some cultures as the removal of the masculine part of the woman, similar to opinions about the removal of body/pubic hair in order to achieve smoothness considered beautiful (Puppo, 2006; Catania et al., 2007). Gruenbaum (2005) also notes that the smoothness derived from type 3 FGM is considered in some cultures as feminine and sensual. Invariably, fear of being culturally and socially seen as ugly or masculine, or a target for ridicule continue to promote its acceptance even amongst women themselves in those communities (Catania et al., 2007; Abdel-Azim, 2012). Bisi used the phrase, *"my problem is"* when referring to the practice of FGM. Within this context, FGM is seen to represent a micro-level expression of an ideology that disempowers some Nigerian women, and perhaps, also highlights a wider issue of domination and subordination inherent in the Nigerian society (Ozo-Eson, 2008).

### ***Structural power relations***

Apart from the type of power relation seen in a patriarchal society like Nigeria, Bisi also described structural power relations in the UK which exists at the intersection of gender, race and social identity as shown:

*“this thing they know I have got evidence, they know the truth as well, but they said they are not practicing it in Nigeria. So, they say that I should take my kids to another part of Nigeria”.*

This structural domain of power embedded within the wider social context, contributed to the disadvantage Bisi experienced in her asylum-seeking process (Collins and Bilge, 2016). Also, of interest is how Bisi tells this story of power using the dialogical organization of “I” and “they”. Her use of “I” in relation to “they” is considered to indicate Bisi’s acknowledgement of the unequal power relations that exist in her interaction with powerful social conditions (Harré and Van Langehove, 1999). In addition, there is a clear indication of how institutionally accepted narrative of gender related violence in a privileged society like the UK, can constitute further silencing and marginalisation of women like Bisi who are seeking asylum in the UK on the grounds of gender-based violence, like FGM.