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Strengthening Diversity: responses to
BME women experiencing domestic
violence in the UK

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Outline of presentation

- What are the particular issues marking the lives of BME women?
- Ways in which diversity has been incorporated into theorisations of VAW and responded to in practice. How is inequality made in/visible in discussions of and service responses to black and minority ethnic (BME) women experiencing violence.
- How can specific needs be most effectively responded to - mainstreaming and/or specificity – and some dilemmas of diversity?

Introduction

The development of research on gender and research on 'race'/ethnicity have both generally been silent on the intersection of race and gender and violence resulting in issues of BME women and VAW being marginalised, silenced and made invisible. Where they have appeared, this has often been problematic couched in stereotypical assumptions to illustrate the oppressive 'cultural' practices of particular communities rather than being explored in detail or given centrality. More recently, an emphasis on the need to mainstream minority issues has often led to either invisibility or greater scrutiny of those communities.

Despite this general absence, a tradition of activism and research has been developed by BME women which challenged both the practice and theory of feminism. In particular, such writing and theorising has shown us ways of looking at and understanding the complex divisions which operate and shape the experiences and lives of BME women. This body of writing, in challenging homogenising feminism, has also helped to refine the theorising around gendered power relations. Thus notions of intersectionality and multiple oppression have been powerful concepts that have been widely adopted by mainstream theorists and researchers in their examinations of the complex interplay of systems of dominations and control as they mark the lives of a range of subordinate groups. It has also moved us away from building hierarchies of oppression.

The development of BME refuges and DV services has been a key part of this challenge posed by BME women in practice; not without its own challenges it has formed the bedrock of autonomous organising by women who have challenged patriarchal practices within their communities and the practice of racism in wider society. Although there have been huge developments made in the last 25 years in getting VA BME women on to the agendas of the

government and statutory agencies as well as mainstream DV services, this continues to be an on-going issue, something I want to return to later.

There are dilemmas in dealing with specificity without marking communities as backward, uncivilised or as being more oppressive towards their women. The current climate with so much of our political and popular debate being preoccupied with terrorism makes it especially difficult for practitioners not to retreat to the comfortable spaces of stereotypes and assumptions. There are also dilemmas involved in challenging particular oppressive practices within communities without placing those groups under greater state scrutiny and possibly criminalising them.

What are the particular issues marking the lives of BME women?

DV in the UK

Since the late 1990s, domestic violence has begun to receive greater government and policy attention. This is indicative of the shift towards mainstreaming of some aspects of DV whereby emphasis has generally been placed on the need for all agencies to give an appropriate response to victims and children they encounter. It costs the UK £23 billion a year (Inter-Ministerial Group on Domestic Violence, 2005).

Specialist domestic violence sector

As part of the history of organisation against DV, the specialist DV sector has its roots in the late 1970s and early 1980s. Specialist refuges, aimed at meeting the needs of Asian, African-Caribbean and African women and children, were set up to fill the gap that was left by the mainstream refuge provision. This was something highlighted in research commissioned by Women's Aid Federation England (see Rai and Thiara, 1997). Today, though challenged by new and continuing pressures, the specialist DV sector is the source of valuable knowledge, insight, and experience about supporting BME women and children affected by abuse.

What do we know about BME women and VAW?

While it cannot be assumed that all BME women will have the same experiences, expectations and needs, available research does identify some key areas which are important to consider. The importance of these will differ according to class, age, country of birth and ability to speak English and determine the strategies employed by women and their choices and access to service provision.

The 2001 British Crime Survey (1 in 5 - 21% women and 1 in 10 men - 10%) pointed to little difference in the prevalence of DV by ethnicity (Walby and Allen, 2004). Knowledge and information, though still scant, of the needs of BME women and children has been generated by a few national studies and numerous pieces of local research.

Though BME women are just as likely as others to be victims, there are differences in how they respond to violence and how they are treated by services.

Research has highlighted the specific issues in relation to BME women pointing to their 'double victimisation' – the violence perpetrated by partners and family members and then the failure of services to provide appropriate support and interventions (Gill, 2004:466; Rai and Thiara, 1997). The failure to protect by agencies such as the police and health professionals along with the neglect by family members reinforces and perpetuates violence in women's lives.

Reporting and help-seeking - issues of access

Research shows that women from BME groups are less likely to access existing services and that there is generally a low level of awareness of refuge support services among large numbers of BME women which leads them to endure abuse for longer periods (Rai and Thiara, 1997:6; Batsleer et al, 2002). Research shows that Asian women in particular are likely to severely under-report (see Imkaan 2003). According to Southall Black Sisters (1993) women had endured violence for between 3 and 40 years before seeking help.

Limited knowledge and misconceptions about refuges along with inadequate help from agencies are often among the key reasons for women remaining in a situation of abuse. This leads to many women under-using refuge support services (Rai and Thiara, 1997). Indeed, research shows that BME women in general are less likely to seek help from agencies which they view as insensitive to their values and needs – often face barriers of racism and prejudice (Sen 1997:3).

Religion and culture

Sensitivity to their religious and cultural practices has been shown to make a considerable difference to the quality of the experience that many BME women have and often dictates whether they stay or return to violence. The availability of a culturally specific service - with access to workers from similar backgrounds and which facilitate sharing of experiences with other BME women - can be crucial to a woman's recovery from DV.

At the same time, it is apparent that some service providers use religion and culture to operate on a basis of 'non-intervention' for fear of being seen as racist and seeing it as 'respect' for different cultures; however this results in a further silencing of the issue and a collusion with those that claim DV is not an issue for their communities.

Language

Research shows that language (and culture) is of great importance to women who are reluctant to access or approach services considered to lack an understanding of their experiences and needs. In particular, language can be a huge barrier in women accessing services. Women may be unable to access written information about services and interpreters are rarely present at police stations and hospitals; indeed women may be reluctant to fully recount their abuse to a stranger with whom they have no relationship of trust.

Simply employing interpreters has widely been reported as poor practice in DV support work; the fact that some agencies often rely on members of the victims family or their children has been emphasised as even poorer practice. The importance of sensitive and sympathetic support work in appropriate languages as a key to women rebuilding their lives is identified by numerous studies (see Sen, 1997).

Workers from appropriate backgrounds

Although it cannot be assumed to be so for all women, some studies suggest that when seeking help BME women were very positive about being able to speak to a worker from a similar background and felt this helped them to make an informed choice (Rai and Thiara, 1997:18; Minhas et al, 2003). Building up 'relationships of trust' can also be better facilitated if a woman is being supported by a worker who has a similar ethnic/cultural background with an insight into the pressures and contradictions experienced as well as similar experiences of racism and oppression. The employment of one worker within a mainstream service, however, is viewed as inadequate as many BME women often require the sensitive cultural context only afforded by specialist services.

A recent Home Office publication also highlights that Asian women preferred their support workers to be Asian and speaking the same language (Parmar et al, 2005:5). Studies show that this is especially the case for women who do not speak English, particularly older generation women who have been expected to 'put up' with violence in the home and see it as an acceptable part of marriage.

High levels of support

Much of the research on BME women shows that for a range of reasons, including extreme isolation and guilt at having failed your family and community, Asian women often require higher levels of support and over a longer period of time – this can include advocacy with statutory agencies, specialist counselling and general emotional and practical support. It is also evident that the recovery period from domestic violence and moving on for BME (Asian) women is much longer than for white women (Humphreys and Thiara, 2001).

Isolation can be a greater issue for BME women as leaving home and their support networks makes them more vulnerable and takes longer to move on. A recent Home Office publication also highlights that BME women preferred 'longer-term support from an advocate or support worker rather than short-term crisis intervention' as it enabled 'relationships of trust' to develop (Parmar et al, 2005:3).

Research shows that many BME women (especially Asian women) face the dual problem of racism (from other residents and workers in mainstream refuges, in localities while living in refuge or when re-housed, children faced racism in schools) and rejection from their own communities (led to further isolation making it harder to re-build their lives). This leads to them needing to be supported more intensely and for longer.

Outreach support

Going into a refuge is often reported by women as a last resort. Despite refuges research shows that many women prefer to stay in the community and receive help for domestic violence¹. The role of outreach services has been especially crucial for BME women who are more likely to under-use refuge support services or where they continue to experience post-separation violence and child contact issues and possibly threats of abduction. Although many BME women have to flee from the area in which they are living because of safety issues, many do not want to leave. The experience of one of the Home Office VAW initiative funded projects showed that some women wanted to remain in the home to show to their communities that they had done nothing wrong. They also did not want to remove themselves or their children from networks of support and areas with which they were familiar (Malos et al, 2003). However, in doing so they required considerable support from workers who had an understanding of their situations and choices.

Advocacy with other services

Given the reality of racism, intense isolation and language barriers faced by BME women, advocacy and support is crucial. Many BME women do not know how the system works. 'Advocates' or 'support workers' are valued by women not only to help them to make informed choices and lessen isolation but to negotiate their access to mainstream services and often to make heard their viewpoints. It is particularly useful in ensuring that a multi-agency approach is taken to meeting the needs of BME women escaping DV.

Mental health and domestic violence

The issue of mental health, especially high rates of self-harm and suicide, among Asian women has caused concern among specialist services for some years. Research in the UK – 6 studies show elevated rates of self-harm, particularly amongst Asian women under 30 (Merril and Owens 1986; Yazdani 1998; Soni-Raleigh 1996). A study by Bhugra et al., drawn from an A&E unit in West London, showed that young Asian women under 30 had rates of self-harm 2.5 times those of white women and 7 times those of Asian men.

Problematic substance use and domestic violence

The links between DV and substance use have only recently begun to be made and practice found to be wanting in both areas (Humphreys, Thiara, Regan, 2005). Many services, because of preconceived views of, for e.g. Asian women, do not expect them to suffer from problematic substance use.

Differing forms of domestic violence

It has been reported that Asian women are more likely to suffer abuse by multiple family members in the home, as well as their partners (see Minhas et al, 2002:15). Although there has been long and heated debate about definitions of DV, it has generally been emphasised by specialist services that

¹ For a discussion of the role of outreach services, see C. Humphreys and R.K.Thiara (2001) *Routes to Safety: protection issues facing abused women and children and the role of outreach services*, WAFE, Bristol.

a broader definition more appropriately incorporates the experiences of abuse they encounter. Effect of broader definition – shift away from intimate partner violence and catch all for domestic incidents.

Forced marriages

Increasingly FM is being seen as a key form of DV and/or child abuse in Asian communities, and has also been linked to high rates of self-harm and suicide attempts amongst Asian teenage girls (Yazdani, 1998).

The Foreign and Commonwealth Office deals with around 250 cases of forced marriage a year - 30% of which are children. In addition, Asian women's projects and other organisations see similar number of cases each year and many more go unreported. One report gives an estimate of 1000 forced marriages a year pointing to many more that are never reported (SBS, 2001).

Reports show that women who seek protection from FM have faced inaction by the authorities, resulting from ignorance regarding the issue or a perception that it is a private family matter (ASK and Gah, 2000). Although there have been efforts by government to raise awareness among police officers and the Forced Marriage Unit was launched in January 2005, there is ongoing debate about what responses need to be made – return to this later.

Honour and shame - Crimes of dishonour

Shame is a big factor in women deciding to stay or leave. This is so for many women not just BME women and it is important to make connections between how issues of shame shape all women's responses to their abuse.

The issue of so called 'honour' killings has recently begun to be raised as something that warrants greater attention and has clear implications for the lives of Asian women, especially those who act in ways inconsistent with cultural norms (Gill, 2004). A report reveals that in the UK there have been 20 killings in the name of honour in the last five years (Council of Europe, 2002) though, like forced marriages, such violence is rarely reported. Many have argued that such killings are little more than the murder of women.

The impact of honour or 'family dishonour' in disabling many women from seeking external help has to be understood. The potency of family honour as a deterrent to women seeking help is greatly exacerbated when they do not receive the appropriate understanding and interventions that are needed.

Immigration

The issue of immigration continues to impact particularly viciously on the lives and choices of BME women. It can often determine whether a woman actually seeks help as well as shape the service response that she receives. Where women with insecure status have no recourse to public funds they have been excluded from existing support services and many refuge services in England discriminate against some women due to their immigration status. Research found that in England many DV workers are uninformed about the issues faced by women with unsettled immigration status (Rai and Thiara, 1997).

Ways in which diversity has been incorporated into theorisations of VAW and responded to in practice. How is inequality made in/visible in discussions of and service responses to black and minority ethnic (BME) women experiencing violence.

Debate around difference/diversity been prolific; become a catch-all phrase with little attention paid to an analysis of its implications in concrete settings (Afshar and Maynard, 1994).

Maynard for e.g. recognises diversity but is critical of whether a focus on 'difference' alone enables us to explore the processes and mechanisms which produce specific forms of subordination.

Uses of 'difference' in feminist writing is as experiential diversity. Difference as experience has 'us' and 'them' connotations; leaves whiteness as an uninterrogated racialised identity. This amounts according to Spelman (1988) to a: "setting of tolerance, which requires looking but not necessarily seeing, adding voices but not changing what has already been said", where the power to define remains unchallenged (Hooks 1984).

Danger of liberal pluralism which views the social world as a collection of differing groups/individuals. Mohanty argues questions of historical interconnection are thus transformed into those of discrete and separate histories. Slide towards cultural relativism. Also makes it hard to offer wider structural explanations and one runs the danger of being unable to offer explanations that reach beyond the particular. Diversity has become a watered down term for racism – doesn't require us to interrogate power relations but simply to focus on difference/different experiences.

While feminists claim to have dealt with issue of diversity, little theoretical work which is gendered and takes account of 'race' and racism in the VAW literature.

In practice, stereotypes and assumptions about culture and difference frequently shape service responses to BME women affected by DV.

Racism and equality

Although more BME women are accessing DV services than in the past, mainstream services still struggle to provide an appropriate service and to adequately meet their needs.

Research shows that the success of mainstream services in ensuring a woman-centred environment has not been mirrored in the area of race equality. Many women report experiences of racism in mainstream services which often lack sensitivity to their cultural, religious and other needs. Many groups of BME women still continue to under-use mainstream services for fear of racism and cultural insensitivity. It is apparent that the challenge of ensuring equality for all service users remains unmet and something that needs to be considered by all those working to support women and children affected by DV.

Racism compounds the vulnerability of women affected by DV and 'institutionalised' racism frustrates BME women getting an appropriate response from services further reinforcing experiences of marginalisation (Parmar et al, 2005:6; Cooke et al). Research by WAFE of refuge support services shows that reducing racism to culture was something that was commonly done by many services (Rai and Thiara, 1997). Some services also considered anti-racism as being of little concern to them because BME women did not use their services.

Stereotyping and other forms of discrimination have also been reported by research as a common experience for BME women in accessing services – resulting in seeing the violence as normal in some communities or focusing on the immigration status of the victim rather than protection (see Imkaan, 2003; Batsleer, 2002).

DV is something that can be overlooked or excused for 'cultural reasons' as a homogenised absence or as a pathologised presence it brings heightened visibility to BME women and their communities as they come under particular scrutiny (p.322).

Study shown and supports others in showing how discourses of 'culture' serve to marginalise and exclude women from services – both mainstream services and communities (which privilege community membership over women's abuse, p.333). Results in a lack of protection for women in the name of 'cultural sensitivity'.

Many have argued for the need to avoid 'culture blaming' just as explanations of DV have moved away from 'woman blaming'.

Mainstream service anxieties about engaging with 'race' or cultural issues intersect with ways all communities cover up DV to manifest barriers to appropriate intervention. Argue that this 'race'/cultural anxiety fuels 'cultural privacy' which makes DV within BME communities more invisible – creates further barriers to services. Prioritising family/community/appearances presented as peculiar to BMEs rather than being a feature of all.

Such responses feed into discourses of multi-culturalism, criticised by BME women for homogenising communities and only listening to the most powerful groups (men). Have argued for ensuring the rights of women without trampling on the BME communities (Siddiqui, 2004).

Some theorisations of diversity have urged for the need to look at differentiation within diversity.

It is important to highlight that an emphasis on diversity alone (though an important step) does not ensure equality for women and children from BME groups. Ensuring equality requires fostering an understanding of the impact of multiple oppression, ways in which power is relational, insights into the subtleties of different communities and a more proactive look at every aspect of the service, from employment practices right through to service delivery.

Given the unquestionable existence of institutionalised racism and sexism (among others) many writers have argued for the need to have 'consistent interrogation' to nurture an understanding of the ways in which multiple oppressions simultaneously have an impact on BME women experiencing DV. This means that multiple oppressions have to be considered in all their complexity without the privilege of isolating one from the rest. Clearly, this poses a challenge for professionals and researchers and a disjuncture from the comfortable spaces of either 'adding on' their experiences or resorting to stereotypical assumptions.

Some Dilemmas of diversity

How can specific needs be most effectively responded to - mainstreaming and/or specificity – and some dilemmas of diversity?

Mainstreaming versus specificity

In recent years, there has been much emphasis on the need to mainstream service responses to marginalised groups. While this has its advantages and disadvantages, there is an apparent lack of fit between theory and practice. So while it is recognised that some groups have specific needs and require particular service responses, it is also argued that issues such as gender and race need to be mainstreamed. In practice what this has meant is that specific needs crudely get reduced to language support without any recognition of the complex understandings that need to form a basis for an effective response.

Two examples

Example 1: Supporting People

This is highlighted by the recent developments around the Supporting People (SP) Programme, a new funding framework² for housing related support services for vulnerable people - includes services for the homeless, victims of domestic violence, teenage parents, and older people.

The programme became 'live' in April 2003 and has been seen by many as a positive move on the part of the government towards enabling Local Authorities (LAs) to commission services for the vulnerable.

SP serves as an example of the dilemmas of diversity – are specific needs more effectively met through being mainstreamed or through specific provision? Yet if mainstreaming is not thought through or lacking a real commitment to addressing specific needs it can have un/intended consequences – illustrated by the impact of SP on specialist services.

Specialist services have come under pressure to justify themselves in the face of criticisms about their rationale, criteria and exclusiveness (see Thiara and Hussain, forthcoming). Though differently affected, SP has made specialist services even more vulnerable in the face of claims of costing too much and being exclusive. This is made worse by the emphasis on mainstreaming.

² The funding is a local government grant from the ODPM paid to and administered by 150 local authorities referred to as Administering Authorities.

This is in spite of the widespread recognition that BME women have specific needs which require specialist interventions, something that was emphasised by the Home Office in developing its BME strategy, recognised in the Safety and Justice consultation document, highlighted in the Supporting People guidance in relation to BME groups, incorporated into the report to the Committee on the Elimination of Racial Discrimination (World Organisation Against Torture, 2003), raised repeatedly by numerous Asian women's organisations, and generally accepted by bodies such as the Association of Chief Police Officers and the Crown Prosecution Service among others.

Given this acceptance of the specific needs of BME women and children, are funders and mainstream services merely paying lip service to the notion that they have specific and different needs? Although a recent Home Office publication points out that ethnicity should not be marginal but integrated into the delivery of all support services, much of the research in this area has highlighted the inability of the mainstream sector to adequately meet specific needs and shown that one specialist worker employed in a mainstream service is not an adequate or desirable response (Parmar et al, 2005; Rai and Thiara, 1997; Cooke et al.).

Another dilemma - Is the threat to specialist services simply a service provision issue or do we need to consider it as a deeper threat to the movement against VAW? Should we as DV researchers and practitioners be concerned about the threat it represents for autonomous organisation by BME women?

Not just service delivery but part of a rich tradition of organisation and activism that need to be supported.

Example 2: Forced marriages

Considerable debate has taken place over this issue which is on-going with the government currently carrying out a process of consultation over whether FM should be outlawed and seen as a criminal offence. Motivated by the significantly higher number of murders of Asian women (50% of Ondon murders?).

There are differing views on this – many support it including a prominent Asian women's organisation.

Does an attempt to address a negative practice – criminalise communities or positively address the issue? Should we see it as homicide and not bring attention to particular communities?

The dilemma for building diversity is: do we reinforce cultural relativism by non-interference and leave women at risk of harm/murder? Or: do we risk greater scrutiny and interference within cultural communities, possibly leaving them vulnerable to greater racism? In a way there is no middle ground – either criminalise it or not; either see it as murder or not.

I am not trying to answer these questions but feel strongly that networks such as ours need to engage with the debates taking place.

Conclusion

Need to privilege complexity in our understandings and discussions of diversity and difference, so they are not added on but a central part of our theorisations of VAW and its many manifestations.

Need to look not only at (and perhaps shift emphasis from) differences but at inequalities that continue to mark the experiences of BME women.

If theorising has shown us a way to understand complexities, how can we meaningfully apply these in our responses to BME women affected by DV – does responding mean mainstreaming or specificity?