

**FACTORS INFLUENCING  
DISCLOSURE AND HELP-SEEKING  
PRACTICES OF NIGERIAN WOMEN  
RESIDENT IN ENGLAND WITH LIVED  
EXPERIENCE OF DOMESTIC  
VIOLENCE AND ABUSE**

A thesis submitted to The University of Manchester for the degree of  
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# Abstract

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THE UNIVERSITY OF MANCHESTER

**ABSTRACT OF THESIS** submitted by Omolade Ibiyinka Femi-Ajao for the degree of Doctor of Philosophy and entitled:

**Factors Influencing the Disclosure and Help-seeking Practices of Nigerian Women Resident in England with Lived Experience of Domestic Violence and Abuse**

**May 2016**

**Background:** Domestic violence and abuse is a public health problem affecting more than one third of all women globally. It usually takes place between individuals in intimate relationships and/or within the family. In the United Kingdom (UK), while theoretical and policy interventions have led to an increase in domestic violence and abuse service provision for women, there is paucity of research on the disclosure and help-seeking practices of women from ethnic minority populations.

**Aim:** To identify factors influencing disclosure and help-seeking practices of Nigerian (ethnic minority population) women resident in England with lived experience of domestic violence and abuse, in order to make recommendations to relevant stakeholders on domestic violence service provision and utilisation.

**Methods:** A cross-sectional qualitative research design was utilised. This included a qualitative systematic review of literature on domestic violence research among women from ethnic minority populations in the UK; individual, in-depth semi-structured interviews with 16 Nigerian women resident in England with lived experience of domestic violence and abuse, and with nine Nigerian religious and community leaders based in England. The interviews were conducted between May 2012 and April 2014, and data were analysed using thematic analysis technique.

**Findings:** Three main themes were identified as factors influencing the disclosure and help-seeking practices of Nigerian (ethnic minority population) women in England, UK. These are socialisation from country of birth, immigration status, and acculturation in the country of immigration. These findings were discussed using the modified sociological theory of domestic violence and abuse.

**Conclusion:** There is a need for appropriate gender socialisation, and collaborative working with ethnic minority community groups and faith-based organisations to enhance access and facilitate utilisation of existing domestic violence services by Nigerian (ethnic minority populations) women resident in England with lived experience of domestic violence and abuse.

# Declaration

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No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

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## Dedication

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This thesis is dedicated to all Nigerian women who have, are, and will ever experience domestic violence and abuse – for their courage, sacrifice and resilience.

## Quote

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Far too many black men who praise their own mother feel less accounted to the mothers of their own children.

- Patricia Hill Collins

# Introduction

---

## **Origin of the Research**

My interest in the subject of domestic violence and abuse against women began in 2007, while working in Babcock University, Nigeria. I came across female undergraduate students who were victims of domestic violence and abuse perpetrated by their boyfriends. In 2010, I became aware of the incidences of domestic violence and abuse against Nigerian women in the UK, and the associated difficulties with disclosure and help-seeking from statutory services.

While there are UK government policies and provisions for supporting women experiencing domestic violence and abuse, little is known about the disclosure and help-seeking practices of Nigerian women resident in England. Therefore, the aim of this thesis is to identify factors influencing disclosure and help-seeking practices of Nigerian women resident in England with lived experience of domestic violence and abuse, as well as their domestic violence and abuse service support needs, in order to enhance their utilisation of existing domestic violence and abuse services.

## **Structure of the Thesis**

This thesis has eight chapters. Chapter one provides relevant background literature on violence against women and domestic violence and abuse, with specific focus on ethnic minority populations and their cultural orientation.

The research design and theoretical perspectives adopted in the study are discussed

in chapter two. This includes the aim and objectives, the ontological, epistemological and ethical considerations of the study.

Chapter three is a qualitative systematic review of published qualitative research on domestic violence and abuse against women from black and minority ethnic groups in the UK. This is also known as Study One.

The methodological perspectives utilised in Study Two and Study Three are presented in chapter four.

Chapters five and six are result chapters detailing findings from Study Two exploring the disclosure and help-seeking practices of Nigerian women in relation to domestic violence and abuse, as well as their service support needs; and Study Three exploring the roles and perspectives of Nigerian community and religious leaders in supporting Nigerian women with regards to domestic violence and abuse.

Chapter seven provides the synthesis of findings from studies one, two and three, critically discussed using the modified sociological theories of domestic violence and abuse.

Chapter eight discusses the main findings of the thesis in the context of overall literature. The limitations of the study are identified, and recommendations for policy, practice and future research suggested. It also provides the researcher's personal reflection.

# Chapter One: Study Background

---

## 1.0 Introduction

This chapter provides the relevant background information on gender-based violence against women, domestic violence and abuse, and cultural orientation including the definitions, global prevalence and theoretical perspectives. The overview of literature with specific focus on domestic violence and abuse among ethnic minority populations is also presented. Finally, the concept of Black and Minority Ethnic (BME) groups in the United Kingdom (UK), and similarities and differences in the experience of BME and non-BME (British) women are discussed.

### 1.0.1 Violence against Women

Based on the adaptation of United Nations Declaration (United Nations General Assembly 1993), the World Health Organisation (WHO), defines violence against women as:

*‘any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life’* (World Health Organisation 2012).

The WHO definition highlights the extent of violence against women, and established that these gender-based acts could be perpetrated both within the family and in public places. The prevalence data (figure 1.0 below) showed that

globally, 1 in 3 women will be a victim of violence, perpetrated by an intimate partner or a non-partner.

**Figure 1.0: Prevalence of Violence against Women**



**(Figure 1.0 is from World Health Organisation 2013, pg 18, Open Access policy)**

Although there are higher prevalence rates of violence against women in WHO African, Eastern Mediterranean and South-East Asia regions, when these prevalence rates are compared in proportion to the populations of these regions, it can be deduced that the prevalence of violence against women is not higher than in other parts of the world. Hence, the prevalence data from WHO suggests that violence against women is a global problem.

While there may not be major differences between regions in terms of prevalence rates, the main differences lie in the acts of violence perpetrated against women. Evidence from a research commissioned by European parliament which conducted 42,000 face-to-face interviews with women across 28 European Union (EU) member states showed that, violence against women is an extensive problem in Europe (European Union Agency for Fundamental Rights 2014). Findings from this EU-wide study further identified physical and sexual violence, domestic violence and abuse (intimate partner violence), stalking, cyberstalking (internet violence), rape, sexual harassment, and childhood experience of violence as common acts of violence against women in Europe (European Union Agency for Fundamental Rights 2014).

However, the study did not explore other types of gender-based acts of violence against women influenced by harmful cultural practices, such as female genital mutilation (FGM), as they ‘affect certain groups within the female population and therefore are hard to capture through a general population survey’ (European Union Agency for Fundamental Rights 2014, pg 10).

It suffices to say therefore, that within WHO Africa, Eastern Mediterranean, and South-East Asia regions, there are harmful cultural practices, which are in addition to the acts of violence against women commonly observed within Europe. These harmful cultural practices also constitute acts of gender-based violence against women. The report of the United Nations (UN) on the fourth world conference on women identified some of these harmful traditional practices as domestic violence and abuse, dowry-related violence, FGM, forced prostitution, marital rape, trafficking, non-spousal violence and violence related to exploitation (United Nations 1995). These harmful cultural practices have been incorporated and

extended in the recently passed Violence Against Persons (Prohibition) Act, 2015 (VAPP) in Nigeria (Nigeria National Legislative Bodies 2015).

In addition to all acts of gender-based violence against women previously mentioned, the Nigerian VAPP Act, 2015, which is a gender-sensitive legislation, further identified harmful widowhood rites, use of chemical, biological and any other harmful liquid on a person, spousal abandonment without means of sustenance, forced isolation, and forceful eviction of a spouse, as acts of gender-based violence that are prevalent in Nigeria.

Having identified violence against women as a global problem, which could be perpetrated by either spousal and non-spousal partners and persons, and can be condoned by the State (European Union Agency for Fundamental Rights 2014), it is therefore important to limit the focus of this research. Hence, this research will focus on domestic violence and abuse against women perpetrated by a current or previous intimate male partner.

### **1.1 Domestic Violence and Abuse: Definition and Prevalence**

Domestic violence and abuse (DVA) is a public health problem affecting more than one third of all women globally (World Health Organization 2013). It usually takes place between individuals in intimate relationships and/or within the family (Home Office 2012a). In the UK, domestic violence and abuse is defined 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, emotional'* (Home Office 2012a).

There are different types of domestic violence and abuse against women, manifesting in series of behaviours and actions. As reflected in the Home Office (2012) definition, common types of violence and abuse include physical violence, sexual violence, psychological abuse, financial, and emotional abuse. The Home Office (2012) definition of domestic violence and abuse is adopted in this thesis, and limited to domestic violence and abuse against adult women (18 years and above) by a current or previous intimate male partner.

Domestic violence and abuse has been identified as a risk factor for economic deprivation, social isolation, self-harming, physical and mental health problems including depression, alcohol and drug dependence, and post-traumatic stress disorder (Campbell 2002;Chew-Graham et al. 2002;Ellsberg M and Heise L. 2005;Ellsberg et al. 2008;Garcia-Moreno et al. 2006;Golding 1999;Wellock 2010).

Globally, there are diverse statistics on the prevalence of domestic violence and abuse, which may reflect difficulties around disclosure and help-seeking. Estimates from a large WHO multi-country cross sectional survey of 24, 097 women aged 15-49 years showed that domestic violence and abuse is widespread, and varied by cultures and countries (Garcia-Moreno et al. 2006;Ellsberg et al. 2008). The authors reported that between 15-71% of ever-partnered women have experienced domestic violence and abuse.

Despite the wide variations in the estimates, which may be due to methodological issues and other personal characteristics of the research participants, findings from this multi-country study ‘confirm the pervasiveness and high prevalence of violence against women’ (Garcia-Moreno et al. 2006, pg 1268), and highlights the impact of cultural and geographical contexts on disclosure and help-seeking practices. Thus, it could be surmised that although we know that the incidence of domestic violence is common, the pervasiveness of the problem of domestic violence and abuse is unknown.

Similarly, evidence from the 2011 British Crime Survey (BCS) shows a variation in the prevalence of domestic violence among women in England. For example, 76 percent of women who completed the 2011 BCS self-identified as having experienced some form of domestic violence since the age of 16. This may be equivalent to an estimated 4.8 million women (Smith et al. 2012). Although men experience domestic violence, existing evidence confirms that women are at a higher risk (Smith et al. 2012), with an average of two women being killed per week in England and Wales by a current or previous male partner (Department of Health 2005).

## **1.2 Overview of Theoretical Perspectives of Domestic Violence and Abuse against Women**

Globally, a considerable amount of literature has been published regarding theoretical perspectives on domestic violence and abuse against women by current or former intimate male partners (Bograd 1999;Bowman 2002;Burlae 2004;Crenshaw 1991;Sokoloff and Dupont 2005;Yllo and Bograd 1988;Jasinski

2001;Armstrong 1998;Hyde-Nolan and Juliao 2012;Lawson 2012;Heise 1998).

Many authors tend to combine the theories within a framework to aid their discussion and application of such theories. For instance, Jasinski (2001) described micro-oriented theories, which focuses on intra-individual and social psychological explanations such as the effect of social learning in perpetuation of domestic violence, personality characteristics and psychopathy, biological and physiological explanations, the role of alcohol in violence against women, exchange theory, and resource theory. Further, Jasinski (2001) described feminist theory, family violence perspective, sub-culture of violence, and cultural acceptance of violence as macro-oriented theories focusing on sociocultural manifestations of domestic violence and abuse against women.

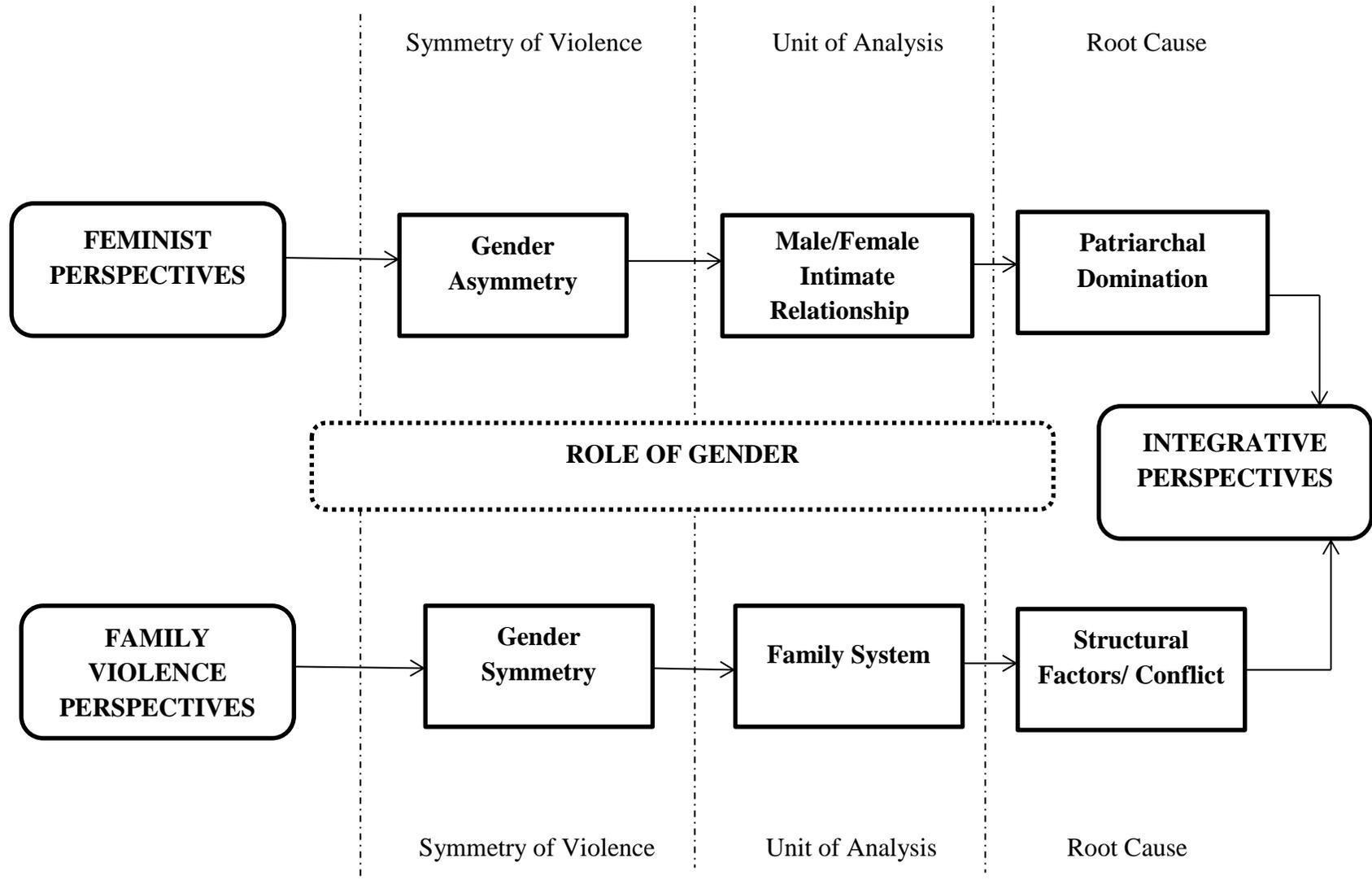
Similarly, Barnish (2004) provides a review of domestic violence theories under the broad headings of feminist and socio-cultural theories, individual theories, interpersonal theories, and social and learning theories. In her review, Barnish (2004) underscores the role of culture, social strata, developmental and personality factors, relationship conflict, and the influence of individual's social context in the perpetuation of domestic violence and abuse.

In addition, Hyde-Nolan and Juliao (2012) discussed four psychological theories of domestic violence and abuse: psychoanalytic theories, social theories, cognitive behavioural theories, and family and systems theories. A common theme observed within the psychological theories is the individualised response of aggressive behaviour. This was described as a process by which male perpetrators consider

the female victims as objects, and tend to be aggressive towards them as a way of combating their (male perpetrator) emotional pain and hurt.

Lawson (2012) also provides an overview of sociological theories of domestic violence by reviewing the family violence perspectives (systems theory, ecological theory, exchange/social control theory, resource theory, and sub-culture of violence theory), feminist perspectives, and integrative theories. These three theoretical perspectives are a combination of common theoretical explanations of domestic violence against women, and are presented in Figure 1.1 below as the sociological perspectives on domestic violence and abuse. This thesis aligns with the sociological theories of domestic violence in critically discussing the factors influencing disclosure and help-seeking practices of Nigerian women with lived experience of abuse in England (see chapter 7).

**Figure 1.1: Sociological Perspectives on Domestic Violence**



(Figure 1.1 is from Lawson 2012, pg 587, used with permission)

As shown in figure 1.1 above, the role of gender is central in the sociological theoretical perspectives on domestic violence and abuse against women. Although feminist perspectives maintains that gender is asymmetrical – that is, men always abuse women as a result of patriarchal domination, family violence perspectives posit the role of gender is symmetrical – that is, females are as likely to abuse males, and vice versa, and that the root cause are structural factors or conflict (Lawson 2012).

However, advocates of integrative perspectives suggests combining both the feminist and family violence perspectives, in order to underscore the multifaceted nature of domestic violence and abuse, and recognise it as a combination of series of personal, biological, social, psychological, situational and structural factors (Heise 1998;Krug et al. 2002). The use of broken lines within the symmetry of violence, unit of analysis, root cause of violence, and the role of gender is to highlight the fluidity and flexibility of these constructs particularly within the integrative perspectives.

While there are different categorisations and application of domestic violence theories, it has been widely suggested that no one theory explicitly explains domestic violence and abuse against women (Barnish 2004;Lawson 2012;Heise 1998). Thus, domestic violence interventions are based on a combination of theories to foster a broadly defined base for ensuring service provision is appropriate for women experiencing domestic violence and abuse. The power and control explanation is an example of such combination of theoretical perspectives.

### *1.2.0 Power and Control Explanation*

The power and control explanation is a combination of theories, and was the basis for developing the Duluth Model Approach. This approach was developed in 1981 using evidence from work with criminal and civil justice agencies, community members, advocates and women victims of domestic violence and abuse from the community of Duluth, in Minnesota, USA (Domestic Abuse Intervention Programs 2011). Over the last 30 years, it has been used as a tool to facilitate coordinated community response for supporting women and children, and ensuring perpetrator accountability (Domestic Abuse Intervention Programs 2011). The power and control wheel is presented in Figure 1.2.

Figure 1.2 Power and Control Wheel



(Figure 1.2 is from [www.theduluthmodel.org](http://www.theduluthmodel.org), used with permission)

The power and control wheel (above) is one of the tools used as part of the Duluth Model Approach. The power and control wheel combines the sociological theories (see Figure 1.1) that places the role of gender at the core of theoretical perspectives on male's violence against women. The power and control wheel also highlighted eight domains through which males use their privileged position to abuse women, including behaviours that are demonstrated within these domains. It also addresses the issue of male dominance in the perpetuation of violence against women (Heise 1998)

The Duluth Model Approach is an example of an intervention developed by combining series of theoretical perspectives in that it recognises that power and control are the core motivations for domestic violence against women by male partners. Although the Duluth model has been criticised based on research methodology and epistemology (see Dutton and Corvo 2007), evidence from the work of Gondolf (2007) shows that the Duluth model is effective as a social plan for service provision for abused women and for developing batterer intervention programmes.

### **1.2.1 Theoretical Perspectives of Domestic Violence and Abuse against African Women**

While some of the theoretical perspectives already presented are relevant in explaining domestic violence and abuse against women irrespective of ethnic origin or country of birth, some theoretical perspectives have been criticised as being irrelevant to non-westernised communities (Dutton and Nicholls 2005; Johnson and Ferraro 2000). This is because some of the theoretical perspectives were developed using data from westernised countries, especially USA and Europe. Therefore, it is necessary to review the theoretical perspectives on domestic violence and abuse against African women, since this is the focus of the study.

It is expected that understanding the theoretical perspectives on domestic violence against African women may influence the recommendation for appropriate intervention, as theoretical perspectives provide a structural basis for understanding behaviours (Bandura 1977; Johnson and Bradbury 2015; Dixon and Graham-Kevan 2011).

Bowman (2002) conducted a review of theoretical explanations of domestic violence and abuse in the African literature, and identified: rights theory, feminist theory, cultural theory, society in transition, and culture of violence explanations, as the prevalent theoretical perspectives on domestic violence against African women. Bowman (2002) noted the absence of psychological and economic theories, stating that Africans tend to explain the abusive male partner's desire to exert power and control over the woman as cultural, rather than psychological.

Thus, three theoretical perspectives will be further expatiated: rights theory; feminist theory, and cultural theory. The decision to discuss these three theoretical perspectives is based on evidence from recent studies by Oladeji (2013) and Uwaoma et al. (2012). Using statistically significant correlates from their research, Oladeji (2013) and Uwaoma et al. (2012) espoused the rights and cultural theoretical perspectives as prevalent theoretical explanations of domestic violence and abuse against African women. Feminist theory has also been included in recognition of the extensive contribution of feminist scholarship in positioning the role of patriarchy and gender inequality as fundamental issues influencing the incidence of domestic violence and abuse against women.

#### **1.2.1.1 Rights Theory**

The rights theory of domestic violence and abuse is based on the recommendation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which states that women have rights to live free from violence, as a fundamental human right (United Nations General Assembly 1993). It advocates for gender equality and promotes the individual autonomy of women.

Although many African countries have ratified this convention, it is observed that in many of these countries, the idea of individual autonomy for women is still alien, as women are socialised within traditional social norms, which places women in subordinate positions compared to men (Oladeji 2013; Bowman 2002).

In the context of this present study, it may be suggested that Nigerian women were socialised within collectivist societies which does not promote individual autonomy (Abasiokong 1981; Oloko 1994). This could be regarded as being similar to existing practices in certain South Asian countries based on findings from the work of Jesmin (2015) and Madhani et al. (2015). Hence, it could be argued that existing institutional structures in many African countries widens the gender inequality gap, thereby violating women's right to freedom from domestic violence and abuse.

#### **1.2.1.2 Feminist Theory**

Feminism is a movement of women for social action and activism (Ryan 1992; Freedman 2001; Delmar 1986). Existing evidence suggest the term feminism 'emerged long after women started questioning their inferior social status and demanding an amelioration in their social position' (Freedman 2001 pg. 3). Thus, women groups and organisations have been challenging structures and institutions that privileged men over women prior to the widespread recognition of the term feminism during the late 19<sup>th</sup> centuries and the 1960s and 1970s (Delmar 1986; Freedman 2001). To enhance clarity, this thesis will use the term western

feminist perspective to distinguish feminist perspectives derived from Europe and North America's activism from African feminist perspectives.

The modern day nomenclature of feminism derives her herstory from the 1960s and 1970s work of women activists, scholars and groups in North America and Europe (Delmar 1986; Freedman 2001). Feminist movement developing during this era (also known as second-wave feminism) laid the foundation for varied forms of feminism such as Marxist feminism, radical feminism, and socialist feminism, among others (Mitchell and Oakley 1986). These varied forms of feminism provide different perspectives on all issues affecting women. Despite the variations in nomenclature and observed tensions resulting from the divergent views of feminists, there is a general assertions among western feminists that patriarchy as a system of social structures is used by men to oppress women universally, and that the experiences of women are similar worldwide (Delmar 1986; Freedman 2001; Mitchell and Oakley 1986; Acker 1989). This thesis focused on feminist perspectives on domestic violence and abuse against women.

The western feminist explanation maintains that domestic violence and abuse 'exists as part of a patriarchal social structures, and is an intentional pattern of behaviour utilised to establish and maintain power and control over a female partner or ex-partner' (Scottish Women's Aid 2008, pg. 7). Walby (1990) described patriarchy as 'a system of social structures, and practices in which men dominate, oppress and exploit women' (pg. 20), through autonomous structures which 'are real, deep structures and necessary to capture the variation in gender relations in Westernized societies' (pg. 20).

Feminist theory espousing patriarchy as the ultimate cause of all abuse against women gained widespread acceptance based on the 1960s and 1970s work of many feminist researchers and activists in westernised countries (Dobash and Dobash 1980; Pagelow 1981). This body of evidence have helped to advance present-day understanding of the role of patriarchy and male dominance in domestic violence and abuse against women (Tracy 2007), and has led to policy-making, enhanced disclosure of domestic violence and abuse by women, new methodological approaches in researching women issues, and has also resulted in more appropriate support and service provision for victims and survivors of domestic violence and abuse (Sokoloff and Dupont 2005; Styles 2014).

However, western feminist explanation of the role of patriarchy and male dominance has been criticised for being too simplistic and unilateral (Dutton and Nicholls 2005; Hunnicutt 2009; Straus 2009; George and Stith 2014; Anderson 1997). In addition, it has been argued that the western feminist explanations fail to uphold similar arguments regarding the role of patriarchy and male dominance for women who abuse women in intimate relationships (George and Stith 2014). Furthermore, proponents of other domestic violence and abuse theories (e.g. family violence theory) maintain that, western feminist theory does not account for the effect of socioeconomic status and other social structures on the perpetuation of domestic violence and abuse (Lenton 1995a; Lenton 1995b; Anderson 1997).

It is also the opinion of the researcher that the western feminist explanation of patriarchy as the ultimate cause of DVA may undermine the critical work of women and gender studies scholars, researchers and advocates. This is because, while there

are evidence which suggests domestic violence and abuse is gender asymmetry (Neate 2015; Lawson 2012; Johnson 2005), there are compelling evidence which highlights that the role of gender in the perpetuation of domestic violence and abuse is symmetrical (Kimmel 2002; Lawson 2012; Anderson 1997). As described by Connell and Pearse (2015) gender is a neutral social structure concept, which is multidimensional, affecting the identity, work, power relations and sexuality of individuals and societies.

Thus, despite the valuable contribution of western feminist scholarship, advocacy aimed at gender equality and gender sensitive policies with respect to domestic violence and abuse (Hearn and McKie 2009) may meet with resistance as a result of methodological and theoretical biases arising from the simplistic insistence of western feminist scholarship on patriarchy as the ultimate cause of DVA against women, to the exclusion of other biological, sociological and cultural explanations and complexities.

Irrespective of these criticisms, western feminist explanations help to understand the existence of imbalance in power relation between men and women (Yllo and Bograd 1988; Hunnicutt 2009), and highlights the subordination of women in intimate relationships as pivotal to the perpetuation of domestic violence and abuse (Armstrong 1998).

### 1.2.1.2.1 African Feminist Perspectives

Bowman (2002) observes that feminist explanation was explicit in some of the African literature on domestic violence and abuse, as part of wider issues of inequality in gender relations (Bowman 2002; Coulibaly 2015). It appears many African feminist scholars do not uphold the western feminists predominant view of patriarchy and male dominance as the main rationale for explaining domestic violence and abuse against African women (Oyèwùmí 1997; Mama 2000; Guy-Sheftall 2003). This may be due to predominant perspectives among African feminists that the issues affecting women within African and in the diaspora are multifactorial, and thus may not fit the universal description of issues of women observed within predominant western feminist discourses (Ampofo et al. 2008; Salo 2001).

In an earlier work, Mohanty (1988) critiqued the prevailing explanation of the role of patriarchy within western feminist perspectives as applied to domestic violence and abuse, and the marginalisation of women from third-world (that is, developing, such as Africa) countries. She argued that ‘western feminists tend to construct themselves as the normative referent’ (pg. 65) in describing women from developing countries. It was her view that western feminists tend to assume a universal view of issues of oppression of women as a group, thereby constructing women from non-western countries as being sexually constrained, ignorant, poor, uneducated, tradition-bound, religious, domesticated, family-oriented and victimised, while western women are represented as ‘educated, modern, and having the ‘freedom’ to make their own decisions’ (pg. 65). It was her position therefore

that, western feminist perspectives do not aptly represent women from developing countries, and that such perspectives may inherently reflect 'latent economic and cultural colonization of the 'non-western' world (pg. 82).

Using her 2003 work, Mohanty (2003) clarified her earlier position, and further advocates for an:

*'anti-imperialist, anti-capitalist and contextualised feminist project to expose and make visible the various, overlapping forms of subjugation of women's lives. [She suggested that] activists and scholars must also identify and re-envision forms of collective resistance that women, especially, in their different communities enact in their everyday lives' (pg. 515).*

The work of Styles (2014) further critically discusses the insufficiency of western feminist perspective in explaining domestic violence and abuse against women from non-white British societies. Thus, while feminist theory and the role of patriarchy in domestic violence against women is recognised within African literature (Igbellina-Igbokwe 2013), it has often been used as part of an anti-imperialistic activism to combat neo-colonial ideologies and practices (Johnson-Odim 2009; Ampofo et al. 2008; Guy-Sheftall 2003). For example, based on her review of African feminist discourse, Guy-Sheftall (2003) observed that African feminist work tended to raise awareness of wider issues of neo-colonialism, poverty, illiteracy, disease and exploitation of African as a continent, and Africans as a people. She identified a case of multiple jeopardy experienced by African women as a result of harmful traditional norms enforced by men, capitalist exploitation, and misappropriation of African resources as influenced by neo-colonial States.

Although African feminists recognise several issues (such as patriarchy, race, tradition, underdevelopment, and sexuality) affecting African women both on the continent and in the diaspora, there is sense of consensus observed within African feminist literature on the importance of gender equality of African men and women (Alkali et al. 2013;Arndt 2001;Salami 2012;Thielmann 2005).

Thus, rather than utilise the western feminist theory of patriarchy in explaining DVA against African women, African feminists tend to focus on gender equality, in the recognition that while African men may have some privileged position than African women, they (African men and women) are both affected by similar issues (Arndt 2001). Thielmann (2005) highlights that African Feminists Thought:

‘acknowledge that African women—and men—suffer not only from sexism and patriarchal social structures, but are also victims of racism, neo-colonialism, cultural imperialism, religious fundamentalism, socio-economic mechanisms of oppression and dictatorial and/or corrupt systems" (pg 157)

Therefore, this may explain why Bowman (2002) observed that reference to western feminist theory within African literature was explicitly linked to wider issues of gender inequality, as opposed to been upheld as the predominant view. The ideas presented in this section will be further expanded in chapter seven (section 7.4.1), in an attempt at utilising Nigerian feminist perspectives to critically discuss the disclosure and help-seeking practices of Nigerian women resident in England with lived experience of domestic violence and abuse.

### 1.2.1.3 Cultural Theory

The definition of culture adopted by the United Nations Educational, Scientific and Cultural Organisation (UNESCO) was based on the 1870 work of a British Anthropologist (Spencer-Oatey 2012), which defined culture as ‘...*that complex whole which includes knowledge, beliefs, arts, morals, laws, customs, and any other capabilities and habits acquired by [a human] as a member of society*’ (UNESCO 2001, pg 1).

Culture has been defined theoretically and conceptually, as

*‘ a dynamic system of rules, implicit and explicit, established by groups in order to ensure their survival, involving attitudes, values, beliefs, norms and behaviours shared by a group of people, but harboured differently by each specific unit within the group, communicated across generations, relatively stable but with the potential; to change across time’* (Matsumoto and Juang 2004, pg 10).

Proponents of culture theory suggests that the attitudes, values and beliefs of people of a particular group consist of certain underlying assumptions, ‘which are typically unconscious but which actually determine how group members perceive, think and feel’ (Spencer-Oatey 2012, pg 3).

With reference to the impact of cultural context in the disclosure and help-seeking practices of immigrant women with lived experience of DVA, Yoshioka (2008)

identified three relevant cultural factors. These are: individualistic versus collectivist cultural orientation, relationship with host society, and social traditions.

Evidence from Hofstede (1984), Eaton and Louw (2000), and Cornelissen et al. (2011) confirm that African culture is collectivist. Broadly speaking, collectivist cultures place value on individual's interdependence on the social group, while individualist cultures are focused on individual independence (Eaton and Louw 2000; Yoshioka 2008).

Bowman (2002) observed that the cultural theory used in explaining DVA in the African literature is based on the premise of absence of personal autonomy for women as a result of living within collectivist societies (Oladeji 2013). Thus, existing evidence suggests a possible link between African women's socialisation patterns or practices and the incidence of domestic violence and abuse perpetrated by their husbands and intimate male partners (Armstrong 1998; Bowman 2002; Oladeji 2013; Ware 1979). Therefore, it can be argued that the socialisation processes embedded within some African culture creates the gender inequality gap fostering the incidence of domestic violence and abuse (Airhihenbuwa 1995; Jagusah 2001; Eze 2014).

As empirical evidence have 'identified the constructs of individualism and collectivism as the single most powerful dimensions by which to understand cultural difference in social behaviour' (Yoshioka 2008, pg 83), it suffices to say that the collectivist cultural practices prevalent in many Africa countries has an impact on the disclosure and help-seeking practices of African women (Baobaid

2012;Eaton and Louw 2000;Fernández 2006). The collectivist culture of socialisation is of importance in this research and will be further explored in chapter seven.

In summary, this section has reviewed rights theory; feminist theory; and culture theory as three theoretical perspectives observed as prevalent in African literature on domestic violence and abuse. From an African feminist perspective, these three theoretical perspectives underscore gender inequality as a fundamental issue influencing the incidence of domestic violence and abuse against African women. While women are as likely as men to be abusers (Dutton and Nicholls 2005), existing evidence confirms women are more affected by the incidence of the abuse, as a result of gender inequality within intimate relationships (Domestic Abuse Intervention Programs 2011;Lawson 2012;Tracy 2007).

### **1.3 Overview of Literature on Domestic Violence**

Domestic violence and abuse experienced by women is increasingly becoming a global health problem (Ellsberg M and Heise L. 2005;Ellsberg et al. 2008;Krug et al. 2002). Historically, little attention has been paid to the negative impact of domestic violence and abuse (Bohn 1990;Montalvo-Liendo 2009). However, with the World Health Assembly in 1996 declaring violence against women a public health issue (Krug et al. 2002), and the resultant increase in evidence from empirical research highlighting the public health impact of domestic violence on women (eg: Ellsberg et al. 2008), global regulations and conventions have been enacted to end domestic violence and abuse against women and girls (HM Government 2014).

Developments in the field of women's health over the last twenty years have also led to renewed interest in improving support for female victims and survivors, with many agencies and women's rights activists group highlighting the need for governments and health care providers to enhance disclosure practices among women with lived experience of abuse (Taket et al. 2003;Ellsberg M and Heise L. 2005). Therefore, in addition to domestic violence and abuse against women being identified as a violation of human rights (Alhabib et al. 2010;United Nations General Assembly 1993), many of the published work have explored and situated the health impact of the abuse on women as the foremost negative impact of the violence and abuse (Price et al. 2007;Rose et al. 2011;Krug et al. 2002). Thus healthcare professionals have been identified as being in strategic positions for identifying and supporting women, by aiding disclosure and help-seeking (Department of Health 2000;Department of Health 2005).

### **1.3.1 Disclosure of Domestic Violence**

The National Institute for Health and Care Excellence (2014) defined disclosure 'as any occasion when an adult or child who has experienced or perpetrated domestic violence or abuse informs a health or social care worker or any other third party' (pg 39).

While there is existing evidence to support that health care professionals may be in a position to help mitigate the short-term and long-term negative effect of domestic violence and abuse on women through early identification and intervention, especially when presenting with bruises and injuries in emergency care setting (Garcia-Moreno 2002;Guth and Pachter 2000), many of these women have been

known to withhold information about their injuries (Bacchus et al. 2003).

While evidence suggests some women were able to disclose experiences of domestic violence after being asked by health care professionals in a supportive manner (Bacchus et al. 2003), it has been reported that healthcare professionals may miss opportunities to support women, especially where there was a lack of sensitivity in how women presenting with injuries resulting from domestic violence and abuse were asked about their injuries (Feder and Long 2010; Sleutel 1998). Thus, conclusions from a systematic review of literature on screening for domestic violence by health care professionals (Feder et al. 2011; Ramsay et al. 2002; Robinson and Spilsbury 2008) have highlighted the importance of training health care providers, to facilitate disclosure of domestic violence and abuse within the health care setting, as a necessary step towards identifying women who experience domestic violence in order to offer help and support.

However, evidence exists that suggests women, particularly women from ethnic minority populations tend to distrust people outside their ethnic community, hence maybe reluctant to disclose their experience of abuse to persons unknown to them (Kelly 2009; Raj and Silverman 2002a). Therefore, Goodman et al. (2003) suggest women with lived experiences of domestic violence and abuse are likely to disclose such experiences to members of their informal networks, which may include family members, close friends and ethnic community group members, as opposed to health and social care professionals. Members of the informal networks form part of the third party as described by National Institute for Health and Care Excellence (2014).

Furthermore, Kershner and Anderson (2002) reported that women are likely to rely on self, God, family and friends in their disclosure of domestic violence experiences. Thus, empirical evidence on disclosure emphasises the importance of understanding the patterns of disclosure and help-seeking practices, to aid the development of appropriate intervention and support strategies.

### **1.3.1.1 Barriers to Disclosure of Domestic Violence among Ethnic Minority Populations**

In the literature, ethnic minority populations refer to migrants residing in the country of their immigration (Ahmad et al. 2009;Choi 2015;Shiu-Thornton et al. 2005). In addition, Jenum et al. (2012) suggested country of birth may also be used as a descriptor of ethnic minority populations, particularly if mothers of study participants were born in a country different from the country of residence. Therefore, for the purpose of literature review, the descriptor of ethnic minority populations as being migrants and/or persons whose mothers were born outside of their country of residence were both applied in this study.

Evidence suggests barriers to disclosure of domestic violence vary among women by ethnic origin (Fischbach and Herbert 1997;Montalvo-Liendo 2009;Sleutel 1998). For instance, an integrated review by Montalvo-Liendo (2009) showed that among African-American women, the major barriers to disclosure include: fear of abandonment, self-blame for putting another black man in jail, and fear of retaliation by a family member. Findings from her review also suggested black

South African women tend to identify taboo and shame as the main barriers to disclosure, while South Asian women identify immigration laws, protecting family honour, helplessness, and threat of murder as the major barriers to disclosure.

Other identified barriers to disclosure by women from other ethnic minority populations include: religious beliefs, embarrassment, fear of losing children, lack of formal assistance, criticism and financial dependence (Montalvo-Liendo 2009; Petersen et al. 2005), with some women suggesting that without an evidence of physical violence, it was not necessary to disclose, as they had no proof of the incidence of the violence (Petersen et al. 2005; Alhabib et al. 2010).

In conclusion, fear – particularly of own safety and of losing children, embarrassment, shame, uncertainty, not recognising experience as abuse, lack of support systems, and denial were the major themes identified as barriers to disclosure (Montalvo-Liendo 2009; Raj and Silverman 2002a). Concerns regarding immigration laws were identified as a significant barrier to disclosure and help-seeking among many of the immigrant communities studied (Ahmad et al. 2009; Alaggia et al. 2009; Gill 2004; Raj and Silverman 2002a). It was observed that while some women identified fear for their own safety and of losing their children as barriers to disclosure, other women maintained that, these were motivating factors for disclosing their experiences (Petersen et al. 2005).

### **1.3.2 Facilitators of Disclosure and Help-Seeking for Domestic Violence and Abuse among Ethnic Minority Populations**

It has been noted that the methods, settings, accessibility to appropriate support services, and means of reporting available to women who have experienced domestic violence influence their disclosure practices (Liebschutz et al. 2008;Lindhorst et al. 2010). Facilitators of help-seeking include, computer-assisted reporting, training of and adjustments by health-care providers to recognise and ask about bruises, and support from staff in welfare offices have been linked to some modest improvements in reporting of domestic violence by the victims (Liebschutz et al. 2008;Lindhorst et al. 2010).

In a study by Petersen et al. (2005) on women's perspectives on barriers and motivators for help-seeking for domestic violence and abuse, with 87 percent of the participants being African-American, participants identified increased knowledge, reaching an emotional or physical breaking point, and concerns about children's safety as facilitators of help-seeking for domestic violence and abuse. Many of the participants were educated on what constituted domestic abuse and were assisted in recognising the signs in their life. This form of support through education was a very important facilitator and some were able to recognise the abuse, and proceeded to seek help.

Similarly, some survivors of domestic violence stated that the effect of the abuse on their children motivated them to seek help as they were afraid of losing their children to violence, and future violent relationships. This was different to the

losing of children identified as a barrier, as that was suggestive of losing control over caring or having access to the children.

In their exploratory study with South Asian immigrant women in Canada, Ahmad et al. (2009) described the process of disclosure and help-seeking and reported that, many women identified availability of supportive services and speaking with professionals who listened as facilitators to disclosure and help-seeking. They also identified the importance of the gender of staff and similar cultural background as motivation for help-seeking. Disclosure to females from similar cultural background was identified as a very important factor, for it highlighted the role of cultural and racial dynamics in disclosure of domestic violence and abuse experience. Some of the women also identified severity of the abuse, psychosocial consequences and breakdown in their private coping strategies as facilitators for disclosure and motivation for help-seeking.

In conclusion, the key facilitators in seeking help after experiencing domestic violence identified from the overview of literature are increased knowledge leading to recognition of abuse, availability of supportive services, safety of children, and therapeutic relationship with a trusted individual.

In the next section, discussions on the role of ethnicity in the domestic violence and abuse experience of BME women in the UK is presented, as well as definition of statutory services.

## **1.4 Black and Minority Ethnic ‘BME’ Group in the UK**

In the UK, government policies and guidelines have led to initiatives such as *This Is Abuse* campaign (Home Office 2014b) designed to raise awareness and provide support for victims and survivors. Despite these initiatives, women, especially from ethnic minority populations are less likely than White British women to disclose their experience of domestic violence to statutory services (Hall and Smith 2011;Thiara 2005;Anitha 2008).

While ethnic minority populations may also refer to migrant communities (Ahmad et al. 2009), they are often referred to as Black and Minority Ethnic (BME) groups in the UK. According to the 2001 UK census definition, BME group is widely used to refer to individuals who belong to non-White British communities (Afkhami and Acik-Toprak 2012;The Electoral Commission 2005;Office for National Statistics 2014). However, this term is not commonly used in other countries. For example, in Canada, ethnic minority groups are identified as migrant community (Ahmad et al. 2009). Although the 2001 census’ definition refer to individuals who are not White-British, variants of the term ‘BME’ have been observed (Bhui et al. 2012).

The 2001 census’ definition of BME is adopted in the thesis, as it reflects a national recognition of the role of ethnicity and race on how persons from non-White British backgrounds identify themselves (Afkhami and Acik-Toprak 2012;The Electoral Commission 2005;Office for National Statistics 2014). In addition, BME and ethnic minority populations are used interchangeably in this thesis, in recognition of the varied nomenclature used to refer to immigrants communities, and as an attempt to

foster consistency of terminology (Aspinall 2002;Bhui et al. 2012).

The past thirty years have seen increased diversity in the ethnicity of people living in the UK (Office for National Statistics 2012). Although the White British ethnic group accounted for 80.5% of people resident in England and Wales in 2011, ethnic minority groups have increased from 6% in 1991 to 19.5% in 2011 (Office for National Statistics 2012). As this research is conducted among Nigerians in the UK, a subsection of the ethnic minority population in the UK, it is necessary to provide background information on Nigerians in the UK.

#### **1.4.1 Nigerians in the UK**

The population of Nigerians in the UK have grown exponentially since 1951 census (Office for National Statistics 2015). Although the ethnicity question was not reported until 2001 census, available records have used country of birth to identify Nigerians. Nigeria is the most populous nation in Africa, and the seventh most populous country in the world with about 178.5 million people, making her the largest Black nation on earth (SWAC-OECD 2012;United Nations Population Fund 2014;National Population Commission (NPC) [Nigeria] and ICF International 2014). Thus, existing evidence suggests 1 in 4 Africans worldwide is a Nigerian (SWAC-OECD 2012). As a former colony of Britain, Nigerians tend to be fluent in English language, and are the largest Black African population in the UK (Elam and Chinouya 2000;Elam et al. 2002;Office for National Statistics 2015).

Nigerians living in the UK have diverse characteristics (International Organization for Migration 2007), and have been identified as being highly skilled education and health professionals (International Organization for Migration 2007;James et al. 2014).

Evidence suggests that a large percentage of Nigerians in the UK immigrated for economic reasons (James et al. 2014). As defined by Semmelroggen (2015), economic immigrants refer to ‘a wide array of people that move from one country to another to advance their economic and professional prospects’ (pg. 2). Thus, while economic immigrants and asylum seekers may both be subject to immigration control, there are significant differences in the legal condition of their entry and legal residence. This is because, ‘under the 1951 Geneva Convention Relating to the Status of Refugees’ (Semmelroggen 2015 pg. 2), economic migrants cannot claim asylum, as they are not deemed to meet the definition of a refugee or an asylum seeker (Forced Migration Online 2011).

According to a report published by the International Organization for Migration (2007) on the immigration status of Nigerians in the UK, the residence status of Nigerians is categorised as follows: ‘settled residents with rights of abode’, that is, Nigerians with British nationality and other EU nationality; ‘migrants with temporary status’ such as skilled workers, students or visitors; and ‘irregular migrants’, that is, those who have overstayed their visas or undocumented migrants and asylum seekers ( pg 5).

As available reports showed Black African ethnic minority groups are less likely to socialise with people outside their ethnic minority groups (Finney et al. 2015), it is plausible that Nigerians are less likely to socialise with people outside their ethnic minority groups. Findings from the work of Elam et al. (2002) and the International Organization for Migration (2007) concluded Nigerians in the UK are likely to be members of Nigerian socio-cultural community groups, from where they receive social support. The Nigerian socio-cultural community groups also include religious institutions (churches, mosques, traditional African religion centres), which are led by both male and female leaders. They also concluded Nigerians are best identified from Nigerian-led religious venues and social gatherings. Furthermore, the International Organization for Migration (2007) stated 67% of participants in their study reported participation in religious activities, and concluded that church or mosque attendance in the UK is similar to prevalent religious practices in Nigeria.

Therefore, it could be surmised that ethnic identity and cultural orientation may influence the patterns of disclosure and help-seeking practices of women from BME groups. Thus, the literature on the role of ethnicity on domestic violence and abuse experience is presented below.

## **1.5 Ethnicity and Domestic Violence and Abuse against Women: Similarities and Differences in the Experience of British Women and BME Women**

A large and growing body of literature have examined the impact of ethnicity on the experience of domestic violence among women in England (Anitha 2010;Batsleer et al. 2002;Hanmer 1996;Mama 1989b;Mama 1989a;Harne and Radford 2008;Styles 2014). Law (2010) refers to ethnicity as ‘the differentiation of groups of people who have shared cultural meanings, memories and descent, produced through social interaction’ (pg 77).

Evidence from research on domestic violence among women in England have shown similarities and differences in the experience and impact of the domestic violence and abuse on women (Hanmer 1996;Humphreys and Thiara 2003;Mama 2000). In a study conducted by Hanmer (1996), 30 British women and 30 BME women were asked about their experience of domestic violence and abuse. All women in the study identified similarities in how they understand violence, and the role of family in their experience. Themes such as feeling broken, blaming self, feeling depressed and severe emotional distress were common among all women. These commonalities have been found in another study by Humphreys and Thiara (2003) in a study commissioned by Women’s Aid Federation, England.

However, there are differences in how women describe their experience of domestic violence and abuse. For instance, Hanmer (1996) found an inconsistent pattern of responding to domestic violence by staff from mainstream services (e.g. police, housing, social services) and unfavourable state policies where BME

women are involved. Hanmer (1996) reported BME women as saying: ‘People say there’s this agency, that agency, and when it comes to us, there’s nothing’ (pg 19). This findings support evidence from Mama (1989a), and were reinforced by the work of Batsleer et al. (2002), Gill (2004) and Anitha (2010). In addition, Burman et al. (2004) asserts that, BME women face ‘the same obstacles in leaving violent relationships as white or cultural majority women – money, childcare, housing, transport; but each of these issues may also carry culturally specific inflections’ (pg 336), which are exacerbated by racism, class position and immigration legislation (Anitha 2010;Burman et al. 2004;Pratt et al. 2004).

Thus, while there are similarities in the incidence and type of domestic violence and abuse against women, there are differences in the response received by women from statutory services. The differences in the response from statutory services have been identified as exacerbating the negative impact of the abuse on BME women, as well as their disclosure and help-seeking practices (Anitha 2010). The dynamics of BME women’s experience as a result of cultural inflections and problematization are also observed differences.

### **1.5.1 The Problematization of Culture**

Problematization is defined as a ‘strategy for developing a critical consciousness that disrupts taken-for-granted truths’ (Bacchi 2012, pg 1). Using the work of Foucault and others, Bacchi (2012) reports that ‘problematization involves a method of thinking, which examines how a phenomenon is questioned, analysed, classified and regulated, at specific times and in specific spaces’ (pg 1). The way a

phenomenon is problematized also influences policy and practice responses in tackling such a phenomenon (Anitha and Gill 2015;Hearn and McKie 2009). Thus, in the context of this thesis, the phenomenon under investigation is the problematization of culture in domestic violence and abuse against women from ethnic minority populations.

Evidence exists which suggest culture is problematized as a construct affecting only women from ethnic minority populations (Anitha and Gill 2015;Burman and Chantler 2005;Burman et al. 2004;Chantler 2006;George and Rashidi 2014;Abraham 1998;Styles 2014). Burman et al. (2004) suggests that culture discourse in the incidence of domestic violence and abuse against ethnic minority women is often critically examined and analysed (i.e. problematized) as either a homogenised absence or a pathologised presence. The homogenised absence/pathologised presence construct is a dichotomous representation, which on one hand excuses the incidence of DVA using generalised cultural reasons, thereby minimising the experience of ethnic minority women (homogenised absence), or overly scrutinising ethnic minority women with lived experience of DVA, thereby heightening their visibility (pathologised presence).

A core concept in this homogenised absence/pathologised presence dichotomy is culture blaming (Anitha and Gill 2015;Burman et al. 2004;Chantler 2006;George and Rashidi 2014). Not only does culture blaming affect domestic violence service provision, it also significantly affect the utilisation of such services (Chantler 2006;Mama 2000). Using the theoretical and conceptual definition of culture by Matsumoto and Juang (2004), culture blaming is simplistic, because culture is

dynamic and all societies have cultural values, beliefs, attitudes, and norms that influence their survival and existence (Matsumoto and Juang 2004; Spencer-Oatey 2012), and rather speculative, especially since it is often highlighted as being responsible for the incidence of domestic violence and abuse against ethnic minority women (Batsleer et al. 2002; Burman et al. 2004; Mama 2000), and not white-British women (Styles 2014).

Another challenge posed by the current way culture is problematized is that, it limits the struggles of BME women experiencing domestic violence and abuse to the margins (Styles 2014), as it curtails their freedom to disclose and seek help for the abusive experience from mainstream services, for fear of heightened visibility or mis-representation of their culture or cultural orientation by the majority culture or host society (Abraham 1998; Styles 2014). While there are harmful cultural practices which are acts of gender-based violence against women (see section 1.0.1), the ecological model of understanding the experience of immigrants women experiencing DVA highlights the complexities in the interactions of women within and outside their cultures, and their host societies (Yoshioka and Choi 2005; Yoshioka et al. 2003).

Thus, it is important that the approaches to problematizing culture is expanded to accommodate other relevant consideration of the impact of culture and cultural orientation in the disclosure and help-seeking practices of women from ethnic minority population, with respect to help-seeking and domestic violence and abuse service utilisation. For instance, while there is a recognition within UK policy of the role of cultural orientation and the contribution of community groups and

organisations to social welfare and public health (Chapman 2012;November 2014), the full potential of community groups and organisations have not necessarily been fully utilised, particularly around ensuring women from BME groups utilise existing domestic violence and abuse services. This could be as a result of the thinking that community groups keep the women in the abusive situation (Batsleer et al. 2002). While this may be true, existing evidence suggests women from ethnic minority populations always return to their community groups for support (Choi 2015).

In conclusion, this section has reviewed the literature on the similarities and differences in the experiences of BME women and White British women, with a focus on how culture is problematized with respects to women from ethnic minority populations. It is suggested therefore that there should be an expansion in current thinking to accommodate the ecological model of understanding the impact of culture on women experiencing domestic violence and abuse (Yoshioka 2008). In section 7.5.1, this idea will be further explored.

## **1.6. Statutory Services**

In the UK, statutory services are public services mandated by law, and funded by the government through tax and customs. These services are designed to uphold law and order, protect the UK public, as well as provide targeted support for families and individuals (Weightman 2013). Statutory services include services provided by the police, the National Health System (NHS), the armed forces, and the fire services. Funding for statutory services could be from the national or local government (Weightman 2013), and statutory services also include provision of

housing, prevention of destitution, and statutory provision of community care (No Recourse to Public Funds Network 2011).

Although statutory services are provided for the UK public and funded by public funds, certain services are not available to people who are not British citizens or who do not have permanent legal right of abode in the UK (Home Office 2014a). Individuals requiring entry permit (also known as visas) to live and work legally in the UK are not entitled to certain statutory services, such as free housing (Citizens Advice Bureau 2015). They are also required to pay health surcharge in order to receive treatment from the NHS (UK Visas and Immigration 2015b). Thus, these individuals are regarded as having no recourse to public funds (Citizens Advice Bureau 2015;Home Office 2014a).

#### **1.6.1. No Recourse to Public Funds Team**

In recognition that people having no recourse to public funds may have significant community care needs, no recourse to public funds team were set up by local authorities to assess and respond to the needs of families (Manchester City Council 2001;No Recourse to Public Funds Network 2011). The no recourse to public funds teams were constituted in accordance with the Children Act 1989 legislation, to provide support for families and children.

Specifically, persons who have significant community care needs, have children, and are not in receipt of state benefit, may approach the local authority for support under section 17 of the Children Act 1989 legislation to request assistance for their children (Manchester City Council 2001;No Recourse to Public Funds Network 2011).

However, the services rendered are varied, and may include accommodation and subsistence (No Recourse to Public Funds Network 2011). While the services provided by the team are not specific to domestic violence and abuse, domestic violence and abuse has been recognised as part of the conditions that may qualify a person as requiring community care and support from statutory services (No Recourse to Public Funds Network 2011).

Furthermore, the UK government recognised the role of immigration status (or legislation) in disclosure and help-seeking, as well as the inability of dependents with no recourse to public funds to get supports (such as housing) which are funded by public funds (Home Office 2013). Hence, there is a provision for dependents of British citizens or non-British citizens who have settled residence status in the UK. Settled residence status applies to individuals who are not subject to UK immigration control, as they are said to have indefinite leave to remain (Home Office 2013).

In 2012, the UK government granted a concession to allow dependents of British citizens or non-British citizens who have settled residence status in the UK to apply for settled status if they experience domestic violence and abuse, irrespective of the duration of their marriage or intimate relationship, or length of stay in the UK (Women's Aid 2012). By this concession, the UK government provides the opportunity for women (and men) who are victims of domestic violence and abuse to apply for indefinite leave to remain in the UK as a result of their experience of domestic violence and abuse, provided they have had previous entry permit (visa) as dependent of British citizens or persons with settled residence status (UK Visas and Immigration 2013).

## **1.7 Summary of Chapter**

In this chapter, the definition of domestic violence and abuse has been presented alongside the overview of literature on the barriers to and facilitators of disclosure and help-seeking among women from ethnic minority populations. A review of common theoretical perspectives was also presented, with this thesis aligning with the sociological theories of domestic violence in critically exploring the factors influencing the disclosure and help-seeking practices of Nigerian women resident in England with lived experience of domestic violence and abuse. An overview of the similarities and differences in the domestic violence and abuse experience of women from black and ethnic minority populations in the UK was also presented leading to a discussion on the problematization of culture in the DVA experiences of BME women.

# Chapter Two: Methodology

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## 2.0 Introduction

This chapter is divided into three parts. Firstly, the aims and objectives of the study are presented; secondly, discussions of the epistemological, ontological and methodological perspectives underscoring the research paradigm adopted are highlighted; finally, the research design and its application are outlined.

## 2.1 Research Aim and Objectives

The overarching aim of this research was to identify the factors influencing disclosure and help-seeking practices of Nigerian women resident in England with lived experience of domestic violence and abuse, in order to make recommendations to relevant stakeholders on domestic violence service provision and utilisation. This overarching aim was achieved through the following objectives. To:

1. conduct a qualitative systematic review of published qualitative research work on domestic violence among women from Black and Minority Ethnic groups in the UK;
2. elicit Nigerian women's views on their disclosure and help-seeking practices in relation to domestic violence and abuse, and explore their service support needs;
3. explore the roles and perspectives of Nigerian community and religious leaders in supporting Nigerian women resident in England with lived experience of domestic violence and abuse; and

4. make recommendations to key stakeholders such as, Women's Aid, Manchester City Council, Nigerian High Commission London, and other organisations working to facilitate advocacy and support for women from ethnic minority backgrounds with lived experience of domestic violence and abuse.

In order to achieve the aim of the research, three studies were conducted:

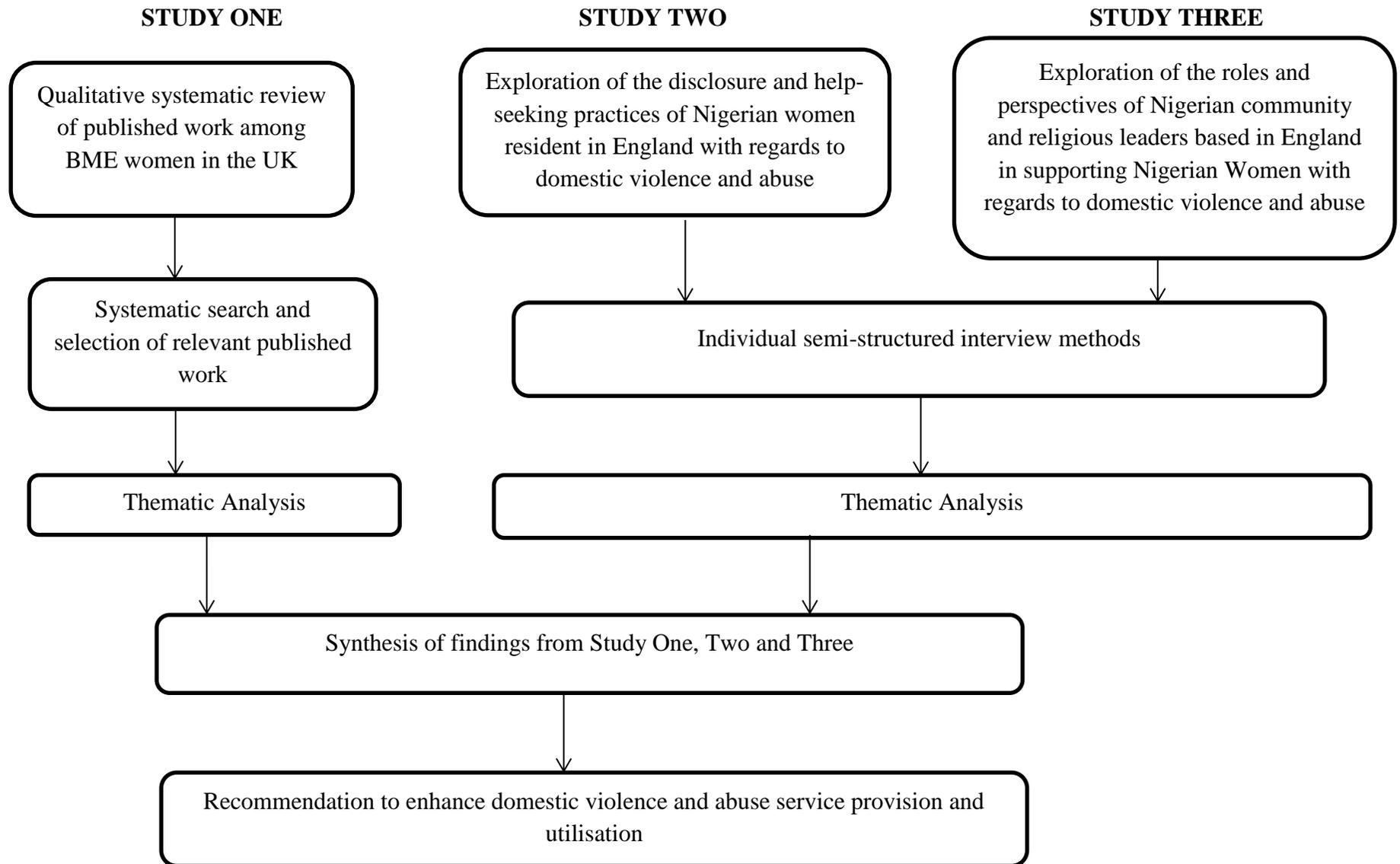
**Study One:** Qualitative systematic review of published work on disclosure and help-seeking for domestic violence and abuse among BME women in the UK.

**Study Two:** Exploration of the disclosure and help-seeking practices of Nigerian women resident in England with regards to domestic violence and abuse.

**Study Three:** Exploration of the roles and perspectives of Nigerian community and religious leaders based in England in supporting Nigerian women with regards to domestic violence and abuse.

Figure 2.1 below shows the interconnections among the three studies and the relationship to the aims and objectives of the research. The systematic review processes used in Study One is discussed in chapter three, while the methods used in Study Two and Study Three are discussed in chapter four. The remainder of this chapter discusses the research paradigm and design.

**Figure 2.1: Showing Study Interconnectedness**



## **2.2 Epistemological, Ontological and Methodological Approaches in Research**

The principles of research involving human participants are embedded in the nature and origin of knowledge and how knowledge is acquired (Bryman 2012;Denzin and Lincoln 2000b). Within these broad principles, there are assumptions about the nature of knowledge (epistemology), the reality of what is known (ontology), and the appropriateness of methodological approaches used in knowledge production (Bouma et al. 2004;Bryman 2012;Crotty 1998;Polgar and Thomas 2013;Jakobsen 2013). Methodological approaches are further divided into quantitative strategies, qualitative strategies, and quantitative-qualitative strategies (Punch 2013).

### **2.2.1 Quantitative Strategies**

At the core, quantitative strategies are concerned with generating knowledge using objective measurement of variables and constructs (Polgar and Thomas 2013;De Vaus 2006). Although it has been contested, quantitative strategies originated from positivism, a philosophical perspective propagating the use of numbers and empirical methods in answering research questions (Jakobsen 2013;Bouma et al. 2004).

Quantitative strategies posit reality can be objectively known, therefore surveys and experiments are used as data collection methods in a controlled manner to avoid bias and contamination from the researcher (Bouma et al. 2004;Bryman 2012).

Furthermore, quantitative strategies tend to use deductive approach in the interpretation of findings, with hypothesis testing done within controlled parameters (Polgar and Thomas 2013).

### **2.2.2 Qualitative Strategies**

In contrast, qualitative strategies are exploratory in nature, based within the broad interpretivist paradigm (Denzin and Lincoln 1994). They use words, texts, videos and pictures as methods of generating data (Bryman 2012; Bryman and Burgess 2002; Durand and Chantler 2014). The founding principles of qualitative strategies as used in human research are based on the subjectivity of reality and how knowledge is generated (Denzin and Lincoln 2000a). While findings from research using qualitative strategies may not be generalisable, its use of inductive approach to knowledge production makes it useful for providing in-depth information and understanding of social phenomenon (Durand and Chantler 2014; Bouma et al. 2004).

### **2.2.3 Quantitative – Qualitative Strategies**

Due to the complexities of social phenomenon, some research utilise both quantitative and qualitative strategies in generating evidence (Bryman 2012). The quantitative – qualitative strategies are embedded within the broad philosophical perspective of pragmatism (Polgar and Thomas 2013), with its combined use of words and numbers in generating evidence (Durand and Chantler 2014; Bryman 2008a). Pragmatism as a research paradigm, is based on the principles of practicality (Rorty et al. 2004), hence researchers adopting this strategies have been argued as using the appropriate method necessary to generate the required empirical answers to their research questions (Polgar and Thomas 2013).

Table 2.1 below provides an overview of the contrasts between quantitative and qualitative Strategies.

**Table 2.1: Overview of Qualitative and Quantitative Strategies**

	Quantitative	Qualitative
Perception of subject matter	Reductionistic: identification and operational definition of specific variables	Holistic: persons in the context of their social environment
Positioning of researcher	Objective: detached observation and precise measurement of variables	Subjective: close personal interaction with participants
Database	Quantitative: interrelationship among specific variables	Qualitative: descriptions of actions and related personal meanings in context
Theories	Normative: general propositions explaining causal relationships among variables	Interpretive: providing insights into the nature and social contexts of personal meaning
Theory testing	Controlled: empirically, supporting or falsifying hypothesis deduced from theories	Consensual: matching researcher's interpretations with those of participants and other observers
Applications	Prediction and control of health-related factors in applied settings	Interacting with persons in a consensual, value-consonant fashion in health care setting

**(Table 2.1 is from Polgar and Thomas 2013, pg 12. Used with permission)**

As shown in Table 2.1, quantitative strategies are focused on reducing complex concepts, whereas, qualitative strategies are more holistic, aiming to research the study participants within the context of their social environment. Qualitative strategies are also context based. Furthermore, researchers using qualitative strategies have close interactions with participants, and tend to adopt the interpretivist paradigm as the theoretical basis for their epistemological, ontological and methodological assumptions. Therefore, qualitative strategies are used in this research as the basis of the interpretivist research paradigm.

### **2.3 Research Paradigm: Interpretivist Paradigm**

In its generic sense, the term paradigm refers to ‘a basic set of beliefs that guides action, whether of the everyday garden variety or action taken in connection with a disciplined inquiry’ (Guba 1990 pg. 17). Within the context of social science research, paradigm refers to a set of guiding principles that provide answers to ontological, epistemological and methodological research questions (Guba 1990;Punch 2013).

Paradigms are human constructions, hence are not static or firmly established, rather, they constitute a pattern of knowing and believing in the authenticity of what is known and how the researcher finds out, and present what they accept as knowledge and reality (De Vaus 2006;De Vaus 2001). Therefore, the belief regarding what is known, and how things are known could be linked to whether such knowledge are objectively known, relatively known or subjectively known (Guba 1990). Thus, there are different types of research paradigms, each with its set of basic beliefs.

The interpretivist paradigm is adopted in this study, as a set of guiding principles used in ensuring the integrity of data collected for study two and study three of the research. This is a theoretical perspective that posit that reality is social constructed through the experiences, consciousness, language and meanings people ascribe to their existence, as a result of their interactions with the world around them.

Therefore, reality is socially constructed and knowledge is derived from the socially constructed reality (Crotty 1998;Dudovskiy 2012;Guba 1990;Punch 2013).

Within the interpretivist paradigm, there are variants of perspectives and persuasions (Schwandt 1994). For instance, symbolic interactionism and phenomenology are

two interpretivist paradigms that have different attitudes towards the role of culture in how reality is socially constructed (Crotty 1998). The present research does not lean towards any particular interpretivist persuasion. Rather, it is based on the broad principles and beliefs that realities are socially constructed, and knowledge is derived from such social constructions, and thus can be regarded as being generally interpretivist in its approach to accepting the views and perspectives of study participants in this present research as their reality and known knowledge (Schwandt 1994).

A significant feature of interpretivist paradigm is the understanding and acceptance that multiple realities exists, and that the construction of these multiple realities is fluid, relying heavily on the perspective and experiences of the persons constructing the reality (Denzin and Lincoln 2000a). Table 2.2 below provides an overview of the basic assumptions of the interpretivist paradigm.

**Table 2.2: Assumptions of Interpretivist Paradigm**

<b>Assumptions</b>	<b>Interpretivist Paradigm</b>
Nature of reality	Socially constructed, multiple realities exist
Goal of research	Understanding the phenomenon, little or no prediction
Focus of interest	What is specific, unique or deviant,
Knowledge generated	Meaning is relative (time, context, culture and value bound)
Research participant/research relationship	Interactive, cooperative, participative
Desired information	What some people think and do, what kind of problems they are confronted with, and how they deal with them

**(Table 2.2 is adapted from Dudovskiy (2012) and used with permission under the fair use policy)**

As shown in table 2.2, the goal of a research situated within the interpretivist paradigm is to understand the phenomenon under investigation, and the desired information are the views on how people deal with their experience. It also assumes that an interactive relationship is forged between the researcher and the researched during the research process, hence resulting in co-production of understanding the phenomenon under investigation, as the researchers have characteristics which suggests they are also actively involved in the knowledge generation process (Miles and Huberman 1994;Denzin and Lincoln 2008).

### **2.3.1 Applying the Interpretivist Paradigm**

Based on the theoretical explanations of domestic violence and abuse in the African context (see section 1.2.1) that highlights the multi-factorial nature of how domestic violence is socially constructed and known, it was important to locate the research within the interpretivist paradigm. Thus, since all study participants were of Nigerian origin and have unique individual characteristics, it was deemed appropriate to respect their subjective view of reality and social construction of the experience of domestic violence and abuse, and its influence on the production of knowledge shared with the researcher. In Table 2.3, the characteristics of interpretivist paradigm as applied in Study Two are presented as an example.

**Table 2.3: Characteristics of Interpretivist Paradigm as Applied in the Research (Example from Study Two)**

Component	Description
Aim of research	<ul style="list-style-type: none"> <li>• Explore the disclosure and help-seeking practices of Nigerian women resident in England with lived experience of domestic violence and abuse</li> </ul>
Ontology (nature of reality)	<ul style="list-style-type: none"> <li>➤ Reality is constructed based on Nigerian women’s interaction with perpetrators, extended family members in Nigeria, children’s school in England, Nigerian church and community groups in the UK.</li> <li>➤ The socially constructed reality resulting from the DVA experience exist due to Nigerian women’s knowledge, views, interpretations and experiences of being members of a minority ethnic group in the UK.</li> <li>➤ Multiple realities exist, that is, reality is relative to the interviewee.</li> </ul>
Epistemology (what is known)	<ul style="list-style-type: none"> <li>• Nigerian women were active in the research process and were able to socially construct knowledge of the DVA based on their first-hand experience.</li> <li>• Both Nigerian women with lived experience of DVA and the researcher were co-producers of knowledge, based on their active and participative interaction during the research process.</li> <li>• The DVA experience of Nigerian women were understood and recounted through mental processes influenced by social context of being residents in the UK</li> </ul>
Methodology (methods used to find out knowledge generated)	<ul style="list-style-type: none"> <li>➤ Data was collected through semi-structured interviews with Nigerian women with lived experience of DVA</li> <li>➤ Interactions with key-informants and gatekeepers</li> <li>➤ Reflexive account of the researcher on the research process</li> <li>➤ Research interpretation is influenced by the theoretical perspective of the researcher.</li> </ul>

Table 2.3 above shows the process of adhering to the interpretivist paradigm of social inquiry by accepting the subjectivist nature of knowledge, the relativist nature of reality, and by using naturalist method (i.e. semi-structured interview) (Denzin and Lincoln 2008) in exploring how Nigerian women resident in England disclose and seek help for their domestic violence and abuse experience.

In context, a combination of individual characteristics could affect how women socially constructed and recounted their experiences. This include, but is not limited to being members of ethnic minority populations in England (immigration status), having certain religious and cultural orientations, educational and socioeconomic status, belonging to civic organisations, the experience of motherhood, and family structures ( being members of a UK-based nuclear family with strong ties to Nigerian-based extended families).

As a result of the subjectivist and relativist nature of the interpretivist paradigm, adherence to processes for ensuring methodological trustworthiness is necessary. Thus, the adopted research design is presented in the next section.

#### **2.4 Research Design: Cross-sectional Qualitative study**

Research design has been referred to as the blueprint of research, detailing the logic and structure of answering research questions in a convincing way (De Vaus 2006;Thomas 2013). Yin (2003) defined research design ‘as a plan that guides the investigator in the process of collecting, analysing, and interpreting observations. The main purpose of the design is to help to avoid the situation in which the evidence does not address the initial research questions’ (Yin 2003, pg. 21).

Depending on the research questions (or hypothesis) to be used in generating evidence, research design could be experimental, case, longitudinal or cross-sectional (De Vaus 2001). In deciding on an appropriate research design, researchers are enjoined to consider the type of questions to be answered, the strategy and proposition of the study, the approach to data collection, the unit of analysis and criteria for interpretation of findings (Yin 2003).

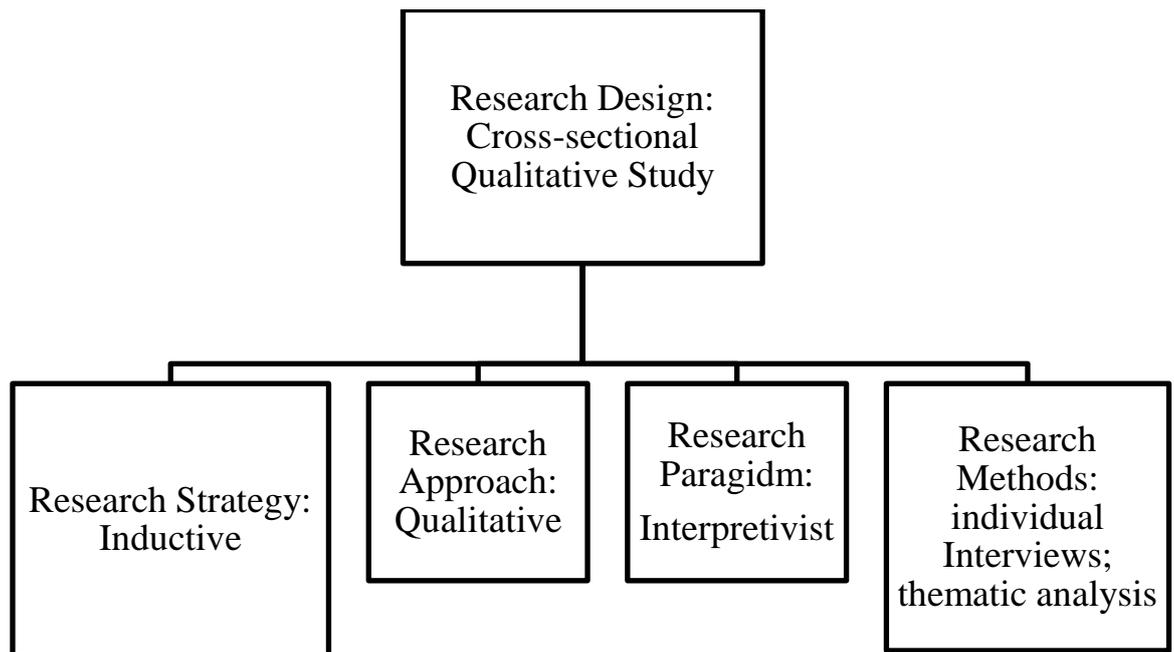
According to De Vaus (2001), 'research design is not related to any particular method of collecting data or any particular type of data. Any research design can in principle, use any type of data collection method and can use either quantitative or qualitative data' (pg. 16). Therefore, this research is designed as a cross-sectional qualitative study, due to the research questions to be answered, the study population and the approach to be used in generating and analysing the empirical data.

In cross-sectional qualitative study, data is collected at one time point using structured or semi-structured interview method, and research questions are answered based on inductive analysis and interpretation of data generated (Ekanayake et al. 2012; Gibson et al. 2000; Morse et al. 2015; Steven et al. 2002).

The primary rationale for using this approach was to explore the subject of domestic violence and abuse among Nigerian women resident in England, as a step towards documenting and providing empirical evidence of the disclosure and help-seeking practices of Nigerian women in England with lived experience of domestic violence and abuse. As this research is the first to be conducted among the study population in England, the research questions were exploratory in nature. Thus, it was considered appropriate to use a cross-sectional qualitative approach, which will enable the researcher to collect data at one time point from the study population.

The cross-sectional qualitative research design as applied in this research (presented in figure 2.2 below) uses a combination of inductive strategy, interpretivist research paradigm, individual interviews, and thematic analysis technique in exploring the aims and objectives of the research.

**Figure 2.2: Overview of Research Design**



As shown in figure 2.2 above, the first component of the cross-sectional qualitative research design is the inductive strategy. As the inductive strategy is ontologically focused on answering the ‘what’ question (Blaikie 2010), using this strategy provided the foundational basis for the analysis of data generated from Study Two and Study Three of this research. The combined components of the research design guided the data collection and analysis processes, and ensured the aims and objectives of the research were met.

One of the advantages of using this type of research design is that, it was cost effective (De Vaus 2001). The cost effectiveness of the design was because data was collected at one time point, thereby eliminating the need for multiple contacts with participants, and repeated use of resources. Due to the eliminated need for multiple contacts with research participants, it also minimised risk and safety issues for the study participant and the researcher. It was also appropriate for the exploratory nature of the research aims and objectives (De Vaus 2001).

However, using a cross-sectional qualitative study design has its disadvantages. One that is paramount to this research is the issue of data reliability. As study participants were recounting years of previous experiences within a single-time frame, the data generated were mostly retrospective, which may call to question the trustworthiness of research findings. Thus, to ensure the integrity of the research, the interpretivist paradigm (see section 2.3) was used by the researcher to aid her ontological and epistemological judgment, which further guided the process of data collection and analysis.

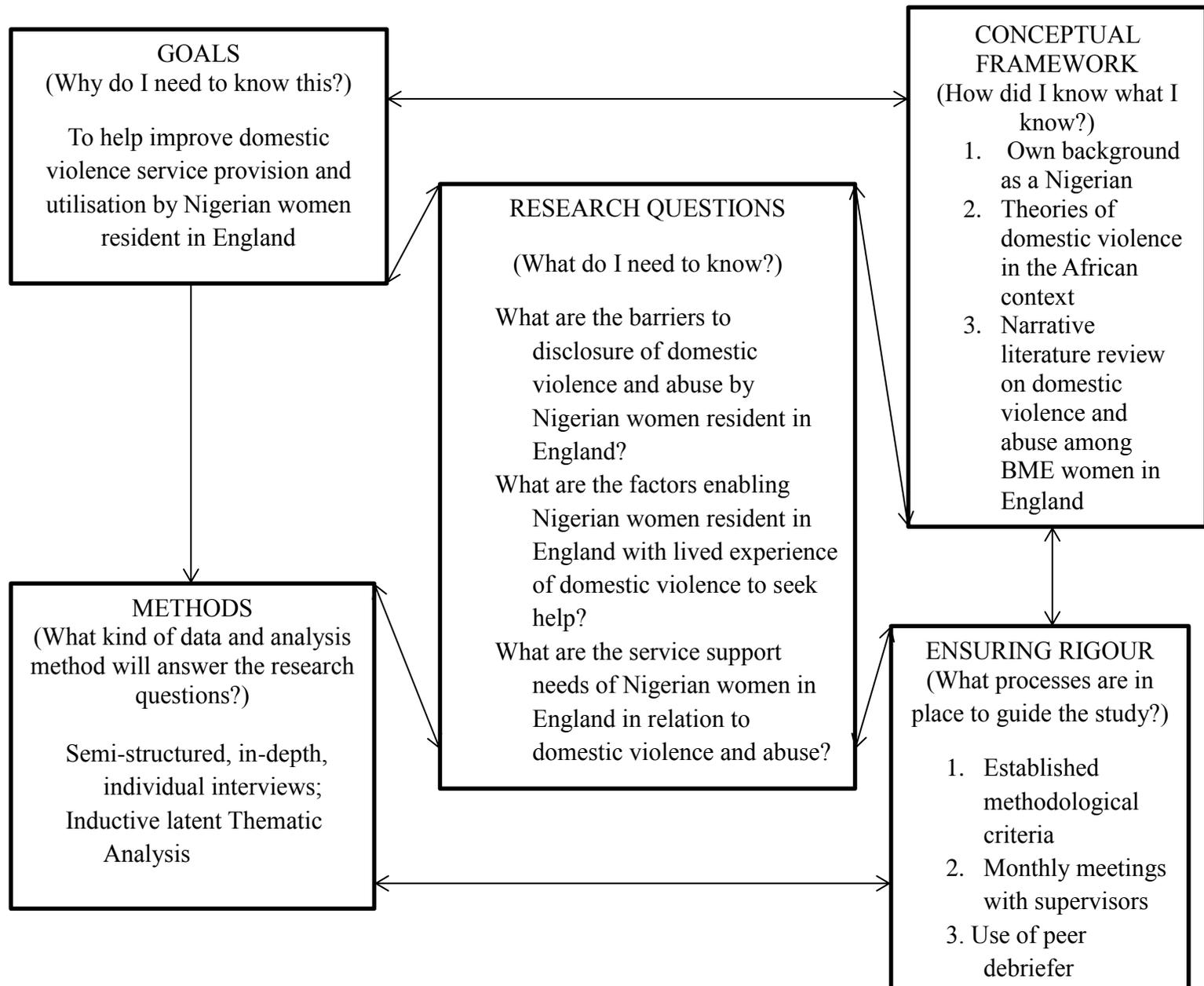
Although Janesick (1994) described the research design as involving a series of sequential decisions in order to ensure a methodologically rigorous process, the decisions made in implementing the cross-sectional qualitative design, were not sequential, but interactive. Hence, this study design was informed by the interactive design map proposed by Maxwell (2013).

The interactive research design map below (Figure 2.3) featured five interconnected parts of the research design. Central to the map are research questions highlighting what the researcher needs to know regarding the disclosure and help-seeking practices of the Nigerian women resident in England with lived experience of

domestic violence and abuse. The goals of the research (i.e. why the researcher need answers to the research questions) and the conceptual framework (i.e. how the researcher knows what she knows), were both linked to each other, and the research questions.

The research questions were developed from the conceptual framework, which was influenced by the goal of improving domestic violence service provision and service utilisation, by Nigerian women with experience of domestic violence and abuse. Furthermore, the chosen method of in-depth, semi-structured individual interview and inductive latent thematic analysis methods were also linked to the research questions, and the identified goal.

**Figure 2.3: A Schematic Interactive Research Design Map for Study Two (Adapted from Maxwell 2013)**



The conceptual framework (Figure 2.3 above) was influenced by the researcher's background as a Nigerian, and her understanding of the theoretical perspectives explaining domestic violence and abuse against African women. In order to ensure rigour, monthly supervision meetings were held with KL and SK, while a peer debriefer was used to validate the transcribed data. These processes were enhanced using published methodological criteria as discussed below.

## **2.5 Ensuring Trustworthiness in Research Design**

Although the past decade has seen the rapid development and acceptance of qualitative research design as appropriate for generating reliable evidence in many human and social science disciplines, some critics have continue to refer to evidence from qualitative research as anecdotal (Bryman 2012). This is due to the ontological, epistemological and methodological perspectives and approaches employed in generating these evidence (Starks and Trinidad 2007;Denzin and Lincoln 2008). Thus, the term trustworthiness is used instead of rigour to ascertain the authenticity of claims made from evidence generated from interpretivist-based research (Lincoln 1995).

### *2.5.1 Methodological Trustworthiness*

The central concept in methodological trustworthiness in qualitative research centres on ensuring quality, and credibility of claims regarding evidence generated from the research (Greenhalgh and Taylor 1997;Harper and Thompson 2011;Lincoln and Guba 1985;Mays and Pope 2000;Spencer et al. 2003). Thus, the criteria for ensuring quality and confidence in the authenticity of data generated from interpretivist-based

qualitative study is significantly different from those applicable to other theoretical perspectives, fundamentally as a result of the differences in research paradigms and the perspectives utilised (Mays and Pope 2000; Dudovski 2012; Willis 2007; Lincoln and Guba 1985).

Using the 1986 work of Sandelowski and other interpretivist-based research work published between 1994 and 2004, De Witt and Ploeg (2006) argued that the generic criteria of credibility, dependability, accountability and confirmability used in ensuring rigour in interpretivist-based qualitative research is inadequate. They maintained it 'creates obstacles to full expression of rigour' (p.217), and therefore advocated for 'balanced integration, openness, concreteness, resonance and actualization' (p.224) as a framework for expressing rigour.

De Witt and Ploeg (2006) asserted that their proposed framework will serve as an avenue for the researcher and the researched to account for themselves in the issues being studied and its subsequent interpretations. However, a response from Sandelowski (2006) clearly showed that, the proposed framework by De Witt and Ploeg (2006) was not unique, but rather a set of new words for describing the established generic criteria for ensuring trustworthiness in qualitative research (Lincoln 1995; Lincoln and Guba 1985; Shenton 2004; Sandelowski 1993).

Therefore, to ensure trustworthiness in terms of the credibility of claims made from the data generated in this research, the criteria suggested by Lincoln (1995) are used. In interpretivist-based qualitative study, Lincoln (1995) suggest that to ensure trustworthiness (or rigour) data generated must be dependable, and findings must rely on data generated, by making a differentiation between the voices of the research participant and the researcher. It is also necessary to ensure study processes

are documented to facilitate audit trail and replicability (Shenton 2004). Thus, an attempt was made to ensure the findings from the research were primarily the voices of the research participants using thematic analysis technique (chapter four).

Thus, chapter four of this thesis gives a detailed account of the methods employed in the conduct of Study Two and Study Three, as evidence of ensuring the trustworthiness criteria of dependability, transferability and credibility, to facilitate the acceptance of the authenticity of answers proffered in addressing the aim and objectives of this research.

## **2.6 Summary of chapter**

In summary, the epistemological, ontological and methodological decisions regarding the processes employed in exploring the aim and objectives of this research provided the blueprint for the cross-sectional qualitative design.

The next chapter presents the qualitative systematic review of published qualitative research on domestic violence and abuse against women from black and minority ethnic groups in the UK.

# Chapter Three: A Qualitative Systematic Review of Published Work on Disclosure and Help-seeking for Domestic Violence and Abuse among BME Women in the UK (Study One)

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## **3.0 Introduction**

In the UK, existing evidence confirms there are no accurate estimates of the prevalence of domestic violence and abuse, which may be due to non-disclosure (Office for National Statistics 2013; Smith et al. 2012). In particular, limited information exists on the occurrence of domestic violence and abuse among women from non-White British ethnic (also referred to as Black and Minority Ethnic or ethnic minority) groups.

Similarly, few UK-based studies have examined the disclosure and help-seeking for domestic violence and abuse experience by women from BME groups (Anitha 2010; Batsleer et al. 2002; Hanmer 1996; Mama 1989a; Mama 2000). These BME-focused studies have used qualitative methodology, and have highlighted factors which are specific to these women.

To date, there are no published reviews of these studies. Such a review on barriers and facilitators of help-seeking for domestic violence may be instrumental in providing further insight into the experience of BME women, thereby enhancing

national government services, local specialist support services and increased understanding of domestic violence among the non-White British population.

### **3.1 The Review**

#### **3.1.1 Aim and Objectives**

The aim of the qualitative systematic review was to summarise evidence from qualitative research on domestic violence and abuse among women from BME groups in the UK. The review was considered necessary to provide the knowledge base of existing qualitative research on domestic violence and abuse among BME women, within the UK context. This knowledge base was considered useful for this thesis, as it may serve to provide a broader context for the disclosure and help-seeking practices of Nigerian women.

The objectives of the review were to explore the:

1. barriers to disclosure;
2. facilitators of help-seeking; and
3. self-perceived impacts of domestic violence.

#### **3.1.2 Review Methods**

There are fourteen types of review, depending on the research questions to be answered, and the expected method of analysis (Grant and Booth 2009). For the review presented in this chapter, aspects of three review types were combined, although the main method used was qualitative systematic review.

As described by Grant and Booth (2009), the qualitative systematic review is a method for integrating findings from qualitative research, which look for themes across individual qualitative studies. In this type of review, quality assessment is not used as an inclusion or exclusion criteria, and the analysis method is usually thematic analysis.

Since the aim of the review was to summarise existing qualitative research on domestic violence and abuse against BME women, the qualitative systematic review method provided the basis for using thematic analysis to present the themes, as opposed to other methods of synthesis or evaluations. Table 3.1 below provides the characteristics of the review methods used in this research.

**Table 3.1: Three Extracts from Typology of Reviews by Grant and Booth (2009)**

Label	Description	Search	Appraisal	Synthesis	Analysis
Qualitative systematic review	Method for integrating or comparing the findings from qualitative studies. It looks for 'themes' or 'constructs' that lie in or across individual qualitative studies.	May employ selective or purposive sampling.	Quality assessment typically used to mediate messages not for inclusion/exclusion.	Qualitative, narrative synthesis.	Thematic analysis, may include conceptual models.
Systematic review	Seeks to systematically search for, appraise and synthesis research evidence, often adhering to guidelines on the conduct of a review.	Aims for exhaustive, comprehensive searching.	Quality assessment may determine inclusion/exclusion.	Typically narrative with tabular accompaniment.	What is known; recommendations for practice. What remains unknown; uncertainty around findings, recommendations for future research.
Systematized review	Attempt to include elements of systematic review process while stopping short of systematic review. Typically conducted as postgraduate student assignment.	May or may not include comprehensive searching.	May or may not include quality assessment.	Typically narrative with tabular accompaniment.	What is known; uncertainty around findings; limitations of methodology.

(Table 3.1 above used with permission)

### **3.1.3 Search Strategy**

Electronic databases (ASSIA, CINAHL, IBSS, OpenGrey (for Grey Literature), Global Health, PsycINFO and Social Policy and Practice) were searched using key terms such as: domestic violence, domestic abuse, interpersonal violence, intimate partner abuse, violent relationships, ethnic minority women, disclosure, help-seeking, and silent fear.

### **3.1.4 Inclusion and Exclusion Criteria**

The inclusion criteria were:

- studies of first person account of BME women (18 years and above) with lived experience of domestic violence and abuse;
- studies using qualitative data;
- studies conducted in the UK.

The exclusion criteria were:

- studies evaluating the effectiveness and acceptability of domestic violence interventions;
- studies focusing on the prevalence and incidence of domestic violence.

### **3.1.5 Data Management**

Database searches were conducted from inception of the databases until February 2013 and searches were updated in November 2014. Search terms were used consistently across all databases, in order to identify the combination of terms which yielded the most result. In addition, experts in the subject of domestic violence

among BME women in the UK were contacted with requests for recommendations of literature. References of retrieved studies were imported into Endnote X4 (bibliographic software).

### **3.1.6 Data Extraction**

The process of extracting systematic reviews described by White and Schmidt (2005) was adapted and used in this review. An extraction sheet (Appendix 1), with three sections was used for data extraction. The first section was used to extract demographic information, while the second section was focused on methodology of included studies. In the third section, the CASP (Critical Appraisal Skills Programme) tool was used for assessing the quality of included studies (Centre for Reviews and Dissemination, 2009).

The CASP tool was originally developed to enhance the capacity of healthcare staff for evidence-based practice. However, it has now been expanded to all aspects of research and specifically for appraising the quality of studies and evidence provided from research (Centre for Reviews and Dissemination 2009). Reviewing the quality of studies is an important component in evidence-based practice, as it helps to ensure the reliability and credibility of evidence, as well as informing policy and practice (Windle et al. 2011).

However, the quality of studies was not an inclusion criteria in this review. The decision to avoid quality as inclusion criteria was in consideration of the different context in which qualitative studies are conducted (Pope et al. 2007). Data extraction rigour was enhanced by continuous discussion within the supervision

team, as OF and SK independently extracted the data, while KL reviewed both sets of extraction for consistency.

### **3.1.7 Thematic Analysis**

The thematic analysis approach to analysing qualitative data developed by Braun and Clarke (2006) was used to aid thematic identification and summarisation of data from included studies (see chapter four for details of thematic analysis method).

Thematic analysis approach was considered appropriate for this review for two main reasons. Firstly, the author sought to descriptively summarise evidence from BME-focused qualitative studies exploring domestic violence against women in the UK. Secondly, it was deemed appropriate to provide themes in accordance with the review objectives, to ensure the review meets its objectives.

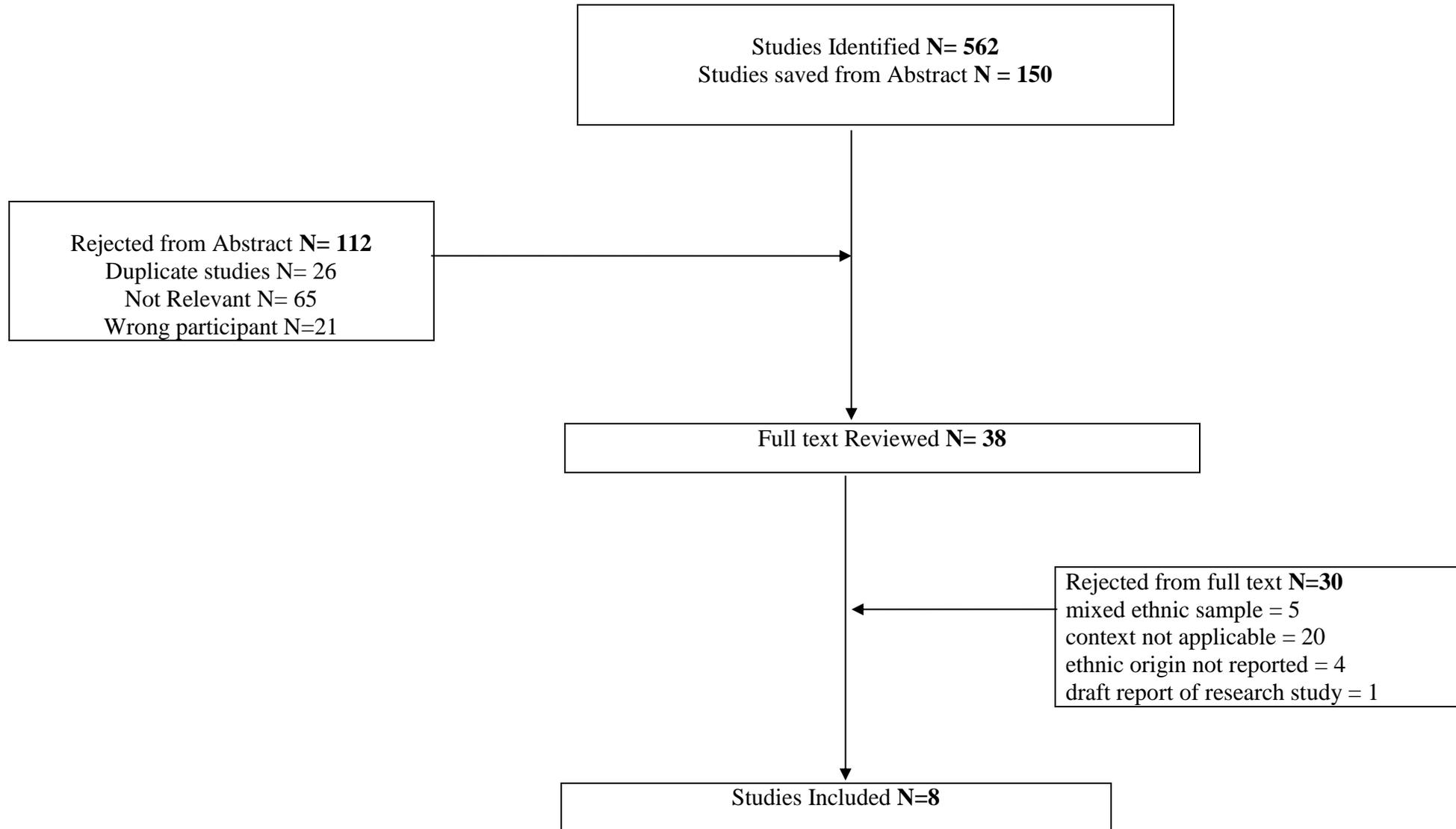
In utilising the thematic analysis approach, all six phases described by Braun and Clarke (2006) were employed. Although transcription was not necessary for this review, the familiarisation process was conducted, as the studies included in the review were read multiple times to facilitate understanding of key concepts published in the studies.

## **3.2 Result**

### **3.2.1 Search Outcome**

In total, 562 studies were identified. The original search identified 554 studies, while the updated search conducted in November 2014 found further 8 studies (Figure 3.1).

**Figure 3.1: Flow Chart of Article Selection**



### 3.2.2 Overview of Included studies

In total, eight published papers from four research studies conducted among BME women in the UK were included in the review. Three articles: Burman and Chantler (2005), Burman et al (2004) and Chantler (2006) were from the same study<sup>1</sup> and thus were combined as Burman et al (2004, 2005 and 2006). Similarly, three articles: Anitha (2008), Anitha (2010) and Anitha (2011) were from the same study and thus were combined as Anitha (2008, 2010 and 2011). The combination of these studies was based on the fact that, each of the papers used data from the same study population. The remaining studies were Belur (2008) and Gill (2004). Table 3.2 below provide a descriptive summary of studies included in the review.

#### 3.2.2.1 Sample size

In total, there were 83 participants in the studies reviewed. 58 participants were from South Asian BME groups (Indian, Pakistani and Bangladeshi), three Africans, three African-Caribbean, five Jewish and five Irish.

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<sup>1</sup> The three papers were from a study by Batsleer, J., Burman, E., Chantler, K., McIntosh, S. H., Pantling, K., Smailes, S. & Warner, S. (2002). *Domestic violence and minoritisation: Supporting women to independence*: Manchester Metropolitan University, Women's Studies Research Centre. The full study report does not appear to be in the public domain.

**Table 3.2: Descriptive Summary of Studies Included in the Review**

Study	Sample size (N): Ethnic origin of participants	Recruitment Method	Data collection Method
Burman et al 2004, 2005 & 2006	23: African (3), African-Caribbean (3), South Asian (8), Jewish (5) and Irish (5)	Purposive sampling via domestic violence services and word of mouth	Semi-structured, face-to-face individual interview and focused group discussion sessions.
Anitha 2008, 2010 & 2011	30: South Asian	Contacts via: domestic violence services, refuges, social service, word of mouth and service users trained in research methods	Semi-structured, face-to-face individual interviews.
Gill 2004	18: South Asian	Contacts via refuges	Semi-structured, face to face individual interviews.
Belur 2008	12: South Asian	Contact via South Asian women groups	Semi-structured, face to face individual interviews and observational method

### **3.2.2.2 Recruitment and Access**

Study participants were accessed and recruited using varied recruitment methods. These included purposive sampling and snowballing sampling (word of mouth). Domestic violence services and refuges were the common avenues for gaining access to women, while South Asian women groups were also used.

### **3.2.2.3 Data Collection Method**

Data for the studies in the review were collected using semi-structured, face-to-face, individual interviews, and focus group discussion sessions. In addition, Belur (2008) reported using observational method. This method was utilised by observing police conduct during response call to domestic abuse call out.

### **3.2.3 Study Quality**

The CASP (Centre for Reviews and Dissemination 2009) tool (Appendix 1) used in this review consisted of a set of questions, designed to explore rigour and transparency in the methods and processes employed in the qualitative studies.

While quality was not an inclusion criteria for studies in this review, the CASP tool was applied as part of the qualitative systematic review process. Based on the result, the CASP tool assessment revealed a paucity of information to enable us answers the CASP questions satisfactorily when all the papers are considered separately. As presented in Table 3.3 below, applying the CASP tool to the combined Burman et al and Anitha studies respectively showed a significant strength in the methodological processes involved in the studies.

**Table 3.3: Quality Appraisal of Review Papers using the CASP Tool**

Study	Is the study clear in what it seeks to do?	Were the methods reliable?	Is the data analysis sufficiently rigorous?	Are the data 'rich'?	How clear and coherent is the reporting of ethical considerations?	Are the findings convincing?	Are the conclusions adequate?
Burman et al 2004, 2005 & 2006	Yes	Yes	Not Reported	Yes	Not Reported	Yes	Yes
Anitha 2008, 2010 & 2011	Yes	Yes	Yes	Yes	Clearly reported	Yes	Yes
Gill 2004	Yes	Not Sure	No	Yes	Inadequately Reported	Not Sure	Not Sure
Belur 2008	Yes	Inadequately Reported	Not Sure	Inadequately Reported	Inadequately Reported	Not Sure	Inadequately Reported

### **3.3 Themes from the Review**

The themes from the review are aligned with the three review objectives. This was done to facilitate maximum utilisation of available data, as a result of the limited number of studies in the review. The three themes were: barriers to disclosure; facilitators of help-seeking; and self-perceived impact of abuse include. Table 3.4 below provides a thematic summary of findings from the review.

**Table 3.4: Thematic Summary of Findings from Included Studies**

Study	Themes		
	Barriers to disclosure	Facilitators of help-seeking	Self-perceived impacts of domestic violence and abuse
Burman et al 2004, 2005 & 2006	Community influence; immigration status; unsupportive attitudes of staff within mainstream services.		
Anitha 2008, 2010 & 2011	Community influence; immigration status (very limited/non-existent support); problems with language and interpretation.	Escalation of abuse; safety of children.	
Gill 2004	Community influence; problems with language and interpretation; immigration status.		Loss of identity; shame; denial (women denying experience as abuse); lack of choice as women.
Belur 2008	Community Influence; immigration status; unsupportive attitudes of staff within mainstream services (Stereotyping).		

### **3.3.1 Barriers to Disclosure**

Four factors were identified from the included studies as barriers to disclosure: (a) immigration status; (b) community influences; (c) problems with language and interpretation; and (d) unsupportive attitudes of staff within mainstream services.

#### **3.3.1.1 Immigration Status**

All four studies included in the review identified immigration status as a key barrier to disclosure. Participants in all four studies came to Britain on a visa as dependents of British citizens or people who have settled immigration status in the UK.

Immigration status was not reported as an inclusion criteria in any of the studies.

All the women who participated in the study reported that, while in the abusive relationships, they could not disclose to or seek help from statutory services as they had no recourse to public funds due to their immigration status.

Due to their immigration status, they could not access refuges, receive benefit or have access to appropriate housing. Fear of deportation and dependence on husband were very common findings in Gill (2004), Belur (2008) and Burman et al (2004, 2005&2006), as a result of immigration status. Participants also identified limited knowledge of their legal entitlement, which was attributed to their immigrant status, as a significant barrier to disclosure and help-seeking (Anitha, 2008, 2010 & 2011, Gill, 2004).

### **3.3.1.2 Community Influences**

Pressure from the community to remain in the abusive relationship was identified as another major barrier to disclosure and help-seeking. Discourses of blame, being shunned and ostracised by the community were prevalent in Burman et al (2004, 2005&2006). Family honour and other influences of religion and culture were common ways in which the community influenced participants in the study by Gill (2004) against disclosing their experience. Anitha (2008, 2010 &2011) identified family honour, as well as the counsel to bear the abuse as significant barriers imposed by the South Asian community. Participants in Belur (2008) reported culture as the main community influence which served as the barrier to disclosure.

### **3.3.1.3 Problems with Language and Interpretation**

Anitha (2008, 2010 & 2011), Belur (2008) and Gill (2004) all identified problems with language and interpretation as a barrier to disclosure. Many of the research participants reported English as a second language, which resulted in lack of communication, especially during distress triggered by domestic violence. Belur (2008) specifically identified problems with interpretation services as these interpreters were often middle-aged Asian men. Belur (2008) highlighted a case where there was a misrepresentation in an interpreter's story of a woman seeking help from the police, because the male interpreter was withholding information. The likely consequence of this was that, the police did not get the women's true account of the domestic violence incidence, and thus could not support her accordingly. Although Belur (2008) noted the interpreter was eventually struck off the

interpreter's register, this incident may reflect a general problem with interpretation which is often undetected by people who do not understand the language.

#### **3.3.1.4 Unsupportive Attitudes of Staff within Mainstream Services**

Participants from Anitha 2008, 2010 & 2011; Belur 2008; and Burman et al 2004, 2005 & 2006 all reported that staff at mainstream services denied and rationalised the existence of domestic violence against BME women (Burman et al 2004, 2005 & 2006), and this was a barrier to further disclosure or desire to seek help.

Participants in Belur (2008) also stated that police officers had a stereotype of good Asian girls as conformists, and they (i.e. the participants) are often considered 'difficult' if they demanded their right. These participants found the stereotypical attitude inappropriate and very distressing, which impacted negatively on their help-seeking practices.

#### **3.3.1 Facilitators of Help-seeking**

Only Anitha (2008, 2010 & 2011) provided information about facilitators of help-seeking. Participants reported that escalation of abuse and safety of children made them approach services for help. Escalation of abuse was described in terms of the frequency of the physical violence, and the deterioration of the relationship. Six study participants reported being thrown out of their marital home as a result of the escalation of the abuse (Anitha 2010).

### **3.3.3 Self-perceived Impacts of Domestic Violence and Abuse**

Gill (2004) was the only study to provide information about self-perceived impact of domestic violence and abuse. Gill (2004) highlighted the importance of family honour and identity among South Asian community. Participants likened disclosure and help-seeking to dishonouring their community, and thus reported feeling ashamed, not having a choice as women, denial about being abused by their partner, and having a sense of identity loss. As described by women, the discourse of loss of identity was based on their cultural socialisation. For South Asian women, culture, religion and family is part of their identity, and to walk away from their family as a result of domestic violence and abuse was described as a significant loss.

## **3.4 Discussion**

This review has summarised the barriers and facilitators to help-seeking, including self-perceived impact of domestic violence by BME women in the UK as reported in the literature reviewed. Results from the review suggest immigration status, and community influences are significant barriers to disclosure. This result is supported by evidence from Ahmad et al (2009) and Alaggia et al (2009) on disclosure of domestic violence among immigrant women in Canada. Findings from the work of Ahmad et al (2009) and Alaggia et al (2009) showed that concerns regarding immigration laws are prominent barriers to disclosure and help-seeking.

Similarly, escalation of abuse and safety of children are important factors for help-seeking. While escalation of abuse and concerns about children's safety have been

identified as facilitators of help-seeking among BME women in the UK (Anitha, 2010), similar findings have been reported among African-American women in a study by Petersen et al (2005).

Furthermore, shame and loss of identity were identified as some of the self-perceived impact of domestic violence and abuse. While Ahmad et al (2009) and Petersen et al (2005) described disclosure and help-seeking as being intertwined, with disclosure leading to help-seeking, evidence from Gill (2004) suggests that, disclosure of the experience may not necessarily lead to help-seeking.

The findings of this review highlight the impact of immigration status and community influences on disclosure and help-seeking for domestic violence among BME women in the UK. The review also highlights the self-perceived impact of domestic violence and abuse. Difficulties associated with immigration status appear to be an important influence on disclosure and seeking help by women from BME groups in the UK.

### **3.5 Contribution of the Review**

As earlier stated, the objectives of the review were to explore: 1) the barriers to disclosure; 2) the facilitators of help-seeking; and 3) self-perceived impacts of domestic violence. Based on the methods and processes employed, it is believed the objectives of the review were achieved. Findings of the review highlighted two things: one, it summarised the common barriers to disclosure of domestic violence and abuse, and the facilitators of help-seeking.

Secondly, the review showed there is a dearth of published literature using qualitative methods to conduct research on domestic violence and abuse among women from ethnic minority populations (BME communities) in the UK. Thus, it may be necessary to commission more relevant qualitative research to explore the broad spectrum of the experiences of women from ethnic minority populations experiencing domestic violence and abuse.

These findings may be used by staff from statutory services, patients, victims and survivors of domestic violence and abuse, to enhance their understanding of common barriers to and facilitators for disclosure and help-seeking. It has also provided a knowledge base of barriers to disclosure and facilitators of help-seeking among BME women within the UK context.

### **3.6 Limitation of the Review**

A number of caveats need to be noted regarding this review. One, there is a dearth of published studies on barriers to disclosure and facilitators of help-seeking among BME women in the UK. Secondly, there are methodological weaknesses in the studies included in the review. Thirdly, majority (70%) of study participants were women from South Asian ethnic minority population. In addition, where reported, all study participants were dependents of British citizens or persons with permanent residence in the UK. Where it was not reported, it could be assumed study participants had recourse to public funds, as they were accessed and recruited into the study via domestic violence services and refugees.

Thus, the main implication of the limitations of this review is that, findings may not be generalised as being the common experience of all women from ethnic minority populations in the UK. While some of the experiences may be similar for all women, there are definite variations. For example, while immigration status may be an initial common barrier to disclosure and help-seeking practices, the difference lies in whether women were dependent of British citizens or persons with settled residence status.

Therefore, as participants of the included studies could receive statutory support under the domestic violence concession (Home Office 2013;UK Visas and Immigration 2013), findings from these review may not be applicable in its entirety to women who are dependents of persons subject to immigration control.

Furthermore, it has been established in literature that South Asian women have specific religious, cultural and dietary needs which may not be similar to women from other ethnic minority groups (Ahmad et al. 2009;Chantler 2003;Lee and Hadeed 2009;Parmar et al. 2005). Since the voices presented in this review were overwhelmingly the voices and view of South Asian women, these findings cannot be extrapolated to all women from ethnic minority populations resident in the UK.

### **3.7 Summary of Chapter**

The evidence presented in this chapter suggests that immigration status, community influences, language and interpretation issues were some of the barriers to disclosure. Furthermore, shame and loss of identity were impacts of the abusive experience on women. The contributions of the review, as well as its limitation were also highlighted.

In the next chapter, the methods utilised for Study Two and Study Three of this research are discussed.

# Chapter Four: Research Methods for Study Two and Study Three

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## 4.0 Introduction

In chapter two, the research design was presented, along with the discussion of the research rationale, aims, objectives, and research questions. The cross-sectional qualitative research design and its components were also presented, as a step towards providing background information on the epistemological, ontological and methodological assumptions that influenced the conduct of the research. In this chapter, detailed descriptions of the methods employed for Study Two and Study Three are presented.

As an overview, the target population for Study Two were Nigerian women resident in England with lived experience of domestic violence, while Study Three was conducted with leaders of the Nigerian community and religious ethnic group in Manchester. Convenience and Targeted sampling techniques (Watters and Biernacki 1989) were used for identifying study participant, and data was collected using in-depth, semi-structured, face-to-face, and telephone interview methods. Thematic analysis (Braun and Clarke 2006) technique was used for data analysis, and trustworthiness in data analysis was ensured using strategies suggested by Lincoln (1995), Shenton (2004), and Braun and Clarke (2006).

## **4.1 Study Two: Exploration of the Disclosure and Help-seeking Practices of Nigerian Women in Relation to Domestic Violence and Abuse**

### **4.1.1 Overview**

Study Two explored the disclosure and help-seeking practices of Nigerian women in relations to domestic violence and abuse, from the perspectives of women who had lived experience of domestic violence and abuse. For this study, lived experience of domestic violence and abuse is an inclusion criterion, not a phenomenological construct.

### **4.1.2 Sampling Technique**

Sampling is an important component of the research process (Punch 2013). It involved the selection of research participants who are most suited to provide answers to the research questions (Durand and Chantler 2014;Punch 2013). There are different types of sampling techniques categorised broadly as either probability or non-probability sampling techniques (Mays and Pope 1995;Punch 2013).

Probability sampling techniques are commonly used within studies using quantitative strategies, while non-probability sampling is predominant in qualitative studies.

As discussed by Mays and Pope (1995), using non-probability sampling method in qualitative research helps:

*'to identify specific groups of people who either possess characteristics or live in circumstances relevant to the social phenomenon being studied. This approach to sampling allows the researcher deliberately [sic] to include a wide range of types of informants and also to select key informants with access to important sources of knowledge' (pg. 110)*

#### **4.1.2.1 Study Population Sampling**

Convenience and Targeted non-probability sampling techniques were used for study participants' identification and selection. By definition, convenience sampling 'is a non-probability sampling technique where subjects are selected because of their convenient accessibility and proximity to the researcher' (Castillo 2009, pg 1). Although the use of convenience sampling techniques have been strongly challenged, particularly regarding selection bias and unrepresentative sample size (Blaikie 2010; Castillo 2009; Guest et al. 2011), the sampling technique was chosen due to the expected difficulty of obtaining access to study participants due to the sensitivity of the subject of domestic violence and abuse.

In addition, initial and ethnographic mapping aspects of Targeted sampling technique (Watters and Biernacki 1989), a form of non-probability sampling method, were used to complement convenience sampling technique in order to enhance the rigour of sample size selection.

As defined by Watters and Biernacki (1989), Targeted Sampling:

*'is a purposeful, systematic method by which controlled lists of specified populations within geographical districts are developed, and detailed plans are designed to recruit adequate numbers of cases within each of the targets. While they are not random samples, it is particularly important to emphasize that targeted samples are not convenience samples. They entail, rather, a strategy to obtain systematic information when true random sampling is not feasible and when convenience sampling is not rigorous enough to meet the assumptions of the research design' (pg. 420).*

Targeted sampling technique is useful for studying hidden social problems (such as drug addiction, domestic violence and abuse, HIV/AIDS) and recruiting hard-to-reach populations (Peterson et al. 2008; Robinson et al. 2006). For this research, it was deemed appropriate to use targeted sampling, as existing evidence (Davis and Taylor 2001; Faugier and Sargeant 1997; Watters and Biernacki 1989), suggests people from the BME communities are hard to engage in research.

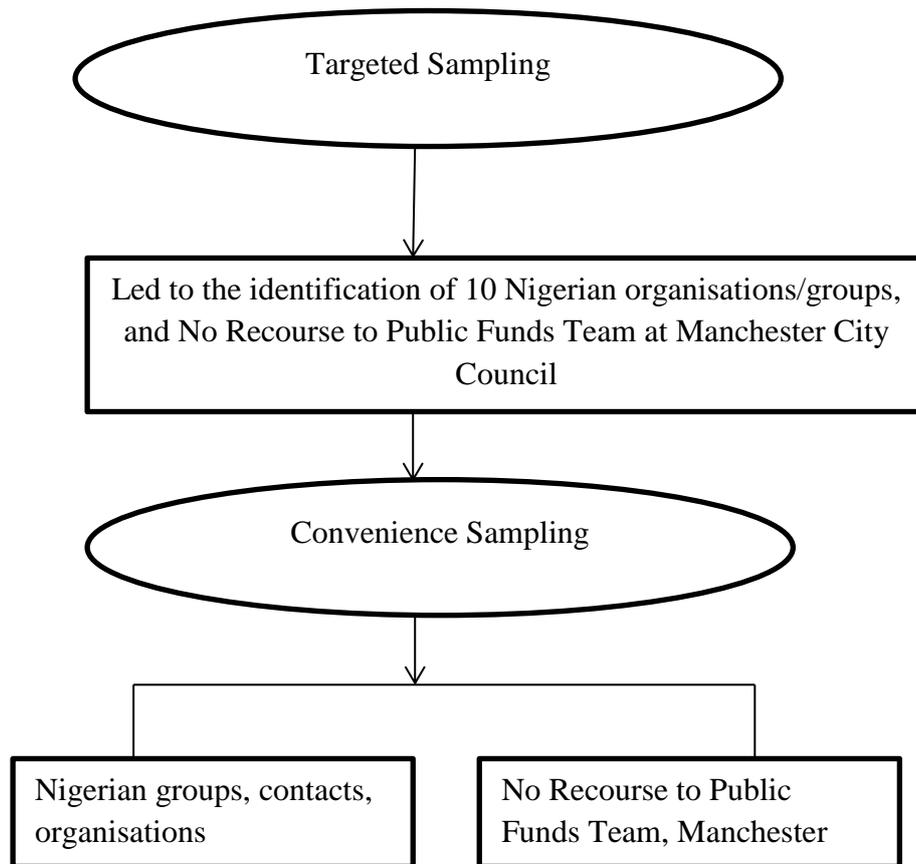
In applying the methodology of targeted sampling, the researcher developed a list of common venues and places where potential participants may be accessed. These lists included Nigerian churches, mosques, Nigerian community group meetings and social functions, and the No Recourse to Public Funds (NRPF) team at Manchester City Council. Developing the list constituted the initial mapping stage of Targeted sampling technique.

After the lists were developed, using internet resources and friends' recommendations, the researcher obtained the addresses and visited these venues as an observer, in order to better understand the social dynamics of the groups, and identify persons who may potentially be approached as key informants. The key informants were able to direct the researcher to the leader of the group or organisation. This is referred to as ethnographic mapping by Watters and Biernacki (1989), and facilitated the data collection process.

Following the initial visits, contacts were made and repeat visits were scheduled for the researcher to meet with the leaders for each organisation or group (see section 4.1.5.1 below). During the meeting with the leaders, the research aim and objectives were presented, and the group leaders were able to ask questions. It was only as the leaders were convinced about the integrity of the research and the researcher, that they were willing to allow the researcher to have access to their clients, members of their congregation, and/or community groups.

Figure 4.1 below provides a diagrammatic representation of the use of convenience and targeted sampling techniques in collection of data used in Study Two.

**Figure 4.1: Overview of Sampling Techniques for Study Two**



As shown in figure 4.1, the use of targeted sampling complemented the convenience sampling technique. This was because, the researcher was able to identify and engaged with individuals that are local sources of knowledge, thereby facilitating the recruitment process and ensuring people who were recruited had personal experiences of domestic violence and abuse from an intimate partner, and met other attributes as defined by the inclusion criteria.

### **4.1.3 Inclusion and Exclusion Criteria**

Sample size selection in qualitative research is based on the principles of including research participants that are able to provide a rich description of the social phenomenon being studied (Bryman 2012; Polgar and Thomas 2013; Guest et al. 2011). Therefore, it was necessary to develop inclusion and exclusion criteria, in order to enhance the quality of data generated.

Inclusion criteria for participants include:

- being a Nigerian woman
- over the age of 18
- with lived experience of domestic violence, either current or past.

Exclusion Criteria Include:

- compromised safety from the perspective of both the researcher and the participant.
- inability to give informed consent
- Women who are unable to speak English, Yoruba Language or Pidgin English.
  - Among Nigerians in England, English and Pidgin English are widely used in communication, and Yoruba is the indigenous language the researcher speaks. Thus, the researcher speaks fluently only these three languages, and seeks to avoid the use of interpreters. The decision to exclude on basis of language barrier was influenced by findings from Wellock (2010), which suggests that the use of interpreters may be a barrier to disclosure among women from BME

communities. In addition, the researcher was unable to use an interpreter due to insufficient resources.

#### **4.1.4 Ethical Consideration**

All research involving human participants have potential to cause harm, increase risk, pain or inconvenience, therefore, there is need for ethical approval signalling the research will not deliberately cause harm to participants (Bryman 2012; Durand and Chantler 2014; Polgar and Thomas 2013). Hence, all human participants-based research needs favourable ethical opinion prior to its conduct. Receiving favourable ethical opinion implies the researchers are committed to strict adherence to the highest standard of conduct, to minimise the incidence of risk to research participants, as well as respecting the rights of participants to life and dignity (Mandal et al. 2011). Thus, ethical approval was required for this research. Ethical approval for Study Two was granted by University of Manchester Research Ethics Committee Project Ref 11468 (Appendix 2).

Conducting interviews for Study Two was very sensitive, as it involved the disclosure of certain information, which could be very distressing and upsetting. There were also safety and emotional distress issues to be considered, both for the researcher and the research participants. Similarly, there were concerns that some participants may express suicidal ideation, with or without intention to act on such ideas. These ethical issues have been previously identified in research conducted among women experiencing domestic violence and abuse (Ellsberg et al. 2008; Garcia-Moreno et al. 2006; Ellsberg M and Heise L. 2005). The ethical issues

of paramount importance in Study Two were: disclosure, informed consent, remuneration, safety, confidentiality, and emotional distress.

#### **4.1.4.1 Disclosure Policy**

As part of condition for ethical approval, the researcher wrote a disclosure policy (see Appendix 3) to be used in the event that a woman currently in an abusive relationship discloses information which may put her or her children in harm. The disclosure policy was designed primarily for two purposes. Firstly, it was to serve as a safeguarding protocol for child protection, when disclosures relating to child protection issues are disclosed by study participants. Secondly, it was to be used for supporting study participants in contacting the police, if needed. Thus, the disclosure policy was put in place to support participants in getting help, if they disclose any actions that put them or their children at risk of harm, and wishes to seek help from statutory services.

#### **4.1.4.2 Informed Consent**

The principle of informed consent is central to any research involving human participants (Mandal and Parija 2014). As defined by Parahoo (2014), informed consent ‘is the process of agreeing to take part in a study based on access to all relevant and easily digestible information about what participation means, in particular in terms of harms and benefits’ (pg. 408). For consent to participate in research to be deemed informed, potential participants are expected to fully understand what they are committing to, and voluntarily decide to participate without coercion or manipulation (Israel and Hay 2006; Wiles et al. 2007).

Due to the sensitive nature of this research, getting participant informed consent was crucial to the implementation of the study. Participant Information Sheet (PIS) and flyer (Appendix 4 and appendix 5) were developed in easy to understand English language, in order to ensure potential participants were fully aware of what was required of them, as well as the purpose of the study. Potential participants who indicated interest in participating in the research were given more information, and were contacted between 24-48 hours later, to check whether they were still willing to participate. Participants were also required to provide written consent on the approved informed consent form (Appendix 6), as evidence of their willingness and voluntary participation in the research. Where participants could not provide written informed consent, verbal consent were taken and recorded on tape. Participants were encouraged to discuss their participation in the study as they deem fit, but to be mindful of the risks and safety concerns both for themselves and the researcher.

#### **4.1.4.3 Remuneration**

Remuneration has been identified as an ethical issue in research involving human participants (Tishler and Bartholomae 2002). While there are existing findings highlighting the benefit of providing incentives, there are concerns that offering remuneration to research participants may lead to undue coercion of research participants, therefore jeopardising informed consent (Grady 2001;Macklin 1981;McGee 1997).

However, with providing incentive been linked to increasing participation rates in research studies, best practice recommendation advocates that incentive information

is clearly stated in the participant information sheet (Permuth-Wey and Borenstein 2009). Thus, information regarding incentives was included in the PIS, and study participants were offered up to £7 for travel fare, as an appreciation for the time spent for participating in the study. Participants were given an option to accept or decline the travel fare, and all participants in Study Two declined the travel fare incentive.

#### **4.1.4.4 Safety Protocols**

Safety of the research participants and the researcher were important in this research. In order to ensure the safety of women who were still in the abusive relationship, telephone interviews were conducted, and verbal informed consent were recorded. For women who were no longer in the abusive relationship, their safety was assessed based on routine enquiry from women, and their disclosure of safety was accepted as valid.

The researcher ensured her safety by strictly adhering to the University of Manchester Lone Worker Policy, and the safety protocol developed by the School of Nursing, Midwifery and Social Work. The safety protocol (Appendix 7) provided a step by step guide for researchers while conducting field work. Researchers were expected to ensure their personal safety at all times, and to ensure a named colleague is aware of their location while on fieldtrips.

#### **4.1.4.5 Anonymity and Confidentiality**

Providing written consent was considered by some Nigerian women as risky to their safety, due to the fear of being identified, and being located by statutory services.

Despite the researcher's effort to assure anonymity and confidentiality, many potential participants were afraid the research was the government's way of identifying undocumented immigrants, and thus, they believed they will be located and deported if they participated in this research.

Where a potential participant identified risk of safety and being identified as barriers to their participation, they were offered the option of telephone interview. The option of telephone interview (Carr and Worth 2001) was also available to women who were living in domestic violence shelters, and women who were afraid the researcher may recognise them at Nigerian community events, thus compromising their identity. Due to the socialisation of the Nigerian community in England, it was necessary to ensure women were assured of anonymity based on their participation in the research

#### **4.1.4.6 Emotional Distress**

Emotional distress in domestic violence research has been identified as an ethical issue (Ellsberg and Heise 2002). While evidence exists on the emotional distress of researching domestic violence on abused women (World Health Organization 2001; Dunn 1991), little is known about the emotional impact of domestic violence research on researchers. This may be due to expectations that researchers are to be well equipped and divorced from the research process (Ellsberg M and Heise L. 2005).

However, the work of Dunn (1991) clearly suggests that researchers exploring sensitive topics such as domestic violence and abuse are at risk of experiencing emotional and physical health issues as a result of the research process, especially if study participants become distressed during the interview. Thus, the importance of establishing support structures for researchers working on sensitive topics such as domestic violence and abuse, prior to the commencement of the interview has been well documented (Coles et al. 2014; Paavilainen et al. 2014; Dunn 1991).

For this present research, an emotional supervision meeting was set up for the researcher by the supervisory team, to enable her ventilate, if she became distressed during or after an interview. This meeting was very useful for the researcher, as it was utilised after one of the interviews, in which a study participant became very distressed.

#### **4.1.5 Recruitment**

Patel et al. (2003) defines recruitment as:

*'the dialogue which takes place between an investigator and a potential participant prior to the initiation of the consent process. It begins with the identification, targeting and enlistment of participants (volunteer patients or controls) for a research study. It involves providing information to the potential participants and generating their interest in the proposed study'* (pg, 1).

Prior to obtaining favourable ethical approval, the researcher worked extensively with members and leaders of the Nigerian community to raise awareness, educate, and generate support for the research. This was conducted as part of the pilot field work for the study, and recommendations and feedbacks from this pilot work was very instrumental in the recruitment process. Although it was difficult to recruit, the networking relationship developed with influential leaders of the Nigerian community was very helpful. The difficulty experienced had been predicted by the supervisory team due to the sensitivity of the research topic, and this was also highlighted by leaders and members of the Nigerian community during the pilot fieldwork. In order to overcome the difficulty associated with recruitment, multiple recruitment strategies were used (Mahapatra 2012; Beadle-Brown et al. 2012; Sixsmith et al. 2003).

#### **4.1.5.1 Gaining Access to Study Participants**

A key component in recruiting participant for qualitative research is gaining access to the research population (Flick 1998). Gaining access to the research population entails flexibility, developing trust, and building relationships with relevant individuals and institutions (Emmel et al. 2007; Burgess 1984). In qualitative research, these relevant individuals and institutions are referred to as gatekeepers (Burgess 1984). Gatekeepers could serve as great research asset in recruiting research participants from hard-to-reach populations (Emmel et al. 2007).

In describing the typology of gatekeepers developed by Patton (1990), Emmel et al (2007) points out that gatekeepers exists in a continuum as either formal, comprehensive or informal gatekeepers. Two of these three types of gatekeepers

were utilised. Formal gatekeepers were described as working with people to implement statutory measures in addressing social exclusion, while informal gatekeepers are said to live within the community they serve, with no direct link to statutory services, and are thus likely to meet the identified problems of the community groups using their own existing resources (Emmel et al. 2007). Nigerian community group leaders and No Recourse to Public Funds (NRPF) Team (see section 1.6.1) served as gatekeepers for recruiting participants for Study Two.

#### *4.1.5.1.1 Nigerian Ethnic Community and Religious Leaders*

The use of Nigerian ethnic community and religious leaders as gatekeepers was very instrumental in recruiting participants. Although the researcher is a female of Nigerian origin, she is an outsider to the community of Nigerian women experiencing domestic violence and abuse (Braun and Clarke 2013), which makes gaining access to this hidden population very challenging. Therefore, she needed the assistance of these gatekeepers to gain an insider perspective on the lived experience of domestic violence abuse by Nigerian women as an outsider (Sixsmith et al. 2003). While evidence exists on the negative influences gatekeepers may exert on the research process, particularly in terms of preventing accesses to the appropriate participants (Emmel et al. 2007; Kawulich 2011; Sixsmith et al. 2003), gatekeepers in Study Two were respectful and did not seek to undermine the research process (Kawulich 2011).

As mentioned in section 1.5.1, the easiest way to access Nigerians are at religious or social gatherings. Thus, Nigerian community leaders allowed the researcher to

speak at Nigerian women group functions, Nigerian-themed events and Nigerian-dominated religious institutions. Study flyers were publicly displayed at these events and venues, to ensure everyone had equal opportunity to participate, without coercion or manipulation. Where potential participants raised concerns about the integrity of the research, (whether it was from the government), the Nigerian community leaders were able to answer their questions and allay their fears.

#### *4.1.5.1.2 No Recourse to Public Funds (NRPF) Team*

In order to increase recruitment numbers, the researcher approached the No Recourse to Public Funds (NRPF) team based at Manchester City Council. The team manager was informed about the purpose of the research, with copies of participant information sheet and flyers handed over to the team. The NRPF team screened their database, identified Nigerian women they had supported, and contacted them about whether they would be interested in the research. It was after women had provided consent to be contacted, that their details was passed on to the researcher.

#### **4.1.6 Data Collection**

Data for Study Two was collected through the use of in-depth, semi-structured individual interviews. Based on the nature of the research aim and objectives, using semi-structured individual interviews was deemed appropriate, to enable the researcher gain insight into the perspectives of Nigerian women on their disclosure and help-seeking practices as a result of their lived experience of domestic violence and abuse. In addition, some of the existing research work on lived experience of domestic violence have used semi-structured interviews, to facilitate understanding

women's perspectives on their experiences (Gillum 2008;Gillum 2009a;Humphreys and Thiara 2003;Potter 2007).

In order to ensure methodological rigour in the data collection process, key decision (influenced by the research design) were made, such as using interview guide, conducting face-to-face and telephone interviews, and using field notes. These activities are further discussed below.

#### **4.1.6.1 Interview Guide**

Interview as method of data collection is commonly used in research conducted using human participants (Parahoo 2014;Louise Barriball and While 1994). To ensure interviews are conducted appropriately, the use of interview guide is encouraged within the research context (Flick 2009). The topics covered in the interview guide were based on evidence from the overview of literature, and the qualitative systematic review on the barriers to disclosure and facilitators of help-seeking for domestic violence among women from BME groups (Chapter Three). Table 4.1 below present the abridged version of the interview guide used in Study Two.

**Table 4.1 Showing Interview Guide for Study Two**

Interview Guide Topics
<ul style="list-style-type: none"><li>➤ Establishing Context<ul style="list-style-type: none"><li>• How the relationship started</li><li>• Length in years of abusive relationship</li><li>• Length of years of living in England</li></ul></li><li>➤ Incidence of Domestic Violence<ul style="list-style-type: none"><li>• Discussion about commencement of the abuse</li></ul></li><li>➤ Disclosure and Help-seeking<ul style="list-style-type: none"><li>• Have you told anyone about your experience?</li><li>• Have you tried to seek help?</li></ul></li><li>➤ Leaving and Staying</li><li>➤ Self-perceived Impact</li></ul>

The interview guide (Appendix 8) used to aid data collection contained five topic sections and many probes. As shown in table 4.1 above, the researcher commenced the interview by establishing the context of the abusive relationship, and setting the framework for the interview. This was to provide a focus for the interview, as well as set the boundaries for the research relationship between the research participant and the researcher (Flick 2009).

The interview guide also contained prompts, which allowed the researcher to link all the different sections of the topics, to ensure the research participants have the opportunity to provide quality data. Although the interview guide was handy to provide structure for the interview, research participants were allowed to tell their story, thus the researcher was not rigidly confined to the topics on the interview guide (King et al. 1994;Flick 2009). As the interviews progressed, certain aspects of the interview guide were modified, as a result of allowing research participants to tell their story. Allowing the research participants to tell their story was a decision

influenced by the research design, particularly the principles of the interpretivist paradigm.

#### **4.1.6.2 Interview Process**

##### *Face-to-Face Interview*

Most of the interviews for Study Two were conducted using face-to-face interview technique. The interviews lasted between 30 minutes to 120 minutes, depending on the characteristics of the study participants and the technique of interviewing. The interviews tend to be shorter with women who were still in the abusive relationship, or whose relationship had ended within the 12 months of the interview. The shortness in duration of the interviews could be attributed to emotional distress experienced by women, due to the recent nature of their abusive experience.

Furthermore, telephone interviews were also shorter than face-to-face interviews, which might have been due to respondent fatigue (Lavrakas 1993). Respondent fatigue is said to occur when research participants' attention is diminished, as a result of the length of the interview (Ben-Nun 2008). In order to minimise respondent fatigue during the telephone interviews, the researcher actively engaged the research participants, and also asked questions to clarify what they were saying. This way, the research participants were alert and the quality of the interviews was maintained.

Conducting the face-to-face interview facilitated privacy and disclosure of sensitive information, and also provided an opportunity for the researcher to capture both

verbal and non-verbal information being communicated during the interview (Parahoo 2014). Similarly, using telephone interview technique facilitated privacy, openness and disclosure of sensitive information (Novick 2008).

### *Telephone Interview*

The last 20 years has seen the rise of telephone usage in qualitative research interviewing (Bryman 2012). The use of telephone for qualitative interviewing has been reported to reduce travel cost, provide flexibility and safety, both for the researcher and research participants (Novick 2008). Although there are concerns regarding the authenticity of data generated via telephone interview, evidence exist which confirms no significant difference exists in data generated via face-to-face and telephone interviews (Burke and Miller 2001;Sturges and Hanrahan 2004).

There are many reasons researchers use telephone interviewing method for data collection (Burke and Miller 2001;Carr and Worth 2001;Novick 2008;Parahoo 2014). For this study, the decision was based on ethical consideration of safety and anonymity. As discussed above, some of the study participants identified their safety and lack of anonymity as potential barrier to participating in the research, thus, data for these women were collected via telephone interview. The safety of the researcher herself also necessitated the use of telephone interview, especially in instances where study participants were still in the abusive relationship.

With telephone interviews, different skills set were required to ensure data quality, and study participant engagement. Although the researcher could not see the research participants, using her researcher skills of listening, questioning and

reassurance, she was able to capture nonverbal cues (such as prolonged silence) used by study participants. For example, during the telephone interview, prolonged silence was observed as being used frequently by women when describing the negative mental health impact of their domestic violence and abuse experience. Similarly, for some participants, conducting the interview by phone gave them the freedom to speak about their experiences, and enabled them divulge information they disclosed would not have been shared if the interview had been conducted using face-to-face technique (Roffman et al. 1998;Novick 2008).

Contrary to arguments about the poor quality of data from telephone interviews (Novick 2008;Carr and Worth 2001), data generated from this research confirms that high quality data can be collected via telephone interviewing, thus supporting the suitability of using the method for conducting research on sensitive topics (Carr and Worth 2001).

### *Field Notes*

Furthermore, during both face-to-face and telephone interviews, notes were taken to document important verbal and non-verbal cues, these are referred to as field notes (Sanjek 1990;Burgess 1984). Field notes were thus used to record the researcher's observations about the entire interview, and were also used to record any other information passed on by the research participants after the tape recorder had been turned off (Mulhall 2003;Burgess 1984). Field notes have been reported to be instrumental in documenting researcher's initial thought after the interview, as well as facilitating the analysis process (Bryman and Burgess 2002;Hughes 2002), and they were appropriately utilised in this research. For example, using prolonged

silence in the context of discussing negative impact of domestic violence and abuse by women was captured and documented in the filed note. The researcher interpreted prolonged silence as indicating likely onset of emotional distress as a result of the interview.

## **4.2 Study Three: Exploration of the Roles and Perspectives of Nigerian Community and Religious Leaders in Supporting Nigerian Women**

### **4.2.1 Background**

Although several studies ( e.g Batsleer et al., 2002, Burman et al., 2004, Gill, 2004, Izzidien, 2008, Wellock, 2010) have investigated domestic violence among women from Black and Ethnic Minority (BME) groups in England, more emphasis has been on women from South Asian communities. In addition, none of these studies have considered the perspectives and roles of leaders from the BME communities in supporting women.

The work of Batsleer et al (2002) has a strong theme around the impact of community on a BME woman's experience of domestic violence. They reported a theme on 'community-based pressure to stay' ( pg 24) in abusive relationship, and suggested that BME community organisations were not 'adequately engaging with these [BME] women' ( pg 20). While these may be true for study participants in the Batsleer et al (2002) study, it is unclear whether similar assertions are applicable to Nigerian women experiencing domestic violence and abuse in England.

Thus, it was necessary to explore the perception and roles of Nigerian community and religious leaders in supporting Nigerian women experiencing domestic violence and abuse, for two main reasons:

1. More than half of participants in Study Two were recruited through Nigerian community and religious leaders;
2. All participants in Study Two disclosed they had approached either a Nigerian religious or community leader for help while experiencing abuse.

The definition of a community leader used in Study Three was adapted from Purdue et al. (2000). According to Purdue et al (2000), a

*'community leader may be occupants of formal positions (e.g. on community forums or tenant groups); they may be identified as influentials (e.g. through faith organisations, community arts groups, schools, family centres), as long-term stimulants of community activity, as political activists, or simply as people who help others to get things done' ( pg 9).*

Therefore in adapting the definition within the current study, a leader is defined as a Nigerian, whom people respect, due to characteristics such as, age, wealth, experience, position, expertise, education, and/or influential status. He or she could be a member of a Nigerian community society or a religious organisation.

#### **4.2.2 Inclusion and Exclusion Criteria**

The inclusion criteria are based on evidence from Study Two which highlights the characteristics of individuals Nigerian women with lived experience of domestic violence and abuse usually approach for help.

##### **Inclusion Criteria Include:**

- Being over 18 years
- Have a recognisable position as a leader within the Nigerian religious or community groups (such as welfare officer, choir leader, vice president, liaison officer, pastor, among others)
- Willingness to provide written informed consent: some leaders were not willing to provide written informed consent, as they did not want their identifiable details on record, despite being assured of confidentiality, provided they did not disclose harm to themselves or others.

##### **Exclusion Criteria**

- Inability to consent: Nigerian community or religious leaders who were unable to read, write, or understand the explanation of the study details, or unwilling to provide written informed consent.
- Potential participants who cannot speak English, Yoruba or Pidgin English

#### **4.2.3 Ethical Consideration**

As earlier stated, research involving human participation have potential for causing risks and may be hazardous to participants (Bryman 2012; Durand and Chantler 2014; Polgar and Thomas 2013). All ethical processes conducted for Study Two

were repeated for Study Three. Ethical approval for Study Three was granted by University of Manchester Research Ethics Committee Project Ref 13242 (Appendix 9).

As the focus of the research was on the roles and perspectives of study participants on supporting Nigerian women with lived experience of domestic violence and abuse, participants were not required to provide specific information which may be considered to be in breach of confidentiality to the women they support. However, study participants were made aware of ethical and moral obligation to report to appropriate authorities if a woman or her child were disclosed as being in danger. Provision was made to support study participants to contact specialist domestic violence services and inform children's services if a child protection concern was highlighted.

#### **4.2.4 Recruitment**

Recruitment for Study Three took place between December 2013 and April 2014. Study participants were identified via churches, mosques, and community groups. These avenues were identified by Elam and Chinouya (2000) and confirmed by the International Organization for Migration (2007) as places where Nigerians in England can be identified. This approach was used during Study Two.

Having established a professional relationship with the groups and organisations during the recruitment for Study Two, it was deemed appropriate to contact the community and religious leaders directly either by telephone or in writing, to inform them about Study Three. Interested participants were invited to meet with the researcher during which participant information pack were given to them. The

information pack included: Participants information sheet (Appendix 10) and consent form (Appendix 11).

#### 4.2.5 Data Collection

For Study Three, data was collected from nine religious and community leaders using semi-structured interview method. As in Study Two, an interview guide (Appendix 12) was used to facilitate the data collection process. In accordance with the views of Prescott (2011), the interview guide was developed ahead of the interview. As the topic of consideration was to explore the roles and perspectives of the leaders, the questions and prompts in the interview guide were designed to facilitate discussion and rich description of the topic of consideration. Table 4.2 below shows the main sections of the interview guide.

**Table 4.2 Showing Interview Guide for Study Three**

Interview Guide Topics
<ul style="list-style-type: none"> <li>➤ Establishing Context               <ul style="list-style-type: none"> <li>• Experience of supporting Nigerian women experiencing DVA</li> <li>• Role within the Nigerian community</li> </ul> </li> <li>➤ Incidence of Domestic Violence               <ul style="list-style-type: none"> <li>• Perception of causes of abuse</li> <li>• Type of abuse women usually report</li> </ul> </li> <li>➤ Disclosure and Help-seeking               <ul style="list-style-type: none"> <li>• Disclosure practices of women</li> <li>• Advice or suggestions usually given to women (where appropriate)</li> <li>• Knowledge of statutory services (domestic violence services)</li> </ul> </li> <li>➤ Interest in Training and Support to Enhance Capacity to Support Women</li> </ul>

As shown in table 4.2, the interview guide was sub-divided into four sections. The use of the interview guide questions was dependent on whether a study participant had supported a woman or not. For participants with no prior experience of supporting women, the interview guide questions were posed to elicit their perception on the disclosure and help-seeking practices of Nigerian women. As discussed in section 4.1.7, the interview guide was used to guide the conversation, rather than it being imposed on the study participants.

### **4.3 Data Management for Study Two and Study Three**

In total, data for the research was generated from 25 individual interviews. All study participants gave informed consent for audio recording devices to be used during the interview to facilitate verbatim transcription. These audio recordings were securely transferred to the University of Manchester secured network (X drive). Furthermore, field notes and written consent forms were stored separately in a locked cupboard where only the researcher had access. In order to ensure effective management of data, decisions were made regarding the use of pseudonyms, transcription, translation, and the use of qualitative analysis software.

In line with the ethical consideration of anonymity and confidentiality, pseudonyms and codes were used for all research participants (Orb et al. 2001; McCosker et al. 2003). In Study Two, pseudonyms were allocated to each woman, while codes were assigned to each participant in Study Three. The use of pseudonyms and codes were used consistently for the studies as appropriate.

### **4.3.1 Transcription and Translation**

Interview data collected for Study Two and Study Three were transcribed verbatim by the researcher. The main reason for transcription was to enhance the data analysis process (Braun and Clarke 2006; McLellan et al. 2003). It was also due to the mixed languages (see 4.1.3) used for data collection. As the researcher was both transcribing and translating the non-English words used in the audio data, this highlighted the methodological challenge of data credibility and dependability (Twinn 1997; Squires 2009).

To overcome this challenge, it was agreed by the supervision team that the researcher ask a person who is fluent in all the languages (English language, Yoruba Language, and Pidgin English) used for data collection to read the anonymised transcripts and listen to the audio recordings, a process known as peer debriefing. The use of peer debriefer has been discussed in literature (Creswell and Miller 2000; Nguyen 2008). A peer debriefer has been described as someone outside the research process, with the level of expertise required to facilitate methodological interrogation and engagement with the data (Creswell and Miller 2000; Nguyen 2008).

Thus, a peer debriefer was used to enhance the credibility and dependability of data from this research. Using peer debriefer has been reported as ensuring data credibility and rigour in the qualitative data analysis process (Morse et al. 2008). Based on the feedback from the peer debriefer, there were no discrepancies between the transcripts and the audio recordings.

### **4.3.2 Qualitative Data Analysis Software**

Using computer software in qualitative data analysis has risen to prominence in recent years (Gibbs 2002). Of particular importance is the role it plays in data management (Fielding et al. 1998), as it has been shown to facilitate an audit trail of the data analysis (Bazeley and Jackson 2013). While there are on-going criticism regarding using software in analysing qualitative data, the perceived benefits outweighs the identified consequences, as researchers are able to demonstrate rigour, flexibility, thoroughness, as well as providing documentary evidence of the processes employed in arriving at conclusions from the raw data (John and Johnson 2000;Pope et al. 2000). Thus, the transcribed interview data were explored using NVivo 10 software (QSR International 2012).

### **4.4 Data Analysis**

Data analysis in qualitative research is an integral part of the research process (Bryman 2012). It is an iterative process, involving innovative and methodological engagement with data to ensure salient concepts are identified and reified in a manner which transforms the raw data into meaningful constructs (Barbour 2008;Pope et al. 2000;Bryman 2008b). Depending on the theoretical and philosophical perspectives of the researcher, approaches to data analysis maybe inductive, deductive or an inductive-deductive hybrid (Denzin and Lincoln 1994;Fereday and Muir-Cochrane 2008;Guest et al. 2011). Similarly, approaches employed in data analysis, will also be influenced by the research questions and the phenomenon under investigation (Koch 1995;Guest et al. 2011;Shaw and Holland 2014).

Although there are several approaches which could be applied in this present research, four were plausible options. These are: narrative analysis, discourse analysis, framework method, and thematic analysis (Braun and Clarke 2006;Lichtman 2014;Ritchie and Spencer 1994).

Both narrative analysis and discourse analysis are focused on the use of language in how study participants tell their story, and framework method is usually used to summarise data using a matrix. None of the three approaches were deemed appropriate for the analysis process, due to the research design. Instead, the thematic analysis approach to data analysis by Braun and Clarke (2006) was used.

#### **4.4.1 Thematic Analysis**

Thematic analysis as an approach to data interpretation has been used extensively in analysing qualitative data (Joffe 2011). Boyatzis (1998) defines thematic analysis as ‘a method for identifying, analysing and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich) detail. However, frequently it goes further than this, and interprets various aspects of the research topic’ (cited in Braun and Clarke, 2006, pg. 79).

While critics have not characterised thematic analysis technique as a specific method, it is a foundational technique widely used by researchers in structuring and making sense of the inherent meanings contained within their qualitative data (Braun and Clarke 2006). Hence, Braun and Clarke (2006) made a conscious effort to position this foundational approach to data analysis as a mainstream method by

providing practical guide for researchers, to facilitate a standardised approach to its conduct.

The use of thematic analysis for analysing data for this research is due to its flexible approach to data analysis, as reflected in the theoretical freedom that allows researchers to make sense of the interview data without constraint, while ensuring methodological rigour (Braun and Clarke 2006).

Since the current research is situated within the interpretivist paradigm, and does not seek to generate a theory, but rather to present an in-depth exploration of the disclosure and help-seeking practices of Nigerian women resident in England with lived experience of domestic violence and abuse, thematic analysis has emerged as a suitable method for articulating the views and experiences of Nigerian women with lived experience of domestic violence and abuse, as well as the views and perceptions of Nigerian community and religious leaders.

Braun and Clarke (2006) encourages researchers applying thematic analysis approach to their data to make decisions regarding several aspect of using this approach, and outlined six phases in the analysis and presentation process as detailed in Table 4.3 below:

**Table 4.3: Phases of Thematic Analysis**

Phase	Description of the Process
1. Familiarizing yourself with your data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code
3. searching for themes:	Collating the codes into potential themes, gathering all data relevant to each potential theme
4. Reviewing themes:	Checking if the themes work in relation to the coded extracts (level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis
5. Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme
6. Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis

**(From Braun and Clarke 2006, pg. 87, used with permission)**

The six phases presented in table 4.3 (above) were implemented in data analysis as presented in the sections below.

#### **4.4.1.1 Inductive Latent Thematic Analysis**

In the period following data transcription, and before the commencement of the analysis, two important decisions were made regarding the approach to, and level of thematic analysis. The first decision was whether to conduct an inductive or theoretical thematic analysis. According to Braun and Clarke (2006), inductive approach to data analysis is ‘a process of coding the data without trying to fit it into a pre-existing coding frame, or the researcher’s analytic preconceptions. In this sense, this form of thematic analysis is data-driven’ (pg. 83).

In accordance with the research design, the inductive approach to thematic analysis was selected. Although the researcher had some preconceived ideas as a result of her involvement in the research process, in terms of her epistemological position of being co-producer of knowledge, it was deemed appropriate to bracket these preconceptions, in order to ensure that the analysis presented were truly the voice and views of the research participants, presented via the researcher (Denzin and Lincoln 1994; Lincoln 1995). In contrast to the theoretical approach, in which data analysis is solely driven by the theoretical stance of the analyst, the inductive approach ensures themes generated are linked to the raw data.

Similarly, a decision was made regarding whether theme identification should be at the latent or semantic level. At the semantic level, Braun and Clarke (2006) explained that, the analysis is focused on organising and describing the surface meanings of what participants said, in order to find a pattern. However, the latent level of thematic analysis is much more focused on examining ‘the underlying ideas,

assumptions, and conceptualizations – and ideologies – that are theorized as shaping or informing the semantic content of the data’ (pg. 84). This level of analysis is deemed suited to the data used in this research, as the researcher seeks to understand, interpret and discuss the ideologies underlying how study participants describe their disclosure and help-seeking practices, as influenced by being members of an ethnic minority population resident in England.

#### **4.4.1.2 Process of Inductive Latent Thematic Analysis**

##### *Data familiarisation (Phase 1)*

The phase of familiarization with the data started when the data were initially collected, hence the researcher had some prior knowledge of the data. The phase was further enhanced during the transcription phase. However, the transcripts were read four times by the researcher, to ensure rigour and methodical understanding of the data, as opposed to her preconceptions of the data (Braun and Clarke 2006). During this phase, the transcripts were initially read on a computer, hence annotations were used to underline, colour and highlight chunks of sentences to generate initial ideas. The researcher’s initial thoughts after reading the transcripts were also documented in the field note as key points to be considered.

##### *Generating Initial Codes (Phase 2)*

Following the familiarisation phase, initial codes were generated from the chunks of sentences previously highlighted. These initial codes were considered interesting information, and were selected to be further assessed. This process of assessing initial ideas for depth has been described as coding, and constitute an integral part of

the analysis process (Miles and Huberman 1994). In Table 4.4 below, an example of how initial codes were added to data extract is presented.

**Table 4.4: Data Extract with Initial Codes Applied (Example from Study Two)**

Data Extract:	Initial Code Applied:
People who are in marriage make it look like you are nothing if you are not married. They make a lot of noise about how great they are, and that’s why they are married. They rarely tell you the truth, but label you as impatient if you leave. (Abike)	<ol style="list-style-type: none"> <li>1. Societal views regarding marriage and worth of a person</li> <li>2. Labelling as impatient for leaving the marriage</li> </ol>

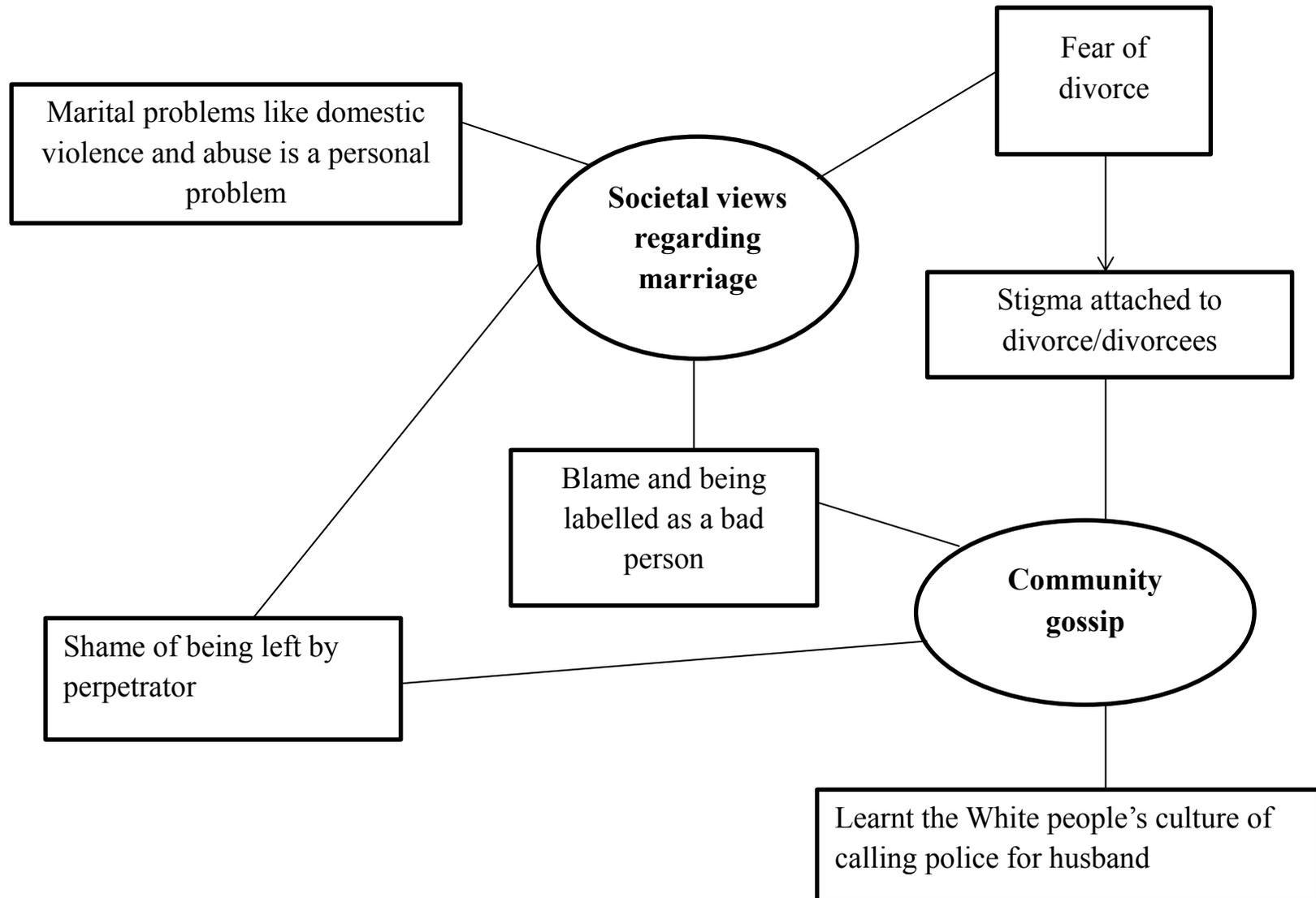
As reflected in table 4.4 (above), the initial codes applied were based on data from Abike (pseudonym). In context of the interview, Abike expressed her view about the importance the Nigerian society placed on being married, and how being married is used to define a person’s worth. She further highlighted the negative effect (being labelled as impatient) of seeking to end an abusive marriage. The table above highlights the inductive approach to data analysis as utilised in this research. However, to search for themes, the extract needed to be further explored for latent meaning.

*Searching for Themes (phase 3)*

In developing themes from the initial codes generated, codes were merged to generate a long list of potential themes (see Appendix 13), this phase is called ‘searching for themes’ (Braun and Clarke, 2006, pg. 89). Thus for this research, a theme is a collection of codes which form cogent patterns of idea capturing the construct under consideration. In this phase, the researcher did not attempt to identify an overarching theme, but aimed to identify a relationship between codes

generated during phase two of data analysis. Many of the codes were combined to generate potential candidate themes and sub-themes. Figure 4.2 below shows an example of a thematic map developed around societal views regarding marriage and community gossip, which builds on the code identified earlier during phase two of the data analysis process.

**Figure 4.2: Initial Thematic Map Showing Two Candidate Themes from Study Two**



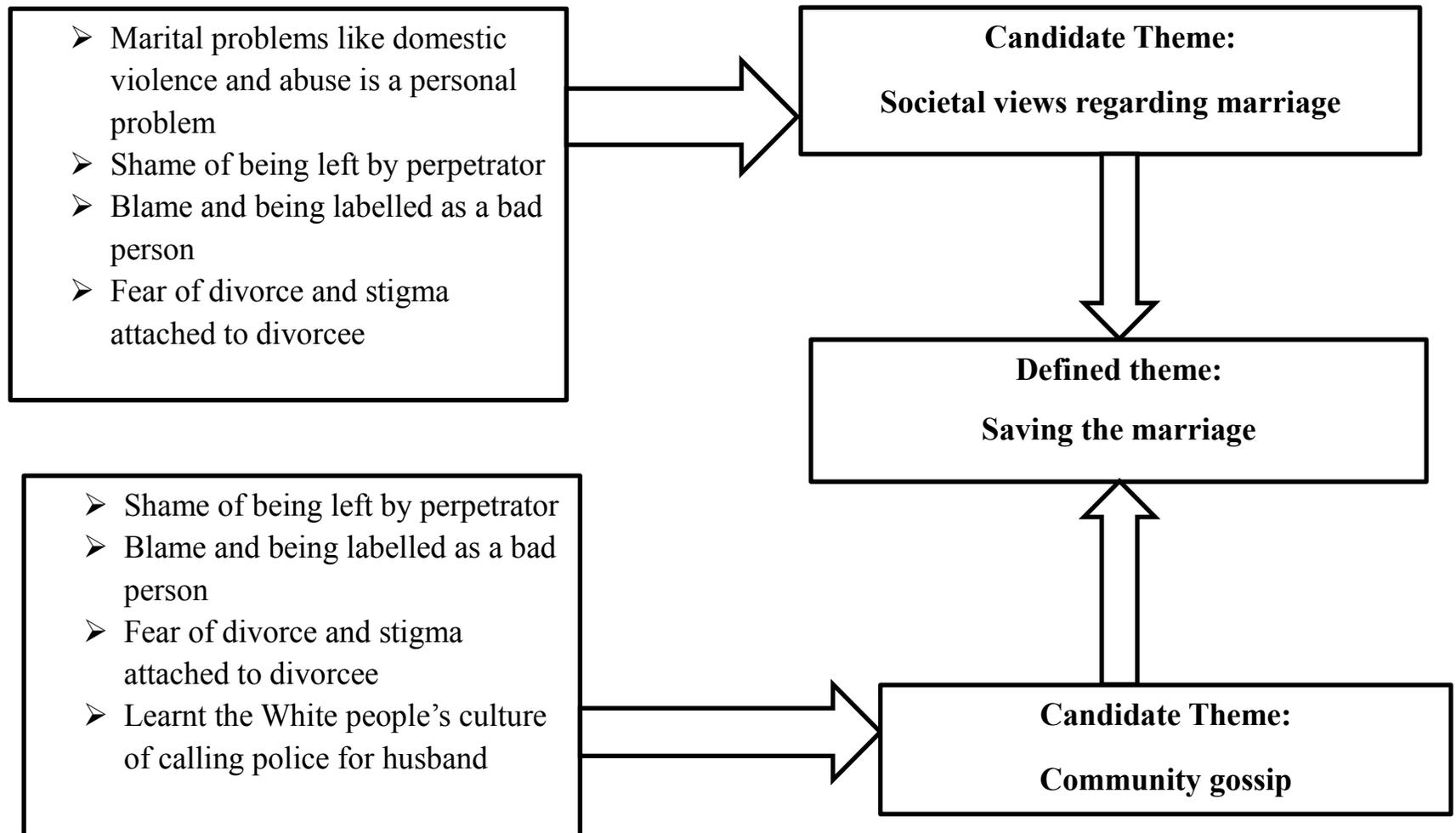
A significant feature of developing themes is exploring the latent meaning of the initial codes generated. In figure 4.2 above, the candidate theme of societal views regarding marriage reflected how women described the barriers to disclosure of domestic violence and abuse to anyone outside the immediate family. They disclosed the blaming and labelling attitude of their society (in context, Nigerian society) towards women who attempt to end an abusive marriage, as domestic violence and abuse is considered a personal problem and should be handled within the family. There was also the fear of divorce due to the stigma, which was also connected to the second candidate theme of community gossip. Study participants described the shame of being left by perpetrator, and being regarded as learning the White people's culture of calling the police as precursor of being objects of gossip and being labelled as a bad person. Thus, these views were arranged around the candidate theme of societal views regarding marriage and community gossip.

*Reviewing, defining and naming themes (phase 4 and 5)*

With the identification of candidate themes and sub-themes, it now became necessary to refine and define these themes in order to provide answers for the aims and objectives of the research. For this phase, all the candidate themes were reviewed in the context of collated data extracts in order to identify a coherent pattern. This enabled the researcher to check the suitability and validity of candidate themes in the context of the data, and refine and discard candidate themes as necessary.

For example, latent interpretation of the data showed that, the candidate themes of societal views regarding marriage and community gossip (Figure 4.2) could be combined into one theme of saving the marriage. In essence, study participants were stating some of the reasons for staying in the relationship, using the views that marital problems were personal, and in order to avoid being labelled and gossiped about, it was important to save the marriage, as evidence of being good people, based on the expectation of their Nigerian society. Figure 4.3 below provides an overview of the refinement process.

**Figure 4.3: Developed Thematic Map Showing: Two Candidate Themes and One Defined Theme (Example from Study two)**



In order to ensure all themes generated were consistent with the raw data, themes were further refined and checked for consistency. Using the example in figure 4.2 above, the defined theme of saving the marriage was refined and named as saving the relationship, as not all study participants were married to the perpetrator. Thus, all themes identified were named appropriately as part of the analysis process of phase 5 (Braun and Clarke 2006).

#### *Producing the report (phase 6)*

The final phase of thematic analysis involves having a set of fully developed themes, which reflected the original data. Final themes were developed based on consideration regarding the prevalence of the concept from the data, as well as how the data tells the story of the disclosure and help-seeking practices of Nigerian women resident in England with lived experience of domestic violence and abuse, as well as the perceptions and roles of Nigerian community and religious leaders in supporting women.

For study two, a total of four main themes and several sub-themes were identified.

Three main themes were identified in study three. The themes covered the constructs of barrier to disclosure of abuse, facilitator of help-seeking, perception of the incidence of abuse, factors influencing the decision making process, and perception of service support needs for Nigerian women.

#### **4.4.2 Ensuring trustworthiness in Data Analysis**

The detailed step-by-step guide to conducting thematic analysis by Braun and Clarke (2006) was used in data analysis. As detailed in section 4.4.1 above, following the guideline ensured the analysis process was thoroughly conducted. Another important approach utilised to ensure trustworthiness in data analysis was involving the PhD supervisors during each phase of the analysis and interpretation. These regular debriefing sessions provided the researcher with an avenue to ensure her biases and perceptions were adequately captured in her reflexivity account, and the voices of the research participants were given prominence (Lincoln 1995; Shenton 2004).

#### **4.5 Researcher Reflexivity**

The important role of the researcher in qualitative research has been extensively studied (Holland 1999). Critics of qualitative research methodology constantly highlight the influence the researchers have on the research participants, and how this may interfere with the quality of the data generated (Finlay and Gough 2003).

Thus, being reflexive consists of the researcher's awareness of her role in the research process, and making conscious effort to ensure that her subjective role is minimised. This was done by the researcher exploring and documenting her pre-conceived ideas, personal characteristics, epistemological and philosophical perspectives prior to the commencement of the qualitative study (Finlay 2002). It was particularly important to ensure the researcher made a distinction between her voice, and the voice of the research participant, especially as this is an issue in interpretivist-based qualitative studies (Lincoln 1995).

The researcher has certain characteristics which could be considered as placing her in a privileged position:

- Being Female
- Born and raised in Nigeria by married heterosexual parents
- Have a recognisable Nigerian ( Yoruba ) name
- A Christian - with a history of regular church attendance
- Never experienced nor witnesses domestic violence and abuse (both as a child and adult)

The researcher's first contact with someone who was a victim of domestic violence and abuse was while working as a Graduate Teaching Assistant at a University in Nigeria. This undergraduate student was one of her assigned mentee, who came to class with a blackened eye, and the explanation of walking into a wall. The student was very reluctant to speak about her experience, and it was after a lot of probing that she disclosed the wound was as a result of physical violence. As the researcher had never experienced domestic violence and abuse, her first reaction was that of indignation, and further advice to the student to flee the relationship.

The researcher was therefore very dismayed when this student continued with the relationship, and even married the perpetrator, saying he loved her and was angry with her for being bad. This was to be the beginning of the researcher's interest in the decision making process of seeking help for domestic violence and abuse by female victims and survivors.

Prior to commencing the research, the researcher had never met anyone who experienced domestic violence and abuse in England, but was aware of lack of published empirical research on domestic violence and abuse against Nigerian women in the UK, as she volunteered as a helpline worker in a Greater Manchester based domestic violence and abuse charity.

Hence, she decided to study this sensitive subject, and was aware she was in a privileged position as a Nigerian. Her Nigerian upbringing was very instrumental in developing rapport and building professional relationship with the Nigerian group leaders. For example, part of the norm in Nigeria is showing respect for people older than you by ensuring the use of appropriate titles (e.g. Sir/Madam), and not calling them by their first name - you either add uncle or Aunty (even though you are not in any way related).

Thus from the onset of the research, there were certain assumptions by the researcher and the study participants. An example of an assumption on the part of the researcher was that as all study participants were older in age than her. Due to this assumption, the researcher felt no need to ask study participants their age, particularly as the researcher is aware it was culturally unacceptable to ask your elders how old they were as a Nigerian. In addition, participants were not asked how many children they had, as these are not questions you were expected to ask people older than you, again due to its cultural unacceptability. However during the course of the interview, some of study participants felt confident to tell the researcher their age and whether or not they had children. This information was volunteered by the

study participants, as part of discussing their experiences of living with domestic violence and abuse.

Similarly, the researcher perceived the study participants expected her to be respectful, by virtue of being a Yoruba girl and when they felt this expectation was met, the researcher posits this made the study participants confident and open about their participation in the research.

The use of reflexive journal was very useful in clarifying the researcher's pre-conceived ideas, thereby ensuring a clear separation between her ideas and the data. For example, she had two additional assumptions: one was that, all study participants were married, and secondly, study participants who were no longer in the abusive relationship must have made the firm decision to leave the perpetrator. Both of her assumptions were wrong, as not all study participants were married to the perpetrator – some were unmarried partners, and half of the study participants who were no longer in the abusive relationship were left by the perpetrator.

Since the researcher and the researched are considered co-producers of knowledge within the interpretivist paradigm (Denzin and Lincoln 2000a; Schwandt 1994), this had implication for the data analysis. Thus, the researcher ensured that constant reference was made to the data extract, while ensuring her analytical interpretation of the findings were informed by her awareness of some of the cultural norms and practices within the Nigerian society in relation to domestic violence and abuse, and not her pre-conceived ideas about why a woman should not remain in an abusive relationship.

#### **4.6 Summary of Chapter**

This chapter detailed the research methods used in Study Two and Study Three based on the criteria of transferability, auditability and dependability of findings. Approaches to participant recruitment, ethical consideration, data collection, and analysis were presented. Details of issues relating to data management and ensuring trustworthiness in data analysis were also highlighted. The chapter ends with the researcher reflexivity, detailing her awareness of being privileged and how she bracketed her pre-conceived ideas.

In chapter five, findings from Study Two exploring the barriers and facilitators of help-seeking for domestic violence and abuse by women are presented.

# Chapter Five: Findings from Study Two Exploring the Disclosure and Help-seeking Practices of Nigerian Women Resident in England with Regards to Domestic Violence and Abuse

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## **5.0. Introduction**

The analysis presented in this chapter is based on the interpretation of the qualitative data collected from Nigerian women living in England, who have/are experiencing domestic violence and abuse (DVA). This is part of Study Two eliciting Nigerian women's views on their disclosure and help-seeking practices in relation to domestic violence and abuse, and their service support needs. The findings are presented in four main sections: firstly, background information on the characteristics of study participants; secondly, the in-depth analysis and description of themes from the interviews; thirdly, the perception of women on domestic violence and abuse support needs, and finally the summary of findings.

## **5.1. Characteristics of Study Participants**

Data collection took place from May 2012 – May 2013, with 16 women who self-identified as Nigerians, were over the age of 18, and had personal experience of domestic violence and/or abuse from a previous or current male partner or husband. They were recruited based on signposting from Nigerian religious groups, Nigerian community associations/groups, and contacts from the No Recourse to Public Funds

team at Manchester City Council. Eleven women were recruited through Nigerian groups, contacts and organisations, while five women were recruited through the No Recourse to Public Funds team (see section 4.1.5).

Depending on the preference of study participants and safety measures, interviews took place either at the home of the study participants or at the University of Manchester. Pseudonyms are used to represent study participants, to protect confidentiality and anonymity of quotes.

Table 5.1 provides a demographic summary of participants' characteristics. In total, 13 women were married, and 12 women met the abusive male partner in Nigeria. As shown in column five, the duration of the intimate relationship was from two years to 37 years, with an average of 10.75 years. At time of contact with the study sample, 13 women were no longer in the abusive relationship.

The range of domestic violence and abuse Nigerian women had experienced included: physical violence, emotional abuse, financial abuse, sexual abuse, and sexual deprivation. Three study participants distinguished sexual abuse from sexual deprivation, stating that their abusive male partner refused to have sexual intimacy with them, while they were still together as intimate partners, in order to punish them. The abusive male partner was reported by these women has having other sexual partners with whom they had a love affair, and ensured the study participants were aware of this. Column five of table 5.1 shows the relationship women had with their abusive male partner within the context of their domestic violence and abuse experience. This column is based on information disclosed by study participants with respect to their marital status, where they met, and how long they were together.

**Table 5.1: Characteristics of Study Two Participants**

S/N	Research ID (Pseudonyms)	Still in abusive relationship	Type of Abuse	Relationship with abusive male partner (marital status, where they met, and length of time together)	Have children	Affected by 'No Recourse to public funds' clause	Immigration status affected disclosure/help-seeking from Statutory services
1.	Aduke	No	Physical violence, controlling behaviour, financial abuse, sexual deprivation	Husband; met in Nigeria; 3 years	Yes	Yes	No
2.	Abike	No	Emotional abuse	Husband; met in Nigeria; 5 years	Yes	Yes	No
3.	Abeni	No	Physical violence, emotional abuse, sexual abuse, financial abuse	Partner; met in Nigeria; 2 years	Yes	Yes	Yes, overstayer <sup>2</sup>
4.	Abeke	No	Physical violence, emotional abuse, controlling behaviour, financial abuse	Husband; met in Denmark; 8 years	Yes	No	No
5.	Ajoke	No	Physical violence, emotional abuse, financial abuse, sexual abuse	Husband; met in Nigeria; 10 years	Yes	Yes	Yes, overstayer
6.	Anike	No	Physical violence, financial abuse, emotional abuse	Partner; met in England; 10 years	Yes	Yes	Yes, overstayer
7.	Agbeke	No	Physical violence	Husband; met in Nigeria;	Yes	Yes	Yes - overstayer

<sup>2</sup> Overstayer refers to a person who had stayed beyond the expiration of their visa.

				5 years			
8.	Apinke	Yes	Physical violence, emotional abuse, financial abuse, sexual abuse, controlling behaviour	Husband; met in Nigeria; 20 years	Yes	Yes	Yes – dependent on his visa
9.	Akanke	Yes	Physical violence, emotional abuse	Husband; met in Nigeria; 12 years	Yes	Yes	No
10.	Amoke	No	Physical violence, emotional abuse. Financial abuse, controlling behaviour, sexual abuse (marital rape)	Husband; met in England; 5 years	Yes	No	No
11.	Asake	Yes	Physical violence, emotional abuse, sexual deprivation	Husband; met in England; 4 years	No	Yes	Yes - overstayer
12.	Asabi	No	Physical violence, emotional abuse	Husband; met in Nigeria; 23 years	Yes	Yes	Yes - overstayer
13.	Arike	Yes	Physical violence, emotional abuse, controlling behaviour	Partner; met in Nigeria; 37 years	Yes	No	No
14.	Alake	No	Emotional abuse, financial abuse, sexual deprivation	Husband; met in Nigeria; 10 years	Yes	Yes	Yes – dependent on his visa
15.	Amope	No	Emotional abuse	Husband; met in Nigeria; 7 years	Yes	Yes	Yes - overstayer
16.	Apeke	No	Physical abuse, emotional abuse, psychological abuse, controlling behaviour	Husband; met in Nigeria; 11 years	Yes	No	No

Study participants were subject to immigrations control (Home Office 2015c). Immigration status was identified as a theme from the interviews, which will be discussed in section 5.2.2. However, to aid understanding of table 5.1, some background information is provided on No Recourse to Public Funds (NRPF). No Recourse to Public Funds (NRPF) is a clause placed on the entry permit to the UK (also known as visa) of non-European Union (EU) nationals, stipulating they are unable to claim welfare benefits, such as housing or child tax credit (Citizens Advice Bureau 2015). They were also at risk of deportation should there be changes in the conditions of their entry permit.

Twelve women disclosed they were subject to immigration control while in the abusive relationship. Of the twelve, seven women had overstayed their visa, while two women were dependent on the visa of their ex-husband. Thus, these nine women stated their immigration status prevented them from disclosing and seeking help from statutory services (see section 1.6 for further information on statutory services). Individuals who stay beyond the expiration of their visas, are referred to as overstayers, and are in breach of UK immigration laws. Overstayers are considered to be committing an offence, which can be significantly detrimental to their application for legal residence in the UK (Home Office 2010). None of the participants in this study disclosed being refugees or asylum seekers.

Fifteen women had children. As detailed in section 1.6.1, women affected by the NRPF clause may be assisted on the basis of section 17 of the Children Act 1989, to prevent the child from becoming destitute. Thus, one woman out of the three women still in the abusive relationship disclosed that her reluctance to seek help from

statutory service was because she had no children, was affected by the No Recourse to Public Funds clause, and had stayed beyond the expiration of her visitor's visa.

In summary, the background characteristics of study participants provided important insights into their disclosure and help-seeking practices for domestic violence and abuse. These insights are explored further thematically in section 5.2.

## **5.2. Themes from Interviews**

The thematic analysis technique by Braun and Clarke (2006) was used for in-depth analysis and interpretation of data as discussed in section 4.4.1. Using this approach, four main themes and several sub-themes were identified from the data. The identified themes reflected the factors influencing disclosure and help-seeking practices of Nigerian women resident in England with lived experience of domestic violence and abuse. The themes identified from the data are summarised in Table 5.2.

**Table 5.2: Outlining the Themes and Related Sub-themes from Study Two**

S/N	Themes	Related sub-themes
1.	Nigerian Socialisation	1. Children 1.1 Children's success as reward for suffering 1.2 Negative impact of DVA on children  2. Prioritising saving the intimate relationship
2.	Immigration Status	
3.	UK Acculturation	1. Disclosure and help-seeking from Nigerian ethnic community group leaders 2. Hope of financial independence 3. Custody of children 4. Male abusive partner abandoning the relationship 5. Help-seeking from statutory services 5.1. Inadequacy of cultural competence 5.2 Disbelief by staff from statutory services due to lack of evidence of DVA
4.	Self-perceived Impact of DVA	

The four main themes are: Nigerian Socialisation, Immigration Status, UK Acculturation, and Self-perceived Impact of domestic violence and abuse. These themes are further discussed below.

### **5.2.1 Theme One: Nigerian Socialisation**

The Nigerian Socialisation theme was developed from study participants' discussions of their upbringing in Nigeria. Socialisation is an important part of social-emotional development, and consists of the processes of imbibing the values, beliefs and attitudes of one's group (Tomlin 2008). Within Nigerian society,

children are taught the Nigerian acceptable way of life and are often raised within the extended family structure (Ajayi and Owumi 2013).

Study participants disclosed they were brought up within a collectivist structure, where their gendered roles as females, mothers and wives were learned. They disclosed they lived with other extended family members, and thus were able to observe and learn how conflicts and marital problems were resolved, which was usually by the leaders of the extended family. Evidence exists in the Nigerian literature of the role of the extended family members in resolving marital disputes (Fawole et al. 2005).

While there are other underlying issues (such as immigration status) affecting how Nigerian women resident in England disclose and seek help for their domestic violence and abuse experience, Nigerian socialisation of women was identified as having a significant impact on whom women disclose to and seek help from, particularly statutory services.

Many participants linked their pattern of disclosing and seeking help for domestic violence and abuse to their childhood rearing by Nigerian parents and extended family members. This suggests women in this study were raised with moral values that extol the virtues of being a good wife and mother, ability to sacrifice for the family, and prioritising the family above their own personal needs. This is similar to findings from the work of Kelly (2009). In her work with immigrant Latino women with lived experience of domestic violence and abuse, Kelly (2009) highlighted the importance of childhood rearing among Latina women which espoused the values of being a good wife and mother.

In addition, Nigerian societal intolerance towards divorcees and expectations of marriage, pressure to keep the abusive experience within the family, and hope that the abusive male partner will change his abusive behaviour, were cited as barriers to seeking help from people outside the immediate family, since their Nigerian upbringing expected them to endure the abuse, and staying in the relationship was evidence that they had imbibed the principles of their upbringing:

*Our own belief in Nigeria is that whatever happens, you have to sort the problem on your own. I was trying to keep it and I didn't tell anybody...*  
**(Aduke).**

Furthermore, another participant said:

*I think what made me to stay for that long was because I wasn't strong enough because of the society thing.... My strength would have been from what raised me, which is my culture. I didn't have enough strength to say it's all done, you know what, walk away. For me, the people I grew up with, my aunties, they endured it and their experiences were really very bad, and they are still in it, and this was what was modelled to me. So basically, what was modelled to me was what made me stay, I couldn't file for divorce **(Abike).***

Communal living and upbringing is a common practice in Nigeria, where younger people were expected to learn from the experiences of their elders, and were

strongly encouraged to follow in their footsteps (Ajayi and Owumi 2013). In this case, they were to endure the abuse because their mother or their aunts endured it, as reflected in the quote from **Abike**. Participants in this study disclosed they knew a very close relative, either their mother or aunt, who endured abuse, and thus it was ingrained in them to perceive domestic violence as normal. Thus, their initial response to the abuse was to endure, a learned behaviour from the experience modelled to them.

#### **5.2.1.1 Children**

The role of children was identified as a sub-theme of Nigerian Socialisation.

Although one woman did not have a child, she stated that things would have been better for her if she had children, as she would have been better treated by her husband. She also stated that, if the abuse had occurred and continued (despite her having a child), she would have been able to seek help from statutory services under Section 17 of the Children Act 1989.

Within the Nigerian community, a high value is placed on children (Ajayi and Owumi 2013; Okonofua et al. 1997), and married women are deemed to have a secured place in their husband's home, if they were able to bear children (Dyer 2007; Okonofua et al. 1997), particularly if they were able to conceive and give birth to male children (Nwosu 2006; Okonofua et al. 1997). However, evidence from the African literature on domestic violence and abuse, suggests having a female child and having no children are considered risk factors for a woman to be abused within some cultures (Dhont et al. 2011; Jewkes et al. 2002).

Thus, study participants were socialised as women, wives and mothers, to respect their husbands as an authority, and expect him to be the primary breadwinner (Igbellina-Igbokwe 2013;Ogunleye et al.). Therefore, evidence from the data suggests Nigerian women perceived the role of the man in the socialisation of the child as important, and were unwilling to disclose the abusive experience to statutory services. It was the perception of women that statutory services would encourage them to divorce their husbands and /or potentially remove their children if they chose to remain in the abusive relationship. This is a situation described by Kelly (2009) as ‘classic catch-22’ ( pg 294), as study participants were at the intersection of their Nigerian socialisation and their UK acculturation.

While empirical research underscores the importance of the role of the father in the family setting (Flouri and Buchanan 2003;Lamb and Lamb 1976), evidence exists that supports the negative impact it has on the life course of children exposed to domestic violence and abuse (Breiding et al. 2011;Johnsona et al. 2002;Stanley 1997). Thus, it could be argued that the Nigerian socialisation of study participants as mothers influenced their choice of disclosure and help-seeking practices, as well as their decision to remain within the abusive relationship.

Study participants expressed the need to prioritise the future success of children as a barrier to disclosure to and help-seeking from statutory services as reflected in the quote below:

*I've got a priority of my children, I want to make sure they are well trained, so that also kept me into the relationship (Apinke).*

### ***5.2.1.1.1 Children's Success as Reward for Suffering***

Women with adult children were likely to describe their children's success as a reward for their suffering. Study participants disclosed that expectation of financial support from their children; children becoming successful at school and work; and being regarded by the society as a good woman for enduring the abuse to take care of children were very important to them. A participant with adult children, who had endured the abuse for 37 years said:

*He [intimate partner] was the primary reason why I became hypertensive and diabetic. My blood pressure is 213. That's being close to death. And on top there is diabetes. As a result, I can't talk too much. I can't work anymore. But I have accepted this as my fate. At least my children are all graduates and doing well. They are OK. ...and my children were my major concern, that they become successful, and that one day things will be better for me (Arike).*

The success of children as a reward for suffering is a prevalent ideology used as a standard for judging women as good or bad mothers in Nigeria. Typically among the Nigerian community, when a child performs well at school, he/she is regarded as a true son/daughter of the father, but an errant child is the reflection of his/her mother's poor judgment. This ideology is borne out of the perception that the caring nature of women makes them too soft on their children, and whatever ills happen to the children can be traced to their mothers (Adeloye 2013).

As a result of the belief by study participants of themselves as strong women who could handle adversity, and belief in sacrificing for their family, they remained in the abusive relationship for the sake of their children. Furthermore, it was also important to these women they were not labelled as impatient, wayward, a bad mother or bad woman by their extended families (and larger Nigerian society), for seeking to end the abusive relationship. Thus, they expressed the desire to be perceived as being good women by enduring the abuse, as a show of strength and ability to endure adversity.

In expressing the future hope of receiving reward for her suffering, **Arike** (quoted above) is echoing one of the prevalent motivations commonly cited by Nigerian women for enduring the abuse because of their children. As discussed by Dyer (2007), children in Nigeria are perceived as evidence of social security and social status. Hence, enduring abuse for the sake of children could be argued as satisfying the emotional needs of women, and conferring on them the hope of financial security (Dyer 2007; Okonofua et al. 1997).

#### ***5.2.1.1.2 Negative Impact of DVA on Children***

The negative impact of the abusive relationship on children was a key facilitator for help-seeking. Some of the study participants experienced domestic violence as a child, and were determined to prevent their children from going through similar experiences. Thus, they were able to recognise the signs early, and proceeded to seek help. Women discussed the effect of the abusive relationship on their children, by describing the physical and mental health signs of distress and anxiety:

*...And to take my son...you know, seeing my son being so scared, when he [the son] hears the footsteps of neighbours, thinking it's his dad, you know...he starts sweating, then it was affecting his school (Alake).*

Although women stayed in the abusive relationship because of their children, they often reach a point when they took a decision to seek help, in order to protect their children, and ensure that their children had the opportunity to be successful, and not become damaged.

#### **5.2.1.2: Prioritising Saving the Intimate Relationship**

Prioritising saving the intimate relationship was another sub-theme of Nigerian socialisation. While the abuse and/or violence was on-going, all study participants attempted to save and protect the intimate relationship, utilising several strategies such as prayers and trusting in God, speaking with religious leaders, fasting and seeking counsel from extended family members in Nigeria.

Conjugal bliss was not reported by any of the study participants as a motivation for saving the intimate relationship. Rather, they reported focusing on protecting the family unit, creating a safe space for their children, and protecting their self-image from being damaged by the abusive male partner. For example, study participants expressed the need to not expose the abusive male partner, as their Nigerian socialisation expected them to manage family issues on their own:

*I didn't want to expose us. I was thinking maybe I will handle it, it will get better, it will get better and that was how I stayed up to ten years in that marriage (Apeke).*

All study participants disclosed they hoped and prayed the abusive male partner would change, sought counsel from church leaders, mosque Imam, mentors (people older than them), and their extended family members, as a proactive approach towards saving the intimate relationship:

*I went to the church, told my pastor. Pastor would say, 'Just continue to love him... Continue to respect him. Continue to pray for him'. All that I tried – everything – it didn't work.... (Akanke)*

### **5.2.2 Theme Two: Immigration Status**

Fifteen of 16 study participants were first generation immigrants, that is, they were born and raised in Nigeria, before coming to the UK on a visa. Normally, the visa is valid for a defined period of time, before it has to be renewed or extended, subject to meeting all legal requirements stipulated by UK Home Office immigration law.

Partners of persons with permanent residence in the UK are protected by law if they experience domestic violence (see section 1.6).

As discussed in section 1.6, an important component of the legal requirement of residence in the UK (as migrants from non-EU member states) is the 'No Recourse to Public Funds' (NRPF) clause, which is written on the visa or residence permit cards. Persons with the 'No Recourse to Public Funds' (NRPF) clause on their visas

are not legally entitled to free welfare support from the government (Citizens Advice Bureau 2015).

According to UK Home Office (2014a), public funds refer to a range of support offered by the government to people in need. Therefore people who have 'No Recourse to Public Funds' (NRPF) are not entitled to housing benefits, income support, tax credit, and job-seekers allowance, among other benefits. However, benefits provided from public funds are different from National Insurance contribution benefits, thus people who are affected by the 'No Recourse to Public Funds' (NRPF) clause are entitled to some form of support, such as statutory maternity pay.

The type of visas held by women in this study defined the type of support they could expect from the government if they should experience domestic violence and abuse. Some of the women came as dependents of their husbands (also first generation Nigerian immigrants) on either a work visa or student visa, and others came on visitor's visa. Some women lived and had children in the European Union (EU) member states prior to coming to the UK, hence they could be eligible for welfare support based on the country of birth of their children (Citizens Advice Bureau 2015). Those women who did not come to the UK as dependent of persons with permanent residence in the UK, and did not have an EU-born child, were not entitled to state benefit or welfare support (Citizens Advice Bureau 2015; Home Office 2015c).

In describing the interface of their domestic violence and abuse experiences and being immigrants, women disclosed that their early days in the UK were marked by Nigerian accents, uncertainties and lack of information about UK laws, threat and

fear of deportation, lack of knowledge about existing domestic violence support services, and difficulty integrating into the UK system via employment opportunities:

*I came down here heavily accented, I couldn't take on paid employment...*

**(Apinke)**

Majority of study participants were subject to immigration control, with no recourse to public funds, and were not entitled to housing benefit. Hence, they could not get accommodation in a domestic violence refuge if they wanted to flee the abusive relationship. Domestic violence refuges are accommodations funded by public funds (Home Office 2015a).

This was a significant barrier to disclosure to and help-seeking from statutory services, as women were often faced with the threat of deportation from the abusive male partners, victim blaming by some people from their informal support networks, as well as the fear of the unknown:

*I was scared really because of our status. Our status was one of the main reasons for not speaking. I've been told, and my husband also told me, that listen, if you continue to go to the police when I do things to you, we are both going to be deported... (Ajoke)*

Furthermore, women were not aware of the existence of the services such as the No Recourse to Public Funds team at Manchester City Council. They were only aware of being housed in a refuge, or the option of divorce. Thus, due to lack of information and fear of the unknown, resulting from the multiple circumstances created by the combination of their domestic violence and abuse experiences, and being immigrants, whether as legal or illegal immigrants, they remained in the abusive relationship.

### **5.2.3 Theme Three: UK Acculturation**

Being immigrants, the effect of UK acculturation emerged as a theme in the data. Acculturation has been extensively discussed as having an impact in the disclosure and help-seeking practices of Immigrant women (Bui 2003;Liao 2006;Reina et al. 2014;Shiu-Thornton et al. 2005;Mahapatra 2012). Acculturation is a process of cultural adaption to a culture different from the culture of socialisation (Mahapatra 2012;Organista et al. 2010). It is also a process where immigrants adapt to the norms of their receiving country, and may be facilitated through education and financial resources (Liao 2006;Mahapatra 2012). Acculturation could either be a barrier or facilitator of disclosure and help-seeking practices for domestic violence and abuse by immigrant women (Mahapatra 2012). For many study participants, UK acculturation was identified as a barrier to disclosure and help-seeking for domestic violence and abuse.

Having grown up within the collectivist society of Nigeria, study participants stated their residence in the UK as nuclear families within Britain's highly individualistic

society (Chiao and Blizinsky 2010) was fundamental to their disclosure and help-seeking practices for their domestic violence and abusive experience, as they found it difficult to trust other people. This could be substantiated by evidence from Finney et al (2015) on the connection between social network, poverty and ethnicity in the UK. Evidence from the work of Finney et al (2015) showed that people from Black African (and Pakistani) communities were less likely than other ethnic groups in the UK to have close friends outside their ethnic community.

Thus, in the absence of the extended family structure, study participants stated that in the first instance, they disclosed to and sought help from their Nigerian ethnic community group leaders (who are not family members), rather than statutory services.

### **5.2.3.1: Disclosure and Help-seeking from Nigerian Ethnic Community Group Leaders**

Disclosure and help-seeking from Nigerian ethnic community group leaders was identified as a sub-theme of UK Acculturation. A significant finding from this research, which may not have been previously published in the literature on domestic violence and abuse among women from ethnic minority populations in the UK, is the supportive role of religious and ethnic community leaders in the disclosure and help-seeking practices.

As discussed in section 4.2.1, a Nigerian ethnic community group leader refers to an individual in a position (or perceived to be) of authority. While existing research from the USA highlights the role of the spirituality in Africa-American women's

help-seeking patterns (Gillum 2009b), it differs significantly from the findings from this study in that, disclosure to and help-seeking from Nigerian ethnic community group leaders in the UK is a reflection of prevalent practice of help-seeking from leaders of the extended family in Nigeria.

Although no published record is publicly available, evidence from Fawole et al. (2005) suggests that a community framework exists for conflict resolution, in which warring parties will seek the counsel of a person in position of authority (family head) within their extended family to mediate in their conflict. It was observed that, despite living in the UK women in this study turned to their Nigerian ethnic community groups to seek help from the leaders for the domestic violence and abuse experience.

Study participants disclosed that seeking help from Nigerian ethnic community group leaders was less threatening and less embarrassing for them, particularly in view of Nigerian societal intolerance towards divorcees, and the perception of their accomplishment by family and friends in Nigeria as a result of living in the UK. As mentioned earlier, the Nigerian attitude and intolerance towards women disclosing their family secret of abuse prevented women from seeking help. Hence, there was an innate expectation that persons in position of authority within the Nigerian community (church groups, mosques, social organisations) will uphold the confidentiality of the domestic violence and abuse experience:

*So, the first person I really opened up to was Chief [community leader], she listens to me, and she doesn't say anything bad, she just listens and did not tell other people my story (Arike)*

In addition, women disclosed it was easier for Nigerian ethnic community group leaders to communicate with the abusive male partner, who is also a Nigerian, and has an understanding of the community framework for conflict resolution. Similarly, women disclosed they were assured of respect for their personal autonomy by Nigerian ethnic community group leaders. They were assured the disclosure would not be escalated, by reporting to social services and the police, except the woman wanted them to support them in approaching the social services or the police. Moreover, women expressed that in seeking help from Nigerian ethnic community group leaders, their priority was to save the intimate relationship. Hence Nigerian ethnic community group leaders did not perceive escalation to social services would save the intimate relationship.

Study participants also disclosed they utilised a framework for domestic violence and abuse resolution (figure 5.1) when they perceived the negative impact of the domestic violence and abuse experiences was significantly affecting their mental health. Figure 5.1 below was developed from women's descriptions of their disclosure and help-seeking practices from Nigerian community and religious leaders.

**Figure 5.1: Nigerian Community Framework for DVA Resolution**



The Nigerian community framework (figure 5.1) above as described by women, involved them initiating contact with the Nigerian ethnic community group leader. Meeting with the leader would involve the women explaining their problems, asking for prayers, advice and mediation in the abusive relationship. Where the Nigerian ethnic community group leader was well known to the abusive male partner, they usually attempted to speak with the abusive male partner as well, in order to seek his views and attempt to mediate in the relationship, as reflected in the quote below:

*I've spoken to my pastor one or two times, and they've seen him (Asake)*

A feature observed in this framework is the role of the Nigerian ethnic community group leader. Women disclosed that where the ethnic group leader shared similar values with them that domestic violence and abuse is wrong, they usually followed up with them, checking how they were getting on and if there was any support they could render in a supportive and respectful manner. This process was continuous, and could last as long as necessary, until either the intimate relationship ended or the women disengage from the process.

Confidentiality was very important to women in order to foster disclosure and help-seeking. Thus, Nigerian ethnic group leaders approached were considered trustworthy and perceived to be in positions of authority:

*The first person I spoke with was a member of the church, like an elder. And she asked me to speak with the pastors. So I spoke with the pastor. I think they were the first before I ever spoke with my parents (Alake).*

Women in this study also disclosed that, the type of support provided by the Nigerian ethnic community group leaders differs significantly from that of statutory services. A report published by Stanley et al (2010) on the response of police and children's social services to families experiencing domestic violence highlighted that, while social services may intervene in a domestic abuse situation by providing safeguarding intervention for the children, they were not likely to provide a dedicated family support for the abused woman.

Therefore, it was surmised that the informal networks were relied upon to provide dedicated support for the abused woman through: emotional support, counselling, temporary housing, and sometimes financial aid. This was substantiated by study participants saying that they have access to these support structures from their Nigerian ethnic community groups, as they were known to the group prior to the breakdown of their relationships. That is, women would have been going to either the churches, mosques or being members of Nigerian-themed social organisations, which they could approach for help:

*I got help from church members, they gave us accommodation (Abeni)*

Similar patterns of disclosure and help-seeking from religious and community leaders was observed in a study by Akinsulure-Smith et al. (2013). Akinsulure-Smith et al. (2013) conducted a study on intimate partner violence among African immigrants in the USA, and found that, their study participants approached community elders and religious leaders for mediation in the family problems, and study participants only accessed external services (e.g. police) as a result of desperation.

### ***5.2.3.2 Hope of Financial Independence***

As a result of UK acculturation, women expressed hope of future financial independence:

*Now, I'll be qualifying next month, and I think financially, I am or I will be independent shortly (Apinke)*

Study participants disclosed their financial status was one of the reasons they stayed in the relationship, as they could not afford to financially take care of the home, their children, and themselves. Thus, having the financial support from the abusive male partner was very important to their residence in the UK.

Although their living conditions were less desirable as a result of the domestic violence and abuse experience, women felt pressured to remain in the abusive relationship, in order to maintain the prestigious status associated with living abroad, being married, and having a better life than the people they left behind in Nigeria. They disclosed that despite the bad experiences resulting from the domestic violence and abuse, and though they have not being able to recover the lost years as a result of living with the domestic violence and abuse experiences, they believed their future opportunity for financial independence was greater than if they were in Nigeria.

#### ***5.2.3.3 Custody of Children***

UK acculturation was positively linked to being able to have custody of children. Being able to get custody of children was viewed as an achievement for study participants, as they reported that if not for the law in the UK and the legal aid they received, the abusive male partners and their families would have stripped them of their right to have access to their children, as in Nigerian society it is believed the child belongs to the father (Nwogugu 2014; Man Singh Das 1993).

*I was able to get custody of my children, which of course is one big issue for Nigerians; I was able to get custody of my children (Alake)*

It is common in Nigeria to have the husband and his family take children away from the woman when the relationship ends, without the woman being able to fight for the children. This is due to a combination of factors in Nigeria, especially the long legal battle, lack of finances and family support for the women (Nwosu 2006).

#### ***5.2.3.4 Male Abusive Partner Abandoning the Relationship***

Another sub-theme of UK acculturation is the behaviour of the abusive male partner, as reflected in his abandonment of the intimate relationship. Study participants disclosed that, they perceived their repeated attempt to seek help from the leaders resulted in the abusive male partner being admonished. This repeated admonition was perceived by study participants as being the rationale for being abandoned by the male abusive partner.

Study participants reported the abusive male partner either moved out of the house without notice, and for some, they received divorce papers in the post. In the case of the participant below, her husband left her and their two very young children in a deplorable state in the UK and left for Nigeria. **Ajoke** (pseudonym) came to the UK with her two children on a visitor's visa to visit the husband. As a visitor, she had no legal right to work, hence was financially dependent on the husband. She had

overstayed for three years, before her husband decided he would rather leave her and their children, than stop being abusive:

*He did not want to be here, knowing that, he'll be controlled. How will I put it, when he does something to me, there are people that will stand up for me, he couldn't stand that, and that was his reason for going back (Ajoke)*

The abusive male partner leaving the women as a result of domestic violence and abuse, and taking on another partner is a variant of a similar but opposite behaviour prevalent in Nigeria. Within the Nigerian community, it is documented that abusive male partners throw the possessions of their wives out of the house, as a way of divorcing the woman in the aftermath of domestic violence and abuse (Babatunde and Durowaiye 2015).

However, as disclosed by study participants, the male abusive partner may refuse to renew the tenancy agreement for their accommodation in the UK, thus leaving the woman with the financial responsibility for the tenancy, despite their [abusive partner] awareness that the woman does not have the financial capability:

*...he [husband] stopped contributing to rent. Before that time, he was not living in the house most of the time. When he stopped contributing to the rent, he told the landlord I should be the one paying the full rent which I couldn't afford at the time. But it became very bad and I had to move out of the house to a one bedroom flat with my children. After a year, he filed for divorce that I had moved out of the house (Abike)*

Being abandoned by the abusive male partner in the UK has a series of negative effect on women, such as lack of financially resources and immigration problems.

*I could not work anymore, obviously because of no legal right and everything, and there was no way to feed my children or house myself*

**(Ajoke)**

In addition, some of the women felt socially isolated, ostracised and blamed by the church, the mosque, and the larger Nigerian societies for the abusive experience, and for being abandoned by the abusive male partner. This feeling of isolation and blame were reported by study participant as developing from the perception of individuals outside the immediate family based on the belief that, it was the fault of the woman if the husband leaves, as she was not a good woman.

*The pastor started quoting scriptures like, a woman builds her home; if a man is going out of the home to have an affair, there must be something wrong with you; everything was just me doing something wrong* **(Alake)**

#### **5.2.3.4.5 Help-seeking from Statutory Services**

Help-seeking from statutory services was also identified as a sub-theme of UK Acculturation. Findings from the data suggests some women regarded living in the UK as a positive asset which facilitated their ability to seek help from services outside their ethnic community after the intimate relationship ended. The longer

women stayed in the UK, the more knowledgeable they became about the resources which could enable them seek help from statutory services.

As a result of UK acculturation, study participants cited access to information, support and opportunity to recognise abuse, and less control from their family outside of the UK due to physical distance, as some of the facilitators in the disclosure and help-seeking for their domestic violence and abuse experience:

*Thank God you are in the west, you watch talk shows and when you hear how people describe their experience, how they are able to express themselves, and you can now be able to express yourself through their words more or less. I think that was what helped me... (Abike)*

*Well, I was only able to talk about it more in this country, you know, it was the UK that gave me the liberation, the freedom kind of to fight it. The first time it happened in the UK I called the police, because he strangled me, he tried to kill me, you know and my kids were there, so I had to call the police. Since then I've been able to speak to officials (Ajoke)*

Even though study participants live in the UK, and may be aware of domestic violence and abuse support services, some women maintained they stayed in the abusive relationship due to their determination and decision to ensure their children obtain the best education possible and become successful. These women made a decision influenced by their Nigerian socialisation, and expressed the perception they are being rewarded for enduring the abuse through their children's success:

*From time immemorial, there has been...I guess Women Aid or something, but I am the one who chose to keep quiet because of my children, mind my own business. In my own way, I am fighting silently... (Arike).*

With the abusive male partner leaving the abusive relationship, study participants had to seek help for housing and other living expenses for their children. Based on evidence from the data, Nigerian women were not actively seeking help for domestic violence and abuse from statutory services, but for survival following the breakdown of their relationship. Thus, study participants sought help from statutory services for safeguarding their children from the physical and mental health impact of the abuse, assistance with temporary accommodation to prevent children from becoming destitute, visa application, legal representation for custody application and financial aid.

Overall, all women helped by social services (through the No Recourse to Public Funds team, see section 1.6.1), found help-seeking from statutory services very challenging, and regarded it as increasing their distress caused by the domestic violence and abuse experience. They cited lack of cultural competence about how to help them as the major obstacles in their help-seeking experiences.

*...but obviously, some of them don't know our culture and because of my status [i.e. immigration status] really, it confused them, they don't know if they were able to help me (Ajoke)*

*It was very difficult for me to pass a lot of messages across to them, because they just don't understand. (Alake)*

Women who self-refer were most affected by these unhelpful attitudes of staff, as they reported being turned away. However, women referred by either the police, GP, Women's Aid or Solicitor were more likely to receive practical support:

*In 2012 when the last incident happened, the police referred me to Women's Aid and social services. So it was women's aid that got in touch with me, because of the referral from the police (Ajoke)*

#### *5.2.3.4.5.1 Inadequacy of Cultural Competence*

Inadequacy of cultural competence by staff was described as the most prevalent problem faced by women who chose to self-refer to seek help for their domestic violence and abuse (not for child care) experience. Although several definitions of cultural competence in healthcare exists, (Campbell and Campbell 1996; Papadopoulos et al. 2004), these definitions have been focused on clinically-trained healthcare staff, and does not take into consideration staff of domestic violence services, who are not healthcare staff, and may not have had previous training on dealing with ethnic minority populations. While inadequacy of cultural competence in domestic violence and abuse is a problem affecting all populations (both British and non-British), individuals from ethnic minority populations are more affected, due to a combination of factors, such as immigration regulations.

For example, women who were already very distressed and traumatised by the abuse, found themselves talking with staff members from statutory services, who were either not sure about how to support them or is unaware of the sensitivity of dealing with immigrant communities experiencing domestic violence:

*First of all, when I went to citizen's advice bureau, when that woman was about to give me all the support and all of that, I think she talked about my child benefit and number, and I said we don't have child benefit number because my children are not entitled to benefit, immediately she started calling Home Office. I didn't go back to them, 'cause I wasn't sure if they were coming to carry me. I didn't like the way they did the whole thing*

**(Alake)**

For immigrant women with insecure immigration status, the fear of the police and the Home Office were barriers to help-seeking from statutory services (Batsleer et al. 2002). Thus, study participants disclosed they were dissatisfied with their experiences of seeking help from statutory services

#### **5.2.3.4.5.2 Disbelief by Staff from Statutory Services Due to Lack of Evidence of DVA**

Existing evidence on the domestic violence and abuse experience of BME women in England has shown unsupportive attitudes from staff in mainstream services (Anitha 2010;Burman et al. 2004;Belur 2008). While these published works have linked disbelief on the part of staff to perceived racism within mainstream services, participants in this study have linked the disbelief of staff to the authenticity of their

story:

*I went to social services myself about three years ago, the lad I met was so tough with me, he didn't believe my story, said it was not genuine. The lad doesn't want to listen, social services didn't help me three years ago. But I went back last year because my solicitor from law centre sent me and my son's school also wrote a letter (Abeni).*

It is plausible that, Nigerian women resident in England are at risk of being disbelieved about their experience of domestic violence and abuse. This is because they are likely to not have previously sought help from the police or their GP, prior to going to social services. Hence there may not be a documentary evidence of the incidence of the abuse. Police report, GP report, and letter of support or report from a domestic violence support organisation are some of the considered documentary evidence of the incidence of domestic violence and abuse (Rights of Women 2013).

A study participant, who sought help from her GP said:

*I believe my GP has seen that my health was not improving, after he's been treating my condition for a while. I didn't tell any black person, because they know that many men are like that. [He] later introduced me to social workers, and they helped me. [Social workers] took up my case, and weighed it, and saw that it was genuine – based on doctor's report, medication I was taking... (Amope)*

Evidence from the work of Anitha (2008) highlighting that BME women were likely to refrain from contacting statutory services while in the abusive relationship, due to their immigration status and limited access to information, substantiated the sub-theme presented in this section. Thus, disbelief by statutory services arising from lack of documentary evidence was described as being very traumatic for study participants.

#### **5.2.4: Theme Four: Self-perceived Impact of DVA**

The fourth theme from the study describes study participant's perception of the impact of the abusive experience, and how it affected their disclosure and help-seeking practices. This theme aligns more with disclosure and help-seeking from Nigerian ethnic community group leaders, than seeking help from statutory services, as it underscores potential triggers of initiating the process of using the community framework presented in figure 5.1.

As previously highlighted, women in this study disclosed and sought help to save the abusive intimate relationship, and often approach statutory services for help with subsistence after the breakdown of the relationship. While each study participant experience is unique, this was a commonly observed trend.

Ten study participants stated that the abusive experience affected their ability to work, and function effectively in their job role. Among the ten women, two women disclosed they lost their jobs, and were registered as disabled as a result of their

experience of domestic violence and abuse (based on GP's recommendation). Study participants disclosed discussing the abuse with their work managers as a result of error in their work:

*I told my manager in the office, because it kept on affecting my job. I wasn't doing the right thing, so she called me to the office, and after sometime, I had to just tell them the truth (Alake)*

Although the abusive relationship has ended for most of the study participants, all women identified the feeling of shame, as having a significant impact on their disclosure and help-seeking practices. Suicidal ideation was commonly reported by women, as well as feelings of being the subject of community gossip and rejection.

*You think of the shame, and you want to commit suicide, if you know what I mean. You want to commit suicide. There has been times I will just go, should I just end my life, it was up to that... (long pause) (Asake)*

The physical and mental health impact of the experience of domestic violence and abuse was further compounded for study participants, as some were either abandoned or divorced by the abusive male partner. All study participants reported the feelings of shame as a result of the abusive experience. They disclosed the abusive experience was crippling, leading to depression and lack of self-esteem.

Women reported being unaware of their depression symptoms, as they were unexpectedly thrust into situations they were not prepared to deal with:

*My self-esteem was very low and I was very depressed and I didn't know I was depressed. (Abike)*

Beliefs in God, prayers and having faith were often cited as helping to alleviate the mental distress and depression resulting from the physical and mental health impact of domestic violence and abuse:

*...this violence thing is a very bad thing, it turns you upside down, you don't think straight anymore, it can turn you to what you are not, it can make you do what you don't want to do. It frustrates you, you start talking on the street all by yourself, it just takes the grace of God. I just leave everything to God, I just listen to the word of God, I read my bible. That's my comfort. It's just the word of God. (Asake)*

### **5.3 Perception of Nigerian Women DVA Support Needs**

Another objective of this research is to elicit Nigerian women's views on their support needs in relation to domestic violence and abuse. Two prevalent views were elicited from the data: new organisation for women; and domestic violence and abuse education for Nigerians in the UK. All study participants strongly suggested setting up a domestic violence and abuse themed organisation for Nigerian women in order to facilitate disclosure and help-seeking. It was suggested that the organisation be independent of social services and Women's Aid, to facilitate

utilisation by Nigerian women:

*I will say there should be a Nigerian community, you know, like an office set up for Nigerians. Because like the White people or the Asians, you know, they have communities, people they can easily speak with. Going to women's aid or citizen's advice bureau doesn't help, because at the end of the day, you try to explain to them, they don't understand. They don't even know that there are people in the UK who are legal [resident] who are not on benefit. So, you will have to be explaining. It takes so much courage to go back to such place. Women that are going through that abuse should be able to go to a place, where they will see their fellow Nigerians. The white woman doesn't understand why you are going through domestic violence, and you won't call the police. But a fellow Nigerian woman will know why you shouldn't call the police. (Alake)*

Another participant said:

*Maybe they can establish... if there is an office, and you know that if you go there, you will not get into trouble, because there are a lot of people going through similar things, but they can't really come out to say it, because they don't have right to stay here, you understand, or maybe it's the man that brought them here, you understand. if they can like organise something for the Nigerian community, you understand, so that people can know that if I have problem, I can go to this person, I can call this number, I can go to this website (Anike)*

In addition:

*I think women need help. They need to seek professional help. As a community, like the Asians, we Nigerians need to have a community to help each other (Abeke)*

It could be surmised that the advocacy for an organisation dedicated to supporting Nigerian women was influenced by the interface of study participant's Nigerian socialisation and UK acculturation. As residents in the UK, Nigerian women perceived they were caught between two cultures in their responses to the domestic violence and abuse experience.

In addition, it was deduced that Nigerian women felt daunted by the prospect of seeking help for domestic violence and abuse from statutory services, and thus were advocating for an intermediary organisation. Therefore, these deductions could be substantiated with findings from the work of Liang et al. (2005), which underscores the importance of intermediate organisations 'to bridge the gap between informal and formal forms of support by serving as personal advocate or a mentor for a battered woman as she navigates formal services' ( pg 82 ). Similar conclusions were also highlighted by Evans and Feder (2015) based on evidence from their work on help-seeking pathways for women survivors of domestic violence.

Furthermore, study participants highlighted the need to visit Nigerian community social groups and religious organisations to raise awareness of domestic violence and abuse, particularly among the leaders. Increased education of the Nigerian community about what constitutes domestic violence was suggested by study

participants as being important.

Evidence from Choi (2015) and Raj and Silverman (2002a) highlighted the importance of community awareness and educational outreach on domestic violence and abuse among immigrant communities, with special emphasis on training the community leaders. Findings from their respective studies found that immigrant women often return to their ethnic community groups, and were likely to seek help from the community leader.

### **5.3.1 Perception of Nigerian Women DVA Support Needs: Enabling Access to Work and Study Opportunities**

In this section, a case study of **Asake** (Pseudonym) is presented. Asake was one of the participants in this study, who came to England on a visitor's visa, had stayed beyond the expiration of her visitor's visa, and can therefore be regarded as an irregular immigrant (James et al. 2014). At the time of contact with Asake in 2013, she had stayed in the UK for four years beyond the duration of her legal residence permit. Asake does not have a child, hence unable to seek help from the NRPF team under Section 17 of Children Act 1989. More importantly, Asake cannot work legally; hence she is financially dependent on her abusive husband for accommodation, feeding and financial sustenance. Due to the circumstances of her abusive experience, Asake lives in constant fear and is often threatened by the abusive husband with abandonment and destitution:

*...anytime we have any slight argument, [the abusive husband says] I'm moving out, I'm moving out. Even recently, he [abusive husband] was going to move out, and I had to ask people to beg, because of my financial status and my immigration issue, so I had to ask people to beg him. (Asake)*

Further discussion with Asake revealed that she is at the brink of destitution, and she lives in constant fear of deportation, which negatively impacts on her willingness to seek help for the domestic violence experience from statutory services and other mainstream DVA agencies. Asake disclosed that her options for leaving the abusive relationship are limited due to her immigration status.

In speaking about her perceived service support needs, she said:

*...for me, the best support I need is something to do with my own hands that will fetch me money to use to cater for myself. I don't need government money. I want to work, but how am I going to get the job without no papers? I want to go to school to increase my opportunities, but they will ask me for papers (Asake)*

This support need identified by Asake has highlighted the need to review UK immigration policy, to ensure that women with insecure immigration status affected by domestic violence are not disproportionately at a disadvantaged situation (Anitha 2008). Women with insecure immigration status affected by domestic violence and abuse need equal access to study and work opportunities.

Equal access to work and study opportunities will advance the financial independence of women, thereby enabling them to assert their personal autonomy, and make informed decision about their health, help-seeking behaviour, as well as their capacity to make informed decisions.

#### **5.4 Summary of Chapter**

This chapter has presented the findings of data analysis from Study Two. Overall, four main themes were identified. Evidence from the research suggests that Nigerian women resident in England were proactively seeking help from persons in positions of authority within their ethnic community groups to help stop the abuse, while attempting to save the intimate relationship.

However when the relationships break down, Nigerian women were likely to seek help from statutory services. The implication of these findings is that Nigerian women may be at a disadvantage when seeking help from statutory services, as there may be no documentary evidence of the incidence of the domestic violence and abuse, especially if the women had not previously sought help from the police or their GPs.

Furthermore, the study participants suggested creating an organisation which will serve as an intermediary organisation between women, and statutory services, and specialist domestic and abuse services. This was a perceived need, in addition to fostering domestic violence awareness and education among Nigerians in the UK. In addition, it was suggested that Nigerian women affected by domestic violence and abuse need equal access to work and study opportunities to enhance their financial independence, especially if they have insecure immigration status. Thus, there is

need for a review of immigration policy as it relates to work and study opportunities for persons with insecure immigration status who are or have experienced domestic violence and abuse.

In the next chapter, the findings from Study Three exploring the roles and perspectives of Nigerian community and religious leaders in supporting Nigerian women resident in England with lived experience of domestic violence and abuse are presented.

# Chapter Six: Findings from Study Three Exploring the Roles and Perspectives of Nigerian Community and Religious leaders in supporting Nigerian Women resident in England with lived experience of Domestic Violence and Abuse

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## 6.0 Introduction

Based on findings from Study Two (presented in chapter 5) highlighting that Nigerian women experiencing domestic violence and abuse (DVA) were likely to seek help first from their ethnic community group leaders, it was deemed important to conduct research with the Nigerian community and religious leaders. The aim of Study Three was to explore Nigerian community and religious leaders' perspectives on domestic violence and abuse, as well as their roles in supporting Nigerian women with lived experience of domestic violence and abuse. Thus, findings from the interviews (see section 4.2) conducted with Nigerian ethnic community group leaders are presented in this chapter.

This chapter is organised as follows: firstly, characteristics of study participants are presented, followed by a discussion of the themes which emerged through the analysis. The thematic discussion of findings on perception is divided into three categories: perspectives on DVA against Nigerian women resident in England; perspectives on barriers to disclosure to and help-seeking from statutory services, and perspectives on why Nigerian women disclose to and seek help from Nigerian

ethnic community group leaders. In the third section, their roles in supporting women, and their perspective on strategies that may enhance the disclosure and help-seeking practices of Nigerian women with lived experience of domestic violence and abuse were discussed. The chapter ends with the summary of findings. Throughout this chapter, the terms study participants and leaders are used interchangeably to enhance readability.

### **6.1 Characteristics of Study Three Participants**

Within the context of the present study, a Nigerian community or religious leader is a person whom people respect, due to characteristics such as, age, wealth, experience, position, expertise, education, and/or influential status, and a member of a Nigerian community society or a religious organisation.

While a variety of definitions of the term community leadership have been suggested (Anderson et al. 2001; Bartle 2012; Langone 1992), none of these definitions adequately captured the concept of community leadership as used by participants from Study Two (chapter 5). Thus, the definition by Purdue et al. (2000) and the description of the characteristics of persons approached by study participants in Study Two were used in defining a Nigerian ethnic community group leader within the context of this research. According to Purdue et al (2000), a

*'community leader may be occupants of formal positions (e.g. on community forums or tenant groups); they may be identified as influentials (e.g. through faith organisations, community arts groups, schools, family centres), as*

*long-term stimulants of community activity, as political activists, or simply as people who help others to get things done' ( pg 9).*

Individual, face to face, semi-structured interviews were conducted with nine Nigerian ethnic community group leaders from December 2013 to April 2014, at the home of the leader (see section 4.2 for Study Three Methods). Although only one of the nine study participants was aware of Study Two (chapter 5), all nine study participants knew of Nigerian women who have lived experience of domestic violence and abuse.

As mentioned in section 1.4.1, the Nigerian socio-cultural community groups, which comprise religious institutions (churches, mosques, traditional African religion) and community associations or groups, have both male and female leaders. Contrary to anecdotal evidence which suggests BME leaders in the UK are predominantly males, evidence from the work of Bush et al. (2006) suggests otherwise. In their work on developing the portrait of BME leaders in education in England, Bush et al. (2006) found that 68% of BME leaders were female. While the findings of Bush et al. (2006) may not be generalised, the knowledge of the researcher on the structure of Nigerian organisations in the UK suggests these organisations are led by both men and women.

During the ethnographic mapping stage of sampling for Study Two, it was gathered that, Nigerian churches and community groups were led by management committees. These management committees are comprised of sub-group leaders within the churches and community groups, with one overall leader. It was observed that, the churches and community groups were divided into departments/ministries, such as women's ministries, choir, and welfare departments, with each department

having their leaders respectively. Also, in some churches, the clergy's wife is also regarded as a leader. Moreover, as domestic violence and abuse is a sensitive topic, it may be suggested that, these are usually handled by the female departmental leaders, and/or by the pastor's wife. Therefore, this may explain why there are more female than male participants in this study. The characteristics of the study participants are shown in Table 6.1.

**Table 6.1: Characteristics of Study Three Participants**

ID	Sex	Nigerian ethnic community group leader designation		Had previously/currently supporting women with experience of DVA; (number of years)	Referred Nigerian women to statutory service (Type of Service)	Willing to signpost Nigerian women if aware of services
		Community group leader	Religious leader			
L01	Female	yes	No	Yes (6 years)	No	Yes
L02	Male	Yes	No	No	No	Yes
L03	Male	No	Yes	No	No	Yes
L04	Female	No	Yes	Yes (2 years)	Yes (children social services)	Yes
L05	Female	Yes	No	No	No	Yes
L06	Female	No	Yes	Yes (5 years)	No	Yes
L07	Female	No	Yes	No	No	Yes
L08	Female	Yes	Yes	Yes (10 years)	No	Yes
L09	Male	No	Yes	Yes (2 years)	No	Yes

There were six female leaders and three male leaders in the study, with six of them being religious leaders. At time of contact, five of the leaders were supporting Nigerian women experiencing DVA, a role they had being involved with for a

period ranging from two to 10 years. Of the five leaders still supporting Nigerian women at the time of conducting the interview, four of them were female leaders.

Furthermore, four out of the five leaders supporting Nigerian women identified themselves as religious leaders, which have implications for the findings presented in this chapter. This implication will be further discussed in section 6.2.2.1. Only one leader had previously supported a Nigerian woman to seek help from children's social services.

Although only one leader had supported a woman to seek help in the past, all nine leaders were willing to receive further training on the role of statutory services in supporting women experiencing domestic violence and abuse. When asked about their knowledge of domestic violence services, all study participants disclosed they have limited knowledge and were thus willing to undergo training to enhance their capacity to effectively support women.

In addition, all study participants suggested inviting representatives of statutory services to raise awareness of statutory services and domestic violence support for women in their religious and community groups, especially if the women were affected by the no recourse to public funds clause.

## **6.2 Thematic Discussion of Findings on Perceptions of Nigerian Ethnic Group Leaders**

In this section, three categories of findings on perception of Nigerian ethnic group leaders are presented. Two themes were identified on perspectives of study participants on the causes of domestic violence and abuse against Nigerian women.

Furthermore, three themes were identified on their perspectives on barriers to disclosure and help-seeking from statutory services, and two themes were identified on perspectives on why Nigerian women seek help from ethnic community group leaders. The three categories are shown in Table 6.2 below.

**Table 6.2: Showing Thematic Categorisation of Findings on Perceptions of Nigerian Ethnic Group Leaders**

Categories	Themes
Perspectives on DVA against Nigerian women resident in England	Assertions of personal autonomy Immigration status
Perspectives on barriers to disclosure to and help-seeking from statutory services	Nigerian upbringing Immigration status Fear of community gossip
Perspectives on why Nigerian women disclose to and seek help from Nigerian ethnic community group leaders	Women seek spiritual solutions to the abusive problems Trust and confidentiality

### **6.2.1 Perceptions of Nigerian Ethnic Group Leaders on DVA against Nigerian Women Resident in England**

All study participants were asked about their perception of the incidence of domestic violence and abuse against Nigerian women resident in England, its causes, and the type of abuse commonly experienced. Physical violence, financial, and emotional abuse were stated as the most common types of abuse. Assertions of personal autonomy by the woman and immigration status were perceived to be the main triggers of domestic violence and abuse against Nigerian women.

### 6.2.1.1 *Assertions of Personal Autonomy by Women*

Some of the leaders attributed the incidence of domestic violence and abuse to the behaviour of the women. References were made to inappropriate behavioural conduct of disrespecting the husband, as a result of living in the UK. The concept of disrespecting the husband was described in terms of Nigerian women asserting their rights, which in some instances were considered by the male abusive partner as being confrontational, and not in synergy with their perception of the obedient and unquestioning wife they married in Nigeria. It was the perception of the leaders that the husband or partner utilised the abusive behaviour as a means of instruction and chastisement.

In view of the predominant collectivist and communal nature of Nigerian families, the concept of personal autonomy for Nigerian women is very uncommon (Ware 1979; National Population Commission (NPC) [Nigeria] and ICF International 2014; Oyediran and Isiugo-Abanihe 2005). Thus, some of the leaders perceived that, the assertion of personal autonomy by Nigerian women fostered by UK acculturation incited the abusive behaviour. For example, one of the leaders said:

*I am not trying to apportion blame, but some of our women, think when they cross the Atlantic, they have the passport, the liberty to disrespect. When they come here, that is when they say this is my right, I am going to do this and they drive the man to that. I mean, you know that far back home, when you come back from work, a woman cannot tell a man to go and cook, but they do it here. No way, is it because she has come here and see the way the western world lives? I am not saying that because I am a man, I am defending men, I am just saying that is what I found out since I've been here.*

*Since 1977 I've been in the UK and in the community. Our women, when they come here, they start misbehaving to you and so forth and the man say, okay I will teach you a lesson, I brought you here, I am going to send you back. (L02, Male, community leader)*

As described by **L02**, a Nigerian woman in the UK is described as disrespecting the husband (or male partner) through her actions and expectations of the man's assistance with domestic activities. The assertion of **L02** is based on the collectivist mode of socialising men and woman in Nigeria, which fosters the gendered role of women as homemaker, and men as breadwinner. Men were not usually nurtured to assist with domestic activities (Ajayi and Owumi, 2013). This is because, the collectivist nature of family living in Nigeria serves as a buffer to ensure women were successful in their gendered role of wife and mother due to availability of domestic help from extended family members. However, the domestic support rendered by extended family members in Nigeria maybe non-existent for Nigerian families in England, which makes the household chores onerous for the woman, and could be socially stressful for her, as there are expectations to continue her pre-immigration gendered role of homemaker (Nwosu 2006).

In addition, it was observed that due to the absence of extended family members, the husband or intimate male partner may act in ways that hinders the assertion of personal autonomy of women, especially if they are first generation immigrants:

*...there was one case my husband got involved with, the woman didn't know where to go, she was always locked inside the house by her husband, and he [husband] takes the key to work, and she was pregnant. It was only the two*

*of them, and they just recently came to England. When she [the woman] went to their church, she managed to confide in an English woman what she was going through, and the English woman came to Nigerian Community Manchester, because that was the only place she [English woman] thought would be best to alert people (L01, Female, community leader).*

#### *6.2.1.2 Immigration Status*

Furthermore, the perception of **L02** in terms of the male abusive partner bringing the woman to the UK, and hence having the ability to send her back was echoed by other study participants. All study participants disclosed they perceived that the male abusive partner projected a sense of entitlement and expectation of gratitude from their wife or intimate partner for bringing them to the UK, and in instances where the woman's behaviour was disrespectful to the abusive male partner, she may experience DVA, and could be controlled as a result of her immigration status.

*Immigration status can be an issue. You know, I brought you here, you owe me, or I'll get you deported. You know, I've heard cases where women stayed because he brought me... (L05, Female, community leader)*

In discussing her perception of the role of immigration status, **L05** (quoted above) recounted a typical conversation between a man who brought his wife to the UK, and the response of the wife. According to **L05**, immigration status is a factor influencing the incidence of domestic violence and abuse, especially where the abusive male partner brought the woman to the UK. Immigration status was also

identified as a barrier to disclosure and help-seeking from statutory service, therefore the role of immigration status will be discussed in section 6.2.1.2.

Similarly, another leader said:

*...upon their migration to the UK, probably after living for some time within the country, they seem to realise that, they have a right of, you know, of not being subjected to battering (L09, Male, religious leader)*

Thus, from the perception of the leaders, the realisation by Nigerian women resident in England of their right to live free from violence and abuse, and the resultant action of resisting the abusive behaviour exacerbated the incidence of DVA against them. Based on the perception of **L09**, women were able to resist the abuse after residing in England for a length of time, which may be due to their interaction with the British society through children's school, work opportunities and contact with the National Health Service (NHS).

Furthermore, the leaders were asked about their perception on the barriers to Nigerian women disclosing to and seeking help from statutory services, why they think Nigerian women approach them [i.e. the leaders], and their roles in supporting women.

## 6.2.2 Perception on Barriers to Disclosure To and Help-seeking from Statutory Services

### 6.2.2.1 Nigerian Upbringing

As perceived by study participants, the way Nigerian women were brought up in Nigeria could be a barrier to their disclosure to and help-seeking from statutory services for their DVA experience. In expressing her view, this study participant said:

*... you know, in Nigeria that is the way we were brought up, that's why they don't want to open up. As a Nigerian woman you are meant to obey your husband, whatever he says, whether he is right or wrong, if your husband is talking, you don't talk, they will tell you shut up, don't talk when your husband is talking, you just take anything your husband give to you, if he says lie down, you lie down. (L08, Female, Religious leader)*

It was the perception of study participants that, respect for the male partner was one of the fundamental principles of Nigerian upbringing, hence Nigerian women were expected to respect their husbands or intimate male partners at all times. According to the leaders and substantiated by empirical evidence (Ajayi and Owumi 2013;Nwosu 2006), Nigerian women were brought up to care for the home, take care of the children and their spouse, and unquestionably respect the man as the highest authority in the family.

Furthermore, study participants disclosed Nigerian women's upbringing expected them to stay in the intimate relationship, therefore, to disclose to and seek help from statutory services will be to act contrary to such expectation:

*because of their upbringing, they would rather stay in that relationship, they won't want the relationship to break up, they would rather stay, they wouldn't want to get out of the relationship, they would continue to endure*

**(L06, Female, religious leader)**

Disclosure to and seeking-helping from statutory services were also perceived by study participants as having a tendency to break the intimate relationship, which may result in children being taken away. It was the perception of the leaders that Nigerian women experiencing domestic violence and abuse are disinclined toward ending the intimate relationship, as this would violate their beliefs, their marital vow and upbringing:

*You know, we Africans, we believe in living under a man, living with a man as husband and wife. So you don't want to leave your family, so you say, let me manage, maybe he will change. You don't want to leave your husband, no matter what. (L06, Female, religious leader)*

In addition, they disclosed that in intimate relationships where there are children, it will be against the woman's Nigerian upbringing to leave the abusive relationship, as she would lose custody of children. The perception that leaving abusive relationship is a reason for loss of child custody is based on the belief that she does

not own the children, and her decision to leave the abusive male partner is indicative of loss of children. This is a cultural phenomenon based on the prevalent practice in Nigerian where the child belongs to the father, and women leaving abusive relationship may encounter legal hurdles if they attempt to gain custody of their child or children in Nigeria (Nwosu 2006).

It was the perception of the leaders that as a result of their Nigerian upbringing, Nigerian women were likely to endure the relationship, despite the abuse, in order to keep the family together until eventually the relationship breaks down or something tragic happens to the woman. Thus, leaders' perceived Nigerian women with lived experience of DVA will only seek help as a result of desperation:

*... when you are married to someone, it's for better for worse, for richer for poorer, but when people are now experiencing domestic violence, they try to conceal it, suffer in silence, but when it gets to the extreme, especially women that have come to the UK, you know, then they try to seek external help. (L07, Female, religious leader)*

#### 6.2.2.2 Immigration Status

Evidence exists in literature that immigration status has a role in exacerbating the perpetuation of DVA against women (Menjívar and Salcido 2002;Kastner 2015;Mackenzie et al. 2015;Batsleer et al. 2002). It has also been identified as both a systemic and structural factor influencing disclosure and help-seeking practices (Anitha 2010;Nwosu 2006).

In the UK, immigration status refers to the terms and condition of entry into the country by non-EU nationals (Citizens Advice Bureau 2015). According to UK immigration rules, a person (also known as main applicant) can apply for entry or residence permit (also known as visa), and can bring their dependent family members such as spouse, un-married partner, and children (Home Office 2015c).

As stated in published reports, Nigerians come to the UK mainly for career advancements, and further education (International Organization for Migration 2007). The completion of UK education has been identified as a route which facilitate the integration of Nigerians within the British society (International Organization for Migration 2007;James et al. 2014). Based on findings from Study Two (chapter five), it was usually the man who was the main applicant for the entry visa. Thus, Nigerian women were often dependent on the visas of their husbands or male partners, and may be at risk of deportation if the relationship breaks down (Home Office 2015c).

Therefore, all leaders perceived immigrations status was a cause of the incidence of domestic violence and abuse against Nigerian women, as well as a barrier to disclosing to and seeking help from statutory services:

*...women who had migrated from Nigeria, had come with their spouses, and now they are in England, they feel they are depending on their spouses, and they don't want to do anything that can jeopardise, perhaps their continuous stay in the UK. They understand that in this society, issues of abuse are taken seriously, and they do not want to infer that they are doing anything that will put their husband, the guy they are depending on in a bad situation with the government, and they do not want the family, far back in Nigeria to*

*feel that their mission is to probably send the guy back home (L09, Male, Religious leader)*

For Nigerian women resident in England who have no recourse to public funds (see chapter five), seeking help from statutory services for domestic violence and abuse may be difficult (National Institute for Health and Care Excellence 2014). All leaders perceived that lack of permanent legal resident status prevented women from disclosure to and help-seeking from statutory services.

With reference to the quote from **L03** (below), papers is a colloquial word commonly used among Nigerians for British citizenship or permanent legal status. Persons with permanent residence legal status are not subject to immigration control, and may receive support from the government, as they are not affected by the no recourse to public funds clause:

*... immigration is a very big issue, in fact, it is key. And if the violence start, especially if it was the man that brought the wife, that even makes it worse, because she will then endure, so she can get her papers (L03, Male, religious leader)*

Study participants perceived the threat of deportation as a result of insecure immigration status exacerbated the incidence of domestic violence and abuse against Nigerian women. It was the opinion of the leaders that, as both the abusive male partner and woman had insecure immigration status (that is, no British citizenship or permanent residence legal status), when a woman attempts to disclose

to and seek help from statutory services, especially if she was brought to UK by the man, she is most likely to be pressurised by the husband's extended family in Nigeria:

*She doesn't want to appear to the husband's family back home as someone who want to retrogress the man (L09, Male, religious leader)*

The families of the husband or intimate male partner may label the woman as a bad person seeking the retrogression of their kingpin through getting him deported and criminalised, and are likely to extend such bad label to her family in Nigeria, thereby giving the woman's family a bad reputation. Thus the woman is put in a position to endure the abuse, in order to ensure the family get their permanent residence legal status in the UK.

While evidence exists on the abusive male partner using threat of deportation as a tool for controlling the woman (Gill 2004;Dutton et al. 2000), the findings of threat of deportation as a result of immigration status as described by the leaders is unique to this research. In the context of this study, threat of deportation affects both the abusive male partner and the abused woman, as the man may be prosecuted, thereby having a criminal record, which could hamper his chances of getting a job or the ability to extend his visa, and thus lead to his deportation or becoming an illegal immigrant or overstayer (Home Office 2010).

Since the Nigerian woman experiencing domestic violence and abuse could be dependent on the abusive male partner's visa, her chances of integrating into the society on her own is very limited without the man's financial support, particularly

if she does not have UK qualification, graduate level work opportunity or financial capacity to care for herself and her children.

### *6.2.2.3 Fear of Community Gossip*

Community gossip has been identified as a barrier to disclosure and help-seeking for domestic violence and abuse among Black and Minority Ethnic (BME) groups in the UK (Din 2014; Wellock 2010). Although the work of Din (2014) and Wellock (2010) linked community gossip with the use of interpreter services, study participants linked the fear of community gossip to being a member of the Nigerian ethnic community group, either as a religious or social group member. As discussed in section 1.4.1, Nigerians in the UK tend to be fluent in English language, and are likely to be active members of their religious or social groups (James et al. 2014).

Thus, inability to speak English language as a precursor of community gossip (Wellock, 2010) influencing disclosure and help-seeking from statutory services was not identified as barrier by study participants. Rather, fear of community gossip was linked with the negative impact of the abusive experience on the social support networks of Nigerian women. It was the perception of the leaders that, Nigerian women resident in England socialises by being members of their religious or ethnic social groups, which has been suggested as a common practice among immigrant communities (Raj and Silverman 2002a).

Thus, for Nigerian women with lived experience of DVA, they seek to avoid the shame and embarrassment of being ostracised from their social support groups as a result of their DVA experience. Specifically, when Nigerian women with lived

experience of domestic violence and abuse discloses to and seek help from statutory services, it was the perception of the leaders that their friends may dissociate from them, thereby disintegrating their social network. A study participant said:

*Even if the community advice a woman, they themselves are not bold enough to step out of the relationship, because of the gossip, and the judgement, and the labelling as being promiscuous. (L03, Male, religious leader)*

As stated by study participants, promiscuity labelling and judgemental attitude towards Nigerian women seeking to end abusive relationships are the fundamental components of being an object of gossip. Thus, Nigerian women are perceived by the leaders to endure the abuse, rather than disclose to and seek help from statutory services in order to avoid the promiscuity label and maintain their social support networks.

### **6.2.3 Perception on Why Nigerian Women Disclose To and Seek Help from Nigerian Ethnic Community Group Leaders**

#### *6.2.3.1 Women Seek Spiritual Solutions to the Abusive Problems*

Religious leaders have been identified as an influencing factor in the help-seeking practices of women experiencing domestic violence and abuse (Choi 2015; Shannon-Lewy and Dull 2005). They could either be a hindrance to help-seeking from statutory services, or a source of support for leaving the abusive relationship (Choi 2015; Shannon-Lewy and Dull 2005). The work of Strickland et al. (1998) also showed that religious leaders could be an asset for disseminating domestic violence information and preventive measures. While evidence exist that some religious

leaders blame the female victim, there are scholarly works highlighting a shift in perspectives of religious leaders in supporting women seeking to end abusive relationship (Choi 2015;Wood and McHugh 1994;Strickland et al. 1998).

When asked their opinion regarding the help-seeking practices of Nigerian women in terms of seeking help from Nigerian ethnic community group leaders, several study participants stated Nigerian women seek spiritual solution to the abusive problem, which may suggest the importance of religion in the life of Nigerian women. Evidence from the work of Chimah et al. (2015) highlights that, Nigerian women with lived experience of DVA believe in God to restore their intimate relationship, and usually seek help from religious leaders for prayers. This view is demonstrated in the quote below:

*...as a religious leader, Nigerian women feel that you can pray, and God will answer, and even without talking to the husband, you can pray and the husband will change. (L09, Male, religious leader)*

It was the perception of study participants that, Nigerian women believe the religious leaders share similar values with them in terms of the sanctity of marriage, and would not advise them to end the abusive relationship:

*The woman knows that the religious leader she's speaking to is a Nigerian, who understands her own perception and values, the values that we hold as it relates to marriage, in Nigeria, in a Christian marriage especially. We feel once you are in a marriage you are in it, we feel what God has joined*

*together, let no man put asunder. So the lady understand that the person she's talking to knows her value system, as it relates to marriage, so that helps the woman to pour out her mind, because she will not expect you to tell her to pack out of her marriage, and so, she's happy to tell you the whole story, and they know that social services can tell them to leave abusive men, and like I said, they still don't want to leave their husband, they feel that such services do not have a spiritual solution to their problems, they only have intellectual counsel to give, and they might tell them to leave their family, they might alert the government (L09, Male, religious leader)*

Study participants disclosed they would not advise any woman to leave her marriage, but they do not condone the abusive behaviour. Thus, they endeavour to pray for, and pray with the woman, and when appropriate mediate in the abusive relationship, thereby meeting the expectations of women.

Although evidence exists in literature about the importance of religion and belief in God among black people (Ajibade et al. 2015; Musgrave et al. 2002; Taylor et al. 1999), particularly with black women been reported as relying on God and seeking support from the church community with dealing with traumatic life experiences (Gillum 2009b; Gillum et al. 2006; Edge and Rogers 2005), the perception of Nigerian ethnic group leaders that women seek spiritual solution to the problem of DVA has implications. The implication is that, it may limit the generalisability of the findings, as not all Nigerian women attend church or consider themselves as religious.

It could be surmised therefore that, the religious beliefs of Nigerian women, as well as the absence of extended family members in mediating in the abusive relationship in the UK facilitated help-seeking from religious leaders. This is similar to findings from Choi (2015), which suggests Korean Americans tend to rely on the social support of their religious groups in their receiving countries in the absence of their extended family members. It also corroborate findings from Vidales (2010) on the importance of religious convictions in help-seeking practices of abused Latina immigrant women, and findings from the meta-synthesis of qualitative findings on the role of spirituality and religiosity conducted by Yick (2008) highlighting the importance of spirituality and religious anchor in engendering strength and resilience in victims of domestic violence and abuse.

#### *6.2.3.2 Trust and Confidentiality*

Trust and confidentiality are two fundamental factors facilitating disclosure and help-seeking for DVA experience (Fugate et al. 2005;Rodriguez et al. 1996;Shiu-Thornton et al. 2005). Studies conducted among women seeking help from formal and informal networks for domestic violence and abuse underscores the importance of confidentiality and trust in enabling women to disclose and utilise domestic violence intervention programs (García-Moreno et al. 2015;Hydén 2015).

Specifically, there is empirical evidence which highlights abused women are likely to trust and confidentially disclose their DVA experience to other women (Ayyub 2000;Raj and Silverman 2002a;Raj and Silverman 2002b).

Study participants stated they perceived Nigerian women trusted them not to gossip to others about their DVA experience as expressed by this respondent:

*...they know that when they come to me, they have the confidence that, I won't go out there to talk about them, the confidentiality is there. (L01, Female, Community leader)*

It was also implied by all study participants that women trusted the leaders to respect their choices and autonomy regarding the involvement of social services or the police. It was the perception of the leaders that, Nigerian women perceived the role of social services in handling domestic violence and abuse cases as intrusive and overbearing, leading to removal of children if the woman refuses to prosecute or leave the abusive male partner. This was described as a process of double victimisation for the woman, which does not provide support for her abusive experience:

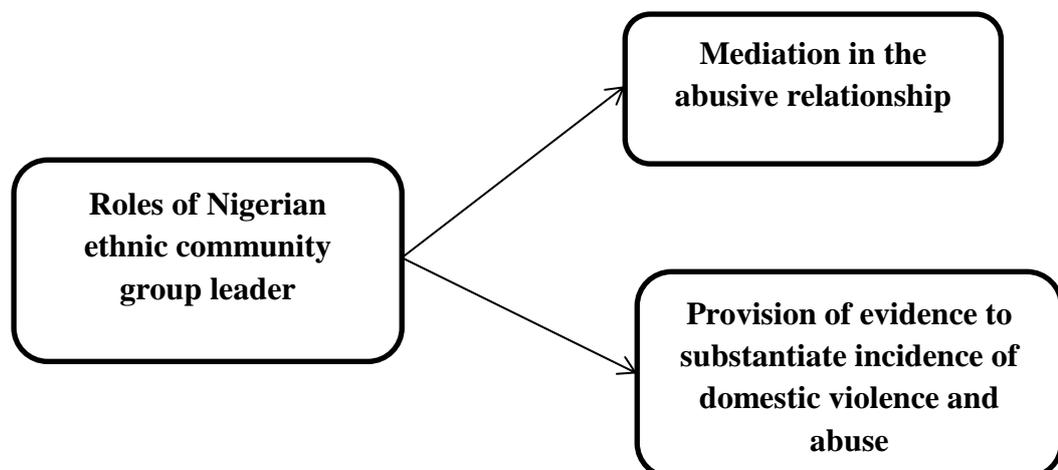
*Some people are also afraid that if they should speak it, it will affect the husband, the children and the family. Because if social services should get involved, they could take their children away from them, because I have heard that when social services get involved because of violence and abuse, they see that the environment is not conducive for children, you know, so they take the children away (L03, Male, religious leader)*

Thus, the Nigerian ethnic community group leaders were trusted to confidentially help the women, without the involvement of formal authorities. Therefore, it was deduced from the data that Nigerian ethnic community group leaders were in a way implementing the advocacy from García-Moreno et al. (2015). García-Moreno et al. (2015) advocates for a woman-centred system of responding to disclosure and help-seeking from statutory services based on the principles of confidentiality, privacy, respect for women’s autonomy and choices, and safety.

### **6.3 Roles of Nigerian Ethnic Group Leaders in Supporting Nigerian Women Resident in England with Lived Experience of DVA**

As earlier stated, six study participants were supporting Nigerian women at the time of data collection. Two main roles were identified from the data, which are diagrammatically presented in figure 6.1 below.

**Figure 6.1: Thematic Representation of Nigerian Leaders’ Roles**



### 6.3.1 Mediation in the Abusive Relationship

Mediation in the abusive relationship and provision of evidence to substantiate the incidence of DVA were two key roles of study participants. The mediation roles of study participants were similar to the description given by study participants in Study Two (chapter five), as discussed in section 5.2.3.1.

Study participants corroborated Nigerian women's disclosure of seeking informal support through mediation, prayers and encouragement from Nigerian ethnic group leaders:

*for those whose spouses are known to me, I've had to find a way to inviting the man, to try to talk about it, first to try and establish first that it's true, understand that, because sometimes, perhaps maybe some men really do not know the explicit definition of battering. So we need to first talk about it, and establish the fact that, such things occur, you know to also make the man understand that what's he's actually doing is wrong, and then, after he has been able to agree to the fact that such things happen, then it's easy to state out ways of getting over it or ensuring that such things don't happen again*  
**(L09, Male, religious leader)**

The leaders disclosed they perceived their supportive role of encouragement, prayers, and where appropriate, mediation, were positive for women and enhance their mental health and ability to endure, particularly in incidences where the woman had insecure immigration status.

As social support networks are essential for enhancing immigrants' health and acculturation in the receiving country (Ayyub 2000; Raj and Silverman 2002a), with

religious and community leaders being key components of establishing and strengthening such support networks among immigrant communities (Choi 2015), it was the perception of study participants that their roles were useful for enabling Nigerian women with lived experience of DVA to remain connected to their social support network, despite the abusive experience.

### **6.3.2 Provision of Evidence to Substantiate Incidence of DVA**

Furthermore, provision of evidence to substantiate the DVA experience of Nigerian women was also identified as a role of Nigerian ethnic community group leaders. Although only one study participant had given evidence to social services, it was deemed appropriate for this role to be highlighted. Based on findings from Study Two, it was garnered that Nigerian women who self-refer to social services were at risk of not receiving required support, due to lack of documentation of the incidence of their DVA experience. The finding from Study Two was substantiated by the study participant quoted below:

*...because she has not previously lodged her case with the police, social services got in touch with me to find out if she was telling the truth. They had to phone me at work, to find out if they can come and interview me whether what the woman was saying was true (L01, Female, Community leader)*

As disclosed by **L01**, the Nigerian woman whom she had supported contacted social services of her own volition. However, there was no documentation to ascertain the authenticity of her DVA experience. Hence, **L01** was interviewed by social services to substantiate the woman's account, prior to her receiving support.

## **6.4 Perspectives on Strategies for Enhancing Disclosure and Help-Seeking Practices**

All study participants suggested strategies for enhancing disclosure and help-seeking practices of Nigerian women experiencing domestic violence and abuse.

Raising awareness and education about domestic violence and abuse were perceived as necessary to enhance disclosure. Collaborative working between church leaders and statutory services to organise training and information sessions in churches were also identified as a strategy to enhance disclosure. Finally, it was suggested that a culturally-specific organisation be established to support Nigerian women make informed decisions about the appropriate methods of handling their DVA experience.

Advocacy for culturally-specific DVA services are common suggestions from ethnic minority communities on enhancing disclosure and appropriate support services (Parmar et al. 2005; Raj and Silverman 2002a). While available evidence had suggested culturally-specific services, these suggestions have usually focused on advocating for domestic violence refuges (Bent-Goodley 2005; Burman and Chantler 2005; Burman et al. 2004). The suggestion of a culturally-specific organisation made by study participants differs from those reported in literature. Nigerian ethnic community group leaders perceived the need for establishing an organisation to serve as the hub for coordinating training, seminars and workshops on domestic violence and abuse, as well as sign-posting and supporting women to access appropriate services and support.

## **6.5 Summary of Chapter**

This chapter presented findings from interviews with Nigerian ethnic community group leaders, on their perceptions and roles in supporting women with lived experience of domestic violence. Assertion of personal autonomy by women and immigration status were perceived as factors influencing the incidence of domestic violence and abuse.

Nigerian ethnic community group leaders claimed their support had positive influences on women they supported, and different from the support rendered by social services which tend to victimise women for being inert in ending the abusive relationship. Within this chapter, other issues influencing domestic violence and help-seeking, as well as suggestions for enhancing help-seeking practices were highlighted.

In chapter seven, a synthesis and discussion of findings from studies one, two and three is presented.

# Chapter Seven: Synthesis and Discussion of Findings

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## 7.0 Introduction

This chapter presents the synthesis of findings from studies one, two and three, discussed within the wider literature using the modified sociological theory of domestic violence and abuse. The chapter begins with an overview of the aims of the study, followed by the summary of findings, and theoretical discussions.

## 7.1 Overview of Study Aim and Objectives

The overarching aim of this research was to identify the factors influencing disclosure and help-seeking practices of Nigerian women resident in England with lived experience of domestic violence and abuse, in order to make recommendations to relevant stakeholders on domestic violence service provision and utilisation. This overarching aim was achieved through the following objectives. To:

1. conduct a qualitative systematic review of existing qualitative research work on domestic violence among women from Black and Minority Ethnic groups in the UK;
2. elicit Nigerian women's views on their disclosure and help-seeking practices in relation to domestic violence and abuse, and explore their service support needs;

3. explore the roles and perspectives of Nigerian community and religious leaders in supporting Nigerian women resident in England with lived experience of domestic violence and abuse; and
4. make recommendations to key stakeholders such as, Women's Aid, Manchester City Council, Nigerian High Commission London, and other organisations working to facilitate advocacy and support for women from ethnic minority backgrounds with lived experience of domestic violence and abuse.

## **7.2 Summary of Findings**

Study One: Themes relating to disclosure and help-seeking practices identified from the review of qualitative literature were immigration status, community influences, language barriers, escalation of abuse, and unsupportive attitude of staff from statutory services.

Study Two: Themes of Nigerian socialisation, immigration status and UK acculturation emerged from the exploration of the disclosure and help-seeking practices of Nigerian women resident in England. Study participants also suggested that the establishment of an organisation to serve as an intermediary office may help facilitate disclosure and help-seeking for domestic violence and abuse.

Study Three: This corroborated the findings from study two and highlighted the roles of ethnic community group leaders in supporting Nigerian women with lived experience of domestic violence. Participants also advocated for an organisation to

serve as a bridge between women, informal support networks, and statutory services.

### **7.3 Synthesis of Findings and Discussion in Relation to Previous Research**

In order to synthesise key findings from the three studies, some approaches were utilised. This included critical reflections on emerging themes, tabular comparison of Tables 3.4, 5.2 and 6.2, and summarisation of prevalent themes. Thus, synthesis of findings from the three studies showed three factors influencing the disclosure and help-seeking practices of women from ethnic minority populations in the UK.

These are:

1. socialisation from country of origin
2. immigration status, and
3. acculturation in the country of immigration.

These three factors are similar to evidence from Yoshioka (2008) on cultural contextual factors that may enhance healthcare practitioners and researchers' understanding of the variations in the domestic violence and abuse experience of women from ethnic minority or immigrant groups.

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

For participants in this study, socialisation from their country of origin was a key factor in their disclosure and help-seeking practices. Socialisation from country of origin determines the cultural norms, attitudes, and behaviours, and it influences actions. Community influences and language are aspects of socialisation that were

identified by participants in Study One (The Review) as influencing their disclosure and help-seeking practices.

In addition, Nigerian socialisation was a key factor in the disclosure, help-seeking and help-provision practices. Evidence from this study highlights the importance of Nigerian upbringing on the disclosure and help-seeking practices of women experiencing domestic violence and abuse. Nigerian women said they actively disclosed to and sought help from persons considered to be in positions of authority within the Nigerian ethnic group, as a way of seeking help for the DVA experience, while upholding their family unit. This act of actively seeking help from Nigerian ethnic group leaders has a significant influence on whether Nigerian women experiencing domestic violence and abuse disclose to and seek help from statutory services. It was also the view of these women with lived experience that the leaders would respect their personal autonomy, and would not advise or pressurise them to end their relationships, hence they would support their decision to remain with their husbands/intimate partners and children, as family units.

Similarly, Nigerian leaders perceived that women with lived experience of domestic violence and abuse approached them for help as a result of their Nigerian socialisation, especially as it relates to the role of religion in dealing with traumatic life experiences. It was also the view of the Nigerian leaders that these women sought to uphold their families, but desire that the abuse ends. Hence, the approach used by leaders in supporting Nigerian women experiencing domestic violence and abuse is to mediate in the relationship using the Nigerian community framework (figure 5.1), where appropriate. Although the Nigerian community framework for supporting women is not applicable in all cases, it was established that the

socialisation of Nigerian women determines to a great extent the persons or services they approach for help.

Socialisation from country of origin as a factor influencing the disclosure and help-seeking practices of Nigerian women in England corroborates findings from the work of Kelly (2009) among Mexican-Americans. Using evidence from her work with Latino immigrant women, Kelly (2009) underscores the role of family, care of children and socialisation in the disclosure and help-seeking practices of women. Thus, it could be deduced that the familism values prevalent in the Latino literature (for example: Killoren et al. 2015;Rodriguez et al. 2007;Sabogal et al. 1987;Zeiders et al. 2015;Zinn 1982;Grebler et al. 1970;Germán et al. 2009) are similar to the values described by Nigerian women as influencing their disclosure and help-seeking for domestic violence and abuse.

#### *7.3.1.1 Values of Familism*

By definition, the term familism:

*'...refers to a model of social organization, based on the prevalence of the family group and its well-being placed against the interests and necessities of each one of its members. It is part of a traditional view of society that highlights loyalty, trust and cooperative attitudes within the family group...'* (Garzon 2003: pg 546).

Theoretically and conceptually, familism refers to upholding the goals of the family as premier rather than the individual family members' needs, and expectation that the family unit will support its members (Abasiokong 1981;Reina et al.

2014;Yoshioka et al. 2003;Zinn 1982;Garzon 2003). While familism has been

criticised for its dominance and controlling tendencies towards its family members (Abasiokong 1981;Garzon 2003), it has been positively linked to improved mental health, strong social support networks, and acculturation within immigrant communities in the United States (Sabogal et al. 1987;Zeiders et al. 2015;Zinn 1982;Germán et al. 2009).

Grebler et al. (1970) maintains that while there is a distinction between the manifestation of familism within traditional and modern families, the social model of familism is still evident in both nuclear and extended families. This position has been supported by Garzon (2003), as she argued that despite the changes in family structure, (for example, change from the traditional view of family as comprising of heterosexual father as male and mother as female), increase in divorce rates, and views about children, familism still influences societal attitudes, beliefs and values. The values of familism has been suggested as serving to protect, support and strengthen the members of the family (Germán et al. 2009;Sabogal et al. 1987).

Espousing familism as important in the socialisation of the child and its later influences on decision-making is necessary to understand the practices of Nigerian women with lived experience of domestic violence and abuse in England. Within the Nigerian literature, discourses of familism are not prevalent. Although Oloko (1994) through her study on child socialisation in urban Nigeria establishes that familism values is the core of the social structure and development of the Nigerian child, as children are thought the values of respect for and commitment to the family unit, discussions regarding the role of familism are usually explored from patriarchal perspectives, which may be detrimental to the structure and function of

the family, particularly in view of changes in the definition and shift in the concept of family (Garzon 2003).

Using patriarchal perspectives to explain socialisation and familism is also detrimental in that it tends to present the family along traditional gendered roles of women as subordinates that are controlled by men. While this may be true in certain instances, evidence from this study suggests Nigerian women in England still uphold the values of familism, and defer to their extended families in Nigeria despite residing in England, an individualistic society with less emphasis on collectivist cultural orientation (Chiao and Blizinsky 2010; Hofstede 1984).

### **7.3.2 Immigration Status**

Immigration status was identified as a key factor in all three studies. While many of the participants in Study One could receive support through public funds, participants in Study Two had no recourse to public funds. Participants in Study One were dependents of British citizens or persons with UK permanent residence of abode, while participants in Study Two were dependents of Nigerian husbands or intimate partner, who were also subject to UK immigration control.

In view of being subject to UK immigration control, synthesis of findings from Study Two and Study Three showed that Nigerian women with lived experience of domestic violence and abuse are likely to endure the abuse in order to enhance their chances of becoming British citizens or obtaining permanent residence legal permit. This underscores the role of immigration status as identified in this research.

Although there is plethora of evidence on the use of immigration status and threat of deportation by the male abusive partner (Gill 2004;Montalvo-Liendo 2009;Raj and Silverman 2002a;Reina et al. 2014;Anderson 1993), particularly where only the woman is subject to immigration control, little is known about how immigration status affect disclosure and help-seeking practices where both the abusive male partner and the woman are subject to immigration control. Thus, the role of immigration status in the context of domestic violence and abuse against women from ethnic minority populations, where both the abusive male partner and the female victim were subject to immigration control was identified as an original contribution in this study.

With recent UK government immigration legislation which prevent immigrants who have stayed beyond the expiration of their visas from having access to private residential tenancies, bank account, and legal aid (UK Visas and Immigration 2015a), this has made it harder for immigrants with insecure immigration status who are victims of domestic violence and abuse to disclose and seek help for the abuse. It is therefore important that immigration policies are reviewed to grant concession to victims of domestic violence and abuse, especially where the victims are dependents of persons who are subject to immigration control.

Women experiencing domestic violence and abuse should have access to work and study opportunities to increase their financial independence and ability to make informed decision (see section 5.3.1), and be excluded from the additional immigration measures and scrutiny as appropriate.

### **7.3.3 Acculturation in the Country of Immigration**

As mainly first generation immigrants, study participants described the process of acculturation in their adaptation to the culture in England. Acculturation is ‘defined as a culture learning process experienced by individuals who are exposed to a new culture or ethnic group’ (Organista et al. 2010: pg 102). Nigerian women disclosed that their acculturation in England determined whom they trusted and associated with. In this thesis, the impact of culture on disclosure and help-seeking for DVA is explored with respect to cultural socialisation orientation (Yoshioka 2008). As study participants were socialised from collectivist cultural orientation, it became necessary to explore their acculturation as residents in an individualistic host society (Yoshioka 2008).

While study participants were mostly educated from Nigeria, and have a level of proficiency in English language prior to coming to England, it was their experience that the acculturation process was prolonged for them, particularly with regards to securing employment, developing friendships and learning the culture in England. In addition, it was the experience of some study participants that they were abandoned by their abusive male partners in England, and were left with no means of sustenance. Being abandoned exacerbated their distressed caused by the domestic violence experience, especially due to immigration fears and limited financial resources.

Although the impact of acculturation has been linked to economic pressures, and stress of integrating to the new cultures (Nilsson et al. 2008), it has not been

discussed in terms of negatively affecting help-seeking from statutory services, especially as the rationale for lack of confidence and trust in seeking help. With respect to seeking help for domestic violence and abuse, findings from this study point to acculturation as being influential in whether a woman will disclose to and seek help from statutory services, particularly on issues of trust and confidentiality. The lack of trust and confidence in utilising statutory services has been critically discussed based on how the culture of ethnic minority women is problematized (Batsleer et al. 2002;Burman and Chantler 2005;Burman et al. 2004;Chantler 2006).

#### *7.3.3.1 Trust and Confidentiality*

The importance of trust and confidentiality in disclosure and help-seeking for domestic violence and abuse has been established in literature (Barnish 2004;McCleary-Sills et al. 2015). In her domestic violence literature review, Barnish (2004), highlighted that lack of trust in social services and the judicial system was a significant barrier to utilising such services. For Nigerian women, who were socialised within the collectivist society of Nigeria, and were not previously accustomed to utilising statutory services for domestic violence in their home country, trust and confidentiality was very important. Hence, this was reflected in their disclosure and help-seeking practices.

Rather than utilise statutory services to help with their domestic violence experiences, Nigerian women were likely to seek confidential help from members of their ethnic community groups. This is similar to findings from the work of Akinsulure-Smith et al. (2013) on intimate partner violence among West African

immigrants in the USA. Seeking help primarily from Nigerian ethnic group leaders was identified as having a tendency to negatively impact on statutory services responses to Nigerian women who self-refer for help. This is due to issues regarding the documentation of the incidence of the abuse, as Nigerian women may not have previously logged the abuse with the police, their GPs or other services in a position to provide documentary evidence in support of the incidence of the abuse (Rights of Women 2013).

#### *7.3.3.2 Link between Familism and Acculturation*

Acculturation may be linked to familism, in the case of Nigerian participants in this study. Evidence from this research indicate that in the absence of extended family in England, Nigerian women developed religious kinship. The process of developing religious kinship has been described as religious familism by Edgell and Docka (2007). In their study on gender ideology and familism in religious communities, Edgell and Docka (2007) found that in religious communities where familism values are upheld, women's well-being issues such as domestic violence are treated with great importance. Therefore, it may be suggested that Nigerian women seeking help for domestic violence and abuse from religious leaders perceived such religious congregations as family.

This notion may also be extended to community familism, as a result of evidence from this study. It also suggests that adherence to the values of familism is inherent in the social learning of Nigerian women. Thus, interventions designed to enhance

disclosure and help-seeking, as well as service utilisation to protect the health and well-being of women needs to be oriented towards integrating family values.

#### **7.4 Using Sociological Theories of Domestic Violence to Critically Discuss the Disclosure and Help-seeking Practices of Nigerian Women Resident in England with Lived Experience of Domestic Violence and Abuse**

It is the position of this thesis that the theoretical perspectives discussed within the sociological theory of domestic violence (Lawson 2012) underscores the multifaceted nature of domestic violence and abuse against women, by recognising the intersectional nature of women's lives (Crenshaw 1991; Hill-Collins and Bilge 2016). Hill Collins and Bilge (2016) defines intersectionality as:

*'...a way of understanding and analysing the complexity in the world, in people, and in human experiences. The events and conditions of social and political life and the self can seldom be understood as shaped by one factor. They are generally shaped by many factors in diverse and mutually influencing ways. When it comes to social inequality, people's lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other'* (pg 2).

Thus, the sociological perspectives integrating feminist theories and family violence theories may be regarded as an intersectional analytic tool, that help to understand the importance of individual characteristics in the disclosure and help-

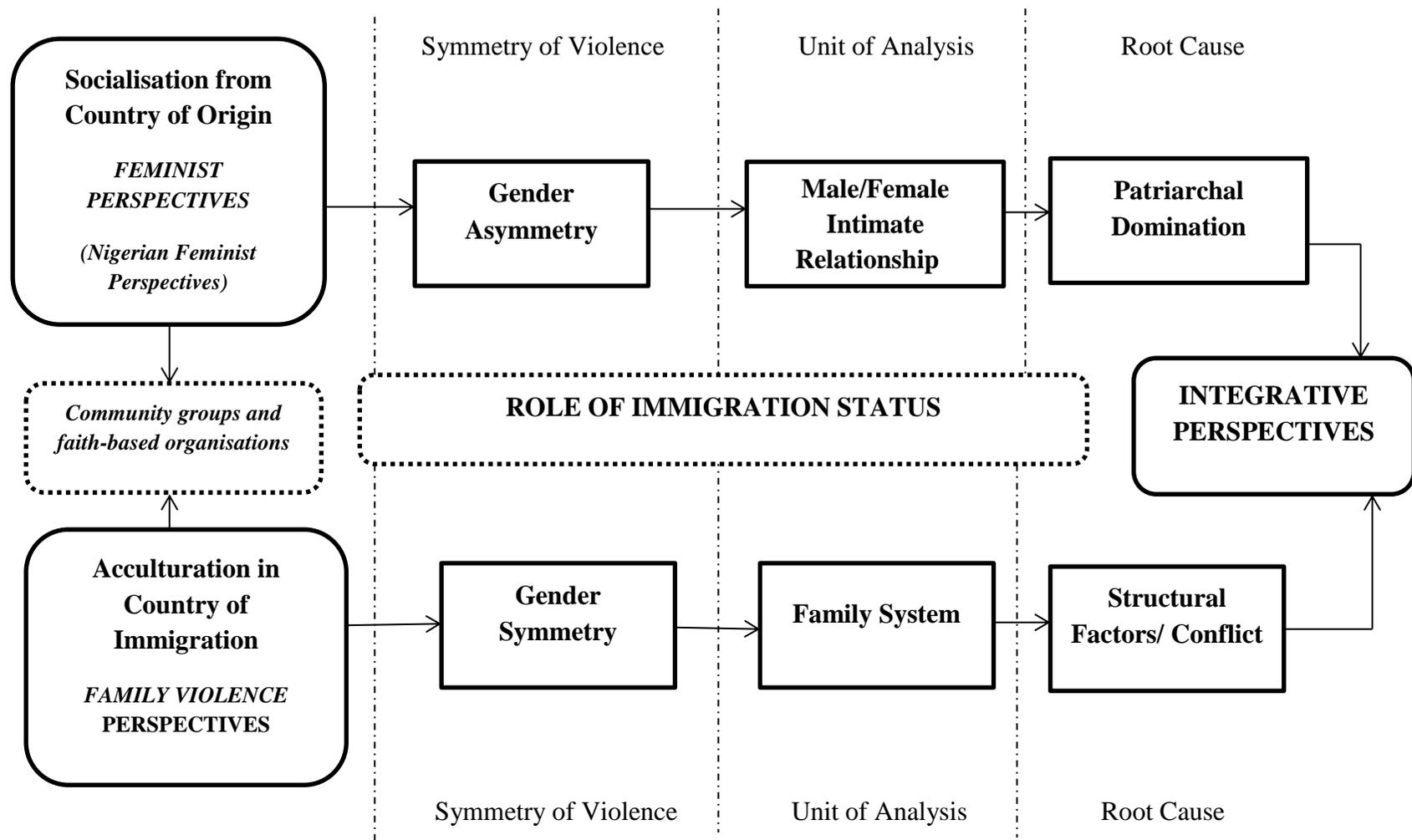
seeking practices of female victims of abuse, and also provide a basis for understanding how social structures affects individuals with lived experience of DVA. The combination of both theories also highlights the role of power dynamics in the perpetuation of domestic violence and abuse against women. Thus, this thesis posits that the social structures within which Nigerian women were socialised fostered the incidence of domestic violence against them, and the social structures dictated by their UK immigration status and acculturation further influences their disclosure and help-seeking practices.

In view of this, evidence from this study was used in modifying the sociological theory of domestic violence and abuse, by situating the role of immigration status as an integral component in the incidence of domestic violence and abuse, as well as the disclosure and help-seeking practices of Nigerian women resident in England.

The three factors identified in this study as influencing the disclosure and help-seeking practices of Nigerian women are located within the modified sociological perspectives on domestic violence and abuse as presented in Figure 7.1 below. The role of immigration status is recognised as a key underlying factor, and has thus been centralised. The rationale for this is that, despite the socialisation of women from Nigeria, residence in the UK influences their actions and decisions. Hence, it appears Nigerian women with lived experience of domestic violence may find statutory and mainstream domestic violence and abuse services useful, if immigration status was not a barrier.

Furthermore, a finding from this study is the important role of ethnic community groups (CGs) and faith-based organisations (FBOs) in the disclosure and help-seeking practices of Nigerian women. Thus, Figure 7.1 also included a section on CGs and FBOs as a link between socialisation from country of origin and acculturation in the country of immigration. The role of CGs and FBOs as observed in this study may provide a basis for expanding the current way culture is problematized with respect to DVA among ethnic minority populations, as there is a need to incorporate CGs and FBOs in efforts geared towards supporting women (and men) from ethnic minority groups experiencing domestic violence and abuse. This will be further explored in section 7.5.1

**Figure 7.1: The Modified Sociological Perspectives on Domestic Violence and Abuse**



(Figure 7.1 is modified from Lawson 2012, pg 587, used with permission)

#### **7.4.1 Cultural Orientation, Nigerian Feminist Perspectives and Socialisation from Country of Birth**

A key component of socialisation is cultural orientation (Yoshioka 2008). As earlier stated, culture is theoretically and conceptually defined as:

*‘ a dynamic system of rules, implicit and explicit, established by groups in order to ensure their survival, involving attitudes, values, beliefs, norms and behaviours shared by a group of people, but harboured differently by each specific unit within the group, communicated across generations, relatively stable but with the potential; to change across time’* (Matsumoto and Juang 2004, pg 10).

In the UK, there is a dearth of published literature on the role of culture in the socialisation of women from ethnic minority populations and their DVA disclosure and help-seeking practices. Existing work such as Burman et al. (2004) and Batsleer et al. (2002) have extensively highlighted the role of culture as a barrier to domestic violence service provision and delivery (see section 1.5.1 on problematization of culture). However, their work on culture and cultural practices did not explore the impact of socialisation of women from ethnic minority populations on their DVA experience. The implication of this dearth of published evidence is that this thesis will rely on evidence from outside the UK to critically discuss the role of socialisation from country of origin as a factor influencing the disclosure and help-seeking practices of Nigerian (ethnic minority population)

women resident in England with lived experience of domestic violence and abuse.

Using the modified sociological theory of domestic violence (figure 7.1), this section critically discusses socialisation from country of origin using Nigerian feminist perspectives. The feminist perspectives used within the sociological theory of DVA were developed based on data from westernised countries (Lawson 2012;Lenton 1995a). As the role of patriarchal ideologies and male dominance in DVA against women are predominant positions within western feminist perspectives (Dobash and Dobash 1992;Wilson 2000), this position has been challenged by many African scholars (e.g. Ampofo et al. 2008;Madunagu 2008;Ogundipe-Leslie 1994;Nzegwu 2012;Mama 2000).

Evidence from research on African women and gender studies suggests that using patriarchal ideologies (developed from North America and European data) as the predominant explanation of DVA against African women was not deemed robust to explain the cultural socialisation of African women, as it does not recognise ‘African women’s agency in transforming their societies, states and economies on the continent and in the Diaspora’ (Ampofo et al. 2008, pg 333). This is based on existing evidence which shows that patriarchy and male dominance as a system of social and family structure was introduced to African societies through British and European colonisation and imperialism (Baden 2014;Dogo 2014;Igbellina-Igbokwe 2013;Nzegwu 2012;Adams 2006).

Thus, rather than using the westernised feminist's patriarchal ideology and male dominance perspective (see section 1.2.1.2) to explain the incidence of domestic violence and abuse against Nigerian women resident in England, Nigerian feminist perspectives will be utilised. It is expected that using Nigerian feminist perspectives will provide the basis for suggesting that the gender approach utilised in the socialisation of children could be an alternative explanation for understanding the disclosure and help-seeking practices of Nigerian women resident in England with lived experience of domestic violence and abuse against.

#### *7.4.1.1 Nigerian Feminist Perspectives: The Challenge for Gender Socialisation of Nigerian Children*

Prevailing perspectives within the Nigerian feminist scholarship posit that the socialisation of children in pre-colonial Nigeria is different from socialisation after British colonisation (Baden 2014; Bakare-Yusuf 2003; Lewis and Ogundipe 2002; Olajubu 2012; Oyěwùmí 1997; Salo 2001; Dogo 2014; Madunagu 2008; Nzegwu 2012). Unlike present day Nigeria with rigid gender roles that confine Nigerian women to child rearing and domestic activities (Alabi and Alabi 2013), existing evidence suggests that historically within Nigerian families, women's roles complimented men's roles, which were based on age and seniority, rather than gender (Nzegwu 2012; Oyěwùmí 1997).

While study participants in this research were socialised within rigid gender norms, Nigerian feminists suggest that the socialisation of children were affected by the level of education and enlightenment of the mothers (Lewis and Ogundipe

2002;Salo 2001). Recounting her Nigerian socialisation experience, Molaria Ogundipe-Leslie asserted:

*'I was raised with a male sibling as well as female and male wards living with my mother. ...my mother made all the boys in her house, including my other brothers, do housework. They learned to sew, knit and embroider! She said her children could not grow up spoiled while others learnt to be effective and efficient. So from very young I had a healthy attitude towards class differences, having been raised to respect everybody in the work they did'*  
(Lewis and Ogundipe 2002, pg 1).

Theoretically, gender has been referred to as a social structure (Risman 2004;Connell and Pearse 2015). While this school of thought of gender as a social structure has its constraints, Risman (2004) suggests it will facilitate an understanding of how gender inequality is produced. She explained that understanding gender as a social structure will create an avenue to 'consider the most effective socialisation mechanisms to create fewer gender-schematic children and resocialisation for adults'(Risman 2004, pg 435).

Thus, Crespi (2004) described gender socialisation as a socialisation process taking place within the family, which is greatly influenced by the individual characteristics of parents and influential adults within the family. Despite the entrenched patriarchal ideologies and systems resulting from British colonisation that oppress and marginalise women (Dogo 2014;Igbellina-Igbokwe 2013), emerging social science perspectives from research on African women and gender studies suggest

that Nigerian women resident in England still play a pivotal role in the socialisation of their children, and thus are in a privileged position to ensure appropriate gender socialisation of both their male and female children (Ampofo et al. 2008)

Therefore, the challenge for gender socialisation of Nigerian children is to educate men, women, boys and girls about human rights, dignity of life, respect and self-efficacy. In accordance with Sustainable Development Goal (SDG) five on gender equality and women empowerment (United Nations 2015a), there is need for an avenue to facilitate the education and leadership development capacity of Nigerian women resident in England, to enhance their capacity for appropriate gender socialisation of their children. This will further strengthen and advance efforts geared towards dismantling patriarchal social structures which oppress women and girls. Therefore, training Nigerian immigrant parents on appropriate gender socialisation could be part of the service support needs of Nigerian women resident in England.

#### **7.4.2 Family Violence Perspectives and Acculturation in the Country of Immigration**

Within family violence perspectives, the root cause of abuse lies in structural factors and/or conflict. Proponents of theories (e.g. systems theory, exchange theory, ecological theory, resource theory, etc.) aggregated within the family violence perspectives suggest that family members use violence as a means of resolving conflict (Lawson 2012). While the earlier work of Richard Gelles and

Murray Straus laid the foundation for the family violence perspectives (Lawson 2012), recent advances in this field have expanded the family violence perspectives beyond the use of violence in resolving family problems to include societal structures (e.g. socioeconomic status and economic resources) as likely explanations for the incidence of domestic violence and abuse (Lawson 2012).

The ecological theory nested within family violence perspectives is relevant in this research. Proponents of using the ecological theory to explain domestic violence and abuse have based their work on an earlier framework developed by Bronfenbrenner in 1979 on the ecology of human development (Dutton 2006; Yoshioka 2008). The ecological theory posits that domestic violence and abuse is influenced by three inter-related social systems. These systems are the microsystem; exo-system; and macro-system (see Yoshioka 2008). Women with lived experience of domestic violence and abuse exist within these three systemic structures (Dutton 2006; Heise 1998; Yoshioka 2008), and for women from collectivist cultural orientation, the impact of their cultural community characteristics is vital in their help-seeking practices from cultures different to their culture of socialisation (Yoshioka 2008; Yoshioka and Choi 2005).

As earlier stated, the family violence perspectives posit that systemic structures constitute part of the root causes of domestic violence and abuse (Lawson 2012). Thus, the next section will explore the impact of insecure immigration status, UK acculturation and systemic racism on the disclosure and help-seeking practices of Nigerian women.

#### *7.4.2.1 Insecure Immigration Status, Systemic Racism and UK Acculturation*

This section discusses the insecure immigration status and UK acculturation of Nigerian women resident in England, within social structures with a history of systemic racism (Anitha 2011;Burman and Chantler 2005). Although commonly known as institutional racism, systemic racism refers to a system of social structures which disproportionately discriminate against individuals and groups that do not belong to the predominant white culture (Feagin 2013;Cole 2015). In addition to obvious statutory services such as the Police, these social structures also include economic, welfare and legal institutions.

Historically, Black women in British societies have always experienced racism and racial responses from statutory services and local authority (Mama 1989a;Mama 1989b;Hanmer 1996;Burman and Chantler 2005;Burman et al. 2002). In the UK, the word 'Black' is a politically contested term, and it has been extended to include people who are non-white British (Afkhami and Acik-Toprak 2012). Thus, the broadness of the use of Black women as referring to women from ethnic minority populations (non-white British) is adopted in discussing the impact of systemic racism on the UK acculturation of Nigerian women resident with lived experience of domestic violence, as influenced by their insecure immigration status.

Existing evidence highlight unfavourable response to Black women approaching statutory services for help with domestic violence and abuse (Hanmer 1996).

Anitha (2008) further identifies unfavourable State responses and policies

disproportionately affecting immigrant South Asian women with lived experience of DVA who are subject to immigration control (i.e. have insecure immigration status).

This thesis adds to the growing body of literature on the effect of systemic racism on the experience of BME women experiencing domestic violence. This is with respect to economic structures, which creates a gender gap in pay (Hill 2016), and the funding of welfare systems through public funds (Chapman 2012). With recent financial austerity measures in the UK leading to reduction in job opportunities, BME women with insecure immigration status may be disproportionately affected (Burman and Chantler 2005). Furthermore, the UK government immigration Bill which stipulates the salary threshold for settlement of non-EU immigrants in the UK at £35,000 per annum (Home Office 2012b) has further exacerbated the distress of BME women with insecure immigration status experiencing domestic violence and abuse.

Although participants in this study were dependents of mostly highly skilled immigrants, and were likely to be similarly highly skilled, they reported struggling to get jobs commensurate to their level of skill and education. Thus, systemic racism embedded within the economic social structures (Feagin 2013) may be attributed to fostering lower socioeconomic status of Nigerian women resident in England, thereby affecting their disclosure and help-seeking practices for domestic violence and abuse, as they do not possess the immigration permit and financial resources to leave the abusive relationship (Burman and Chantler 2005).

In addition, the system of social welfare existing in Britain's individualistic society may be difficult for immigrant women from collectivist cultures to access. This could be linked to differences in the provision of welfare support observed in the two cultures. Within collectivist cultures, welfare support is usually provided by the family or group (Abasiokong 1981; Adedoye 2013; Baobaid 2012; Yoshioka 2008), while such support is provided by the government within individualistic societies (Chapman 2012). For Nigerian women resident in England with lived experience of DVA, this is a shift in culture, and thus constitutes a daunting component of their UK acculturation and its influence on their disclosure and help-seeking practices. Therefore, it is suggested that ethnic community groups and faith-based organisations in the UK be actively involved in approaches designed to support women from ethnic minority populations experiencing domestic violence and abuse (see section 7.5.1 below).

To summarise:

1. Nigerian women resident in England with lived experience of domestic violence and abuse (study participants) were socialised in Nigeria through their Nigerian collectivist culture to uphold the values of their families, both nuclear and extended.
2. As residents in England's individualistic culture, they have difficulty disclosing and seeking help for their DVA experience. This may not be due to lack of agency, rather, it could be attributed to the combination and complexities of their Nigerian socialisation, insecure immigration status, and UK acculturation.

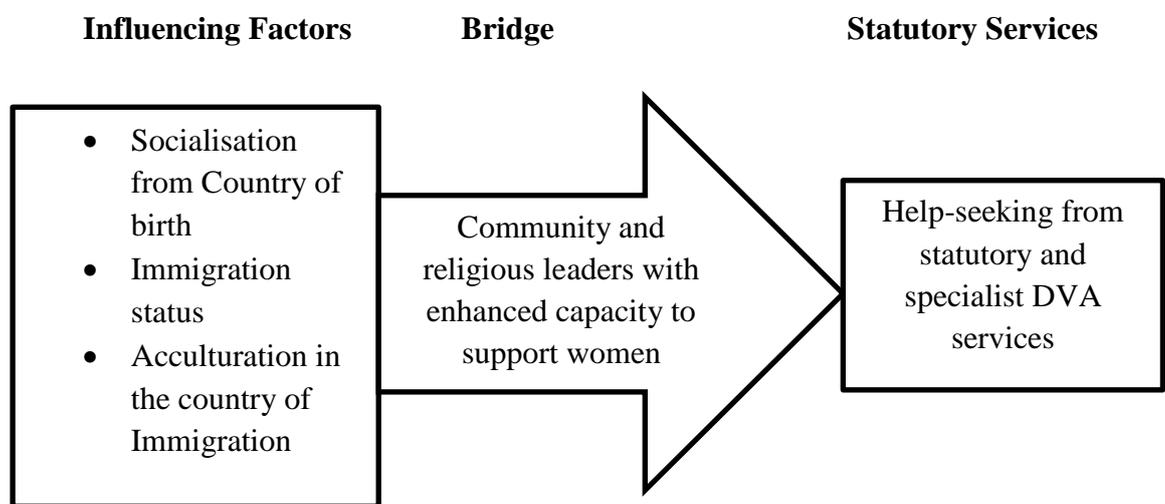
3. In contrast to England's social structure, where social and welfare support is predominantly funded through public funds (Home Office 2014a; No Recourse to Public Funds Network 2011), such support is mainly provided by the family (both nuclear and extended) within the Nigerian collectivist society.
  
4. To deal with the abusive experience, Nigerian women resident in England with lived experience of domestic violence and abuse (study participants) rely on help and support from their UK social support systems, provided through community groups and faith-based organisations. However, some of the leaders of these groups may not be adequately equipped with relevant information and knowledge about statutory and mainstream domestic violence and abuse services.

Therefore, with respect to the differences observed between the socialisation of women from collectivist cultures, and their acculturation within individualistic cultures, seeking help for DVA from statutory and mainstream domestic violence and abuse services may be overwhelming. Hence, there is need to ensure the development of appropriate mechanism based on the ecological model of understanding the impact of cultural socialisation (Yoshioka, 2008), to facilitate women's utilisation of appropriate statutory and mainstream domestic violence and abuse services.

## 7.5 Developing a Disclosure and Help-seeking Model

Using findings from this study, a disclosure and help-seeking model was developed. The developed model, presented in figure 7.2 below may enhance the utilisation of statutory and other specialist services for domestic violence and abuse by Nigerian women, and possibly, Black African women resident in England.

**Figure 7.2: Disclosure and Help-seeking Model to Enhance Service Utilisation**



Study participants who were first generation immigrants, with no recourse to public funds and living within Britain's individualistic society, recounted difficulties acclimatising to life in Britain due to a variety of reasons, and were unaware of sources of support for their DVA experience outside their Nigerian religious or community groups.

Hence, it was suggested by study participants that an organisation be established to facilitate access to statutory and other specialist services for domestic violence abuse. As indicated earlier, similar recommendations have been made by Liang et al. (2005) to help immigrant women navigate statutory services in their country of

immigration. Part of the remit of this organisation will be to enhance the capacity of religious and community group leaders, to support women to make informed decision about help-seeking from statutory and mainstream domestic violence services.

### **7.5.1 A Case for collaborative working with Community groups and Faith-based Organisation in Domestic Violence and Abuse Prevention and Intervention Approaches in the UK**

Evidence from the review and synthesis of literature, particularly from the US have shown that ethnic community groups (CGs) and faith-based organisations (FBOs) are avenues for research participation, implementing health interventions and outreach programs, and for disseminating health information (DeHaven et al. 2004;Linnan et al. 2014;Releford et al. 2010). Findings from this research have highlighted the role of community groups and faith-based organisations in supporting Nigerian women with lived experience of domestic violence and abuse. Therefore, it is the suggestion of this thesis that in the UK, community groups and faith-based organisations could be avenues for accessing and supporting women (and men) from ethnic minority populations with lived experience of domestic violence and abuse, in order to facilitate their utilisation of existing DVA services. Similar suggestions have been made based on research among Korean Americans, Mexican Americans, Asian Americans, and Immigrants communities in Canada

(Baobaid 2012;Baobaid 2013;Choi 2015;Liang et al. 2005;Montalvo-Liendo 2009;Nwosu 2006).

Community groups and faith-based organisations have been recognised as important drivers in social development and sustainability of interventions designed to improve health and wellness (Chapman 2012;Clarke 2007;Gilchrist 2000;Harris et al. 2005;Hepworth and Stitt 2007). The UN System<sup>3</sup> (United Nations 2015b) entities and specialised agencies have been observed to utilise CGs and FBOs, particularly in developing countries, to increase the uptake of childhood immunisations, combat violence, support internally displaced persons, as well as implement health education and promotion programs and interventions (Grills 2009;United Nations High Commissioner for Refugees 2014;UNICEF 2003).

In the UK, community groups and faith-based organisations have been recognised as contributing significantly to improving the social welfare of the public (Craig 2007;Harris et al. 2005;Hepworth and Stitt 2007). This recognition has been further enhanced due to the inclusion of religion and belief in the Equality Act 2010 (Chapman 2012), and has led to increased funding opportunities for community groups and faith-based organisations to provide certain publicly funded services (Department for Communities and Local Government 2010). However, in recent times, CGs and FBOs have been lumped together with all other non- governmental organisations under the broad category of third (voluntary and community) sector organisation. While this may be advantageous in that it promotes equality and

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<sup>3</sup> See Appendix Twenty for a flowchart of The UN System

diversity, it has a tendency to undermine the extensive social capital resources existing within CGs and FBOs (Hepworth and Stitt 2007).

Putnam (1995) refers to social capital as the ‘features of social life – networks, norms, and trust – that enable participants to act together more effectively to pursue shared objectives’ (pg 664), and suggested that ‘the theory of social capital presume that, generally speaking, the more we connect with other people, the more we trust them’ (pg 665). Therefore, trust is a significant component of social capital, and influences the social structure within which communities and groups exists (Hepworth and Stitt 2007). The work of Hepworth and Stitt (2007) on social capital and faith-based organisations suggested approaches for enhancing the capacity of FBOs to ensure active involvement in community development.

As observed in this study, trust was very important in the disclosure and help-seeking practices of Nigerian women resident in England with lived experience of DVA. Participants in this study strongly suggested the establishment of an organisation to enhance their access to statutory and mainstream DVA services. This suggestion might have been influenced by the existing social capital within their UK social structure networks. However, establishing a new organisation might prove difficult for a number of reasons, such as availability of funding, risk assessment, and management structures of the organisation, among others. Thus, rather than establish a new organisation, there are existing governmental agencies whose remit may be extended to incorporate community groups and faith-based organisations in promoting domestic violence and abuse prevention and intervention activities. One of such organisations is Public Health England.

#### 7.5.1.1 Collaborative Work with Public Health England

Public Health England (PHE) is an executive agency of the Department of Health established in 2013 to ‘ protect and improve the nation’s health and wellbeing, and reduce health inequalities (Public Health England 2013, pg 1). Due to the structure and framework of Public Health England (Public Health England 2016), it has the resources and manpower to involve CGs and FBOs as part of plans to directly support the public to improve their health and wellbeing (Public Health England 2016), particularly with respect to making domestic violence and abuse information available to ethnic minority populations, and also coordinating the training and capacity building of leaders of CGs and FBOs to enable them appropriately support people experiencing domestic violence and abuse (see figure 7.2).

Involving community groups and faith-based organisation as part of the remit of PHE is a community approach to health and wellbeing which could be challenging. This type of partnership approach, which involves working with community groups and faith-based organisations to enhance health and wellbeing has been explained using the complexity theory (Yosef 2005).

Yosef (2005) asserts that:

‘The community approach enables professionals from varied disciplines (police officers, doctors, social workers, community center directors, urban planners, attorneys, etc.) to deal with social challenges while making use of both their professional expertise and the community approach. As the awareness of the necessity of partnerships grows it becomes more and more complicated to apply it.

The complexity theory provides a guideline for handling that challenge successfully' (pg.1).

Although complexity theory is an emerging science and a combination of concepts, it has been described as a framework for understanding all aspects of human interactions and behaviour, and has been identified as necessary for fostering new approaches to child protection, healthcare management, translating evidence into practice, and community approach to development (Chandler et al. 2016;Henry 2014;Stevens and Cox 2008). The complexity theory framework includes concepts such as self-organisation, emergence, and non-linear understanding (Gilchrist 2000;Stevens and Cox 2008;Byrne 1998) to enable practitioners work together to find sustainable solutions to existing problems, and foster understanding of the differences in their organisational compositions and approaches to problem-solving.

Thus, when applied to involving CGs and FBOs as avenues for ensuring the utilisation of existing domestic violence and abuse services (including prevention and post-separation services), the complexity theory will enable CGs and FBOs, and Public Health England to work within a framework that recognises the strengths of each group and create an enabling environment that foster understanding and sustainable approaches to protecting and improving the health of persons from ethnic minority populations affected by domestic violence and abuse. By working collaboratively with Public Health England, ethnic CGs and FBOs would have enhanced capacity to support women subject to immigration control, and/or those who have stayed beyond the expiration of their visas, thereby ensuring women are in a better position to make informed decision regarding help-seeking for their DVA experiences.

## **7.6 Summary of Chapter**

This chapter presented the synthesis of findings from Studies One, Two and Three. Three key factors were identified as likely to influence disclosure and help-seeking practises. These are socialisation from country of birth, immigration status and acculturation in the country of immigration. Furthermore, the sociological theories of domestic violence and abuse were used to critically discuss the findings from this research. While previous research have confirmed immigration status is an important factor influencing disclosure and help-seeking for domestic violence and abuse, evidence from this thesis further highlight the role of immigration status where the abusive male partner and the abused woman are both subject to immigration control. Thus, the role of immigration status where both partners are subject to immigration control was identified as an original contribution of this research. A case was also presented for involving ethnic community groups and faith-based organisations in domestic violence prevention and intervention initiatives.

# Chapter Eight: Conclusion and Recommendations

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## **8.0 Introduction**

In chapter seven, the synthesis of findings from this research was critically discussed using the modified sociological theories of domestic violence and abuse. In this final chapter, the contribution of the study is discussed. Recommendations for policy, practice and future research are presented, as well as the strengths and limitations of the study. There is a section on personal reflection, and the chapter ends with a final conclusion.

## **8.1 Contribution to knowledge**

The overarching aim of this research was to identify the factors influencing disclosure and help-seeking practices of Nigerian women resident in England with lived experience of domestic violence and abuse. Through the use of three studies, socialisation from country of birth, immigration status and acculturation in the country of immigration were identified as three factors influencing disclosure and help-seeking practices of Nigerian women in England. These three factors may also be suggested as being applicable to women from ethnic minority populations in the UK, putting into consideration findings from Study One (the Review). Thus, this study achieved its aims and objectives.

The original contribution of this thesis to knowledge is that it highlights the role of immigration status in the disclosure and help-seeking process where both the male

abusive partner and the abused women are subject to immigration control. It also contributes to existing discourse on the problematization of culture, by highlighting the important roles of community groups and faith-based organisations in health promotion and education, research and intervention (November 2014). Specifically, findings from this research support previous evidence advocating for collaborative working with ethnic minority community groups and faith-based organisations, in order to enhance positive health behaviour, reduce health inequality and facilitate the utilisation of existing services among ethnic minority populations (Linnan et al. 2014;Releford et al. 2010;Choi 2015;Elam et al. 2002;November 2014).

Although the research was conducted among Nigerian (ethnic minority population) women, the thesis posits findings and conclusions may be applicable to women from Black African ethnic minority populations resident in England. This is due to observed trends in the interactions and similarities in socialisation and acculturation patterns of Black Africans in the UK.

Study participants strongly suggested the establishment of an organisation to facilitate their access to domestic violence and abuse services. During a conversation with Lovell (2015), series of questions were posed on whether creating an organisation was more appropriate than cultural competence training for staff in statutory and mainstream services. It was highlighted during the conversation that, the tension lies in service utilisation and not necessarily in service provision. This is because, evidence from this thesis show that Nigerian (ethnic minority population) women perceive staff in statutory services would have difficulty understanding the complexity of their domestic violence and abuse experience, as a result of the combination of their Nigerian socialisation, immigration status and UK

acculturation. In addition, they perceive they will only receive help for safeguarding their children, rather than help for their own abusive experience. Furthermore, as many of the study participants were first generation immigrants, they were unaccustomed to life in the UK, and were unaware of sources of help and support outside their ethnic community groups. Evidence from Burman et al. (2004) have reported similar findings from their study among BME women in the UK.

Hence, the identified service support need of establishing an organisation, suggests the remit of that organisation will be to coordinate training, public health education about domestic violence, equip the community and religious leaders to appropriately support women, and serve as an advocacy organisation. Therefore, it is the view of the researcher that this organisation would not be another specialist domestic violence and abuse service, replicating services already being provided by other well-established organisations. Rather, it would be a sign-posting, public health education, advocacy and training organisation. The remit of this organisation could also be extended to provide appropriate education for Nigerian women on gender balanced socialisation of Nigerian children and re-socialisation of adults.

Thus, a further contribution of this thesis is the advocacy and recommendation for an organisation in the UK that will act as an intermediary office between African women experiencing domestic violence and abuse and other statutory and specialist domestic violence and abuse services, by providing training, information, sign-posting and support to facilitate contact with appropriate services.

## 8.2 Recommendation for Policy and Practice

From this study, it was noted that Nigerian women experiencing domestic violence and abuse were reluctant to seek help from statutory and other specialist domestic violence and abuse services, based on a combination of reasons. Issues of trust and confidentiality, immigration status, and respect for personal autonomy were particularly important. Some previous studies have extensively discussed and linked these issues to racism within statutory and mainstream services (Anitha 2008;Anitha 2010;Anitha 2011;Burman and Chantler 2005;Burman et al. 2002;Burman et al. 2004;Mama 1989b;Mama 1989a;Hanmer 1996). Thus, this thesis adds to the growing body of evidence advocating for culturally-competent staff within statutory and mainstream services, and gender sensitive immigration policies that does not discriminate against women as a result of their citizenship status in the UK.

In context, an example of a gender sensitive immigration policy that could help women affected by domestic violence and abuse relates to improving access to work and study opportunities without the added pressure of employers checking their legal rights to work or study as currently stipulated by UK government (Home Office 2015b). Enabling women affected by domestic violence and abuse, who also have insecure immigration status to work and study legally without depending on the visa of their abusive male partners, will facilitate financial independence for the women. This will ensure they are not kept in the abusive relationship as a result of limited financial resources. It will also promote their personal skills and reduce gender inequalities. Therefore, it is recommended that immigration policy relating to right to work and study be reviewed to grant work and study privileges to women

with insecure immigration status who are affected by domestic violence and abuse.

Furthermore, evidence from this research suggest Nigerian women are prone to seek help from persons perceived to be in positions of authority within their ethnic minority groups, who may not be aware of appropriate domestic violence services for women. Therefore, it is a policy recommendation that Public Health England work collaboratively with ethnic minority faith-based organisations and community groups, to coordinate training, public health education about domestic violence and abuse, and equip the community and religious leaders with necessary skills to appropriately support women, thereby facilitating access to and utilisation of appropriate statutory services and domestic violence and abuse specialist services.

Finally, as familism values were at the core of Nigerian women's socialisation, which also influenced their UK acculturation, it is important that domestic violence services take this into account. Thus, it is recommended that service commissioners and providers ensure domestic violence services incorporate appropriate familism values, in order to enhance service utilisation.

### **8.3 Recommendation for Future Research**

This study has espoused socialisation from country of origin, immigration status and acculturation in country of immigration as three factors influencing disclosure and help-seeking for domestic violence and abuse. Specifically, values of familism are perceived to be at the core of Nigerian socialisation, which is evident in the

disclosure and help-seeking practices of women. Thus, the following are recommendations for future research:

- i. There is need for future research on how the key strengths of ethnic minority community groups and faith-based organisations can be utilised for domestic violence and abuse public health education, research and intervention.
- ii. Future studies could explore in-depth the role of familism on disclosure and help-seeking, and its impact on the willingness of immigrants to utilise domestic violence services. Such studies could incorporate the acceptability of domestic violence services by women from ethnic minority populations in England.
- iii. Future studies could explore the perspectives of male abusive partners from ethnic minority groups on the impact of UK acculturation on their perpetuation of domestic violence and abuse against women.
- iv. There is need for future research to explore the tension between immigration and citizenship status where both the abusive male partner and the female victim are subject to immigration control.

#### **8.4 Strengths and Limitations**

The strength of this study is that, it was successful in achieving its stated aim and objectives. Evidence from this study highlighted the perspectives of Nigerian women in England experiencing domestic violence and abuse. As a study using predominantly Nigerian (Black African) women, it adds to existing research on the

disclosure and help-seeking practices for domestic violence and abuse by women from ethnic minority populations in the UK.

However, a number of limitations need to be considered. The findings in this thesis are subject to at least three limitations. First limitation lies in the fact that, a significant number of study participants for Study Two were recruited from Nigerian religious and ethnic community groups. This has implication for the generalisability of the findings in that, it excludes the views of women who do not practice any religion or participate in Nigerian community group functions.

Moreover, as six of the nine participants in Study Three were religious leaders, the views of religious leaders were more prominent than community leaders.

Secondly, study participants were mainly first generation economic immigrants who came to Britain as dependents of work permit holders, MSc and PhD students, or holders of visitor's visas. Hence, this study sample is not representative of the Nigeria population in England (James et al. 2014), as it does not include Nigerians who are asylum seekers or refugees. As the views presented in this thesis are from the perspectives of people who possess to a large extent some level of socio-economic status, caution must be applied, as the findings might not to be transferable to all Nigerian women with insecure immigration status, especially if they are refugees or asylum seekers.

Furthermore, due to the researcher's perception of cultural inappropriateness of asking Nigerian adults about their age (see section 4.5), data on the age of study participants were not collected. Information on the age of study participants might have facilitated a more critical discussion on how their Nigerian socialisation impacted on their UK acculturation. It might have engendered further discussions on

whether older women were more likely than younger women to seek help from Nigerian ethnic minority group leaders, and whether there is a difference in the commitment of Nigerian women towards saving the intimate relationship by enduring the violence and abuse by reason of age.

In addition, the scope of this current study was limited to female study participants who were abused by intimate male partners, hence, did not consider the views and perspectives of women in same-sex relationships, or women who experience DVA perpetrated by non-intimate partners.

Notwithstanding these limitations, findings from this study reviewed existing qualitative research on disclosure and help-seeking for domestic violence and abuse by women from ethnic minority populations in the UK, and offered some insight into the disclosure and help-seeking practices of Nigerian women resident in England regarding their experience of domestic violence and abuse. It also presented suggestions on how service utilisation may be enhanced for women from ethnic minority populations in the UK experiencing domestic violence and abuse.

### **8.5 Personal Reflection**

The completion of this PhD research is a big achievement for me. It provided an avenue to explore my personal belief and value system, and to use it as a platform for critically analysing my involvement in this research process. Having drawn some of my intellectual strength and inspiration from the work of Oyèrónké Oyèwùmí, Molará Ogundipe-Leslie, Barbara Omolade, Amina Mama and Patricia Hill Collins, I add my voice to their struggle to ensure that Black women's views

and knowledge are recognised within mainstream academic discourse. This thesis is my attempt at providing an alternative explanation on factors influencing the disclosure and help-seeking practices of Nigerian (ethnic minority population) women, and also to privilege the agency of Nigerian (ethnic minority population) women with lived experience of domestic violence and abuse. I am aware that over the last 15 to 20 years, the work of Lori Heise, Liz Kelly, Marianne Hester and colleagues have helped to put the agency of women at the centre of gender-based violence discourses, and I believe my thesis adds to this body of evidence.

At the commencement of this study in 2011, I had a misconstrued view of Nigerian women experiencing domestic violence and abuse as helpless and without choices. I thought women stayed in abusive relationships as a result of learned helplessness (Walker and Lenore 2009). As with scholars and researchers before me, I held tenaciously to the view that patriarchy was to blame for the supposed inaction of women with respect to ending abusive relationships. However, this PhD journey has enlightened me about the agency and resilience of Nigerian women resident in England.

As a result of conducting this research, I have a better understanding of why a woman cannot just leave an abusive relationship. I observed that study participants communicated commitment to values of familism and desired help to end the abuse, rather than the relationship. Based on my interactions with the study participants, it was clear they exercised their agency by remaining within their familiar community, rather than fleeing into a refuge.

My privileged position as a Nigerian woman, interviewing older Nigerian women on sensitive issues aligned with existing evidence that suggests interviewing women about their lived experience is more personal than have been suggested in most methodology textbooks (Oakley 1981). Not only did this position facilitate rapport between me and my study participants, it also reduced the social distance (being a PhD student suggests a level of social status) between us. This is because my study participant perceived that we ‘both share the same gender socialisations and critical life-experiences [e.g. Nigerian socialisation], and that we share membership of the same minority group’ (Oakley 1981, pg 55). I perceive it was particularly important to my study participants that I show respect for their age and seniority (Bakare-Yusuf 2003; Oyěwùmí 1997).

More importantly, I perceive that my position as a Nigerian female researcher positively influenced my study participants’ engagement with the research process, in that they were open and forthright in their responses. Evidence from the interview with Nigerian women confirms that Black women are able to articulate issues around their femininity, motherhood, socialisation processes, and thus possess experiential knowledge that can be concretised as research evidence (Hill Collins 2002).

There was a strong sense of strength and resilience in how study participants disclosed their experiences. Many of them want to continue their religious activities, take their children to school, and attend their social functions, rather than be defined by the abuse and its negative consequences. Although some were divorced, and others were abandoned, these women withstood the shame of the abuse and shunned the negative attitudes towards them.

I find it very intriguing that some study participants went back to school to improve their chances of financial independence and career advancement, actions they would not have embarked on if the abuse had not occurred. More importantly, I observed the determination of women to ensure their children grow up to know that domestic violence and abuse is wrong, while instilling in them the values of familism and respect for the family unit.

While it has been a very long journey towards recovery for some of the study participants, some are still living with the negative consequences of the abuse. Yet, it was my perception that all study participants separated the past abusive experiences from their present lives, although they are not in denial about its occurrence. While some study participants changed their faith groups, and others moved to a new city, in their own way, all study participants were proactive about ensuring the abusive experience did not define their present and future lives.

Although living within Britain's individualist culture, these women sought avenues to re-create their collectivist culture, in order to provide social and welfare support for themselves. This they did by relying on their community groups and faith-based organisations, in the absence of UK government support, as a result of the limitations of their insecure immigration status (no recourse to public funds clause).

As a first generation economic immigrant myself, resident in present day multi-cultural Britain with the on-going political, economic and social issues, it is now my personal view that Britain could achieve more for her ethnic minority population if she consistently strengthen and utilise the strengths of her ethnic minority community groups and faith-based organisations.

## **8.6 Final Conclusions**

This study was designed to identify the factors influencing disclosure and help-seeking practices of Nigerian (ethnic minority population) women resident in England with lived experience of domestic violence and abuse. The overarching aim for the research was achieved using three studies underpinned by interpretivist epistemological and ontological perspectives, as well as cross-sectional qualitative methodological approaches. Three factors: socialisation from country of origin, immigration status, and acculturation in the country of immigration were identified as key factors.

This thesis recommend that immigration policy relating to right to work and study be reviewed to grant working and study privileges to women with insecure immigration status affected by domestic violence and abuse. It also recommends that Public Health England work collaboratively with ethnic community groups and faith-based organisations. It was suggested that collaborative work between Public Health England and CGs and FBOs may enhance access and facilitate DVA service utilisation for women, and may also enhance the capacity of leaders of CGs and FBOs on appropriate gender re-socialisation. In addition, interventions designed to enhance disclosure and help-seeking, as well as service utilisation to protect the health and well-being of women needs to be oriented towards integrating family values. Finally, there is need for future research on how the key strengths of ethnic minority community groups and faith-based organisations can be utilised for domestic violence and abuse public health education, research and intervention.

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# Appendices

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# Appendix One: Extraction Sheet for Qualitative Systematic Review

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## Extraction Sheet for Qualitative Systematic Review

**To be extracted**: information relating to barriers/facilitators to disclosure/help-seeking for domestic violence by BME women.

### **Part A: Demographic information**

#### **Section 1: General information**

**Name of Reviewer:**

**Study ID (first author & year):** Anitha 2008

**Ethnic origin of participants:**

#### **Section 2: study population characteristics**

**Target population:**

**Inclusion criteria:**

**Exclusion criteria:**

**Age of participants:** (range = mean =)

**No of women still in abusive relationship:**

**Ratio of women in abusive relationship to those who have left:**

**Period of Residence in the UK:**

**Type of abuse:**

**Any other demographic information: e.g.**

- Main perpetrator of abuse
- Educational level of respondent

- Current employment
- Immigration status of respondent

### Section 3: Methodology

**Key aim:**

**Study design:**

**Theoretical perspective:**

**Recruitment method:**

**Where interview was conducted:**

**Medium used for advertisement**

**Number of participants recruited:**

**Number of participants interviewed:**

**Number who refuse to participate:**

**Ethical approval granted by:**

**Safety measures for research participants explained:**

**Safety measures for researchers explained:**

**Details of safety measures for research participants explained:**

**Details of safety measures for researchers explained:**

**Intended sample size:**

**Data Analysis technique used:**

**Theoretical model of data analysis used:**

**Part B: Quality Appraisal**

**Note: (please put X beside the relevant response)**

<b>Section 1: theoretical approach</b>			
<b>Is a qualitative approach appropriate?</b> <i>For example:</i> <ul style="list-style-type: none"><li>• Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings?</li><li>• Could a quantitative approach better have addressed the research question</li></ul>	<input type="checkbox"/>	Appropriate	Comments:
	<input type="checkbox"/>	Inappropriate	
	<input type="checkbox"/>	Not sure	
<b>1.1 Is the study clear in what it seeks to do?</b> <i>For example:</i> <ul style="list-style-type: none"><li>• Is the purpose of the study discussed – aims/objectives/research question(s)?</li><li>• Is there adequate/appropriate reference to the literature?</li><li>• Are underpinning values/assumptions/theory discussed?</li></ul>	<input type="checkbox"/>	Clear	Comments:
	<input type="checkbox"/>	Unclear	
	<input type="checkbox"/>	Mixed	

<b>Section 2: study design</b>			
<p><b>2.1 How defensible/rigorous is the research design/methodology?</b></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> <li>• Is the design appropriate to the research question?</li> <li>• Is a rationale given for using a qualitative approach?</li> <li>• Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used?</li> <li>• Is the selection of cases/sampling strategy theoretically justified?</li> </ul>		Defensible	Comments:
		Not defensible	
		Not sure	

<b>Section 3: data collection</b>			
<p><b>3.1 How well was the data collection carried out?</b></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> <li>• Are the data collection methods clearly described?</li> <li>• Were the appropriate data collected to address the research question?</li> <li>• Was the data collection and record keeping systematic?</li> </ul>		Appropriate	Comments:
		Inappropriate	
		Not sure/ inadequately reported	

<b>Section 4: validity</b>		
<p><b>4.1 Is the role of the researcher clearly described?</b></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> <li>• Has the relationship between the researcher and the participants been adequately considered?</li> <li>• Does the paper describe how the research was explained and presented to the participants?</li> </ul>	Clear	Comments:
	Unclear	
	Not described	
<p><b>4.2 Is the context clearly described?</b></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> <li>• Are the characteristics of the participants and settings clearly defined?</li> <li>• Were observations made in a sufficient variety of circumstances?</li> <li>• Was context bias considered?</li> </ul>	Clear	Comments:
	Unclear	
	Not sure	
<p><b>4.3 Were the methods reliable?</b></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> <li>• Were data collected by more than one method?</li> <li>• Is there justification for triangulation, or for not triangulating?</li> <li>• Do the methods investigate what they claim to?</li> </ul>	Reliable	Comments:
	Unreliable	
	Not sure	

<b>Section 5: analysis</b>		
<p><b>5.1 Is the data analysis sufficiently rigorous?</b> <i>For example:</i></p> <ul style="list-style-type: none"> <li>• Is the procedure explicit – is it clear how the data were analysed to arrive at the results?</li> <li>• How systematic is the analysis – is the procedure reliable/dependable?</li> <li>• Is it clear how the themes and concepts were derived from the data?</li> </ul>	Rigorous	Comments:
	Not rigorous	
	Not sure/not reported	
<p><b>5.2 Are the data ‘rich’?</b> <i>For example:</i></p> <ul style="list-style-type: none"> <li>• How well are the contexts of the data described?</li> <li>• Has the diversity of perspective and content been explored?</li> <li>• How well have the detail and depth been demonstrated?</li> <li>• Are responses compared and contrasted across groups/sites?</li> </ul>	Rich	Comments:
	Poor	
	Not sure/not reported	
<p><b>5.3 Is the analysis reliable?</b> <i>For example:</i></p> <ul style="list-style-type: none"> <li>• Did more than one researcher theme and code transcripts/data?</li> <li>• If so, how were differences resolved?</li> <li>• Did participants feed back on the transcripts/data? (if possible and relevant)</li> <li>• Were negative/discrepant results addressed or ignored?</li> </ul>	Reliable	Comments:
	Unreliable	
	Not sure/not reported	
<p><b>5.4 Are the findings convincing?</b> <i>For example:</i></p> <ul style="list-style-type: none"> <li>• Are the findings clearly presented?</li> <li>• Are the findings internally coherent?</li> <li>• Are extracts from the original data included?</li> </ul>	Convincing	Comments:
	Not convincing	

<ul style="list-style-type: none"> <li>• Are the data appropriately referenced?</li> <li>• Is the reporting clear and coherent?</li> </ul>	Not sure	
<b>5.5 Are the findings relevant to the aims of the study?</b>	Relevant	Comments:
	Irrelevant	
	Partially relevant	
<b>5.6 Are the conclusions adequate?</b> <i>For example:</i> <ul style="list-style-type: none"> <li>• How clear are the links between data, interpretation and conclusions?</li> <li>• Are the conclusions plausible and coherent?</li> <li>• Have alternative explanations been explored and discounted?</li> <li>• Does this study enhance understanding of the research subject?</li> <li>• Are the implications of the research clearly defined?</li> <li>• Is there adequate discussion of any limitations encountered?</li> </ul>	Adequate	Comments:
	Inadequate	
	Not sure	

<b>Section 6: ethics</b>		
<b>6.1 How clear and coherent is the reporting of ethical considerations?</b> <i>For example,</i> <ul style="list-style-type: none"> <li>• Have ethical issues been taken into consideration?</li> <li>• Are ethical issues discussed adequately – do they address consent and anonymity?</li> <li>• Have the consequences of the research been considered; for example, raising expectations, changing behaviour?</li> <li>• Was the study approved by an ethics committee?</li> </ul>	Clear	Comments:
	Not clear	
	Not sure/not reported	

# Appendix Two: Ethical Approval for Study Two

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**Secretary to Research Ethics Committee 5**

**Faculty Office - Devonshire House**

Tel: 0161 275 0288

*Email: [jared.ruff@manchester.ac.uk](mailto:jared.ruff@manchester.ac.uk)*

Miss Omolade Allen-Alebiosu

School of Nursing, Midwifery and Social Work

8<sup>th</sup> May 2012

Dear Omolade

**Research Ethics Committee 5 (Flagged Humanities) - Project Ref 11468**

I am writing to thank you for coming to meet with the University Ethics Committee 5 (flagged Humanities) on 16<sup>th</sup> April 2012 and for submitting the minor amendments that were requested at that meeting. I can now confirm that your project has now been formally approved by the University Ethics Committee 5 (flagged Humanities).

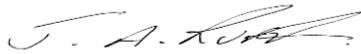
This approval is effective for a period of five years and if the project continues beyond that period it must be submitted for review. It is the Committee's practice to warn investigators that they should not depart from the agreed protocol without seeking the approval of the Committee, as any significant deviation could invalidate

the insurance arrangements and constitute research misconduct. We also ask that any information sheet should carry a University logo or other indication of where it came from, and that, in accordance with University policy, any data carrying personal identifiers must be encrypted when not held on a university computer or kept as a hard copy in a location which is accessible only to those involved with the research.

Finally, I would be grateful if you could complete and return the attached form at the end of the project.

I hope the research goes well.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J. A. Ruff', with a stylized flourish at the end.

Jared Ruff

Senior Research Manager

Faculty of Humanities and Secretary to URC 5 (Flagged Humanities)

0161 275 0288

[Jared.ruff@manchester.ac.uk](mailto:Jared.ruff@manchester.ac.uk)

UNIVERSITY OF MANCHESTER

COMMITTEE ON THE ETHICS OF RESEARCH ON HUMAN BEINGS

**Progress or Completion Report Form on an Approved Project**

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The Committee's procedures require those responsible for projects which have been approved by the Committee to report on any of the following:

- \* Any incident, accident or untoward event associated with the project (*Please note that if the incident constitutes an accident or dangerous occurrence, the usual Health and Safety reporting mechanism must still be used*)
- \* Any variation in the methods or procedures in the approved protocol
- \* A termination or abandonment of the project (with reasons)
- \* A report on completion of the project or a progress report 12 months after approval has been given.

The report should be sent to the Secretary to the Committee, Dr T P C Stibbs, Room 2.004 John Owens Building, University of Manchester, Oxford Road, Manchester M13 9PL (*tel:* 0161-275-2046/2206).

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**Project:**

# Appendix Three: Disclosure Policy

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## Disclosure policy

**5.5 Will individual or group interviews/questionnaires discuss any topics or issues that might be sensitive, embarrassing or upsetting, or is it possible that criminal or other disclosures requiring action could take place during the study (e.g. during interviews/group discussions, or use of screening tests for drugs)?**

Yes. During the interviews, participants will be asked to discuss how they have lived with domestic violence, and where necessary, may be prompted to give examples of the type of domestic violence they have experienced or are experiencing. In the event that a woman currently in an abusive relationship discloses instance(s) where children have experienced abuse or have been present while the perpetrator abuses her, or/and that children are at increased risk of witnessing the abuse, this disclosure is considered a child protection issue, which may be considered a criminal activity. Thus, the researcher will inform the participant(s) of the need to inform social services, in order for them to receive appropriate support and protect their children from abuse.

Similarly, while domestic violence in and of itself is not a criminal offence, the researcher is aware that behaviours and actions such as assault, threatening to kill, wounding, strangling or choking, harassment, criminal damage to property, putting the victim in fear of violence, rape and sexual assault are criminal activities. Within the scope of this research, participants will not normally be expected to disclose this behaviours and actions, however, if any of the actions listed are disclosed, the researcher will support the participants concerned to inform the Police in order to receive appropriate support.

This is a very sensitive issue, which might be embarrassing or upsetting. In the event that participants become distressed during the interview, the interview will be paused, the researcher will use skills of empathy to manage distress and appropriate arrangement will be made to offer support. Consent will be re-negotiated and participants will be asked whether they want to continue. The researcher will also have at hand names and contact details of domestic violence services in Manchester, to give women if necessary.

# Appendix Four: Participant Information Sheet for Study Two

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The University  
of Manchester

MANCHESTER  
1824

Participant's Information sheet: 29/4/12 Version 2

## Participant Information Sheet

### PhD Research study on Why Nigerian women talk or don't talk about their experiences of domestic violence

I would like to invite you to take part in a research study on why Nigerian women talk or don't talk about their experience of domestic violence and how it affects them. This is a PhD research project and I am interested in your views.

I would like you to understand why the research is being done and how you will be involved.

If you are interested in participating, please feel free to contact me to discuss it further (details on last page).

#### **What is the purpose of the study?**

We don't know much about whether Nigerian women experiencing domestic violence talk or they don't talk, whether they seek help, or how it affects them. I would like to interview you to get your perspective.

#### **Why have I been invited to take part?**

You have been invited because you are a Nigerian and may be in a position to offer an insight into the experience of living with domestic violence from a current or ex-partner.

**Do I have to take part?**

No, it is up to you to decide whether or not to join the study.

**What is required of me if I do take part?**

Subject to your consent I hope to conduct one interview with you. I anticipate these will be between 45 -90 minutes. The interview will be done in a private space at a public/community library, the university or other place of your choosing which is safe and which offers privacy. I will like to audio record the interview so I can transcribe later. Any travel costs up to £7 will be reimbursed.

**What are the possible advantages and disadvantages to taking part?**

Hopefully your participation will help improve support and services for Nigerian women experiencing domestic violence in the future. I have experience discussing sensitive issues with people. The interview will cover your experience of domestic violence, whether or not you have approached anyone for help; your reasons for talking or not talking and the impact that domestic violence has had on you. If you feel upset, the interview will be paused and you can take a break or you can withdraw from the study. Also, if you think participating in the study will put you at more risk, it is okay for you to tell me you no longer want to participate in the study. You can withdraw at any point in the study providing your data has not already been anonymised and analysed.

**Will my taking part in this study be kept confidential?**

Yes, all information gathered in this study will be kept confidential unless there is a possibility of harm occurring to yourself or others. In the possibility of harm, appropriate authorities will be informed and support will be arranged and offered to you. Because I prefer to audio record the interview, it will be ensured that interview transcripts have identifiable information removed and are carefully stored.

**Who is organising and sponsoring this research?**

This is being organised by me and is supervised by staff at The University of Manchester. Karina Lovell and Sarah Kendal are the supervisors.

**Who has reviewed the study?**

This study has been reviewed and approved by the University of Manchester Ethics committee.

**What will happen to the results of the research study?**

Full research results will not be ready until two years after your interviews have taken place. I will ask you after the interview if you want a short report. The report will be written in English and I will be glad to translate it for you in Pidgin or Yoruba. If it is safe, I will contact you when it is ready and send you a copy if you wish to read it. Anonymised quotations may be used in publication.

**What if there is a problem?**

If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to answer your questions. If I am unable to resolve your concern, you can contact my supervisors ([Karina.Lovell@manchester.ac.uk](mailto:Karina.Lovell@manchester.ac.uk) or 01613067862 and [Sarah.Kendal@manchester.ac.uk](mailto:Sarah.Kendal@manchester.ac.uk) or 01613067670). If you wish to make a complaint regarding the study, please contact the University Research Practice and Governance Coordinator on 0161 2757583 or 0161 2758093 or by email to [research-governance@manchester.ac.uk](mailto:research-governance@manchester.ac.uk).

**What do I do next?**

Please let me know if you would like to take part in the study by contacting me.

## **Further Questions?**

If you are interested in taking part but have further questions.  
Please contact me.

Omolade Femi-Ajao  
PhD Student  
The School of Nursing, Midwifery and Social Work  
University of Manchester  
Manchester  
M13 9LP  
Email: [Omolade.Femi-Ajao@manchester.ac.uk](mailto:Omolade.Femi-Ajao@manchester.ac.uk)

# Appendix Five: Flyer

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The University  
of Manchester

MANCHESTER  
1824

Flyer: 29/4/12 Version 2

Please consider taking part in a PhD Project about your experience of Domestic Violence

**Contact:**

**Lade**, the PhD student, who is doing the interviewing:  
Omolade.Allen-Alebiosu@manchester.ac.uk

Phone Number: 07831076966

I am from the University of Manchester and I am carrying out a PhD **research project**. Would you like to take part?

- The project is looking at whether Nigerian women in England talk or don't talk about their experience of Domestic Violence, who they talk to and how this affects them.
- I want to **talk to women** who have or are experiencing domestic

# Appendix Six: Participant's Consent Form for Study Two

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MANCHESTER  
1824

Participant's consent form: 29/4/12 Version 2

The University  
of Manchester

## **Research study on Why Nigerian women talk or don't talk about their experience of domestic violence**

1. I confirm that I have read and understand the information sheet dated 29/4/12 (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. I agree to take part in the above study and to inform the researcher if I am no longer safe because of my participation in the study.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my healthcare care or legal rights being affected.

3. I give permission for interviews to be audio-recorded and transcribed.

4. I give permission for anonymised quotes to be used in any publications.

5. I understand that all information gathered in this study will be kept confidential unless there is a possibility of harm occurring to me or

others. In the event of the possibility of harm, I give permission for appropriate authorities to be informed and for support to be arranged and offered to me.

_____	_____	_____
Name of participant	Date	Signature

_____	_____	_____
Name of person taking consent	Date	Signature

# Appendix Seven: School of Nursing, Midwifery and Social Work Safety Protocol

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**Appendix 1: Lone Worker Risk Assessment Form**

Date: (1)	Assessed by: (2)	Checked / Validated* by: (3)	Location: (4)  School of Nursing, Midwifery and Social Work, University of Manchester	Assessment ref no (5)  NMSW/RA/	Review date: (6)	Date Modified (6)
Task / premises: (7)  Research Project:						
Activity (8)	Hazard (9)	Who might be harmed and how (10)	Existing measures to control risk (11)	Risk rating (12)	Result (13)	

Activity (8)	Hazard (9)	Who might be harmed and how (10)	Existing measures to control risk (11)	Risk rating (12)	Result (13)
Business Travel	Journeys in Car	<p>Research Staff</p> <p>Journey travel at peak time risk of high volume of traffic on the road</p> <p>/journey travel out of normal working hours</p> <p>risk of breakdown/injury/accident due to adverse weather/other traffic/low light conditions</p>	<p>Researchers' handbook covers insurance information</p> <p>Start and finish time, destination and route logged in shared calendar or similar. PI/appointed staff member is made aware of arrangements.</p> <p><b>Ensure business use is covered if using personal transport while lone working.</b></p>	Low	A

Activity (8)	Hazard (9)	Who might be harmed and how (10)	Existing measures to control risk (11)	Risk rating (12)	Result (13)
Interviewing/Data Collection	Psychological Distress	Research Staff  Risk of distress caused by patient/relative/  other due to information given at the time of recruitment	Ensure appropriately qualified with adequate experience. Adequate training e.g. Good Clinical Practice. Regular debriefs with PI. Counselling offered as needed.	Medium	A
Interviewing/Data Collection	Patient/Relative's Anger or Distress	Research staff  Risk from physical/verbal abuse from patient/relative/  other	Personal information is not given out and the Patient Information Sheet directs Patients/Relatives to the PI and gives only the School Number. Appropriate measures are put in place to ensure any issues arising are dealt with via the appropriate channels.  <b>Mandatory use of Peoplesafe Lone working Unit.</b>	Medium	A

Activity (8)	Hazard (9)	Who might be harmed and how (10)	Existing measures to control risk (11)	Risk rating (12)	Result (13)
Visit to residential property	Personal Safety	<p>Research staff</p> <p>Physical/verbal abuse from patient/relative/ other</p>	<p>Detailed information on lone working on SNMSW Research Intranet.</p> <p>Lone Worker Unit assigned from Research Directorate (contact <a href="mailto:Stacey.Body@manchester.ac.uk">Stacey.Body@manchester.ac.uk</a>)&gt;</p> <p>Neighbourhood being visited has been assessed to determine the likelihood of personal attack.</p> <p>A list of high risk areas held by project admin/project manager for locations where lone working visits will not be made in the hours of darkness.</p> <p>Research staff should be aware of any social or cultural tensions in the area.</p> <p>Visits are by appointment and for a fixed date and time. Before the visit a check is made to determine the correct name and address is provided.</p> <p>Visit log is made with Project Admin/Project Manager/PI via password protected database/ shared calendar or similar so that whereabouts of Research Staff is known at all times.</p>	Medium	A

Activity (8)	Hazard (9)	Who might be harmed and how (10)	Existing measures to control risk (11)	Risk rating (12)	Result (13)
Please identify additional risks relevant to your project below:	<i>e.g injury due to moving and handling participants</i>	<i>Researcher</i>	<i>Attend Trust moving and handling training</i>	<i>Medium</i>	<i>A</i>

**Action plan (14)**

Ref No	Further action required	Action by whom	Action by when	Done
	Lone Worker risk assessment to be reviewed and modified as project develops in line with any changes			
	Lone worker to be given training/training information for use of Lone Worker Device (contact <a href="mailto:Stacey.body@manchester.ac.uk">Stacey.body@manchester.ac.uk</a> )			
	Shared database/calendar or similar set up and filled in regularly informing PI/appointed escalation contact/research admin member of any visits			
	Assessment of residential areas ensuring high risk areas are identified			

### Notes to accompany General Risk Assessment Form

This form is the one recommended by Health & Safety Services, and used on the University's risk assessment training courses. It is strongly suggested that you use it for all new assessments, and when existing assessments are being substantially revised. However, its use is not compulsory. Providing the assessor addresses the same issues; alternative layouts may be used.

- (1) **Date** : Insert date that assessment form is completed. The assessment must be valid on that day, and subsequent days, unless circumstances change and amendments are necessary.
- (2) **Assessed by** : Insert the name and signature of the assessor. For assessments other than very simple ones, the assessor should have attended the University course on risk assessments (link to STDU)
- (3) **Checked / Validated\* by** : delete one.

**Checked by** : Insert the name and signature of someone in a position to check that the assessment has been carried out by a competent person who can identify hazards and assess risk, and that the control measures are reasonable and in place. The checker will normally be a line manager, supervisor, principal investigator, etc. Checking will be appropriate for most risk assessments.

**Validated by** : Use this for higher risk scenarios, eg where complex calculations have to be validated by another "independent" person who is competent to do so, or where the control measure is a strict permit-to-work procedure requiring thorough preparation of a workplace. The validator should also have attended the University's risk assessment course or equivalent, and will probably be a chartered engineer or professional with expertise in the task being considered. Examples of where validation is required include designs for pressure vessels, load-bearing equipment, lifting equipment carrying personnel or items over populated areas, and similar situations.

- (4) **Location** : insert details of the exact location, ie building, floor, room or laboratory etc
- (5) **Assessment ref no** : use this to insert any local tracking references used by the school or administrative directorate. This should be NMSW/RA/Rxxxx/
- (6) **Review date** : insert details of when the assessment will be reviewed as a matter of routine. This might be in 1 year's time, at the end of a short programme of work, or longer period if risks are known to be stable. Note that any assessment must be reviewed if there are any significant changes – to the work activity, the vicinity, the people exposed to the risk, etc

**Date modified**: insert date of modification of risk assessment.

- (7) **Task / premises** : insert a brief summary of the task, eg typical office activities such as filing, DSE work, lifting and moving small objects, use of misc electrical equipment. Or, research project [title] involving the use of typical laboratory hardware, including fume cupboards, hot plates, ovens, analysis equipment, flammable solvents, etc.
- (8) **Activity** : use the column to describe each separate activity covered by the assessment. The number of rows is unlimited, although how many are used for one assessment will depend on how the task / premises is sub-divided. For laboratory work, activities in one particular lab or for one particular project might include; use of gas cylinders, use of fume cupboard, use of computer or other electrical equipment, use of lab ovens, hot plates or heaters, use of substances hazardous to health, etc
- (9) **Hazard** : for each activity, list the hazards. Remember to look at hazards that are not immediately obvious. For example, use of a lathe will require identification of the machine hazards, but also

identification of hazards associated with the use of cutting oils (dermatitis), poor lighting, slipping on oil leaks, etc. The same activity might well have several hazards associated with it. Assessment of simple chemical risks (eg use of cleaning chemicals in accordance with the instructions on the bottle) may be recorded here. More complex COSHH assessments eg for laboratory processes, should be recorded on the specific COSHH forms (link).

- (10) **Who might be harmed and how** : insert everyone who might be affected by the activity and specify groups particularly at risk. Remember those who are not immediately involved in the work, including cleaners, young persons on work experience, maintenance contractors, Estates personnel carrying out routine maintenance and other work. Remember also that the risks for different groups will vary. Eg someone who needs to repair a laser may need to expose the beam path more than users of the laser would do. Vulnerable groups could include children on organised visits, someone who is pregnant, or employees and students with known disabilities or health conditions (this is not a definitive list).

For each group, describe how harm might come about, eg an obstruction or wet patch on an exit route is a hazard that might cause a trip and fall; use of electrical equipment might give rise to a risk of electric shock; use of a ultraviolet light source could burn eyes or skin.

- (11) **Existing measures to control the risk** : list all measures that already mitigate the risk. Many of these will have been implemented for other reasons, but should nevertheless be recognised as means of controlling risk. For example, restricting access to laboratories or machine rooms for security reasons also controls the risk of unauthorised and unskilled access to dangerous equipment. A standard operating procedure or local rules (eg for work with ionising radiation, lasers or biological hazards) will often address risks. Some specific hazards may require detailed assessments in accordance with specific legislation (eg COSHH, DSEAR, manual handling, DSE work). Where this is the case, and a detailed assessment has already been done in another format, the master risk assessment can simply cross-reference to other documentation. For example, the activity might be use of a carcinogen, the hazard might be exposure to hazardous substances, the existing control measures might all be listed in a COSHH assessment. Controls might also include use of qualified and/or experienced staff who are competent to carry out certain tasks; an action plan might include training requirements for other people who will be carrying out those tasks.

- (12) **Risk Rating** : the simplest form of risk assessment is to rate the remaining risk as high, medium or low, depending on how likely the activity is to cause harm and how serious that harm might be.

The risk is **LOW** - if it is most unlikely that harm would arise under the controlled conditions listed, and even if exposure occurred, the injury would be relatively slight.

The risk is **MEDIUM** - if it is more likely that harm might actually occur and the outcome could be more serious (eg some time off work, or a minor physical injury).

The risk is **HIGH** - if injury is likely to arise (eg there have been previous incidents, the situation looks like an accident waiting to happen) and that injury might be serious (broken bones, trip to the hospital, loss of consciousness), or even a fatality.

Schools or administrative directorates may choose to use other rating systems. Typical amongst these are matrices (of 3x3, 4x4, 5x5 or even more complex) which require the assessor to select a numerical rating for both “likelihood that harm will arise” and “severity of that harm”. These may give a spurious sense of accuracy and reliability – none are based on quantitative methods. There are methods of estimating risk quantitatively, and these may be appropriate for complex design of load bearing structures and the like. Advice on methods of risk assessment is available from HSS. Whatever system of assessment is adopted, it is **essential** that the assessor has received suitable training and is familiar with the meaning of the terms (or numbers) used.

- (13) **Result** : this stage of assessment is often overlooked, but is probably the most important. Assigning a number or rating to a risk does not mean that the risk is necessarily adequately controlled. The options for this column are:

**T = trivial risk.** Use for very low risk activities to show that you have correctly identified a hazard, but that in the particular circumstances, the risk is insignificant.

**A = adequately controlled, no further action necessary.** If your control measures lead you to conclude that the risk is low, and that all legislative requirements have been met (and University policies complied with), then insert A in this column.

**N = not adequately controlled, actions required.** Sometimes, particularly when setting up new procedures or adapting existing processes, the risk assessment might identify that the risk is high or medium when it is capable of being reduced by methods that are reasonably practicable. In these cases, an action plan is required. The plan should list the actions necessary, who they are to be carried out by, a date for completing the actions, and a signature box for the assessor to sign off that the action(s) has been satisfactorily completed. Some action plans will be complex documents; others may be one or two actions that can be completed with a short timescale.

**U = unable to decide. Further information required.** Use this designation if the assessor is unable to complete any of the boxes, for any reason. Sometimes, additional information can be obtained readily (eg from equipment or chemicals suppliers, specialist University advisors) but sometimes detailed and prolonged enquiries might be required. Eg is someone is moving a research programme from a research establishment overseas where health and safety legislation is very different from that in the UK.

**For T and A results,** the assessment is complete.

**For N or U results,** more work is required before the assessment can be signed off.

- (14) **Action Plan.** Include details of any actions necessary in order to meet the requirements of the information in Section 11 'Existing measures to control the risk'. Identify someone who will be responsible for ensuring the action is taken and the date by which this should be completed. Put the date when the action has been completed in the final column.

**Appendix 2: Risk Protocol for ‘high’ risk studies**

**Name of study:**

**PI responsible for study:**

**Researcher undertaking Risk assessment:**

<b>Risk Assessment Questionnaire</b>	<b>Yes</b>	<b>No</b>
Is this study being undertaken with service users/study participants who pose a ‘higher risk’ than you would normally expect		
If yes, please give reasons:		
Has a risk assessment for this service user been completed by the responsible clinician within the last 7 days?		
If no- please contact the clinician – has a risk assessment been completed within the week prior to your visit?		
Does the risk posed by this service user/participant warrant the clinician/ or another to be present during the visit?		
If yes- has this been arranged this prior to your visit		
Does this risk posed by this service user/participant warrant a visit with a second person within the research team?		
If yes- has this been arranged prior to your visit		
Are the risks posed by this service user/ participant controlled by the Lone worker policy of the University or Trust?		
If yes- have the requirements for lone working been fulfilled prior to the visits being started?		
Are there greater than normal concerns about the environment in which participants are being visited?		
If Yes- how are these being addressed?		

**Please modify original Lone Worker Risk Assessment and send to PI for approval**

## Appendix 3

### School of Nursing, Midwifery & Social Work: Incident Form

To be completed by the researcher involved in the incident. Please complete **as soon as practicable** after the incident and discuss with the Principal Investigator prior to signature.

Name of Researcher:
Job Title:
Title of Research Project:
Principal Investigator:

***Details of Incident*** (include any action taken after the incident. Diagrams can be used if appropriate)

Please continue on separate sheet if necessary.

**Incident initially reported to:**

Please sign after noting your responsibility

**Researcher**

(to report to PI)

Signature:

Print name

Date:

**Principal Investigator**

(to report to Director of Research)

Signature:

Print name

Date:

**Director of Research**

(to report to Research Committee and agree/monitor action plan)

Signature:

Print name

Date:

**Copies of this form should be retained by:**

- Researcher
- Principal Investigator
- Director of Research
- School Safety Advisor
- Faculty Safety Co-ordinator

**The incident should be reported at the next meeting of the School Research Committee for discussion and action where necessary.**

# Appendix Eight: Interview Guide for Study Two

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MANCHESTER  
1824

Interview guide: 04/3/12 Version 1

The University  
of Manchester

Pattern of Disclosure and Help-Seeking by Nigerian women Resident in England with Lived Experience of Domestic Violence

## Interview Guide

These questions are guides only and will serve as general guideline for the interview.

### Introduction

The researcher will establish rapport, explain the purpose of the study, explain what will happen with the information. During this time, assurance of confidentiality and anonymity will be given. Participant will be informed of the duration of the interview, and ask for permission to record the interview. The researcher will provide the opportunity to ask questions, listen and respond to any concerns before asking to obtain informed consent.

### Context

1. Please tell me, how long you have been/were together with your current/ex- male partner.
2. Please can you tell me whether you first met here in England or in Nigeria?

*Possible Prompts*

- a. When did that happen?
- b. Did someone introduce/link you up with him?
- c. Can you remember if he paid bride wealth?

3. Please tell me long have you lived in England.

*Possible Prompts*

- a. Did you come to join him here?

Domestic violence

4. Can you remember when the abuse started?

*Possible Prompts*

- a. When did you begin to realise that it was abuse?
- b. Are you okay to tell me how frequent the abuse is/was?
- c. Can you please tell me the type of abuse it is/ was (whether financial, sexual, physical, emotional, or other types – ask participant to specify)
- d. Are you currently in that relationship?

Disclosure and help-seeking

5. Have you told anyone about your experience?

*Possible Prompts*

- a. Who did you tell?
- b. What advice where you given?
- c. What makes it difficult to tell others about your experiences of domestic violence?
- d. If you have told someone about it, what helped you to talk about it?
- e. Do you think being Nigerian influences whether or not you tell someone about domestic violence? Yes/NO. Please tell me more
- f. If participant have not disclosed: please tell me why you have not told anyone about your experience.
  - i. What makes it difficult for you to talk about your experience?

6. Have you tried to seek help?

### *Possible Prompts*

- a. What influenced your decision to seek help/not seek help?
- b. Which Agencies (if any) have you approached?
- c. What kind of response did you get?
- d. How might Agencies be more responsive to the needs of Nigerian women?
- e. How might the Nigerian community in England be more supportive to victims of domestic violence?
- f. If you have accessed support, please tell me what has been helpful about seeking support?
- g. Do you think being Nigerian influences whether or not you approach someone for help. Please tell me more

### Leaving/Staying

#### *Possible Prompts*

7. If you have left the relationship, what made you decide to do that?
8. Have you been harassed since leaving?
9. What makes it difficult to leave the relationship?

### Impact

#### *Possible Prompts*

10. Please tell me how this (experience of domestic violence) is affecting you (or has affected you) as a person?
11. Does (did) domestic violence impact on your relationship with other members of the family (e.g. children, in-laws?). If so, please tell me more
12. Does (did) domestic violence impact on your friendships? If so, please tell me more?
13. If you have left the relationship, how did this impact on you? Does it still impact on you? If so, in what ways?
14. If you are still in the relationship, what do you do to cope with the violence?

### Ending

The researcher will thank the participant and ask whether they will like a short copy of the report when it is ready and if it is safe to send it by post or email.

# Appendix Nine: Ethical Approval for Study Three

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The University  
of Manchester

MANCHESTER  
1824

Faculty of Medical and Human  
Sciences  
The University of Manchester  
Oxford Road  
Manchester M13 9PT  
  
+44(0)161 306 0100  
www.manchester.ac.uk

**Secretary to Research Ethics Committee**

1

*Email: [Katy.boyle@manchester.ac.uk](mailto:Katy.boyle@manchester.ac.uk)  
Phone : 0161 275 1360*

Mrs Omolade Femi-Ajao  
PhD Student  
School of Nursing, Midwifery and Social Work  
University of Manchester

[Omolade.Femi-Ajoa@manchester.ac.uk](mailto:Omolade.Femi-Ajoa@manchester.ac.uk)

*ref: ethics/13242*

2 December 2013

Dear Mrs Femi-Ajao

**Research Ethics Committee 1**

**STUDY 2: patterns of disclosure and help-seeking by Nigerian women resident in England with lived experience of domestic violence- the roles and perspectives of Nigerian community and religious leaders (ref 13242)**

I write to confirm that the amendments to the participant information sheet satisfy the concerns of the Committee and that the above project therefore has ethical approval.

The general conditions remain as stated in the letter of 27<sup>th</sup> November 2013.

Finally, I would be grateful if you could complete and return the attached form at the end of the project or by December 2014, whichever is earlier. When completing this form, please reference your project as:

*STUDY 2: patterns of disclosure and help-seeking by Nigerian women resident in England with lived experience of domestic violence- the roles and perspectives of Nigerian community and religious leaders (ref 13242)*

Yours sincerely,  
**Katy Boyle**

A handwritten signature in black ink that reads "KBoyle". The signature is written in a cursive style with a small dot at the end.

*Secretary to University Research Ethics Committee*

# Appendix Ten: Participant Information Sheet for Study Three

---

The University  
of Manchester

MANCHESTER  
1824

## **PhD Research study on The Roles and Perspectives of Nigerian Community and Religious leaders in supporting Nigerian Women experiencing domestic violence in England**

I would like to invite you to take part in a research study on the type of support Nigerian women experiencing domestic violence receive from their community or religious leader. This is a PhD research project and I am interested in your views.

I would like you to understand why the research is being done and how you will be involved.

If you are interested in participating, please feel free to contact me to discuss it further (details on last page).

**What is the purpose of the study?**

We do not know much about the type of support Nigerian women experiencing domestic violence receive from either their religious or community leader, and whether the leaders know about statutory domestic violence services for women. I would like to interview you to get your perspective.

**Why have I been invited to take part?**

You have been invited because you are a Nigerian community and/or religious leader and may be in a position to offer an insight into the role and perspective of supporting Nigerian women living with domestic violence from a current or ex-partner.

**Do I have to take part?**

No, it is up to you to decide whether or not to join the study.

**What is required of me if I do take part?**

Subject to your consent I hope to conduct one interview with you of between 45 -90 minutes. The interview will be done in a place of your choosing which is safe and which offers privacy. If you agree, I will audio record the interview so I can transcribe later.

The interview will cover your support role and perspective about Nigerian women experiencing domestic violence seeking professional help and whether or not you are aware of professional and statutory domestic violence services.

**What are the possible advantages and disadvantages to taking part?**

We hope that your participation may help to improve support and services in the future for Nigerian women experiencing domestic violence. If you feel upset, the interview will be paused and you can take a break or you can withdraw from the study. Also, if you think participating in the study will put you at risk and in breach of confidentiality to the women you support, it is okay for you to tell me you no longer want to participate in the study. You can withdraw at any point in the study provided your data has not already been anonymised and analysed.

**Will my taking part in this study be kept confidential?**

Yes, all information gathered in this study will be kept confidential unless there is a possibility of harm occurring to yourself or others. In the possibility of harm, appropriate authorities will be informed and support will be arranged and offered to you. Because I prefer to audio record the interview, I will make sure that interview transcripts have identifiable information removed and are carefully stored either in locked filing cabinets in a locked office or on encrypted computers. Audio recordings will also be stored securely using a password.

**Will my data be used in Future Studies?**

Yes, your anonymised data may be used in future studies on domestic violence among Black African Communities in England, subject to your consent. It is up to you whether or not you want your anonymised data used.

**Who is organising and sponsoring this research?**

This is being organised by me (Omolade Femi-Ajao) and is supervised by Professor Karina Lovell and Dr Sarah Kendal, from the School of Nursing Midwifery and Social Work in the The University of Manchester.

**Who has reviewed the study?**

This study has been reviewed and approved by the University of Manchester Ethics committee.

**What will happen to the results of the research study?**

Full research results will not be ready until two years after your interviews have taken place. I will ask you after the interview if you want a short report. The report will be written in English and I will be glad to translate it for you in Pidgin or Yoruba. If you agree, I will contact you when it is ready and send you a copy if you wish to read it. Anonymised quotations may be used in publication.

### **What if there is a problem?**

If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to answer your questions. If I am unable to resolve your concern, you can contact my supervisors ([Karina.Lovell@manchester.ac.uk](mailto:Karina.Lovell@manchester.ac.uk) or 01613067862 and [Sarah.Kendal@manchester.ac.uk](mailto:Sarah.Kendal@manchester.ac.uk) or 0161 306 7670). If you wish to make a complaint regarding the study, please contact the University Research Practice and Governance Coordinator on 0161 2757583 or 0161 2758093 or by email to:

[research-governance@manchester.ac.uk](mailto:research-governance@manchester.ac.uk).

### **What do I do next?**

Please let me know if you would like to take part in the study by contacting me.

### **Further Questions?**

If you are interested in taking part but have further questions. Please contact me.

Omolade Femi-Ajao

PhD Student

The School of Nursing, Midwifery and Social Work

University of Manchester

Manchester

M13 9LP

Email: [Omolade.Femi-Ajao@manchester.ac.uk](mailto:Omolade.Femi-Ajao@manchester.ac.uk)

Research Phone Number: 07769800387

# Appendix Eleven: Participant Consent Form for Study Three

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Participant's consent form: 27/11/13 Version 1.1

MANCHESTER  
1824

The University  
of Manchester

**PhD Research study on  
The role of Nigerian community and Religious leaders in  
supporting Nigerian Women experiencing domestic violence in  
England**

1. I confirm that I have read and understand the information sheet dated 27/11/13 (version 1.1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. I agree to take part in the above study and to inform the researcher if I am no longer safe because of my participation in the study.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my healthcare care or legal rights being affected.
3. I give permission for interviews to be audio-recorded and transcribed.
4. I give permission for anonymised quotes to be used in any publications.

5. I understand that all information gathered in this study will be kept confidential unless there is a possibility of harm occurring to me or others. In the event of the possibility of harm, I give permission for appropriate authorities to be informed and for support to be arranged and offered to me.

6. I give permission for my anonymised data to be used in future work on domestic violence among Black African communities in England.

_____	_____	_____
Name of participant	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature

# Appendix Twelve: Interview Guide for Study Three

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MANCHESTER  
1824

Interview guide: 08/09/13 Version 1

The University  
of Manchester

## **PhD Research study on The Roles and Perspectives of Nigerian Community and Religious Leaders in Supporting Nigerian Women Experiencing Domestic Violence in England**

### Interview Guide

These questions are guides only and will serve as general guideline for the interview.

#### Introduction

The researcher will establish rapport, explain the purpose of the study, and explain what will happen with the information. During this time, assurance of confidentiality and anonymity will be given. The researcher will explain the confidentiality clause that ‘if harm is disclosed, the researcher will need to take this forward as appropriate.’ Participant will be informed of the duration of the interview, and ask for permission to record the interview. The researcher will provide the opportunity to ask questions, listen and respond to any concerns before asking to obtain informed consent.

#### Context

1. Have you ever supported (not supported) or currently supporting a Nigerian woman experiencing domestic violence
  - a. Please tell me, how long you have been supporting Nigerian women experiencing domestic violence.
  
  - b. If participant have not previously supported a woman: are you aware of Nigerian women experiencing domestic violence?
  
2. Can you please tell me your role within the Nigerian community?

### Domestic violence

3. Can you tell me the type of abuse women usually report?
  - a. Did they tell you when they begin to realise that it was abuse?
  - b. How frequent the abuse is/was?
  - c. Are women usually in the relationship when they come to you or would they have left?

### Disclosure and help-seeking

4. How easy do you think it is for women to tell you (or not) about their experience?
  - a. What makes it difficult for women to talk about your experience of domestic violence?
  
5. When women come to you, what advice do you usually give them?
  - a. Why do you give this advice?
  
  - b. Do you think being Nigerian influences whether or not a woman tell you about their domestic violence experience? Yes/NO. Please tell me more
  
6. Knowledge of statutory domestic violence services
  - a. Do you know about statutory domestic violence services for women?
    - i. Have you referred women to any of these services?
  
  - b. Do you know the kind of response they got?
  
  - c. How might services be more responsive to the needs of Nigerian women?
  
  - d. How might the Nigerian community in England be more supportive to women victims of domestic violence?

- e. Do you think being Nigerian influences whether or not a woman will approach statutory domestic violence services for help?. Please tell me more
  - f. If you know about statutory domestic violence services for women, would you consider signposting women to these services?
    - i. If yes, why?
    - ii. If no, why not?
7. Would you be interested in training and support to enhance your capacity to further support women when they approach you for help?
- i. Please tell me the type of support you think you may need
  - ii. Please tell me the type of training you think you may need
8. Is there any other thing you'll like to add to the interview relating to your experience of supporting Nigerian women experiencing domestic violence?

### Ending

The researcher will thank the participant and ask whether they will like a short copy of the report when it is ready and if so, their preferred method of contact.

# Appendix Thirteen: List of Potential Themes from Study Two

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## Phase 3 – searching for themes

### Barriers to Disclosure of DVA

Main themes	Sub themes
Societal expectations	To be married/remained married Fear of divorce Stigma attached to divorce Shame of being left/alone Victim blaming Patriarchal expectations  Children need both parents
Community gossip	Learning the White people's culture Don't want to be labelled as learning the White people's culture of calling Police for husband; Spoiling his record Fear of being ostracised Labelled as going to a domestic violence place Labelled as a divorcee being labelled as inpatient – can't endure
Culture of silence	To endure As a black woman Nigerian upbringing – 'keeping your personal problems personal' Mother and aunties experienced it Endure because of the children Not exposing the family
Immigration status	Immigration issues – no legal documents No recourse to public funds Threat/fear of deportation Financial dependence on perpetrator

## Disclosure of Abuse

- Informal support network: parent, in-laws, sister, friends, strangers, work colleagues; Religious leaders, community leader/mentors
- Statutory services: Police, DV services, Social Services (No Recourse to Public Funds team), Solicitor

**Disclosure pattern**: firstly, disclosure to Informal supports network, and finally statutory service providers.

## Help-seeking from statutory service

Main themes	Sub theme
Cultural competence	<p>Staff not aware</p> <ul style="list-style-type: none"> <li>- about issues with immigration status – no recourse to public fund</li> <li>- of pressure on women from informal/semi-formal network to endure abuse and not report or divorce</li> </ul>
Service provided	<p>Emotional support; accommodation –not DV refuge (if they have children), and solicitor support for visa application, court orders, etc as appropriate</p>

Help-seeking from informal network:

Main theme	Subthemes
Mediation in the abusive relationship	Prayer for self and perpetrator Speaking/pleading with perpetrator to stop Counselling both self and perpetrator

Facilitators for help-seeking

Main theme	Subthemes
Escalation of abuse	<ul style="list-style-type: none"> <li>• intensity of abusive behaviour – reaching limit of endurance</li> <li>• Fear of being killed</li> <li>• Perpetrator leaving the relationship</li> </ul>
Impact of abuse on children	<ul style="list-style-type: none"> <li>• Children starting to witness abuse</li> <li>• Children reporting in school</li> <li>• children calling police</li> </ul>
Enlightenment	<ul style="list-style-type: none"> <li>• Living in the UK – opportunity to acquire new skills, work, and having third party (police, and other professional services) stand up for them</li> <li>• Recognising abuse</li> <li>• Financial empowerment</li> </ul>

## Coping with DVA

Main theme	Subthemes
Religious belief	God Faith in God Prayer Reading the Word
Role of Informal and semi-formal support	Counsel to endure Speaking with perpetrator which helped to provide respite
Resilience	Working - to stay away Personal agency Strong will

## How Nigerian women in England can be helped

- a. Set up a corporate organisation or office specifically for Nigerian women, staffed by people who understand their multi-layered issues, and let the women seeking help know they will not get into trouble in case they don't have legal right of residence in the UK if they seek help
- b. Education of women and men on what is domestic violence and abuse, and letting them know about domestic violence services

## Impact of Abuse

- Loss of confidence and self-esteem
- Mental Health issues – anxiety, depression, trauma, paranoia, suicide ideation
- Physical health issues – diabetes, hypertension, eyesight problems, insomnia
- Alcohol dependence
- Weight loss
- Dependence on perpetrator
- Financial loss

### **Reflections:**

Women disclose in order to seek respite, have a shoulder to cry on, help with advice, accommodation or someone that will listen without blaming them. For this, they usually approach family members, church members, strangers and work colleagues.

Women seek help from informal sources, such as religious and civic leaders, mentors, and elderly friends for mediation to help save the marriage. In certain instances, older members of the family also try to mediate. This is a common model used in Nigeria for conflict resolution.

By the time a woman approaches a professional service provider to seek help, they are looking to leave the abusive relationship.

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Author: Virginia Braun, Victoria Clarke

Publication: Qualitative Research in Psychology

Publisher: Taylor & Francis

Date: Jan 1, 2006

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If you have any questions, please let me know.

Karin Sollom

[ksollom@theduluthmodel.org](mailto:ksollom@theduluthmodel.org)

**From:** Omolade Femi-Ajao [<mailto:omolade.femi-ajao@manchester.ac.uk>]

**Sent:** Thursday, June 18, 2015 5:54 AM

**To:** Training Project

**Subject:** Using the Duluth Power and Control wheel in my PhD research

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Yours sincerely,

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Publication: Journal Of Human Behavior In The Social Environment

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