Barriers and Facilitators of Help-seeking Behaviours of British South Asian Women who experienced Domestic Violence

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RAZIA SULTANA
SCHOOL OF HEALTH SCIENCES
DIVISION OF PSYCHOLOGY AND MENTAL HEALTH

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List of Abbreviations

ASSIA = Applied Social Sciences Index and Abstracts

BAME = Black, Asian and Minority Ethnic

BME = black, minority and ethnic

BSA = British South Asian

CASP = Critical Appraisal Skills Programme

CINAHL = Cumulative Index to Nursing and Allied Health Literature

COVID19 = Coronavirus disease 2019

CSEW = Crime Survey for England and Wales

DV = Domestic Violence

NGO = Non-governmental Organizations

NICE = National Institute for Health and Care Excellence

NIHR = National Institute for Health and Care Research

NVAWS = National Violence Against Women Survey

PIS= Participant Information Sheet

PRISMA = Preferred Reporting Items for Systematic Reviews and Meta-Analyses

PROF = Professionals/ Service Provider

SAARC = South Asian Association for Regional Cooperation

SA = South Asian

SP = Service Provider

SSP = Survivor-service provider

STI/STD = sexually transmitted infections /Sexually transmitted diseases

SUR = Survivor

TV = Television

UK = United Kingdom

USA = United States of America

WHO = World Health Organization

Abstract

Background: Domestic violence (DV) is a global public health issue. DV affects one in four women during their lifetimes in the UK (Osborne et al., 2012). Although the UK government has undertaken several initiatives to prevent DV against women, a number of issues still remain within UK policy, such as limited attention towards ethnic minority groups (e.g. South Asians) who often face a number of barriers and limited facilitators for help-seeking behaviours among those who have experienced DV. **Aim:** Identify the barriers and facilitators for help-seeking behaviours for British South Asian (BSA) women who have experienced DV. **Methods:** A narrative review has been written to introduce the key concepts underpinning this PhD research project, and to offer a critique of the background literature. A systematic review, using meta-ethnography, synthesises existing qualitative evidence about the barriers and facilitators for help-seeking behaviours among South Asian women who live in high-income countries, in order to understand existing work on the broader population of this PhD's study participants, before focusing on the targeted country (UK). A cross-sectional qualitative research design was applied to identify the barriers and facilitators for help-seeking behaviours among British South Asian women who have experienced DV. This included individual, in-depth semi-structured interviews with 15 DV survivors, who were born and brought up in the UK, or have indefinite leave to remain in the UK, with lived experience of DV, along with 18 DV service providers from any ethnicity based in the UK. The ethical approval and recruitment were conducted between March 2020 and February 2021, which was delayed for the COVID-19 pandemic. Data were analysed using inductive thematic analysis and a hybrid process of deductive and inductive theoretical thematic analysis. **Findings:** Firstly, this PhD thesis has highlighted the broader population (South Asian women) from which the participants in these studies (BSA) are drawn, in order to understand the present work about the barriers and limited facilitators for help-seeking behaviours among South Asian women through the systematic review and the narrative review. After that, two empirical qualitative research studies conducted with BSA women are reported, with both studies identifying several barriers and facilitators such as: stereotypical thinking and misuse of religious beliefs, sociocultural norms to prohibit help-seeking behaviours, survivors' lack of recognition and realisation of abuse, fear of negative consequences, emotional disturbance as a barrier, insufficient support from statutory and voluntary agencies, informal support, safety strategies and facilitators for surviving. Overall, the findings indicate that barriers often outweigh facilitators for help-seeking behaviours. The intersectionality of the unique South Asian cultural diversity (gender, patriarchy, religion, ethnicity, racism) is identified in all empirical studies within this PhD thesis as a key influence on the development of the barriers and facilitators. **Conclusion:** The findings of this PhD research have implications for the staff of government and non-government organisations, patients, victims, and survivors of domestic violence in understanding the barriers and facilitators for adequate support and services. There is a need to utilise the lens of intersectionality, considering South Asian women's unique cultural diversity (gender, patriarchy, religion, ethnicity, racism) to help researchers, policymakers and service providers understand the lived contextual experiences of BSA women. Moreover, these PhD findings show the importance of informal support for BSA women as all of the participants' pathways to formal assistance were through informal support. It also came out through the findings that it is necessary to define the needs of BSA women who are experiencing DV while considering their ethnicity, culture, gender, and religion, as well as their intersectionality, in order to ensure some appropriate facilitators help them to seek support (Kapur et al., 2017). The overall PhD findings may support the conducting of culturally appropriate programmes and interventions for developing effective help-seeking strategies.

Declaration

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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"Many hands make light work (English writer John Heywood)"

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Dedication

This PhD thesis is dedicated to my respected research participants, who very kindly contributed their experiences and views to me for this research, even during the extremes of the COVID-19 pandemic. I am humbled and inspired by their strength, resilience and courage.

About The Author

The author describes herself as a mental health and qualitative researcher with an interest in domestic violence and abuse against women, children and other vulnerable people from ethnic minority groups. Razia Sultana completed BSc Psychology and two Masters in Clinical Psychology and Public Mental Health from the University of Dhaka and American International University, Bangladesh. She has also completed postgraduate studies in Mental Health Service and Population Research at King's College London, UK. She has more than seven years of work experience as a clinical psychologist, mental health specialist, and violence counsellor in various international non-governmental organisations and hospitals. During her PhD, she has worked part-time as a Graduate Teaching Assistant, while studying at the University of Manchester. As part of her PhD studies, she presented her PhD thesis findings at the World Mental Health Day Programme, 2021, organised by the Global Mental Health and Cultural Psychiatry Research Group.

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Chapter 1 Introduction

Overview of the Thesis

Domestic violence (DV) is a severe public health problem in the world that has detrimental consequences for individuals, communities, and society as a whole (World Health Organization, 2021). One in four women in England and Wales have suffered from some kind of domestic violence (Department of Health and Social Care, 2017). There has been an increasing amount of literature on DV; however, research on DV against ethnic minority populations in the UK is still limited. By not addressing these issues adequately in the research, practice and policy areas, ethnic minority women often obtain inadequate and inefficient DV-related resources. Few empirical studies have investigated the factors influencing barriers and facilitators for help-seeking behaviours among South Asian women who have experienced DV. This PhD research was motivated by the need to specifically identify what prevents and helps British South Asian ethnic minority women in seeking help when experiencing DV in the UK. Findings from work done by other specialist services have identified a problem with disclosure and the challenges that South Asian women face, especially around issues with immigration, no recourse to public funds, and lack of sensitivity by mainstream service providers.

This PhD project has focused on British South Asian women (British citizens or people who have indefinite leave to remain), a subset of South Asian Women who supposedly may not have immigration problems, but may still struggle in seeking help. It will add to the body of knowledge on the lived experience of domestic abuse among British South Asian (BSA) women in terms of the barriers and facilitators for help-seeking behaviours related to DV. The expectation is that this will strengthen service provision, as well as service utilisation by these women.

Patient Public Involvement (PPI)

The PhD project has been planned with Patient and Public Involvement and (PPI) which can provide opportunities for BSA women to contribute to developing the research aim provides answer to the research question. PPI provides a collaborative partnership between patients and

researchers which helps to contribute to the development of research and its processes (National Institute for Health Research, 2010). The PPI activity involved engaging with various patient and public members group. PPI members (service providers from third-party/voluntary organizations) joined individually rather than in group participation. They believed that various types of barriers and limited facilitators are responsible for not seeking support for DV. PPI members also assumed DV prevention is not very easy, but if BSA women recognise DV as a problem and not a private matter, they will be aware to seek support. Moreover, they urged DV victims to need culturally friendly support where they can learn about the prevention and treatment of DV in their language. A considerable amount of suggestions were found from the PPI meetings. Participants identified several barriers: language barriers, patriarchal society, isolation, fear, shame, males' aggressive behaviour, and family upbringing, witnessed. All of those barriers have matched with existing studies of South Asian ethnic minority women or immigrant women who experienced DV (2nd and 3rd chapter: literature review and systematic review paper). Working with PPI members has strengthened the understanding of the research, particularly the sensitivities around working with DV survivors and also contributed significantly to the process of identifying the problem and helped develop the research question that this PhD project aims to answer.

Thesis Structure and Content

The overarching aim of this research has been to identify the barriers and facilitators for help-seeking behaviours among BSA women who have experienced DV, in order to make recommendations, based on this work, for research, practice and policy. This overarching aim has been achieved through the following objectives:

1. To conduct a systematic review and meta-synthesis of qualitative research concerning the barriers and facilitators for help-seeking behaviours among South Asian women living in high-income countries who have experienced DV. This includes the perceptions of both survivors and service providers.

2. To understand the barriers and facilitators for help-seeking behaviours among British South Asian women who have experienced DV because of the research gap identified

from the narrative review that there have been no studies conducted specifically on British South Asian women's help-seeking behaviours related to DV.

3. To explore the perspectives of service providers about the barriers and facilitators for help-seeking behaviours among British South Asian women who have experienced DV.

4. To make recommendations to researchers, policymakers and key stakeholders to conduct intervention-based research based on the findings of this PhD project, implementing efficient training and policymaking to facilitate advocacy and support for BSA women with lived experience of DV.

The first objective is fulfilled by conducting a systematic review (Chapter 3). The second and third objectives are addressed in two qualitative empirical papers in Chapter 5 and Chapter 6. This PhD research was conducted during the COVID-19 pandemic, so an additional chapter (Chapter 7) has been written concerning the modified ethical consideration and lessons learned from COVID-19. The fourth objective is discussed in the final chapter (Chapter 8). Figure 1 highlights the thesis outline, its four objectives, the research design, and different aspects of the PhD.

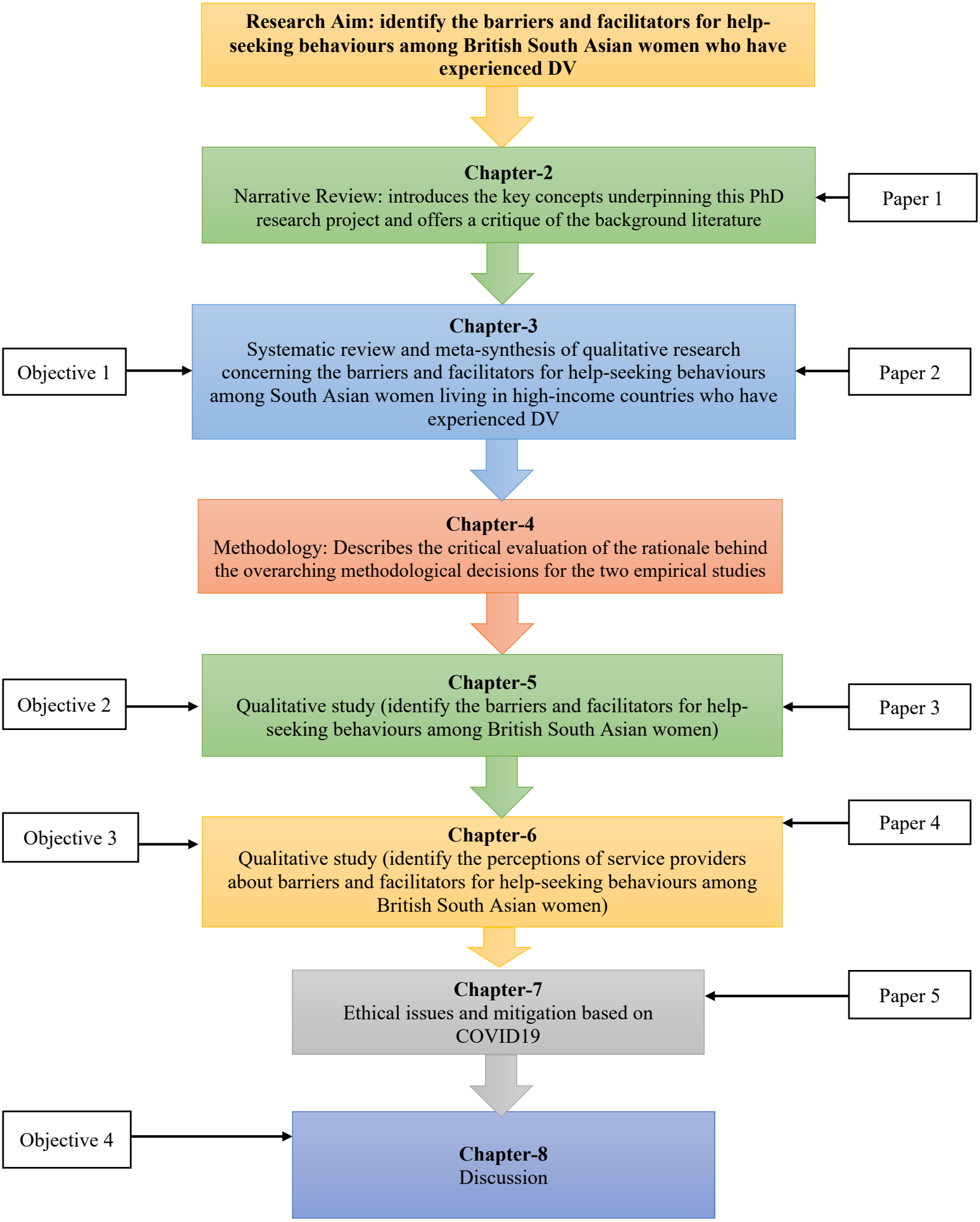

Figure 1: Thesis Outline, Connection between the Four Objectives and the Research Design, and Different aspects of the PhD.

Chapter 1:

This first chapter has described the overview of the whole thesis and structure.

Chapter 2:

The thesis begins with an introductory chapter and narrative review paper (Chapter 2), describing the research literature surrounding this topic in order to provide a rationale for why this thesis focuses on the barriers and facilitators for help-seeking behaviours among British South Asian women. This is followed by an overview of the PhD research programme, and a description and critique of the methods (Chapter 4).

Chapter 3:

This chapter presents a systematic review and meta-synthesis to investigate the barriers and facilitators for help-seeking behaviours among South Asian women living in high-income countries who have experienced domestic violence. This systematic review was conducted in order to understand the current work on the broader population (South Asian women) from which this PhD's study participants (British South Asian women) are drawn, before focusing on the targeted country (UK). In addition, the target for the PhD researcher is to contribute globally to the experience of women undergoing DV. Qualitative studies were identified, which were available in English in electronic databases. After an initial search, 2,465 articles were reviewed by title and abstract, and the full texts of 135 articles were reviewed. Of these, 35 papers were included in this review and were synthesised using meta-ethnography. This review investigated the perceptions of two different populations (survivors and service providers); both groups had similar views about the barriers and facilitators for help-seeking behaviours. Key findings included barriers and facilitators for help-seeking behaviours: 1) socio-cultural norms to prohibit help-seeking behaviours, 2) fear of negative consequences, 3) negative aspects of immigration status, 4) insufficient support from statutory and voluntary agencies, 5) safety strategies and facilitators for surviving. All of these findings focus the significance and originality of the research, as it has implications for staff of government and non-government organisations, researchers, policymakers, patients, victims, and survivors of domestic violence in understanding the barriers and facilitators in order to provide sufficient help and the services presented in this chapter.

Chapter 5:

There are two strong rationales, identified in Chapters 2 and 3, for conducting this qualitative research: a) finding the knowledge gap from the narrative review paper (Chapter 2) about the barriers and facilitators for help-seeking behaviours among British South Asian women and, b) exploring the evidence around DV more broadly across all higher income countries through the systematic review paper (Chapter 3). It was considered particularly pertinent to identify the barriers and facilitators for help-seeking behaviours British South Asian women. To conduct this study (Chapter 5), a cross-sectional qualitative design has been chosen, with 15 participants being recruited for the study, who were DV survivors and British South Asian women. A critical realist position has been taken because the aim of this study is to make inferences from data about real-world phenomena, which might be slightly different from one perspective to another (Willig, 2012). This research identified five themes that have emerged from the data: survivors' lack of recognition and realisation of abuse; fear of the negative effects of abuse; formal help-seeking support and barriers; informal help-seeking support and barriers; advice from survivors for developing help-seeking opportunities. In this study, the researcher has also shown that the participants' help-seeking behaviours, producing a number of barriers and facilitators, were influenced by their socio-cultural upbringing, which intersects with various indivisible identities called intersectional socialisation (Hoffmann, 2019). With proper knowledge of the South Asian intersectional identities (socio-cultural norms, gender, religion, ethnicity) of British South Asian women, it would be possible to identify the problems of help-seeking behaviours and to provide culturally appropriate support to them.

Chapter 6:

Having established qualitative evidence suggesting a number of barriers and facilitators for help-seeking behaviours among British South Asian women from their experiences as DV survivors, the final empirical qualitative study in this thesis was conducted with DV service providers (professionals). The researcher identified the perceptions of service providers about the barriers and facilitators for help-seeking behaviours among British South Asian women. The reason for including service provider participants in this study is to enable data triangulation for integrating different views of help-seeking behaviours among British South Asian women (Sultana et al., 2022). The study therefore included 18 participants from various DV-based third-party / voluntary organisations. There has been limited DV-based research conducted with service providers from voluntary organisations, and no studies have

been conducted on the perceptions of service providers from third sector DV organisations about the help-seeking behaviours of BSA women experiencing DV in the UK. However, survivors have often preferred third-party organisations' support rather than that of statutory services (the health sector, police, advocacy) for their complex needs (Ahmad-Stout et al., 2021; Burman, Chantler, et al., 2004; Sultana et al., 2022; Jenny C. Tonsing, 2016). Data were collected and analysed from a critical realist perspective (Braun & Clarke, 2013). This research identified five themes from the data: stereotypical thinking and misuse of religious beliefs; fear of negative consequences; emotional state as barrier and facilitator; informal help-seeking opportunities and barriers; formal help-seeking opportunities and barriers. In this research, the ecological intersectional model was applied to structure the identified barriers and facilitators within the multiple layers of the ecological model, which is influenced by the BSA women's indivisible but distinctive intersectional identities (e.g. ethnicity, gender, religion, and racism). The findings will help future researchers and service providers to carefully consider the intersectional identities of BSA women in developing culturally appropriate programmes and interventions.

Chapter 7

Finally, the researcher wrote an article about the ethical challenges and mitigations for the two qualitative research studies in this PhD, focusing on the lessons learned from the COVID-19 pandemic. This doctoral research project was carried out during the COVID-19 pandemic; therefore, the ethics application was amended to adapt to remote methods for mitigating ethical issues. The researcher used diverse online platforms for recruiting and collecting the data, such as Twitter, LinkedIn, Facebook, WhatsApp, Zoom webinars, Skype, Telegram, and Instagram. It is expected that the study will be helpful for future researchers who want to adopt this online method while following ethical guidelines to minimise risk and avoid potential delay from further COVID-19-related, or any other emergencies.

Chapter 8

The last chapter (Chapter 8) discusses the main findings of the thesis in the context of the wider literature. This begins with a summary of the main findings of the individual results-oriented chapters within the thesis, and then explores these findings and the key factor (intersectionality of the unique South Asian cultural diversity) in relation to previous research in this field. The chapter also explores the strengths and limitations of the methods selected to

address the aims and objectives of the studies, and ends with potential avenues for future research. Recommendations for policy, practice and future research are proposed.

The narrative review (Chapter 2), systematic review (Chapter 3), two empirical studies (Chapters 5 and 6), and discussion of COVID-19-related challenges and ethical considerations (Chapter 7) are all presented in the alternative (journal) format. The decision was made to submit this thesis in journal format, as this style has avoided the need for chapters to be re-written for publication and has allowed the author to begin building a research profile during the course of the PhD. This journal format has also allowed the author to address different aspects of the overall aims of the PhD and to target their findings towards appropriate audiences in different journals. As a result, the author has successfully published one systematic review paper (Chapter 3) in a peer-reviewed journal (Journal of Trauma, Violence and Abuse), and other papers submitted to relevant journals. Figures and tables have been placed within the main body of the text and numbered for readability. The author is responsible for the design, delivery, analysis and write-up of the published research presented herein, with support from the supervisors of this PhD (NH, PT, OF, FV). Therefore, PT contributed to comments on Chapter 2. NH, PT, and OF contributed to comments on Chapters 5 to 7, and PT contributed to comments on Chapters 1, 4, and 8.

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Chapter 2. Background and Literature Review (Narrative Review Paper 1)

Overview of the chapter

This chapter introduces the key concepts underpinning this PhD research project and offers a critique of the background literature. Specifically, this chapter introduces the topic of help-seeking barriers and facilitators for British South Asian women who experience domestic violence. It commences with an overview of domestic violence, and goes on to include: a definition of domestic violence; the prevalence of DV and its impact; help-seeking behaviours for domestic violence; barriers and facilitators for help-seeking behaviours for domestic violence among Black, Asian and Minority Ethnic (BAME) communities in the UK; British South Asian women; the rationale for studying British South Asian women who experience domestic violence.

Definition of domestic violence

Domestic violence is a complex area to define. The terminology for "domestic violence" is varied and includes both gender-neutral (common to both males and females) and gender-specific terms (only male or only female), such as intimate partner violence (IPV), spouse abuse, domestic abuse, domestic assault, battering, partner abuse, wife beating, marital abuse, marital strife, marital discord, women abuse, dysfunctional relationship, intimate fighting, mate beating (McCue, 2008). This report uses the term "domestic violence", which is abbreviated as DV. The former World Health Organization (WHO) definition of domestic violence (DV) is "a forceful physical, psychological and sexual attack on an adult or adolescent woman by their current or ex-partner" (WHO, 1997). Recently, the World Health Organization has amended this definition to also include children or older adults who experience this form of abuse from their family members (WHO, 2012). In addition, the UK Home Office has suggested a definition of DV as physical, psychological, emotional, sexual or financial abuse by an intimate partner or their family members, affecting women aged 18 years or older (Home Office, 2012a). In 2011, the Home Office amended the definition of DV by revising the age range, which was reduced to 16 years and above, and also included coercive control as another form of DV (Home Office, 2012b). Although DV has been used

to describe a range of varied but overlapping adverse experiences, one definition has been proposed by the National Institute for Health and Care Excellence (NICE):

> The term 'domestic violence and abuse' is used to mean any incident or pattern of incidents of controlling behaviour, coercive behaviour or threatening behaviour, violence or abuse between those aged 16 or over who are family members or who are, or have been, intimate partners. This includes psychological, physical, sexual, financial and emotional abuse. It also includes 'honour'-based violence and forced marriage.
> (NICE, 2016, p. 33)

This definition includes issues specific to Black, minority and ethnic (BAME) communities, for example honour-based violence and forced marriage. This definition has been selected because it covers multifaceted characteristics explaining DV against women, more so than the definitions given by the World Health Organization and Home Office. The three definitions above attempt to cover important features of the Black, Asian and Minority Ethnic (BAME) communities which may be responsible for DV, for example: forced marriage, genital mutilation and honour-based violence. The other typologies or definitions noted above may not be sufficient when applied to diverse cultural groups, for example the South Asian community. Moreover, many experts have taken initiatives from global perspectives to develop standardised definitions of DV; however, the language and cultural contexts are still missing in these definitions, which often define DV in particular ways and in specific terms among immigrant women (Thomson et al., 2015). The following section discusses the Black, Asian and Minority Ethnic (BAME) communities in the UK, and also includes a subsection that introduces in detail the British South Asian (BSA) community in the UK, as the participants in this PhD research study are British South Asian women.

Black, Asian and Minority Ethnic (BAME) communities in the UK

The Institute of Race Relations (IRR) uses the acronym BAME to define the group of people of non-white descent in the UK (Institute of Race Relations, 2018). This acronym also includes mixed ethnicity people or white European migrants. The BAME community faces a variety of inequalities in the criminal justice system, the health sector, accommodation, the

education sector and others (Platt, 2007). According to the Office for National Statistics (2019 November 25), DV rates were comparatively higher in BAME communities than in white communities, and the DV rates within BAME communities were the highest for mixed ethnic groups (Office for National Statistics, 2019 November 25). The South Asian community is the largest ethnic minority group, encompassing half of all ethnic minorities in the UK (Iqbal et al., 2012). As this PhD research was conducted among British South Asians it is necessary to provide background information on South Asians in the UK and the importance of including them in research.

British South Asian (BSA) women in the UK

In the UK, people of Asian ancestry (the Far East, Southeast Asia, and the Indian Subcontinent) are the multi-ethnic group of British citizens broadly called "British Asians" or Asian Britons (Living DNA, 2020; Modood et al., 1998). There is no official definition for the British South Asian population in the UK; however, people use "Indian Subcontinent" in unofficial contexts, which denotes South Asia (Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, Sri Lanka, Afghanistan) (Amjad, 2016). The South Asian ethnic minority community is indicated as the group of people who were born and raised in the UK, whose families originated from South Asian countries (Aplin, 2018; SAARC, 2020). This PhD thesis does not include South Asian immigrants or temporary residents who have limited permission to live in the UK. The thesis mainly focuses on the South Asian ethnic minority group who are either British citizens or have indefinite leave to remain in the UK and defines "British South Asian (BSA) women" as those who have British citizenship or nationality or have indefinite leave to remain in the UK. To participate in this PhD project, BSA women can be from any generation (first, second or other generation). The South Asian ethnic minority community has diversity in terms of its cultures, religions, socio-economic statuses, and levels of education. The community's religious break down in the UK is: around 50% Muslim, 23% Hindu, 13% Sikh, 4% Christian, and 10% without a religion (Moller et al., 2016). The next section discusses the prevalence of DV and its impact.

Prevalence of domestic violence (DV) and its impact

To understand the severity of DV broadly and evidently, the next subsections discuss the global prevalence of DV, prevalence of DV against women in the UK, and finally the prevalence of DV against British South Asian women in the UK.

Global prevalence of DV

DV experienced by women is increasingly becoming a global public health problem (Owusu Adjah & Agbemafle, 2016). There are different statistics on the prevalence of DV because of varied methodologies, different study samples and cultural diversity, and the time periods of measurement (Alhabib et al., 2010; Basile et al., 2011; Garcia-Moreno et al., 2005). Global prevalence studies of DV highlight that women experience DV more often than men. The WHO estimated that globally one in three women is abused through DV (World Health Organization, 2018). Moreover, 35.6% of women are affected by physical and sexual violence in their lifetime (García-Moreno et al., 2013). Ellsberg et al. (2008) estimated women's exposure to DV from the WHO's multi-country study across 15 sites in 10 countries (Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania) between 2000 and 2003. A standardised self-report questionnaire was used to measure DV (World Health Organization, 2003). In this population-based survey conducted with 24,097 women, it was found that 19% to 55% of women aged 15 to 49 years had been severely physically injured by DV. Across the ten countries, the lowest lifetime prevalence of DV was reported by Japanese women at 16%, and the highest prevalence of physical or sexual abuse or both was in Ethiopia, at 71% (Ellsberg et al., 2008). Although this was a multi-country study, findings may not be generalisable due to differences in social and cultural contexts, different ages, academic qualification, or marital status, which might affect how DV is perceived and reported. These different views and diverse cultures may influence people to remain silent or be secretive about DV. The survey uses a self-report method and, as a result, the risk of bias is greater. This may hamper the documentation of accurate prevalence data. The study did not consider a culturally sensitive questionnaire which is a necessary tool for people in diverse countries. There is also a high possibility of recall bias because women were asked about their life time experience of DV.

Prevalence of DV against women in the UK

DV is a public health issue which affects one million people in the UK, and it was estimated that one in four UK women have experienced DV in their lifetime (Krishnan & Bewley, 2014). According to The Office for National Statistics (2021), DV recorded by police increased 6% in 2021 compared to the previous year. Feder et al. (2009) conducted a systematic review of the research concerning DV in the UK, including the prevalence of physical, psychological and sexual violence among women. They identified five studies which reported a lifetime prevalence of DV against women in the UK of between 13% and 31%, and the past year's prevalence as 4.2% to 6% among the general population of the UK. In the review, it was noted that most of the DV prevalence research in the UK only emphasised that there are more incidents of DV from a partner (perpetrator) than from family members. Although the survey tools collected data about psychological, sexual and physical experiences, most of the research in this review paid attention to the physical experience of DV but not to psychological and sexual types of DV. In addition, there were also problems in comparing the study because of different definitions of DV.

There is little published data on the prevalence of DV against British South Asian women in the UK and still, DV remains a hidden and under-reported problem, particularly for South Asian people (Anand, 2022; Anitha, 2008). It is challenging to collect data because DV survivors may fear family breakdown and experience feelings of insecurity and shame (Krishnan & Bewley, 2014). Cowburn et al. (2015) conducted empirical research with British South Asian victims. The study aimed to discover the barriers to reporting sexual violence for British South Asian women. It had two phases; during phase one, focus group discussions were conducted with British South Asian women, who were asked to talk about their beliefs about sexual violence. In the second phase, criminal justice professionals and supportive development organisations were involved. In this qualitative research, it was found that cultural factors (patriarchal norms and values) contributed to barriers to reporting instances of sexual violence, and participants shared that they were silent because they felt guilty about their experiences of sexual violence. These cultural norms and practices, guided by patriarchal dominance, were maintained in South Asian families and society (Cowburn et al., 2015). Another study of British South Asian women conducted by Anitha (2010a) found further possible reasons why the DV against British South Asian women was often unreported. This qualitative research was conducted with 30 South Asian married migrant

women who had no recourse to any public funds. In this research, semi-structured qualitative interviews were conducted with Bangladeshi, Pakistani and Indian women. It reported that these women experienced obstacles to leaving their husbands and rebuilding a new life because of unhelpful immigration rules and lack of statutory and voluntary support (Anitha, 2010a). However, South Asian women from diverse religions and countries of origin were not interviewed separately, which, because of their diverse identities, may have created bias in the results. Although DV is considered common in the UK, it is difficult to measure the prevalence of DV among South Asian immigrants due to their cultural barriers and socio-demographic characteristics (religion, age, gender and sexuality). The researchers did not differentiate the South Asian women participants in diverse categories (South Asian migrant groups, British South Asian citizen group) . For estimates of the overall prevalence of DV there are a number of methodological and instrumental challenges. For example, a survey might not show the original prevalence of DV because the participants may not share sensitive information about their life experiences in the last 12 months (Martinez et al., 2006).

Health impact of DV

According to the World Health Organization (2002), DV is declared as the leading risk (physical, psychological, sexual and reproductive effects) for women and children in the world, for whom health outcomes could be life-threatening (Campbell, 2002; World Health Organization, 2002, 2012). Several types of health impact related to DV are discussed in this section in order to better understand the severity of DV, which is the rationale for conducting this PhD research.

Physical and sexual health impacts:

The effects of DV on physical health may be chronic, fatal, acute or long-lasting, and it can lead to fractures, broken bones or teeth, burns, punctures, abrasions, lacerations, bruises, other severe injuries to body parts, and death (World Health Organization, 2012). In a case-control study, it was found that DV victims had long-term and physical health problems constituting an emergency more often than individuals without a history of DV (Campbell, 2002). In the study, 2,535 abused and never abused women aged 21 to 55 years were invited

from female healthcare organisations. Researchers assessed the physical health condition of DV victims and found that women with a history of DV had more headaches, problems with arthritis, sexually transmitted infections or diseases (STI/STD), painful intercourse, vaginal infections, urine infections, gastric problems or ulcers, gynaecological complications, central nervous system and systemic health problems (Campbell, 2002). This research only included women aged 21 years or above. However, women younger than 21 are also victimised by DV. The study also reported that abuse during pregnancy increased the overall health risk and risk of death of the mother, foetus, or both from trauma. This has a strong association with DV as perinatal depression or lack of family support are psychosocial risk factors for DV (Sarkar, 2013). Furthermore, the study excluded non-English-speaking people, which may limit the generalising of the findings to all women who have experienced DV.

Bacchus et al. (2003) conducted a cross-sectional study with pregnant women in a London teaching hospital and identified the association between DV, obstetric complications, and psychological health. A semi-structured interview was conducted focusing on information on DV, demographics and obstetric complications. It was reported that various types of obstetric complications were associated with DV, such as bleeding, abdominal pain, induced and non-induced premature labour, hypertension, anaemia, gestational diabetes, pre-eclampsia, urinary tract infections and other complications. These harmful obstetric health impacts may result in massive damage for mother and baby (Bacchus et al., 2003). However, obstetric complications may not only occur for DV, and can arise from a different cause, for example social and environmental factors may be a cause for complications in pregnancy (Séguin et al., 1995). This research also excluded non-English-speaking people similar to the previous study. A further study examined various types of DV (physical, psychological, sexual) which were associated with the physical and psychological impacts of DV. It was a secondary analysis of existing data collected from the National Violence Against Women Survey (NVAWS) in the USA (Coker et al., 2002). It was found that 28.9% of women and 22.9% of men had experienced physical, psychological or sexual DV in their lifetime, and that DV had an association with substance abuse, developing a chronic disease, depressive symptoms, chronic mental illness, and injury (Coker et al., 2002). However, this study identified a wider range of psychological impacts than physical impacts of DV. Face to face surveys may be better than telephone surveys because there is potentially a greater possibility of concealing some issues or providing false information over the telephone (Ellis & Krosnick, 1999; Fenig et al., 1993).

Psychological impacts:

Campbell (2002) reviewed physical and psychological research published during the previous decade. He found an association between DV and various types of mental health problems, such as depression, anxiety, post-traumatic stress disorder, social phobia, eating disorders, and schizophrenia. A further study by Pico-Alfonso et al. (2006) determined that both physical and psychological DV contributed to mental health difficulties. It was followed by a case-control study design and data collected from a larger research project in Spain (Garcia-Linares et al., 2005; Garcia-Linares et al., 2004; Pico-Alfonso et al., 2004). In the study, 130 female victims of DV were recruited as cases, and 52 women were selected as the control group from a non-abusive environment. It was found that DV is likely to cause a negative impact on women's mental health (Pico-Alfonso et al., 2006). In 2002 a study was conducted with British South Asian women to examine the self-harm and suicidal impact of DV (Chew-Graham et al., 2002). The research used a qualitative study method with focus group discussions. Discussions were led by the researcher and the assessment was completed in participants' own languages. In this group, women discussed mental distress, self-harm and suicide in the context of their culture. It was identified that DV was associated with mental stress, suicide or self-harm among South Asian women. In addition, women reported suffering negative psychological impact due to some barriers to seeking help for DV, such as poverty, language barriers, political and economic issues, family and child-related issues, conservative Islamic rules, and the community grapevine (gossip or rumour). As a result, women perceived suicide as an escape or self-harm as a way of coping (Chew-Graham et al., 2002). Similarly, Husain et al. (2006) reported in a review that South Asian women had more incidents of self-harm and suicide attempts than white women, and they also had higher rates of self-harm compared to South Asian men, and this may be associated with DV. The review provided a list of risk factors which may drive BSA women to self-harm. However, the South Asian community is a large heterogeneous group with different cultural and religious beliefs. The author did not consider cultural and religious groups separately, and there may be differences among sub-populations. Therefore, it is necessary to pay attention to each specific group.

Help-seeking Behaviour related to DV

According to Corliss et al. (2006), help-seeking is identified as one's actions or behaviours to seek support, but these behaviours could fail to obtain support due to obstacles and risk factors that impair help-seeking. There is a further definition that any action of energetically seeking help from health care services or from trusted people in the family and community, and includes understanding, guidance, treatment and general support when feeling in trouble or encountering stressful circumstances (Umubyeyi et al., 2016, pp. .,82). This help-seeking strategy is often applied by women who experience violence and abuse (Ahmad et al., 2009; Kemp et al., 1995; Mitchell & Hodson, 1983), and may be affected by several barriers and facilitators such as motivational, religious, and social factors. The risk factors as barriers and facilitators for help-seeking behaviours for DV among South Asian women are given below:

Barriers to help-seeking behaviours for DV among South Asian women

Various types of barriers to seeking help for DV victimisation among South Asian women have been reported in the literature at the individual, relational and societal levels. This section discusses these below.

Culture

Society and culture are an integral part of human life. South Asian people have unique cultural norms, values and traditions, which are diverse in geographic origins, ethnicity, race, religion, and language (Shariff, 2009). According to Crenshaw (1990), cultural values often affect ethnic minority women's ability to recognise, disclose, and seek help for DV. South Asian women's perceptions and beliefs, and the definition of DV was often influenced by patriarchal norms (Ahmad et al., 2004). South Asian females were often restricted or disempowered from seeking help due to their race / cultural anxiety influenced by the dynamics of 'cultural privacy' regarding DV being kept invisible (Burman, Chantler, et al., 2004). Researchers meant cultural privacy as women's silence due to communities' unwillingness to protect them from DV (Burman, Chantler, et al., 2004). Honour, shame, and

blame are all part of the culture, as described below, which creates barriers for some women to seek help for DV.

Honour

One other important social factor is honour, called “sharam” or “izzat” in South Asian languages, which is a sensitive social custom or norm which forces women or men, or both, to continue with unhappy marriages to protect their family’s status (Hague et al., 2010). Honour-based DV is a crime that occurs to protect the perceived honour of a family or community if someone violates the cultural and religious rules associated with the sentiment of the family (Aplin, 2021). A qualitative study of hardship among South Asian DV survivors living in the UK by Gill (2004) showed that honour and shame were the ultimate constraints for generating self-determination and independence in South Asian women. However, it did not report whether the interviews were administered via interpreters or not, or if the interviews were conducted by bilingual / multilingual interviewers.

Shame and blame

There are two types of commonly cited blaming behaviours that are barriers to seeking help for DV, self-blaming and victim blaming. Survivors have felt that they are hold themselves responsible for the abuse (self-blaming), while their husbands and in-laws have also blamed them (victim blaming) for destroying their children’s futures (Ahmad-Stout, 2021; Gill, 2004; Sabri, Simonet, et al., 2018a). Therefore, they have not sought help for judging themselves as guilty (Gill, 2004; Shah, 2015; Shamoon, 2018). Help-seeking behaviours for DV are not common in South Asian women as they do not want to bring shame on their families (Shah, 2015) as abuse is considered shameful for South Asian women in their society (Kanagaratnam et al., 2012). Women have kept silent or denied the abuse to avoid shame for themselves and their families (Burman, Chantler, et al., 2004; Gill, 2004; Tonsing & Barn, 2017). Survivors have believed that disclosing the abuse to others and seeking help would result in loss of dignity, so that it is better to keep it secret (Tonsing & Barn, 2017). Survivors have reported that they did not want to share their stories with professionals because they felt people might look down on them and their families (Tonsing, 2016). It was evident that

South Asian women often kept their experiences of DV secret to protect the honour and reputation of their families and to avoid bringing shame on themselves and family members.

Gender

According to Hunjan (2004), the rigid gender roles, norms and prohibitive rules of South Asian culture and the responsibility to maintain the family's reputation by upholding patriarchal norms , women have minimal decision-making power, which is a barrier to seeking help against DV. The author also mentioned that culturally prescribed traditional gender norms aim to keep women in the domestic sphere and men in the outer sphere (Hunjan, 2004). They promote the ideas that women should be spoken to less, should listen to and obey elders without protest; in contrast, men get more privilege inherently than women, which makes women more vulnerable to getting support from patriarchal authority (Abraham, 2000; Dasgupta, 2000; Hunjan, 2004). In addition for informal support, often South Asian women are discouraged from seeking support from statutory services (police, advocates, etc.) for fear of gender base biases, particularly if the women have had any prior negative experiences with statutory services in their home country or host country (Ahmadzai, 2015).

Financial barriers

Economic deprivation accompanies DV when the abusers financially control and dominate women, preventing them from accessing the outside world; these financial barriers also create isolation and powerlessness for women survivors (Anitha, 2010a; Hunjan, 2004; Shah, 2015). Even when the abuse is extremely bad, the women are unwilling to seek help (e.g. calling police) because of the financial risks involved (Mahapatra & Rai, 2019b; Mirza, 2016). In addition to women who have had no economic support, educated and working women have often suffered from economic exploitation because some have had no rights to their salary because they are expected to spend their salaries on their husbands and in-laws (Ali et al., 2019; Mirza, 2016).

Language barriers and not enough interpreters, it was reported that frequently immigrant and ethnic minority women are reluctant to seek help because they lack skills in English. One

participant with immigrant status expressed that a lack of, or no capacity to speak English was a significant barrier to getting support from consultants and midwives via a translator or interpreter (Anitha, 2010b; Garnweidner-Holme et al., 2017; Hunjan, 2004; Kapur et al., 2017). Language barriers were also used as an excuse for not helping DV survivors by police (Belur, 2008). DV survivors rarely had access to culturally friendly environments where they could speak their own languages (Tonsing, 2016). Husbands used wives' linguistic weaknesses to withhold important information, not answer their questions, or to talk in English with them in order to make them feel less able to communicate and seek help (Shah, 2015). Moreover, abusive husbands also prevented women from taking English language classes (Voolma, 2018a). Social networks and support were observed to be significantly lacking for women who had English language barriers (Guruge et al., 2010b).

Unhelpful government and third-party organisation support for immigrant women

Survivor women's help-seeking was constrained by the various types of ineffective and insufficient support from statutory and voluntary agencies. Two examples of such unhelpful situations in the UK include the No Recourse to Public Funds (NRPF) rule and the "Two-Year Rule", implemented by the UK government, and forcing immigrant women to stay in abusive relationships, as they do not have any other option (Anitha, 2010a; Belur, 2008; Mirza, 2016; Voolma, 2018a). The term 'no recourse to public funds' (NRPF) applies to people who are subject to immigration control in the UK and who do not have entitlement to welfare benefits or public housing (Manchester Local Care Organization, 2022, p. para. 1). The two-year rule describes the two-year probationary period that women have to reside with their husbands before being awarded residency (Anitha, 2010a).

Religion

Studies have suggested that religion can be a source of strength in coping with trouble, or can be a risk factor that creates barriers to finding help for overestimating or misinterpreting religious norms, such as women's responsibility to stay with their husbands, even if they are abusive, otherwise husbands have the right to leave their wives (Sabri, Simonet, et al., 2018a). Faith or religious belief can help women to cope with abusive relationships (Kanagaratnam et al., 2012; Kapur & Zajicek, 2018; Shamoon, 2018). However, the negative

influence of religion and the patriarchal nature of Asian culture has created barriers to seeking help for DV (Gill, 2004). On the other hand, some abusers and the South Asian community have misused religion to support abuse (Ali & Zuberi, 2012; Kapur & Zajicek, 2018; Sabri et al., 2014).

Effective or ineffective support from same ethnicity

Physicians or other professionals from the same ethnic background should have a cross-cultural understanding and need to be helpful, non-judgemental, trustworthy and friendly towards DV survivors (Ahmad et al., 2009; Pallatino, 2018). According to Sabri et al. (2014), survivors did not feel comfortable talking to doctors or psychologists from different cultural backgrounds, as they thought mainstream professionals would not understand their traditions and would not be culturally competent. Conversely, it was also reported that survivors did not trust physicians and other professionals of the same ethnicity (advocates, interpreters, third sector organisation staff, social workers) because they may try to influence survivors to stay in abusive relationships, as per the dominant cultural standards (Kapur et al., 2017; Swati Shirwadkar, 2004; Wellock, 2010). It was also reported that interpreters also needed to be from another geographical area as a safeguard against violation of confidentiality (Ahmadzai et al., 2016).

Facilitators of help-seeking from inside and outside

This section focuses on the facilitators of help-seeking behaviours for South Asian women living in high income countries countries, including the UK. An informal helping hand indicates the family, friends, and community, while a formal helping hand refers to the government and third-party organisations (NGOs). Few scholars hold the view, from their research findings about informal support, that parents, friends, and relatives can sometimes give support during a period of DV (Ahmad et al., 2013; Ahmad-Stout, 2021; Mahapatra & Rai, 2019b; Shah, 2015; Shamoon, 2018). Acculturation, community education and social services can also protect and prevent women from experiencing DV (Ahmad et al., 2009; Ayub et al., 2013). The role of community pressure has worked positively to stop or minimise abuse (Swati Shirwadkar, 2004); in addition, survivors have also worked as social workers, advocating for the rights of South Asian women (Reddy, 2019). One article found that outsider support could be a facilitator for help-seeking for DV survivors, as several South

Asian survivors did receive a satisfactory service and also had sufficient opportunities to talk with professionals. Survivors have also recommended that service providers from the same ethnic group would be more beneficial, and need to be gender-sensitive (Ahmad et al., 2009). It has been emphasised that British South Asian police officers have handled Asian DV issues in more effective ways, understanding sensitive matters to do with marriage and customs among Asian communities, than white police officers (Belur, 2008). DV survivors have received positive medical support from physicians but have also mentioned the need for physicians from the same ethnic background in the medical support team as well as English physicians (Ahmad et al., 2009). The South Asian based organisations have been found to be culturally competent where they provided language support to the non-English speakers, and counselling support providing emotional strength to the survivors (Ahmad et al., 2013; Ahmad-Stout, 2021; Hunjan, 2004; Mahapatra & Rai, 2019a; Swati Shirwadkar, 2004).

The above studies about barriers and facilitators for DV have identified some specific barriers which may be common in South Asian women living in a high-income country, especially in the UK. Risk factors and barriers affecting women's ability to seek support for DV in high-income countries influences both men's and women's vulnerability to DV. However, BAME women were not specified in most of these studies. This may be due to a lack of attention, or issues such as DV against BAME women being hidden or not recognised as a concern (Krishnan & Bewley, 2014).

To sum up, help-seeking behaviours have been influenced by some barriers and facilitators, such as honour, culture, shame, blame, gender, social support, education, religion, employment, language barriers and insufficient interpreters, unhelpful government and third-party organisations, and facilitators for help-seeking from inside and outside. Very few papers are available about DV against South Asian women in the UK, and British South Asian women who were born and brought up in the UK have not been explicitly included in a single study. The following section discusses the reasons why studying British South Asian women who experience DV and the barriers and facilitators for help-seeking behaviours.

The rationale for studying British South Asian women who experience DV and the barriers and facilitators for help-seeking behaviours

DV affects approximately two million individuals annually within the United Kingdom (Thompson, 2010). The UK has undertaken initiatives to prevent DV against women, and preliminary evidence suggests that these programmes have experienced at least moderate success in reducing the rates of DV against women and girls (Fulu et al., 2014). However, some issues remain within UK policy, particularly regarding DV against South Asian women. Among the most pertinent might be limited resources directed towards specific ethnic groups. Research suggests that diverse barriers and facilitators that determine DV may vary by ethnic group (Anitha, 2011; Jenny C. Tonsing, 2016). Although a growing body of literature recognises the importance of DV research, the study of DV issues in the BSA community is still inadequate. There are several reasons for undertaking PhD research with this ethnic group. Most of the research has been conducted based on the DV experienced by South Asian immigrant women because of their uncertain immigration status and other barriers and facilitators (Anitha, 2010b; Gill, 2004). The research based on South Asian communities deals with the population broadly as a single group, although this group has significant diversity in terms of their religion, different ethnicities, and different residency status. The existing research appears to focus on the general understanding of DV against whole South Asian women groups without specifying whether they belong to an immigrant group, are British born, or have indefinite leave to remain and no immigration-related issues, or whether they have language barriers but have still experienced DV. This lack of knowledge should be addressed, as the South Asian population experience increase in DV in the 21st century (Anitha, 2011). This population is becoming an increasingly important part of the UK's economic and social environment, and efforts to promote inclusion and overcome any social disadvantages are needed to support the South Asian ethnic minority population (Anitha, 2011). Fikree and Pasha (2004) noted that South Asian females are primarily excluded from decision-making processes, which provokes concerns about the possibility of their empowerment when attempting to acculturate to social norms and protect themselves from DV. The literature review in the preceding sections is also mirrored by studies suggesting that few researchers have looked at DV among South Asian women in the UK, and there are hardly any community outreach and intervention programmes that specifically target this population for support around DV. Thus far, there is an identifiable

gap in the research in relation to help-seeking behaviours for DV for South Asian women and especially BSA women.

Conclusions

The overview of the above literature has revealed limited facts and research focused on uncovering the barriers and facilitators for help-seeking behaviours among British South Asian women who have experienced DV. This literature review has presented the definition of DV, its prevalence and its impact by looking at global data, UK data, and the data from South Asian people living in the UK, barriers and facilitators for help-seeking behaviour among South Asian women, the definition of BAME and British South Asian women, the rationale for studying British South Asian women who experience DV, and the barriers and facilitators for help-seeking. This is crucial to identify the obstacles and potential support plans for help-seeking behaviours among BSA women, which can help to develop appropriate intervention strategies. This PhD research fills the research gap by offering the opportunity to understand the barriers and facilitators for help-seeking behaviours, which contribute to DV against BSA women, through DV survivors' experiences and DV service providers' perceptions.

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Chapter 3 A systematic review and meta-synthesis of barriers and facilitators of help-seeking behaviours in South Asian women living in high-income countries who have experienced domestic violence: Perception of domestic violence survivors and service providers (Paper 2)

Razia Sultana[1]

Busra Ozen-Dursun[1]

Omolade Femi-Ajao[2]

Nusrat Husain[1]

Filippo Varese[1]

Peter Taylor[1]

1 School of Health Sciences, Division of Psychology and Mental Health, Faculty of Biology, Medicine and Health, Manchester Academic Health Science Centre, The University of Manchester, Manchester (UK)

2 Division of Dentistry, School of Medical Sciences, The University of Manchester, Manchester (UK)

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Abstract

There has been little research on domestic violence within ethnic minority communities in high-income countries. This study reports on the findings of a meta-ethnography that examined the barriers and facilitators of help-seeking behaviours in South Asian women living in high-income countries who have experienced domestic violence to inform practice, understand the limits of the evidence, and identify research gaps. Qualitative studies were identified, which were available in English by electronic databases. After an initial search, 2,465 articles were reviewed by title and abstract and 135 articles were reviewed for full text. Thirty-five papers were included for this review and were synthesized using meta-ethnography. Key findings included barriers and facilitators of help-seeking behaviours: 1) Socio-cultural norms to prohibit help-seeking behaviours, 2) Fear of negative consequences, 3) Negative aspects of immigration status, 4) Insufficient support from statutory and voluntary agencies, 8) Safety strategies and facilitators for surviving. Although this review investigated the perceptions of two different populations (survivors and service providers) both groups had similar views about the barriers and facilitators of help-seeking behaviours. It is crucial for the government and non-government organizations to understand the barriers for domestic violence survivor women to seek help from their organizations and also from south Asian ethnicities. The awareness and understanding of these barriers and facilitators may help support the development of interventions to encourage effective help-seeking amongst South Asian women affected by domestic violence. Suggestions for research, practice, and policies are discussed.

Keywords

domestic violence, battered women, disclosure of domestic violence, cultural contexts, perceptions of domestic violence, South Asian, help-seeking behaviours

Introduction

Domestic violence is the major public health problem that affects one-third of women in the world (García-Moreno et al., 2013), and is also a silent problem among South Asians in high- income countries (Soglin et al., 2020). The term South Asian refers to people from the Indian subcontinent, for example, India, Pakistan, Bangladesh, Nepal, Bhutan, Sri Lanka, Afghanistan, and Maldives (SAARC, 2020). South Asians are the largest ethnic minority group in the UK with a population of 4 million (Office for National Statistics, 2011). South Asians are one of the most rapidly growing ethnic minority groups in the USA with over 5.4 million people (Strengthening South Asian Communities in America, 2019). Despite being a large ethnic minority community in high-income countries like the USA and UK, little attention has been paid to research on domestic violence in South Asians.

Statistics on the prevalence of domestic violence in South Asian women are reported as between 21-40% of South Asian women living in the United States (Soglin et al., 2020). Besides, approximately 3.4% of South Asian women who were born in any of the selected South Asian countries residing in the United Kingdom experienced domestic violence (Office for National Statistics, 2018). Evidence suggests that DV incidents against South Asian women in high-income countries are often unreported and unrecorded (Midlarsky et al., 2006). South Asians represent an intersection of diverse identities and challenges (religion, socio-cultural norms, race, ethnicity, language, migration), which can affect helpseeking amongst those who experience DV (Al'Uqdah et al., 2016; Bent-Goodley, 2007; Burnette, 2015). There is very little intersectional research conducted on the reasons for not reporting abuse amongst South Asian women (Bhuyan et al., 2010; Kapur et al., 2017). In addition, there remains a dearth of research regarding the service providers' and survivors' views on barriers and facilitators of help-seeking for DV (Eastman et al., 2007). It has been suggested that white women in high-income countries were approximately twice as likely to seek help for DV compared to ethnic minority women in high-income countries (Kaukinen, 2004). South Asian women were often reluctant to disclose DV matters to the police or service

provider organisations for traumatic experiences with the statutory service compared to other ethnic women (Gill, 2004; Imam, 1994; Patel, 2003).

The Barriers Model (Grigsby, 1997) was developed to understand women's DV experiences at four different levels: barriers in the environment, family and the social role expectations, psychological consequences of abuse and witnessing domestic violence as a child or having been revictimized. Processes and experiences at each level may create constraints to seeking help. This model helped to explore the cluster of barriers for survivors to disclose abuse and seek help. Previous research applied this model as an integrated strategy for psychological intervention with survivors of DV (Apatinga & Tenkorang, 2021; Grigsby, 1997). In this review we adopt the Barriers Model to help understand the barriers and facilitators of help-seeking behaviours in South Asian women living in high-income countries who have experienced domestic violence.

While past narrative reviews around DV in south Asian women exist, this systematic review is the first to investigate the barriers and facilitators of help-seeking behaviours, specifically in South Asian women living in high-income or developed countries who have experienced domestic violence. Most of the literature about domestic violence against South Asian ethnic minority women has used qualitative methods (Finfgeld-Connett & Johnson, 2013). Qualitative methods can provide a means of developing a rich and detailed understanding of this topic that is sensitive to the broader cultural and social context of these women. Therefore, this review will focus on qualitative research as this review extracted and analysed the data from qualitative research based on domestic violence survivors' lived experiences and the service providers perception because triangulation between these multiple sources of information is beneficial in better understanding the barriers and facilitators to help-seeking for DV that south Asian women face. This systematic review aims to understand the barriers and facilitators of help-seeking behaviours in South Asian women who experience domestic violence in high-income countries. The review focuses on studies that include the perception of domestic violence survivors and service providers who work with them in order to accumulate insights from each of the two groups, which, taken together, would provide a more complete scenario of barriers and facilitators of help-seeking behaviours for domestic violence than would analysis with a single perspective.

Method

A systematic review of qualitative studies and a meta-ethnography (Noblit et al., 1988) was conducted to examine literature for understanding the barriers and facilitators of help-seeking behaviours in South Asian women who experience domestic violence in high-income countries. This review was followed by the Preferred Reporting Items for Systematic Reviews and Meta- Analyses (PRISMA) guidelines (Page et al., 2021). This review was pre-registered in PROSPERO databases (CRD42020161228). Please see Appendix 1 for the PRISMA checklist.

Search Strategy

A systematic search was conducted on the CINAHL (Cumulative Index to Nursing and Allied Health Literature), PsycINFO, Applied Social Sciences Index and Abstracts (ASSIA), and Open Grey (for Grey Literature) databases up to 01 May, 2022. There was no restriction on the publication date. The systematic search strategy had two main concepts: domestic violence and South Asian women. Search Terms were as follows: ("Domestic Violence" OR "family Violence" OR "intimate partner violence" OR "Battered Women" OR "Battered Females" OR "IPV") AND ("South Asia*" OR "Ethnic* Identity" OR "Minority* Groups" OR "Bangl*" OR "Bengal*" OR "Pakistan*" OR "India*" OR "Bhutan*" OR "Sri Lanka*", "Afghanistan*" OR "Maldives*" OR "Nepal*"). In addition, two reviewers (BO, RS) also hand-searched reference lists from included articles for further potentially eligible studies.

Eligibility Criteria and Study Selection

The National Institute for Health and Care Excellence (NICE) definition of domestic violence refers to "any incident or pattern of incidents of controlling behaviour, coercive behaviour or threatening behaviour, violence or abuse between those aged 16 or over who are family members or who are or have been, intimate partners. This includes psychological, physical, sexual, financial and emotional abuse. It also includes 'honour'-based violence and forced

marriage" (NICE, 2016, p. 5). This definition includes issues specific to ethnic communities, for example, honour-based violence and forced marriage. This definition was selected because it covers the multifaceted characteristics of domestic violence against women.
The inclusion criteria for papers considering views of domestic violence survivors are given: 1) Participants are all women (or identify as women). Studies with mixed-gender samples must have provided results separately for women, 2) Participants must be living in the high-income countries as defined by The World Bank (2021),
3) The sample must consist of women with a South Asian background (any generation will be included). If the sample in a study includes a mixture of ethnicities, then data pertaining to South Asian women data should be presented separately from the other data, 4) In this review, participants' age will be 18 years or above because the target group in this review is adult women who have experienced domestic violence. 5) Articles need to provide data relating to the process or experience of help-seeking.
The inclusion criteria for papers considering views of service providers are as follows: 1) Participants must be living in high-income countries as defined by The World Bank (2021), 2) Service providers who had the experience to provide support to adult South Asian women (18 years or above) who experienced domestic violence.3) Articles need to provide data relating to the process or experience of help-seeking.

English language studies must include with a purely qualitative design or a mixed method design that includes a qualitative component. Title/abstract screening and full-text screening were conducted by two reviewers independently. Any disagreement between the two reviewers was resolved by discussion. Also, the final author consulted if the reviewers did not reach an agreement. The study selection is presented in the flow chart (See Figure 2).

Data Extraction

The reviewers extracted data in parallel from each study into a pre-developed data extraction form. First author name, publication year, country, sample size, participants' age, methods of data collection and analysis were extracted from the studies and summarised in Table 1. Additionally, more information about the study characteristics could be seen in Table 2.

Risk of Bias (Quality) Assessment

For this review, a quality assessment of included studies has been done using the Critical Appraisals Skills Programme (CASP) (MILTON, 2002) tool as this tool has been applied in several qualitative systematic reviews and found worthwhile. This CASP tool for qualitative studies enables an assessment of the credibility, rigour and relevance of each article (Kitto et al., 2008; Kuper, Lingard, et al., 2008; Kuper, Reeves, et al., 2008). This tool covers ten domains, including the adequacy of research findings, rigour in data collection, data analysis and interpretation, ethical clarity, researchers' engagement in reflexivity, and the value of the papers. The more "yes" responses indicate better methodological quality. The other potential responses are "can't tell", and "no". Two reviewers (BO, RS) rated all papers, as per the CASP's guidelines. Each discrepancy was discussed and resolved by the reviewers. If no consensus arose, the full supervisory team discussed the discrepancy until a consensus was achieved. There was no study excluded in this stage based on quality but a discussion on the quality of the articles is included in the review, and this information will be used to weigh the conclusions drawn from the data synthesis.

Meta-synthesis

In this review, we have used meta-ethnography as a method for synthesising qualitative research. This method gives an alternative to traditional aggregative methods of synthesis (Britten et al., 2002). Meta-ethnography was used for this review as it introduces an integrated approach to synthesis which helps to interpret the findings and also develop conceptual understanding or theory (Britten et al., 2002; Toye et al., 2014). The synthesis process involved a series of steps (Noblit et al., 1988). First reviewers read the articles multiple times for understanding, familiarization of the key concepts, metaphors which published in the studies. Next, the reviewer coded the participants' views/perceptions about barriers and facilitators of help-seeking behaviours for domestic violence. NVivo 12 (Version 12.6.1) software was used to assist in coding the data. All papers were uploaded to NVivo, which allows codes to be readily applied and tracked between papers. The participants' (service providers and survivors) quotes and authors' interpretations

were coded line by line as a single body of sentences for creating a distinction between first-order, second-order and third-order constructs (Tarzia et al., 2020). The views and experiences of study participants (survivors and service providers) as presented in the individual papers are referred to as first-order constructs. The authors' explanations and interpretations of the data obtained within their studies are referred to as second-order constructs. The overarching themes identified through the meta-synthesis from across the different primary studies are referred to as third-order constructs (Noblit et al., 1988; Trevillion et al., 2014).

The first author who led the coding regularly discussed the process with the second reviewer and the supervisory team to provide additional oversight and opportunities for reflection. All the codes were separated in the same table into three groups of papers: 1) Survivors based papers, 2) Service providers based papers, 3) Survivor and service providers (SSP) based papers. The codes were categorized by the areas of similarity, and then all categories were merged into relevant themes and subthemes. The translation process involves conceptualising the relationship between studies and the first and second-order constructs, which is a mandatory step in the meta-ethnography (Britten et al., 2002). In this review we used Noblit et al. (1988)'s reciprocal translation and a line of argument. The data was largely consistent (in agreement) between papers, so a refutational translation was not applicable. A summary of critical findings (second-order constructs and examples of first-order constructs) are displayed in below table (Table 1).

Table 1 Critical Findings (Third order constructs, summary of second order constructs and examples of first order constructs)

Third order construct	Summary of Second order construct	Examples of quotes (First order construct)
	• Normalizing abuse • Family secret	"Even if you get to complain or get help from others, it won't be changed, because that is his nature and a husband who is drinking everyday cannot change his behavior. Seeking help creates problems due to misunderstanding. Accept the drinking time if at other times he is ok" (Kanagaratnam et al., 2012,p.651)

Socio-cultural norms to prohibit help-seeking behaviours: Data extracted from 30 studies: 16(S), 7(SP),7(SSP)	• Stigma around seeking help • Gender inequality	"It is not socially accepted that women get divorce. It is the reason why women will not initiate divorce. The situation is, whether the woman applies for divorce or whether the husband leaves the wife, the woman is the one to be blamed for the breakup of the marriage … yeah; women get the blame if there is problem in the marriage … and shame it brings …" (Tonsing & Barn, 2017,p.633)
Fear Data extracted from 28 studies: 15(S), 7(SP),6(SSP)	• Fear of family • Fear of Community • Fear of Friends	"I know if, (deep breath and short pause) I decide to leave (husband), he's gonna go off on the deep end, he's gonna do something bad…He'll kill me, like I don't know. I mean in our, in our Indian culture that's what happens sometimes" (Hunjan, 2004,p.164) "I do not share with others because if I share with someone, then that someone might tell another person who might happen to know my mother-in-law and so on. And the news will spread and it will bring bad name to my family …" (Tonsing & Barn, 2017,p.632)
Negative aspects on immigration status: Data extracted from 24 studies: 13(S), 6(SP),5(SSP)	• Deportation Threat/risk • Silent Approval of the violence for immigration issues • Lack of knowledge, resources and cultural barriers for immigrant women • Being financially controlled • No public fund	"continuously this person was like chasing me… So what, why I took this decision to come another country, because, although my family was supportive, in the end, I became a liability for them…" (Hunjan, 2004,p.187) "The following image is that of a dependent victim who is "not able to work, unable to drive . . . doesn't really get out of the home and then there are all these things that are happening, they might have children together, he is threatening to send her back to India. He will keep the kids here with him, [and] she is unfamiliar with her options for U visa" (Kapur & Zajicek, 2018,p.1935) "There is fear of income insecurity, how to pay for rent and food for kids.'' Another participant added ''Where to leave kids when you go to work" (Ahmad et al., 2009,p.617) "I didn't know what are my rights. . . . Migrants don't have any information . . . the Swedish people they can just bring the person from the other place. Because they don't know the language they can give the information or not. They can build the whole situation for that person. It is a new form of slavery. . . . You have not language, you have not contacts." (Voolma, 2018a,p.1843)

		"Some of the interpreters that are available may not be sympathetic to the issues and may try to twist her word around"(Huisman, 1996,p.268)
Insufficient support from statutory and voluntary agencies: Data extracted from 19 studies: 10(S), 5(SP),4(SSP)	• Lack of coordinated services • Institutional racism	"There is a lot of resistance among our clients ... we did a survey with 50 or more of our clients, asked them their feelings about shelter, police, and other things ... with shelter a very small percentage would ever be willing to call or go to a shelter and part of that is because mainstream doesn't understand me. I cannot get Halal food or whatever food ... So there is a huge ... resistance among our clients in accessing services/spaces." (Kapur et al., 2017,p.56)
Safety strategies and facilitators for surviving: Data extracted from 22 studies: 13(S), 4(SP),4(SSP)	• Support by families, friends, community and society • Self-disclosure and self help • Statutory and voluntary agencies support from the host countries	"Through speaking with the counsellors, I have learnt a lot and heard a lot. I can now do a lot. Formerly, in the first year and half, I could not go out of the door alone. In the past six months I have learnt a lot. I can now travel alone and I am not scared anymore…" (Hunjan, 2004,p.193) "The police, as authority figures, are seen next to God, because they have the power .. . But if the police have no understanding of the issue, their advice would not be very useful. There should be more recruitment of BME officers who will understand these cultural complexities, and there should be more training in cultural and sensitive issues." (Belur, 2008,p.437)

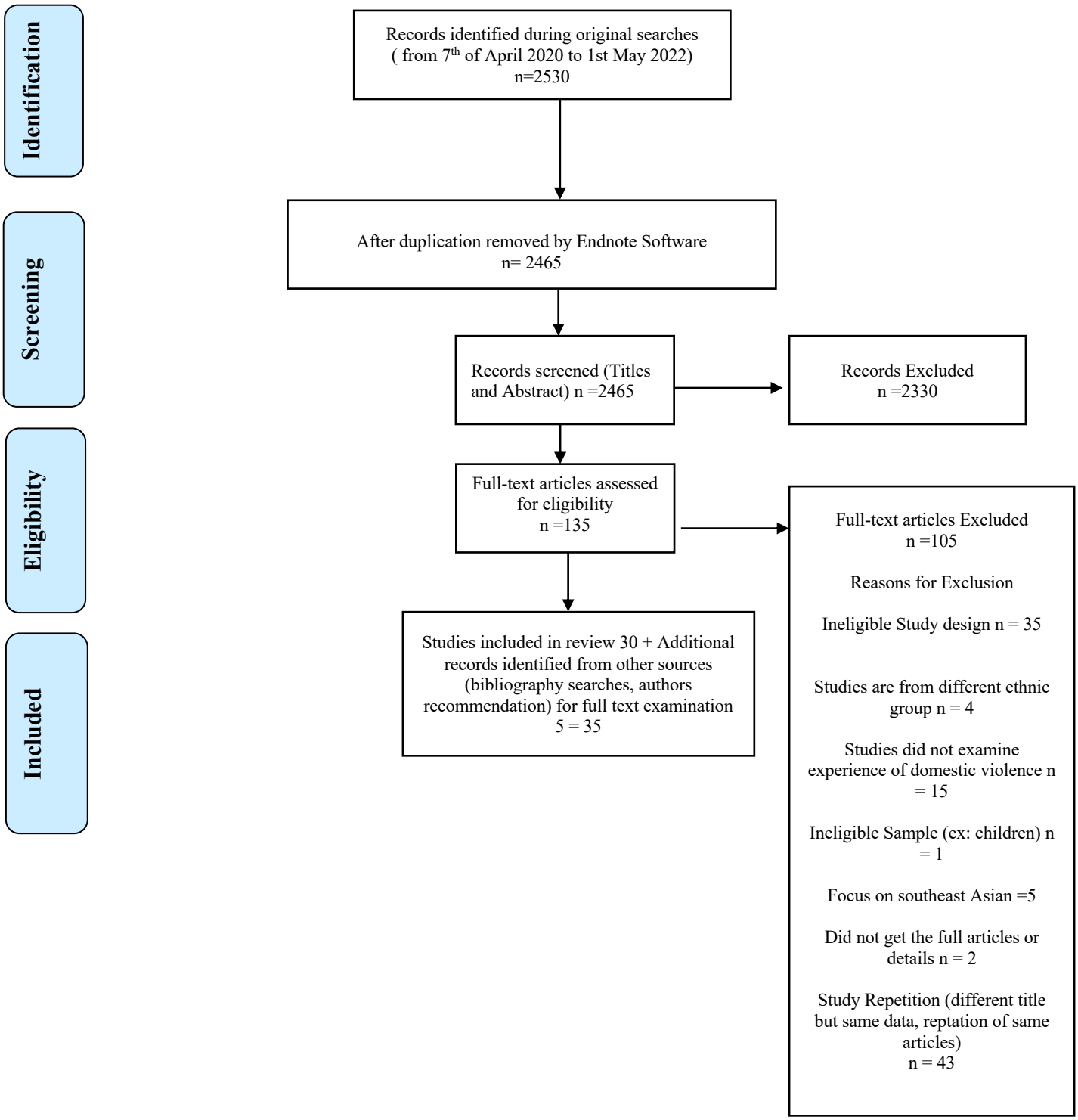
*S =Survivor based studies, SP=Service Provider based studies, SSP=Survivor and service provider based studies

Results

Study Selection

In total of 2465 studies were identified after removing the duplications. After the title and abstract screening, 69 studies were identified for the full-text screening. Thirty-five papers were fully met the inclusion criteria and included in this review. These total identification and screening process is showed in figure 2.

Figure 2 Literature search PRISMA diagram



Characteristics of Included Studies

Table 2 presents the total characteristics of the included studies. There were twenty survivor-based papers, eight service providers, and seven survivors and services. This review included 30 journal articles and five dissertations/theses. Included studies were conducted in eight different countries. Fifteen studies were conducted in the United States, eight were conducted in the United Kingdom, nine were conducted in Canada, two were conducted in Hong Kong, one was conducted in Sweden, and one was conducted in Norway. One was conducted jointly in India and United States, and one was conducted jointly in Pakistan and UK. In these two studies, we have excluded the information concerning individuals living in India and Pakistan as this review focused on South Asian ethnic communities in high-income countries. Participants' ethnicities were Indian, Pakistani, Bangladeshis, Afghan, and Sri Lankan.

The majority of studies used semi-structured interviews (24 studies), whilst eleven studies are based on focus group discussion, unstructured interviews, and observation methods. Thematic analysis was the most common method of analysis (n=9). Other methods were grounded theory (n=4), conventional content analysis (n=1), narrative analysis (n=2), and discourse analysis (n=1).

Survivors were recruited from a variety of settings such as community organisations, researcher's networks, refugee camps, mosques, and via survivors' friends and relatives using snowballing techniques. The service providers were recruited from third-party organisations. Service providers included domestic violence advocates, immigrants' lawyers, community leaders, NGO workers, volunteers, founders of South Asian community organisations, and activists in non-profit organisations.

Table 2 Characteristics of included studies

Author Name and Year	Country	Sample size	Age Range	Method of data collection	Method of data analysis and theories used
Ahmad et al. (2009)	Canada	22	29-68 (M=45.9)	Focus group	Thematic Analysis

Ahmad et al. (2013)	Canada	11	32–57	Interview	Thematic Analysis
Ali et al. (2019)	Pakistan and England	41	20-62	Interview	Grounded theory methodology
Anitha (2010b)	Manchester, UK	30	Age is not mentioned	Interview	Thematic Analysis
Belur (2008)	England and Wales	Clearly not mentioned: Only mentioned 2 police forces	Age is not mentioned	1. Interview 2. Observation	Observational research technique
Bhandari (2020)	USA	40	26-66 (M=38.8)	Interview	Open coding strategy defined by Saldana (2012)
Bhandari and Sabri (2020)	United States	20	26-66 (M=38.8)	Interview	Open-coding strategy as defined by Saldaña (2012)
Bhuyan (2008)	Washington, USA	No information	Age is not mentioned	Ethnographic methods, observation, interviews	Discourse Analysis
Dasgupta (1996)	United States	12	Age is not mentioned	Interview	Not mentioned clearly, assumed narrative
Garnweidner-Holme et al. (2017)	Norway	3	Age is not mentioned	Interview	Thematic Analysis
Guruge (2009)	Canada	16	30+	Interview and focus groups discussion	Inductive thematic analysis
Guruge et al. (2010a)	Canada	63	Community leaders age group (Individual Interview): 6 (in their 30s), 5 (in their 40s),5 (over 50 years, Focus Group discussion=G1:30–63, G2: 41–50 G3: 27–65, G4: 25–62, G5: 24–69, G6: 35–69	Interview and focus group discussions.	Data analysis involved inductive thematic analysis (Bryman 2001)
Hunjan (2004)	Canada	Clearly not mentioned	20-53 (M=33.7)	Interview	Not specifically mentioned, used NVivo

Kanagaratnam et al. (2012)	Canada	63	Total 8 focus groups 2 with each of the following groups): (a) young women aged 18–24 who were born in Canada or immigrated at or under the age of 13, (b) adult women aged 25–64 who were married, (c) women older than 65 who were currently/formerly married	Focus groups	Thematic analysis
Kapur and Zajicek (2018)	USA	26	20-70+	Interview	Winker and Degele's (2011) methodology of intersectional analysis
Kapur et al. (2017)	united states	26	Age is not mentioned	Interview	Grounded theory
Mahapatra and Rai (2019a)	united states	9	24-42	Interview	The types of codes used were: Descriptive, Process, In Vivo, and Emotion coding.
Mehrotra (1999)	USA	28	27- 54 (M=40)	Interview	Narrative Analysis
Mirza (2016)	UK(Scotland)	11	No information	Interview	Not clearly mentioned / Coding
Pallatino (2018)	USA	30	Age range is 20-35	Interviews	Not clearly mentioned / Coding
Reddy (2019)	USA	8	Age range is 26-49 (M=32)	Interview	Phenomenological analysis
Sabri et al. (2014)	USA	16	Age range is 31–48 (M = 38)	Interview and focus group	Thematic analysis
Shah (2015)	USA	8	Age range is 30-50	Interview	Conventional content analysis
Shamoon (2018)	USA	8	Age range is 20-50	Interview	Constructivist grounded theory methods
Swati Shirwadkar (2004)	Canada	8	No information	Interview	Not clearly mentioned / Coding
Tonsing and Barn (2017)	Hongkong	14	Age range is 27-39 (M= 33.9)	Interview	The grounded theory
Jenny C. Tonsing (2016)	Hongkong	20	1.Age range is 27-39 (M= 33.9) in South Asian women.	Interview	The grounded theory

			2.Age range is 20-35 in helping professionals		
Wellock (2010)	UK	6	No information	Interview	Phenomenological analysis
Gill (2004)	UK	18	No information	Interview	Not clearly mentioned / Coding
Burman, Smailes, et al. (2004)	UK	36	Adults	Interview	Discourse analysis
Hyman (2006)	Toronto, Canada	51	Age range is 19-77	Focus group	Not clearly mentioned / Coding
Huisman (1996)	USA	18	No information	Interview	Feminist perspective
Ahmadzai et al. (2016)	Canada	5	No information	Interview	Gender-based analysis plus (GBA+) framework
Voolma (2018a)	Sweden, UK	88	22 - 48	Interview	Thematic analysis
Ahmad-Stout (2021)	USA	11	24-49	Interview	The grounded theory

Results of Quality Assessment

The quality assessment Table 3 is given below. The quality assessment indicated that two papers did not comment on reflexivity (i.e., the positioning and background of the research team in relation to the topic being studied), and nineteen papers had no clear information about this reflexivity which were rated as "can't tell" in CASP tool. Reflexivity is crucial because without it, there is greater risk of personal biases not being recognised or acknowledged and impacting on the quality of the analysis (Probst, 2015). Five papers did not mention any ethical issues and eleven papers provided insufficient information about ethical issues (Sanjari et al., 2014). Data collection related limitations were found in two papers that did not mention the sample age group, sample size, race or ethnicity, or clarify the method of translation or data collection. Although some papers had few issues, all the papers were rated as valuable by first and second reviewers for their contribution to creating existing knowledge or understanding and identifying new areas where research is necessary.

Table 3 Results of Quality Assessment

Author Name and Year	*1. Was there a clear statement of the aims of the research?*	*2. Is a qualitative methodology appropriate?*	*3. Was the research design appropriate to address the aims of the research?*	*4. Was the recruitment strategy appropriate to the aims of the research?*	*5. Was the data collected in a way that addressed the research issue?*	*6. Has the relationship between researcher and participants been adequately considered?*	*7. Have ethical issues been taken into consideration?*	*8. Was the data analysis sufficiently rigorous?*	*9. Is there a clear statement of findings?*
Ahmad et al. (2009)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ahmad et al. (2013)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ali et al. (2019)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Anitha (2010b)	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes
Belur (2008)	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes
Bhandari (2020)	Yes	Yes	Yes	Yes	Yes	No	Can't tell	Yes	Yes
Bhandari and Sabri (2020)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes
Bhuyan (2008)	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes
Dasgupta (1996)	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Can't tell	Yes	Yes
Garnweidner-Holme et al. (2017)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes
Guruge (2009)	Yes	Yes	Yes	Yes	Yes	Yes	No	Can't tell	Yes
Guruge et al. (2010a)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hunjan (2004)	Yes	Yes	Yes	Yes	Yes	Yes	No	Can't tell	Yes
Kanagaratnam et al. (2012)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kapur and Zajicek (2018)	Yes	Yes	Yes	Yes	Yes	Can't tell	No	Yes	Yes
Kapur et al. (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Mahapatra and Rai (2019a)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes
Mehrotra (1999)	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes
Mirza (2016)	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes
Pallatino (2018)	Yes	Yes	Can't tell	Yes	Yes	Can't tell	Yes	Yes	Yes
Reddy (2019)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sabri et al. (2014)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Shah (2015)	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes
Shamoon (2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Swati Shirwadkar (2004)	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes
Tonsing and Barn (2017)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes
Jenny C. Tonsing (2016)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wellock (2010)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes
Gill (2004)	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes
Burman, Smailes, et al. (2004)	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes
Hyman (2006)	Yes	Yes	Yes	Yes	Yes	Can't tell	No	Yes	Yes
Huisman (1996)	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes
Ahmadzai et al. (2016)	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes
Voolma (2018a)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes
Ahmad-Stout (2021)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes

Reciprocal Translation

It was found from the synthesis that the articles relatively consistent with regards to their research aims and questions, and the emerging data, and as such a reciprocal translation was possible, which showed that articles contributed the most materials to this results section (Noblit et al., 1988; Sattar et al., 2021). The synthesis results in five themes, which are described below.

Socio-cultural norms to prohibit help-seeking behaviours: The participants described how women learned behaviour from early life, following traditional gender norms where women were expected to tolerate abuse and keep it secret from the outside world (Das Dasgupta & Warrier, 1996; Hunjan, 2004; Sabri, Simonet, et al., 2018a; Shah, 2015; Shamoon, 2018; Tonsing & Barn, 2017). Participants indicated that within South Asian society patriarchal cultural norms left the women feeling insecure, powerless, submissive, and lacking the competency to make their own decision. This in turn made seeking help for domestic violence very difficult (Das Dasgupta & Warrier, 1996; Gill, 2004); Mahapatra (2012); (Mahapatra & Rai, 2019a; Shamoon, 2018).

Fear about family, community, and friends: Survivors feared the possible consequences for other people in their lives if they were to seek help. For example, they described concerns that the perpetrators would take revenge on their families, including those still living in the Indian subcontinent (Anitha, 2010a). Survivors reported a common fear that abusers would harm their children if they tried to leave the relationship (Hunjan, 2004). It was also found that women feared divorce as the stigma and blame connected with divorce in south Asian culture, so children's future marriage might be affected by their parent's separation or divorce (Hunjan, 2004; Hyman, 2006; Mahapatra & Rai, 2019a; Tonsing & Barn, 2017). One survivor who had managed to secure financial support for herself and her children in Canada stated that going back to her home country would have been terrible because it meant confronting the friends, family and community members who stigmatised her for her divorce or separation (Hunjan, 2004).

Negative aspects of immigration status: Participants from survivor-based studies articulated that their husbands and in-laws constantly threatened to send them back to their

home country (Hunjan, 2004). Perpetrators applied this "deportation threat" as a weapon to manipulate their wives into not seeking help from others (Gill, 2004). Survivor-based, service provider-based and survivor and service provider-based papers found that immigration issues are connected to exacerbating domestic violence. Some American South Asian women reported that they tolerated violence from their husbands and in-laws as they had dependent visas where abusive husbands had the authority to get them permanent residency status (Gill, 2004; Pallatino, 2018). Immigrant women and service providers expressed that limited or no capacity to speak English was a significant barrier for South Asian and ethnic women to getting support from consultants, midwives, police via translator or interpreter (Anitha, 2010b; Belur, 2008; Garnweidner-Holme et al., 2017; Hunjan, 2004; Kapur et al., 2017).

Insufficient support from statutory and voluntary agencies: Service providers stated that health, communal and settlement organisations had limited coordination and interconnection with each other, so survivors did not get the right support at the right time (Guruge, 2009; Kapur et al., 2017). Both survivors and service providers-based studies narrated that immigrant women did not disclose the abuse and seek help due to their insecure visa status in the UK, and having no right to financial support, accommodation support and welfare benefits (Voolma, 2018a).

Safety strategies and facilitators for surviving: Some studies suggested that leaving an abusive relationship could be supported by validation from their family, friends, or work colleagues *(Sabri, Simonet, et al., 2018a; Shah, 2015)*. Women used their resilience as their capacity to recover quickly from their difficulties (Mahapatra & Rai, 2019a), renewed their confidence and self-esteem through their positivity (Shah, 2015), coped by engaging in positive activities (Ahmad-Stout, 2021). Moreover, they raised their voices against life-threatening torture (Bhuyan, 2008), applied for asylum to save themselves from their husbands' controlling patterns of behaviour (Hunjan, 2004; Shamoon, 2018). Women also tried to educate themselves to understand healthy relationships (Garnweidner-Holme et al., 2017; Shamoon, 2018). Survivor women emphasised the importance of technological support such as access to computers (and mobile phones) and the internet. This enabled access to information and education through websites and online prevention programs, and provided new opportunities for communication and seeking support (email, video call, social media) (Ahmad et al., 2009; Ahmad-Stout, 2021; Mahapatra & Rai, 2019a;

Pallatino, 2018).

Most of the articles also showed that insufficient support existed in statutory and voluntary agencies in the host countries. However, one service provider from the UK mentioned that Asian police officers handled Asian domestic violence issues in more effective ways due to understanding the sensitive issues in marriages, and the customs of Asian communities better than white police officers (Belur, 2008).

Line-of-argument Synthesis

In this review, line-of-argument was created from the third order constructs which "making a whole into something more than the parts alone imply" (Noblit et al., 1988, p. 28). The findings of this meta-ethnography are illustrated in Figure 3 as a weighing scale in order to represent how the barriers and facilitators of help-seeking are balanced against each other, with the barriers outweighing the facilitators for many women struggling to seek help. The barriers to seeking help often appear to outweigh the facilitators, explaining why seeking help is so difficult for these women. South Asian women have stark cultural differences compared to the high-income countries' cultural values, norms creating a number of barriers with a lack of government and non-government support, which might otherwise tip the balance in favour of seeking support, is an important issue here (Hunjan, 2004; Kapur & Zajicek, 2018; Swati Shirwadkar, 2004). Women's self-help, and self-disclosures to protect them from the perpetrators were powerful strengths in seeking help. For some, these assets became impossible where more substantial barriers were present such as challenges concerning immigration status, financial crisis, family, stigmatisation within the community. These barriers to help-seeking for DV have occurred due to the diverse cultural attitudes of women, such as fear of shame, blame, and protection honour of family for south Asian, and lack of formal and informal support. In Figure 3, the line-of-argument synthesis also shows a green dot line which emphasises increasing the support for survivors and service providers to balance the ambivalent weighing scale. This balance can be ensured through more innovative, strategic assistance from government and non-government organisations.

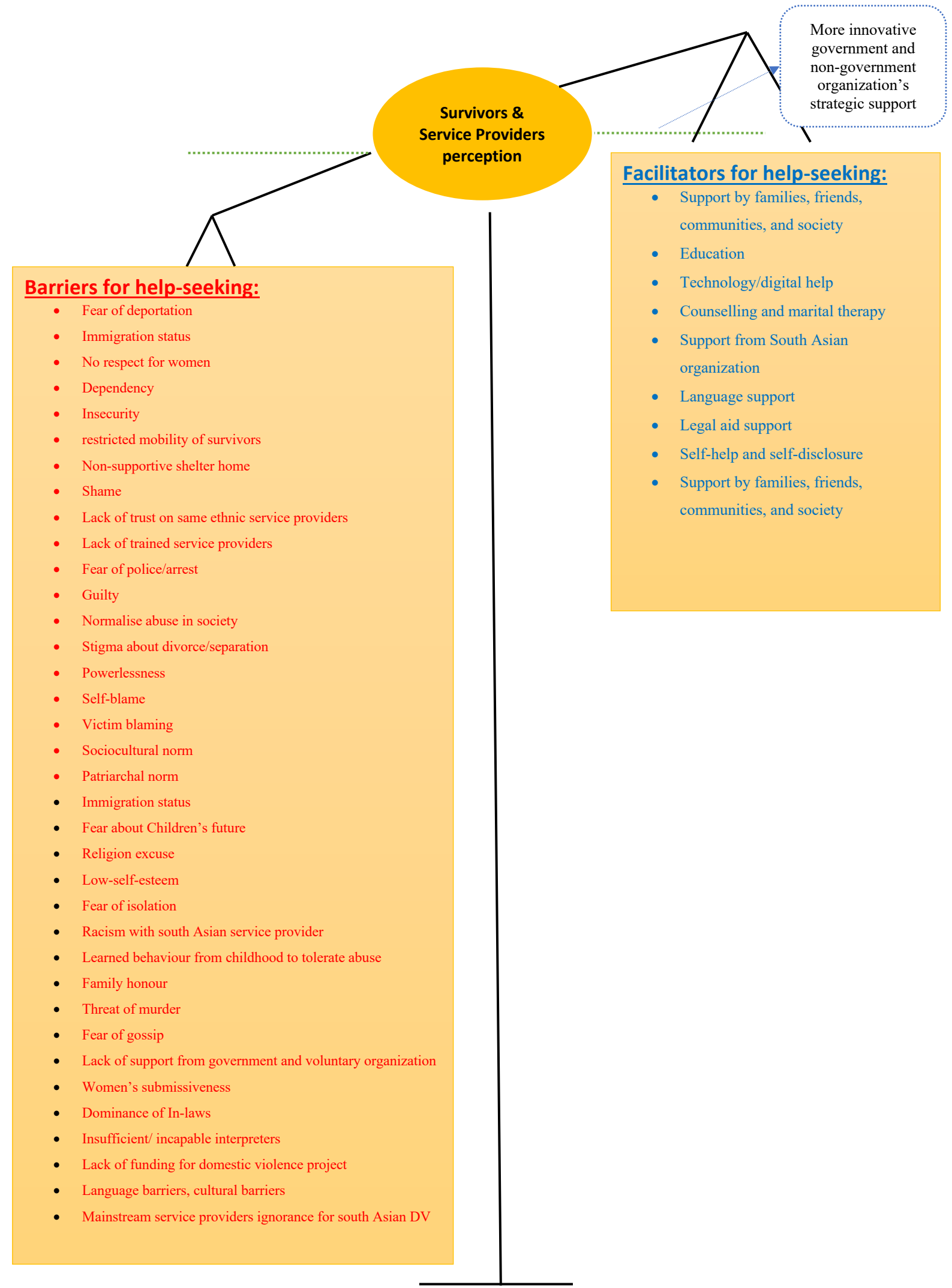


Figure 3 Line of Argument (Scale of Weighing)

Discussion

This meta-ethnography was the first to focus on domestic violence survivors' and service providers' perceptions of the barriers and facilitators to help-seeking behaviours in the diverse group of South Asian ethnic women living in high-income countries who have experienced domestic violence. Five themes were identified from the synthesis of qualitative research articles. Across all the themes (third-order constructs) of this review, survivors and service providers had similar perceptions about the barriers and facilitators to help-seeking behaviours for domestic violence. The results indicated that barriers often outweigh facilitators of help-seeking behaviours. South Asian women often face a lack of support from government and non-government organisations because mainstream organisations have limitations due to their lack of funding and lack of staff trained to understand and accommodate Asian needs and experiences. The reason for lack of support of south Asian women are their According to Grigsby (1997), the Barriers Model is relevant to explain the process of help-seeking behaviours and the findings of this review. Figure 4 is adapted from Grigsby (1997) Barriers Model where the help-seeking barriers from each layer overlapped/interacted with other barriers from other layers.

As mentioned earlier, this model depicts four layers at which barriers to help-seeking can exist. The themes and the barriers identified in this review can be positioned within this model. The environmental barrier is the first level, encompassing broader systemic and societal factors such as the participant's isolation, language barriers, lack of education, lack of cultural knowledge, service providers' ineffective systems, the financial crisis, lack of technology support, mental health support, and legal aid support, discrimination regarding religious beliefs, institutional racism, insufficient interpreters, uncertainty about appropriate responses against abuse, and limited access to safe places or shelter homes. This finding was also reported by some authors (Aujla, 2020; Femi-Ajao et al., 2020; Finfgeld-Connett & Johnson, 2013). South Asian women specially who were immigrants often faced these difficulties for their different culture, tradition, law and isolation in the new countries (Abraham, 1998).

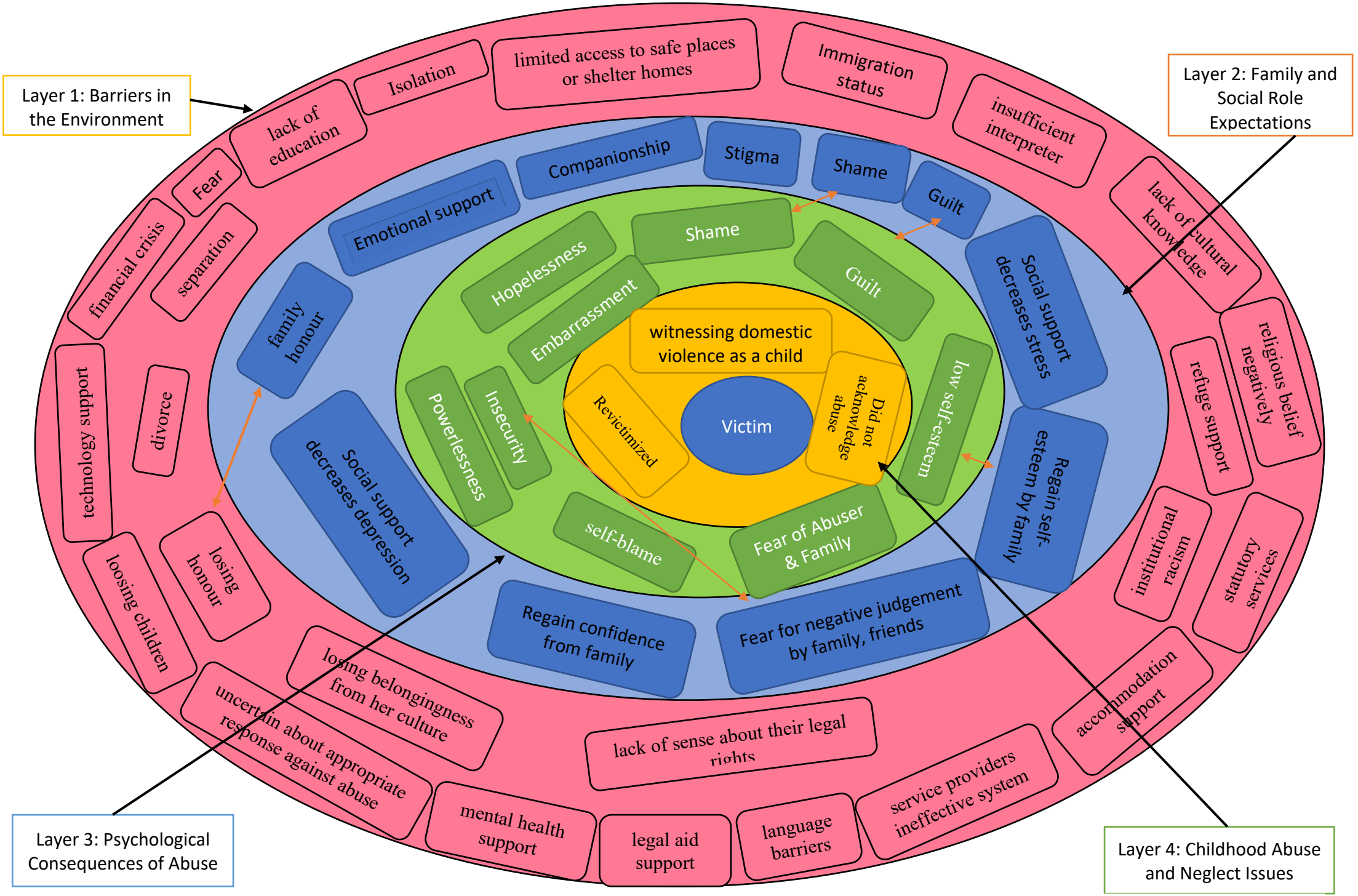


Figure 4 Adapted Barriers model from (Grigsby, 1997).

The findings about the economic crises of survivor women is consistent with that of Othman et al. (2013) who reported abusers' greater power and resources create barriers for women to seeking help as some women were financially dependent on abusers. Another important finding was that fear is a major barrier depending upon the situation (environment) which prohibiting women from seeking help. Women were afraid of worsening abuse, of losing honour, divorce, separation, losing children, being deported, isolation, and being rejected from their culture (Ahmad-Stout, 2021; Gill, 2004; Hunjan, 2004). These barriers continued as the service providers could not gain access to help survivors without their permission (Ahmadzai et al., 2016; Burman, Chantler, et al., 2004). The negative impact of immigration status is one of the most influential environmental barriers to help-seeking and was, directly and indirectly, aligned with other barriers as previously discussed, because there were limited facilities offered for immigrant South Asian domestic violence survivors to prevent and combat the perpetrators. These findings follow the line of other UK-based articles that showed that immigrant DV survivors who had no resources to public funds did not have access to refuge support, statutory services, accommodation support and had limited understanding of their legal rights (Alaggia et al., 2009; Femi-Ajao et al., 2020).

The second level of the model is family and social expectations. This review found that socio-cultural norms may prevent help-seeking behaviours. This level is also connected with current findings that participants were fearful of the impact on family honour if they were to seek help, as well as being worried about stigma, shame, the possibility of divorce, losing children and the impact on children's futures. South Asian women may also feel responsible for the violence and keep it secret from family, friends and members of the community (St Pierre & Senn, 2010). These results seem to be consistent with other research which found survivors feared being judged negatively by their family, friends, neighbours, and colleagues (Damra et al., 2015; Hegarty & Taft, 2001; Heron et al., 2021; Lutz, 2005). In accordance with the present results, previous studies showed that the emotional support and companionship from families, friends, and communities can help some survivors regain confidence and self-esteem (Abrahams, 2007; Shah, 2015). This evidence is supported by Mahapatra (2012), who suggests that social support might minimise violence and help some survivors to minimise depression and other types of stress (Adkins & Dush, 2010; Campbell et al., 1995; Mahapatra, 2012). Psychological barriers to abuse are the third level of this barrier model, which is comparable to this review's results, such as fear of the abuser, family; self-blame; feelings of guilt; low self-esteem; hopelessness, insecurity, powerlessness, feelings of shame, and embarrassment. These emotional struggles might make it difficult for survivors to get the

courage to seek help. Relatedly, when comparing the findings from this review with Heron et al. (2021), similar barriers were found which prevented survivors from seeking help. The last level is witnessing domestic violence as a child or having been revictimized, which are also aligned with socio-cultural norms. Some women who were victimized by someone in the family in their childhood assume that anyone can abuse them such as family members, their husband or in-laws and that they should accept it. These findings corroborate the ideas of Narula et al. (2012) and Zink et al. (2004) who suggest that some survivors did not seek help as they did not acknowledge that they were experiencing violence.

The above Barriers Model organised the themes of this review into a structure, and explained that barriers to help-seeking behaviours contributed at multiple different levels. So, the structure of the Barriers Model can be useful in understanding domestic violence survivors' barriers to help-seeking behaviours and may suggest strategies to address survivors' needs more effectively (Grigsby, 1997).

Limitations

There are a few limitations that exist in this meta-ethnography and the included studies. The systematic search has only included CINAHL (Cumulative Index to Nursing and Allied Health Literature), PsycINFO, Applied Social Sciences Index and Abstracts (ASSIA), and Open Grey (for Grey Literature) databases but commonly used databases such as Medline and Embase were not included in the searches which is the limitation of this systematic review. Although this review is about domestic violence against South Asian women from high-income countries, only English language papers were selected for this review and this review did not include a thorough search of grey literature. As such relevant research may have been missed, including non-English language publications. The analysis section of this meta-ethnography was undertaken by one reviewer so there might be scope for bias in the interpretations drawn. However, the research actively discussed the synthesis as it developed within regular supervisor, providing an opportunity to reflect on the position taken and interpretations drawn. There is a possibility of bias given the subjective nature of qualitative research, which possibly shaped the results of this current review paper (Heron et al., 2021). Participants in any research on a sensitive topic (e.g. domestic violence) might answer the questions based on what is accepted by society instead of what he or she originally felt. Alternatively, bias can come from researchers if they unconsciously interpret

the data to meet their aims or include the data which they think is relevant for their research. The current review used the CASP (MILTON, 2002) to support the quality assessment of papers. However it has been noted that there is no gold standard quality assessment yet published for qualitative research (Mohammed et al., 2016).

The quality assessment found that some articles were affected by methodological weaknesses, ethical issues, and a lack of
. Further, it was mentioned in the articles that all South Asian cultures are not the same in terms of their religions, and social norms, and each South Asian woman may have characteristics which are distinct from other South Asian women (Ahmad et al., 2009). Studies included in this review were carried out in high-income countries so the findings of this review will be less applicable to lower and middle-income counties.

Implications for Policy, Practice and Research

These findings of this meta-ethnography have implications for staff of government and non-government organisations, patients, victims, and survivors of domestic violence in understanding the barriers and facilitators to adequate support and services. Service providers must have expertise in cultural sensitivity and gender sensitivity when working with South Asian women experiencing domestic violence in high-income countries. One well-known recent domestic violence-based research project investigated gender sensitivity among social workers who provided support to immigrant domestic violence survivors and found that failure to practice gender sensitivity and recognise structural inequality between males and females would be a barrier to developing constructive support for survivors (Leung, 2011). So, it is necessary to provide specific training and education on domestic violence to the service providers to ensure the safe and intensive care of this vulnerable population. Moreover, community programmes are also necessary to increase knowledge and raise awareness about domestic violence against women (Sabri et al., 2015). Based on the findings of this current review, supportive family members and the community were helpful for the survivors in seeking help against violence (Sabri, Simonet, et al., 2018a; Shah, 2015; Shamoon, 2018). So, violence prevention and intervention programmes need to engage with family members to help remove barriers and encourage women to seek help. However, there was one drawback present for some immigrant women who faced a number of difficulties due to isolation from the family and the community (Ahmad-Stout, 2021; Mehrotra, 1999;

Pallatino, 2018). community programmes should provide outreach services to effectively help immigrant women who live far from their home country without parents, family members, relatives, friends, or their community. This is also recommended to help recognise barriers and facilitators from both survivors' and service providers' perspectives to help government and non-government organisations address domestic violence. The Implications for Policy, Practice and Research Table 4 is given below.

Policy should be designed to help develop culturally appropriate and accessible services for South Asian women in high-income countries which are compatible with their culture and tradition through multilingual and multiracial services. The policy also needs to be implemented with a proper understanding of South Asian cultural norms interconnected with their religion, ethnic identity, gender identity for both statutory and voluntary organisations, to educate and train all service providers through a multisectoral approach (government domestic violence support staff including police, healthcare staff, social workers, family lawyers, and domestic violence specialists from non-governmental organisations) to ensure survivors confidentiality, achieve their trust, comfort, safety, and security. The service providers must have expertise in cultural sensitivity and gender-sensitivity assessments and interventions with South Asian ethnic minority women experiencing domestic violence in high-income countries. Future studies should be conducted on the themes in this review, exploring how factors such as socio-cultural norms, stigma, honour, shame, blame, immigration status, language and financial barriers influence help-seeking behaviours.

Table 4 Implications for Policy, Practice and Research

Practice
Service providers should be trained according to the South Asian context to understand the survivors' experience with abuse and how better to support them in a culturally sensitive and relevant manner
The service providers must have expertise in cultural sensitivity and gender-sensitivity assessments and interventions with South Asian ethnic minority women experiencing domestic violence in high-income countries
Violence prevention and intervention programmes need to arrange for involving the family members, in-laws, husband for breaking the stigma about domestic violence
Community programmes and education could be the prevention strategies to address cultural norms and Values (which emerged as overarching themes in this review) that may promote and sustain domestic violence in the South Asian community
Policy
Policy should be made for developing culturally appropriate and accessible services in each sector for all South Asian women in all high-income countries which should be compatible with their culture and tradition through multilingual and multiracial services.

Given the importance of religious leaders within the South Asian Community (e.g. minister/imam in islam religion,) government organizations and services could work collaboratively with religious leaders to raise awareness and promote education about domestic violence

The policy should be made to educate statutory and voluntary organizations for understanding the south Asian cultural norms and complexities of the help-seeking behaviours and facilitators of the South Asian women who experienced domestic violence

The policy should be made to recognize the South Asian cultural norms for statutory and voluntary organizations to ensure survivors confidentiality, achieve their trust, comfort, safety and security

Research

The future studies should be conducted on the themes in this review, exploring factors such as sociocultural norms, stigma, honour, shame, blame, immigration status, language and financial barriers, which are the unique features/challenges of south Asian communities, and how they influence help-seeking behaviours

Encourage to explore more comprehensive research areas to develop south Asian culturally appropriate interventions to encourage effective help-seeking amongst South Asian women affected by domestic violence.

Need to conduct more research on social support and acculturation of south Asian women who experienced domestic violence and help-seeking barriers in high income countries

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The findings can also explore the research areas to develop interventions to encourage effective help-seeking amongst South Asian women affected by domestic violence. It is also needed to conduct more research on social support and acculturation of south Asian women living as immigrants in high-income countries who have experienced domestic violence and help-seeking barriers because of their lack of knowledge and support about host countries. This meta-ethnography identify the need for government and non-government support including family, friends, community and social support for South Asian women. The findings of this meta-ethnography identify an important knowledge gap that should be addressed to improve the help-seeking behaviours in South Asian women living in high-income countries who have experienced domestic violence.

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Chapter 4: Methodology

This chapter describes the critical evaluation of the rationale behind the overarching methodological decisions of two qualitative research elements of this PhD project. These research methods have not been elaborately discussed in the qualitative papers (Chapters 5 and 6) to maintain the standard format for papers. This section discusses the following:

1) Choice of the common theoretical / conceptual framework for the research.
2) Rationale for the epistemological and ontological positions in both qualitative studies.
3) Qualitative procedures used in Chapter 5 (survivor-based research).
4) Qualitative procedures used in Chapter 6 (service provider-based research).
5) The rationale for using effective data management strategies (two qualitative studies) Chapters 5 and 6).
6) Rationale and details of data analysis based on the critical realist paradigm (qualitative studies 1 and 2).
7) Ensuring quality in both qualitative studies.

Choice of the common theoretical / conceptual framework for the research

A theory is a set of interrelated constructs, definitions and propositions that can help in developing a concept which is the focus of the research (Creswell & Creswell, 2017). Theory helps us to organise what we know about the causes of a problem like DV. Recently, considerable literature has emerged about DV, which helps to grow the private and public funds available for research, policy and training, education, intervention and prevention programmes (Kelly, 2011). For that reason, several theories have been developed to support researchers in investigating the social structures, cultural norms, and attitudes which perpetuate and sustain DV (Kelly, 2011). One such prime theory, “Intersectionality” (Crenshaw, 1990), which has been adapted in this thesis with the ecological model (chapter 6) (Heise, 1998) and the socialisation concept (discussed in chapter 5), to help conceptualise the barriers and facilitators for help-seeking behaviours among BSA women who have experienced DV. Intersectionality Theory was originally proposed and applied by Crenshaw (1990), the founder of critical race theory, and was developed to analyse the gender-based abuse and oppression faced by minorities and women of colour (Collins, 2002; Crenshaw, 1990). The rationale for including Intersectionality Theory in both research papers (Chapter 5

& Chapter 6) is to answer the research question because this research project has looked at a population (BSA women) where multiple aspects of identity intersect, and hence intersectionality is a useful lens. In addition, this PhD research mainly focuses on the situation of BSA women experiencing DV based on their origin, location, gender, ethnicity, religion, class, parents, place of birth, race, and family upbringing, which help outline barriers or facilitators for their help-seeking opportunities. In chapter 6, the ecological model was connected with intersectionality at its multiple levels (individual, relationship, community, and structural) over a developmental period of life associated with diverse intersecting identities, which have influenced the behaviours of BSA women regarding support-seeking for DV (LaVoi, 2016). The World Health Organization (WHO) also suggests that the ecological model is an extensively used model for conceptualising DV as a result of factors operating at four levels: individual, relationship, community and structural (Di Napoli et al., 2019; World Health Organization, 2012). Some previous studies have applied this ecological model for developing research design or psychological intervention with women who have survived domestic violence, and WHO has also recommended that this framework can be helpful in identifying intervention strategies for taking initiatives (Cummings et al., 2013; Little & Kaufman Kantor, 2002; Reilly & Gravdal, 2012; Spivak et al., 2014; World Health Organization, 2012). This framework describes an ecological intersectional model (chapter 6) for enhancing the significant knowledge about help-seeking behaviours in BSA women who have experienced domestic violence. The four levels of the ecological model, according to Heise (1998), are given below:

I. The individual elements refer to a person's own life experience as victim or perpetrator, which include being victimised as a child, witnessing parental violence, adverse history of violent behaviours, psychological or personality disorder, experience of alcohol or substance abuse.

II. Relationship factors include some family-oriented difficulties, such as poor parenting, marital discord, violent parental conflict, low socioeconomic household status, friends that engage in violence.

III. Community factors refer to the character and resources available within the local community, including negative and positive resources, for example poverty, high crime levels, high residential mobility, high unemployment, local illicit drug trade, situational factors.

IV. Structural factors which might be a potential cause for DV are rapid social change, gender, social and economic inequalities, poverty, poor legal protection for victims, and cultural norms that support violence (Heise, 1998).

The aim of using the ecological intersectional model (LaVoi, 2016) in this research (Chapter 6) is to understand the interaction of multilevel factors that may contribute to a diverse understanding of the reasons for barriers to help-seeking behaviours for DV and what resources can help BSA women to seek support for DV. In Chapter 5, intersectionality is attached to the socialisation of BSA women, and the combination is called "intersectional socialisation" (Hoffmann, 2019). This socialisation concept developed from research participants' discussion of their upbringing in South Asian families in the UK. Socialisation refers to the process through which people learn from family and others to be a part of one or more social groups throughout their life course (Hoffmann, 2019). This research topic (Chapter 5) has been examined through the lens of intersectionality, allowing an investigation of the barriers and facilitators for help-seeking behaviours in relation to sociocultural categories such as gender, race / ethnicity, and religion, all of which are basic constructs internalised in the South Asian socialisation process.

Rationale for using qualitative research

Qualitative research is exploratory in nature, and it provides a means of developing a rich and detailed understanding of domestic violence-based topics that is sensitive to the broader cultural and social context (Denzin, 2005). The primary rationale for using a qualitative approach was to explore the subject of DV among British South Asian women residing in England as a step towards documenting and providing empirical evidence of the help-seeking behaviours of BSA women in England with lived experience of DV.

Qualitative research does not restrict or presume answers, and so British South Asian women are freer to express and describe what is happening to them and to take the discussion in different directions; it also assists the women to feel like they have more of a voice, which is essential for a marginalised group (e.g. the BSA community). As this research is conducted with a vulnerable group of people, applying a cross-sectional qualitative approach was considered appropriate, allowing the researcher to collect data at a single point in time from

the participants (Olsen & St George, 2004). As part of this cross-sectional qualitative research, an inductive research strategy was selected, which commences with significant investigations and observations after identifying themes and patterns in the data relevant to the aim of this research (Soiferman, 2010).

Rationale for the epistemological, ontological position in both qualitative studies

There is no "best" set of philosophical assumptions, so this needs thinking about for each study (Dyson & Brown, 2005). It depends on the author's practical decisions regarding the tentative answer they are seeking given the research question. There are assumptions about the nature of knowledge (epistemology), what is known about the nature of reality (ontology), and the methodological approaches applied in knowledge generation (Blaikie, 2007). These ontological, epistemological and methodological assumptions are the foundation of fundamental belief systems called paradigms (Guba & Lincoln, 1994). Methodological approaches generally originate from two paradigms: the quantitative and qualitative (Kuhn, 1970). As mentioned above, this PhD research project has explored the detailed insights into real-life lived DV experiences of BSA women, which it is more suitable with a qualitative paradigm / method more than by quantitative methods (Braun & Clarke, 2014). Quantitative research mainly generates knowledge using the numerical measurement of variables, quantifiable data and constructs (Polgar & Thomas, 2013). This qualitative research method has taken a critical realist stance by rejecting the pure realist or relativist position in favour of the ideology that there is something real to know about the DV experiences of BSA women that is sufficiently consistent. Moreover, investigation of this "reality" is mediated by "a multitude of social and cultural lenses worn by participants and by the researcher" (Gregory, 2015, p. 33). Critical realism combines ontological realism (the real world is independent of people's knowledge) and epistemic relativism (there is no confirmation that knowledge corresponds to how things are (Harper, 2011). In order to investigate BSA women's experiences of DV, and DV service providers' perspectives on help-seeking behaviours for DV, the two qualitative studies in this project focus on their (BSA women and DV service providers) understanding and interpretations of the world, although the researcher in this qualitative study also considers the distinct way of viewing the world and gathering the knowledge which is constructed between researcher and participants (Gregory, 2015; Sale et al., 2002).

Ethical Issues:

The ethical issues involved in conducting these two studies are covered in Chapter 7 as a separate ethics paper with the rationale, the reason for the amendment of ethics guidelines for COVID-19, and the lessons learned from COVID-19. To minimise the risks, the researcher used the distress protocol (Appendix-6), risk assessment (Appendix-10),and debrief sheet (Appendix-8,9) adapted from the University of Manchester. The ethical approval letter is also attached in the appendix section.

Rationale of sampling and eligible criteria of Qualitative Study 1 (Survivor-based research)

This qualitative research (Chapter 5) has investigated the barriers and facilitators for help-seeking behaviour among BSA women who have experienced DV. To identify the study participants, a convenience sampling method was selected. This is a non-probability sampling technique, which was convenient for choosing participants, although there were a few specific limitations, such as selection bias, unrepresentative samples and problems of outliers (Blaikie & Priest, 2019; Castillo, 2009; Etikan et al., 2016). Non-probability sampling has a strong potential for self-selection; hence the impact of outliers can be particularly devastating in this type of topic selection (Etikan et al., 2016). In terms of this qualitative study, it was also difficult to capture the voices of women who might recently had those experiences. By applying the convenience sampling, it may not be possible to generalize the current findings to the larger population of South Asian survivors in the UK by the current small group of BSA participants. Nonetheless, convenience sampling risks bias, it also means that those women who feel able to come forward and take part in research can be identified and invited. This sampling method enabled capturing the views of BSA women survivors who were brave enough to volunteer for this research and make a difference for the others. This convenience sampling was used to avoid potential problems in identifying a vulnerable group of participants. A more structured recruitment approach, like random sampling or purposive sampling, would have been complex because it is difficult to reach such a group in this way, and women or other sensitive groups of people may not wish to be identified (Sharma, 2017). To apply this technique, the researcher liaised with relevant gatekeeper organisations to gain

access to BSA women participants with lived experience of DV. The researcher communicated remotely with managers, supervisors, team leaders, coordinators, employees or directors of third-party organisations who provide support to women who have experienced DV, online or by telephone, due to COVID-19 pandemic restrictions. Staff members were given copies of the participant information sheet (PIS) (Appendix-13), ethical approval letter (Appendix-3), and advert/flyer (Appendix-7) by email and other online communication systems, in order that the research details could be displayed on their professional online pages or accounts. These documents ensured that BSA women with lived experience of DV had access to information about the research and could make informed decisions to participate. If survivors were interested in attending an interview, they approached the service providers, who then passed the researcher's contact details to them. After this, survivors sent either emails or private messages to the researcher via online platforms, or the service providers mailed survivors' details to the researcher. These contact details were sent via password-protected email, so the researcher could only access them with a passcode. In these cases, password-protected documents which could be viewed only by the researcher were used. Several service providers from various organisations contacted the researcher after seeing the advertisement online or hearing about the project from others such as Women's Aid, Sakhi for South Asian Women, the Women Empowerment Group-APPSUKF (Association of Pakistani Physicians and Surgeons of the UK Foundation), Apna Haq, Hope Training and Consultancy, Bangladeshi Women's Organisation, Imkaan, Duncan Lewis Solicitors, Survivors UK, Humraaz, Nour Domestic Violence Charity, Ethnic Health Forum, the DV-Gender-Faith Group, as well as charities for refugees and asylum seekers, as well as some online domestic violence survivors' groups who did not give consent for their organisations' names to be disclosed. The researcher sent the participants all of the relevant research-related information before the interview via email or text message to their given phone numbers. Some service providers were interested in participating as both survivors and service providers in the two studies, as they also had lived experiences of DV. In that case, they participated separately in both interviews. Finally, in total, 15 survivor participants were recruited.

The inclusion criteria for the sample of BSA women and the related rationales are given below:

British South Asian women:

1) Participants' ages were 18 years or above. The target group in this study was adult women who have lived experience of domestic violence. According to the United Nations Convention on the Rights of the Child, a human being below the age of 18 years old is called a child (Blanchfield, 2010). For that reason, there should be no participants below the age of 18.
2) British South Asian Women from all generations were included. This group of women have suffered from many social injustices, such as being denied education and forced into early marriage. They have also faced racial discrimination and may have English language difficulties which make them vulnerable to DV(Gill, 2004; Hurwitz et al., 2006). Moreover, not many studies have been conducted into the barriers and facilitators for help-seeking behaviours among South Asian ethnic minority women who have experienced domestic violence. For that reason, this qualitative study explored the perceptions of all generations of British South Asian women who provided an understanding of the barriers and facilitators for help-seeking behaviours for domestic violence among British South Asian women.
3) Women who could provide informed consent as judged by the researcher and by the service providers. Informed consent is a crucial part of research ethics, and is the permission granted by the participants in full knowledge of the possible consequences, risks and benefits.

Exclusion criteria for the sample of BSA women, with rationales, are given below:
1) Temporary residents who were in the UK for a short period were excluded. For this research, we included South Asian women who have indefinite leave to remain or who are British citizens. This was to enable researchers to recruit women who were being supported by third-sector organisations.
2) Lack of capacity to provide informed consent. Informed consent is a crucial part of research ethics, and is the permission granted by the participants in full knowledge of the possible consequences, risks and benefits.

Rationale for the sampling and eligible criteria in Qualitative Study 2 (service provider-based research)

This qualitative research (Chapter 6) has identified the perceptions of service providers about the barriers and facilitators for help-seeking behaviour among BSA women who experience DV. After gaining ethical approval from the university, the researcher first started to recruit

the service provider participants, who helped to further recruit survivor participants as the gatekeepers for the survivor-based qualitative research (Chapter 5). Participants were DV service providers from NGOs or other third-party organisations that provide support to women with lived experience of DV. Some of the service providers had experienced and survived DV themselves, so their identities were also kept anonymous. This research also followed the convenience sampling technique for easy accessibility during the COVID-19 pandemic, with participants being contacted remotely (over the phone or the internet), shared the research flyers online, on Twitter, LinkedIn, Facebook, Instagram and other social media platforms (Archibald et al., 2019). Service providers who were interested in attending the interview contacted the researcher, and the researcher sent them all of the relevant research-related information before the interview via their preferred remote platform (email or messaging services). Finally, in total, 18 service provider participants were recruited (Chapter 6). These participants provided additional professional perspectives on barriers and facilitators for help-seeking and collecting this information from service providers enhanced the understanding of the help-seeking behaviours of BSA women. The inclusion criteria for service provider participants, with rationales, are given below:

1) Domestic violence service providers included those from NGO or third-party organisations because this research aims to identify the perceptions of service providers on the barriers and facilitators for help-seeking behaviours among British South Asian women with lived experience of domestic violence.

2) Service providers' ages were 18 years or above for the same reason as that given for survivor participants.

The exclusion criterion for service provider participants, with rationale, is given below:

1) Lack of capacity to provide informed consent as informed consent is a crucial part of research ethics, which is the permission granted by the participants in full knowledge of the possible consequences, risks and benefits.

Data collection for two qualitative studies

In these qualitative studies, a semi-structured interview approach was taken. Data were collected from 31st July 2020 to 16th February 2021. The semi-structured interview was selected for its flexible framework for questioning; participants could speak reflexively, as participants were encouraged to share their experiences through the open-ended questions (Dearnley, 2005; Smith, 1996; Williams, 2018). The open-ended nature of the questions allowed participants to respond naturally, which helped the researcher to increase the validity of the research by gathering in-depth knowledge and rich data about the barriers and facilitators for help-seeking behaviours in relation to DV (Collis & Hussey, 2003; Dearnley, 2005). To maintain the privacy and sensitive nature of participants, the in-depth semi-structured one-to-one interview was selected for both sets of participants (survivors and service providers) rather than a focus group discussion (Biddle et al., 2013). Both groups of participants gave their consent verbally at the commencement of each interview and were informed of their right to withdraw at any time. Verbal consent is applicable for vulnerable or sensitive participants because they could not fill in a paper form with the researcher, although they could still have filled in a consent form and posted it to the researcher. There are other reasons to still favour verbal consent, for example to minimise the risk of a violent partner finding documents related to the study, or if there is any risk involved for participants in attending an interview in person (Femi-Ajao, 2016; Killawi et al., 2014). In particular, during COVID-19, sending and receiving a physical consent form may have had the potential risk of spreading the virus (Khalil et al., 2021). The interviews lasted 40 to 90 minutes. After that, these verbally recorded consents were removed and stored on the University's encrypted electronic drive.

Rationale for using effective data management strategies (qualitative studies 1 & 2)

In total, the data for both qualitative studies were generated from 33 individual interviews, which were recorded and securely transferred to the University of Manchester's encrypted drive. As per the ethical consideration and the vulnerable nature of the participants, the researcher ensured the effective management of data by using pseudonyms for both participant groups (service providers and survivors) in the transcription because some of the service providers had also previously experienced DV (Femi-Ajao, 2016; McCosker et al., 2004; Orb et al., 2001). Verbatim transcription was used to reproduce the verbal data from the audio recordings, which should be the exact replication of each of the participants' words

to confirm the credibility of the methodology (Halcomb & Davidson, 2006). The researcher has used professional transcribing support for transcribing the audio data, as well as peer debriefer support for two of the survivor participants who used mixed languages (Hindi, Urdu, and English). According to Lincoln and Guba (1985), peer debriefing helps establish the trustworthiness and credibility of the data in qualitative research. After checking through the peer debriefed transcripts, no discrepancies were identified between the transcripts and the audio recordings for both qualitative studies. In recent years, there has been an increasing amount of computer software used for analysing qualitative data, which can ensure rigour and flexibility and helps to facilitate an audit trail in the data analysis (Bazeley & Jackson, 2013; Fielding et al., 1998; Gibbs, 2002). NVivo12 software was used in these studies to transcribe the interview data.

Rationale and details of data analysis based on the Critical Realist Paradigm (qualitative studies 1 & 2)

It is crucial to establish a link between the epistemological position and the qualitative data analysis (Willig, 2013). For these two qualitative studies, thematic analysis was selected, as researcher can identify, organise, analyse and report on the overarching themes and subthemes from the data set with this analysis method. This thematic analysis is compatible not only with critical realism but also with social constructionism, phenomenological scholars and so on (Braun & Clarke, 2014). It enables researchers to investigate, focus on the differences and similarities, shape the unexpected insights, and interpret participants' accounts of their experiences, all of which are compatible with the critical realist paradigm (Braun & Clarke, 2006; King, 2004).

For survivor-based qualitative study (study 1, chapter 5), this thematic analysis followed the latent inductive analysis approach. Inductive 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 (Braun & Clarke, 2006, p. 83). This inductive analysis can be sub-divided into two approaches: latent and semantic. Semantic analysis only identifies the surface meaning of the data, whereas inductive analysis identifies the data's underlying meaning (Braun & Clarke, 2006, 2019). The latent inductive analysis method emphasises the ideas of participants, including assumptions and ideologies, which are theorised as organising or interpreting the

semantic content of the data (Braun & Clarke, 2006). The reasoning for choosing this inductive latent analysis is the researcher's desire to understand, interpret and discuss the ideologies underlying how study participants describe their help-seeking behaviours, as influenced by being BSA women in the UK.

A six-phase thematic analysis (Braun & Clarke, 2006) was used in both qualitative studies. The six steps are presented as distinct and linear, in a developing reflective process, involving a constant moving back and forward between phases (Williams, 2018, p. 54). The process of thematic analysis used in this research is given below:

1. Data Familiarisation: The researcher is familiarised with the data by repeatedly listening to the audio recordings and reading the transcripts to ensure rigour and methodological insights (Braun & Clarke, 2006). All transcripts were input into the NVivo12 software to organise the data, and the annotations option was available in the software for highlighting the sentences producing initial ideas (Femi-Ajao, 2016).

2. Generating initial codes: Initial ideas from the first phase generated the initial codes, although it needed further assessment to attain the in-depth coding capable of accurately showing the BSA women's and service providers' perceptions and experiences of DV and the reasons for barriers and facilitators for help-seeking behaviours. An example of the initial code given below is based on the initial ideas / data provided by SA-3 (anonymous survivor).

Table 5: Data extract with initial codes applied (example from survivor-based study)

Data Extract:	Initial Code Applied:
…we're raised to no matter what a man does, it's okay because he's – if he's your dad and he's abusing you, it doesn't matter, he's your parent. If he's your husband, it does not matter, he's your husband, he's taking care of you… (SA-3)	Grown up by watching abuse at home as normal
	Perceive abuse as forcefully tolerable from home to in-law's house

Table 5 shows the initial codes which were applied based on the data from SA-3 (pseudonym). SA-3 shared her perception of the abuse, which was not recognised as a problem either in childhood or after marriage, which was ultimately treated as a barrier to seeking help. An inductive approach to data analysis was used in this study, although this extract required additional exploration for latent meaning through the further steps.

3. Searching for themes: In this step, the potential themes and subthemes were gathered from the merged initial codes. The overarching themes were not expected from this stage, as these need to be more coherent and meaningful to be relevant to the aim of the research. Figure 5 below displays an example of a thematic map developed around the lack of recognition and realisation about abuse, which builds on the code identified earlier during phase two of the data analysis process. A significant criterion for emerging themes is exploring the latent meaning of the initial codes generated. In figure 1 above, the candidate theme of lack of recognition and realisation about abuse reflected how survivors' limited knowledge, insufficient awareness, and misconception of cultural norms about DV acted as barriers to seeking help from within or outside of the family.

4. Reviewing themes: At this stage, all the candidate themes and subthemes needed to be refined and checked and also merged to answer the aims of the study. The rationale for merging the subthemes into overarching themes was that the themes were not distinct enough and also contained overlapping ideas. Figure 5 below shows an example of initial thematic map developed around lack of recognition and realisation about abuse which builds on the codes identified during phase 2.

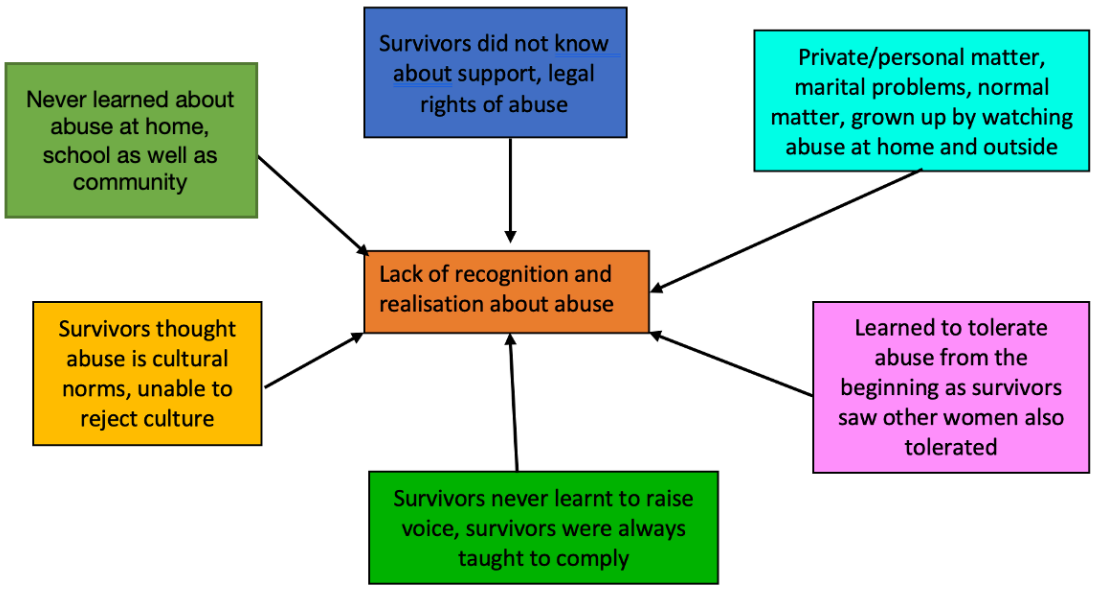

Figure 5: Initial Thematic Map Showing One Candidate Theme from the Survivor-based Study

5. Defining and naming themes: By examining the suitability and validity of candidate themes in the data context, the researcher modified and dismissed candidate themes as necessary to arrive at the overarching themes from stage 4. For example, latent interpretation of the data presented that the candidate themes of lack of recognition and realisation about abuse (Figure 5) could be combined into one theme. Basically, research participants stated in other codes about learning to tolerate abuse or never raising their voice against abuse are the overlapping ideas. In addition, participants' thoughts about negativity of cultural norms could create negative impression of a particular culture. Therefore, to avoid being labelled and blamed on culture, these codes are rejected. The main themes are discussed in Chapter 5 and Chapter 6.

6. Producing the report: The final stage of the thematic analysis is to have a clear, coherent, and developed set of themes to produce a research report. These qualitative research papers (Chapters 5-6) makes use of vivid excerpts to capture the essence of the themes.

For the service provider-based qualitative study 2 (Chapter 6), a hybrid process of deductive and inductive theoretical thematic analysis was used (Braun & Clarke, 2006). The rationale for applying this analysis method is the framework of the ecological intersectional model guided the qualitative data analysis to identify barriers and facilitators of help-seeking behaviours of BSA women at each level of the framework. This is a top-down, deductive, theoretical process and a bottom-up, inductive, data-driven process called hybrid process of deductive and inductive theoretical thematic analysis (Swain, 2018). This hybrid approach integrated two main opposing philosophical methods (deductive and inductive) (Carpenter & Suto, 2008; Swain, 2018). In this process, the researcher applied the first five steps of inductive thematic analysis and added an additional step in applying this deductive and inductive theoretical thematic analysis. In this additional step, all the themes were aggregated at each level of the ecological intersectional model (Figure 10, Chapter 6), which was adapted by LaVoi (2016). This model has four levels (individual, relationship, community, structural) in the left corner of the figure (Figure 10, Chapter 6) and some diverse intersectionality (ethnicity, religion, gender, racism) in the right corner, with five themes incorporated in the middle, consisting of a number of barriers and facilitators for help-seeking behaviours among

BSA women. Lastly, the researcher produced the results based on six themes guided by an adapted ecological intersectional model and has written this up as service provider-based qualitative research paper (Chapter 6).

Quality assurance in both qualitative studies:

Trustworthiness:

Qualitative research needs to be conducted rigorously, establishing trust and confidence in the findings of the study, known as trustworthiness (Korstjens & Moser, 2018). Trustworthiness in qualitative research is the degree of confidence in research data, methods, and interpretations that ensures the quality of the research, which should have credibility, transferability, dependability, confirmability and reflexivity, which are the parallel values to the quantitative assessment criteria of reliability and validity (Korstjens & Moser, 2018; Lincoln & Guba, 1985; Polit & Beck, 2020; Williams, 2018). The step-by-step thematic analysis proposed by Braun and Clarke (2006) and followed in this research ensured trustworthiness given below.

Credibility, transferability, dependability, confirmability and reflexivity:

Credibility refers to the truthfulness of the research findings and the reader would be able to recognise research evidence (Guba & Lincoln, 1994). To confirm the credibility or truthfulness of this study, the researcher used the two peer debriefers because two participants in the survivor-based qualitative study spoke in mixed languages, and the peer debriefers checked and compared the audio recordings with the transcripts to find any inconsistencies. Supervisors of authors also frequently help to examine and review the findings against the raw data, which also ensured credibility (Lincoln & Guba, 1985). In this PhD project, the participants in these two qualitative studies were identified from two distinct groups: survivors who have experienced DV and service providers who provide support to DV survivors. Survivors were British South Asian women, and service providers were not limited to the South Asian community. African, Arab and South Asian service providers participated in the interviews, giving the possibility of obtaining additional perspectives from professionals of different races about the help-seeking behaviours of DV survivors. In that

case, methodological triangulation was achieved, which is applied more than one kind of method to study one phenomena (Bekhet & Zauszniewski, 2012). This is a strategy to ensure credibility by engaging a diverse group of study participants (Sim & Sharp, 1998). Integration of different perspectives in the research can develop a comprehensive conceptualisation of phenomena called triangulation which found beneficial in providing confirmations of findings (Bekhet & Zauszniewski, 2012; Carter et al., 2014). The entire triangulation in this PhD research is presented in Figure 6. In this PhD project has made a unique contribution by including two groups of participants in qualitative studies (DV survivors and DV service providers), which has allowed a triangulation of data, identifying the discrepancies or similarities between the service providers' and survivors' views and experiences about help-seeking behaviours. This PhD project also applied three distinct methods (narrative review, systematic review and meta-synthesis, and qualitative research interview), which have aided to explore the research question from diverse perspectives in a manner called "systematic triangulation of perspectives", as described by Flick (2004).

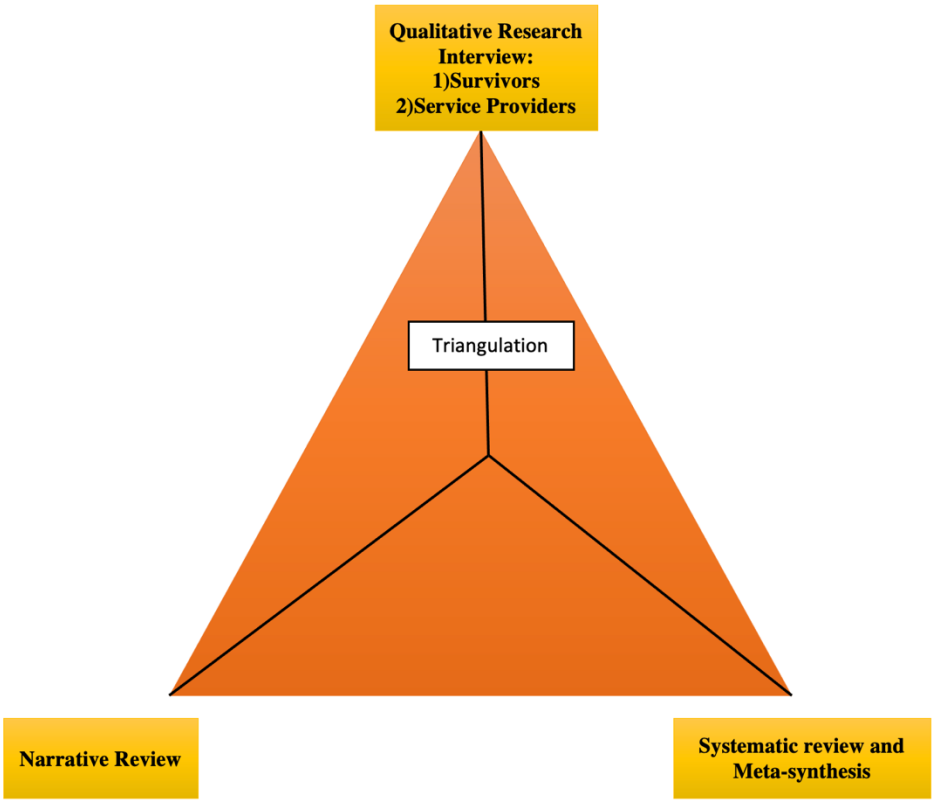

Figure 6: Triangulation Diagram

The researcher has a record of raw data in the form of transcripts, which helps the researcher check whether the analysis process is reasonable, traceable and evidently documented (Tobin & Begley, 2004). This is known as dependability, which ensures that findings are consistent with the raw data collected by the researcher. Transferability refers to the generalisation of the research findings, although, in qualitative research, it is not always possible to know whether the research findings can be transferable or not, which depends on gathering sufficient research evidence, and the aim of the potential researcher is applied the qualitative findings to other contexts or circumstances (Slevin & Sines, 1999). In Chapters 5 and 6, the researcher has taken the consent from participants that researchers may use my anonymised data in future work on similar research projects so that transferability could be applicable for this study. In addition, both of the research interpreted the data, and discussed above the credibility, transferability and dependability clearly. Reflexivity was a methodological tool which helped the researcher to understand the ethnicity, cultural identity, gender, religious background might influence recruiting the participants, building rapport, collecting data, analysis data and maintain overall research process (Turhan & Bernard, 2020). PhD Researcher used fieldnotes as self-analysis for containing the reflections about her experiences and emotional impact of undertaking such sensitive study (e.g., domestic violence). Reflexivity is discussed in both qualitative research papers (Chapters 5 and 6) as the researchers' personal reflections regarding the research method aimed at reducing study bias (Femi-Ajao, 2016).

Conclusion

This chapter has provided the rationale for the methodological decisions followed in the two qualitative research papers, and the cross-sectional qualitative research design. To summarise the overall research design, an iterative research design map, as depicted by Maxwell (2013) and Femi-Ajao (2016), describes the research in terms of the research goals, research questions, conceptual frameworks, methods and quality assurance of the studies, and how these components interlink (Figure 7). The goals of the research (why the researcher needs answers to the research questions) and the conceptual framework (how the researcher knows what she knows) are both connected to the research questions. The research questions were developed from the conceptual framework, which was influenced by the goal of improving

DV service provision and service utilisation by BSA women with experience of DV. Moreover, the selected design of in-depth, semi-structured individual interviews and inductive latent thematic analysis methods are also connected to the research questions and the identified goal.

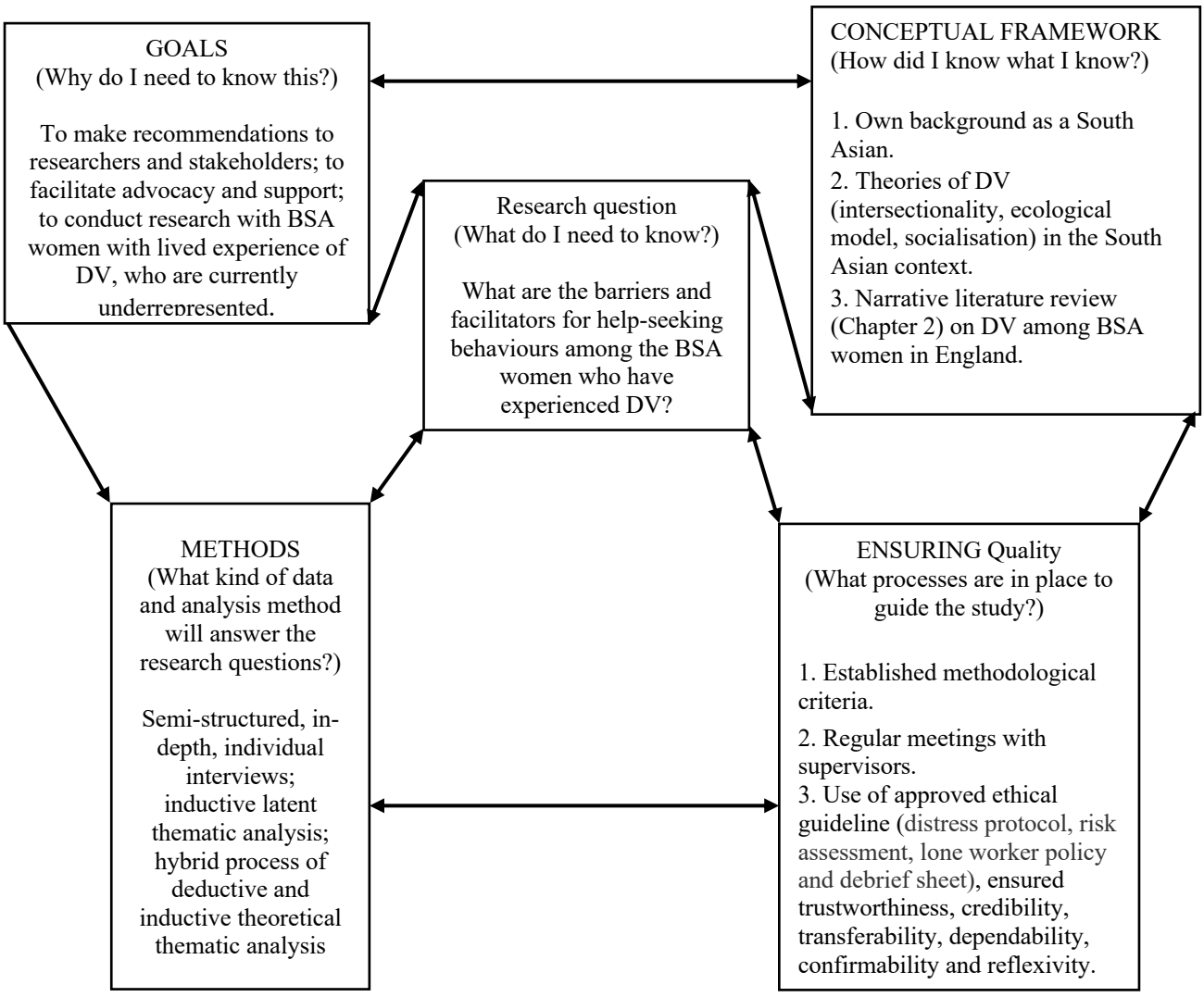

Figure 7: A Schematic Interactive Research Design Map for Two qualitative research: Adapted from Femi-Ajao (2016); Maxwell (2013).

The conceptual framework was influenced by the researcher's background as a South Asian and her understanding of the theoretical perspectives explaining DV against BSA women. To enhance the quality of the research (rigour), steps were taken to ensure the trustworthiness, credibility, transferability, dependability, confirmability and reflexivity of the research, as discussed above. The following chapters (Chapter 5 and 6) discuss the methods utilised for the two qualitative studies in this research.

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Chapter 5 Barriers and Facilitators for Help-seeking Behaviours in British South Asian Women who have Experienced Domestic Violence: A Qualitative Study (Paper 3)

Razia Sultana[1]

Nusrat Husain[1]

Omolade Femi-Ajao[2]

Peter Taylor[1]

1 School of Health Sciences, Division of Psychology and Mental Health, Faculty of Biology, Medicine and Health, Manchester Academic Health Science Centre, The University of Manchester, Manchester (UK)

2 Division of Dentistry, School of Medical Sciences, The University of Manchester, Manchester (UK)

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The article has been re-formatted to improve readability in this thesis.

Abstract

Purpose: Unique characteristics have been observed in the help-seeking behaviours of British South Asian (BSA) women who have experienced domestic violence (DV). The aim of this research is to identify the barriers and facilitators for help-seeking behaviours among these ethnic minority groups of women (BSA). Method: A cross-sectional qualitative research design was applied, and semi-structured interviews were administered among 15 BSA women who have experienced DV. Research data were analysed by thematic analysis. Results: Five overarching themes emerged: survivors' lack of recognition and realisation of abuse, fear of the negative effects of abuse, informal help-seeking support and barriers, formal help-seeking support and barriers, advice from survivors for developing help-seeking opportunities. These barriers and facilitators were linked to intersectional socialisation (ethnicity, gender, patriarchy, religion), which have influenced the help-seeking behaviours of BSA women. Conclusions: The findings of this study can be helpful for researchers, policymakers, and service providers (statutory, voluntary organisations) in understanding the complications in terms of help-seeking behaviours and facilitators for BSA women who experience DV and to develop culturally appropriate interventions to inspire effective help-seeking strategies for South Asian women who experience DV.

Keywords: Domestic violence, disclosure, help-seeking, women, gender, South Asian

Introduction

Domestic violence is a major public health problem in the UK and globally (Flay, 2016; Walby & Allen, 2004). One in four women in the world has suffered from domestic violence during their lifetimes (Department of Health and Social Care, 2017). Domestic violence (DV) encompasses physical violence, as well as coercive control, gaslighting, economic abuse, online abuse, threats, intimidation, emotional abuse and sexual abuse (GOV.UK, 2018). In the UK each year, approximately two million women experience DV (Mellows-Facer & Dar, 2013).

The UK government has undertaken several initiatives to prevent DV against women, such as the "Tackling Violence Against Women and Girls Strategy"(HM Government, 2021), in which the government included crimes (rape, female genital mutilation, stalking, harassment, and digital crimes such as cyber-flashing, 'revenge porn' and 'up-skirting') and unwanted behaviour in the physical and online world, all of which should have no place in society. Preliminary evidence suggests that these kinds of programmes have been moderately successful in reducing the rates of DV against women and girls (GOV.UK, 2015; New Strategies Domestic and Sexual Abuse Violence Against Women and Girls, 2022). However, a number of issues still remain within UK policy with regards to DV against women, such as limited attention towards ethnic minority groups (Interventions Alliance, 2021). Research suggests that the factors that determine violence against women may vary by ethnic group, and it is important to understand DV within the context of different ethnic backgrounds (Anitha, 2011; Jenny C. Tonsing, 2016).

'South Asian' refers to persons having inherited roots in India, Pakistan, Bangladesh, Nepal, Bhutan, Sri Lanka, Afghanistan, and the Maldives (SAARC, 2020). This South Asian ethnic minority group are the biggest such group, making up half of all ethnic minorities in the UK (Iqbal et al., 2012). It is important to consider that there has been a significant expansion in the British South Asian population (Anitha, 2011) and that this group is becoming an increasingly important part of the UK's economic and social environment. There is a call to promote inclusion and to overcome any social disadvantages experienced by this group (Anitha, 2011). However, DV still remains a problem for many South Asian ethnic minority women (Siddiqui, 2013). The Crime Survey for England and Wales (CSEW) gave the

percentage of South Asian women, aged 16 to 74, who were victims of DV one or more times in 2017 as 3.4% (Office for National Statistics, 2018). South Asian women suffer from many social injustices and experience racial discrimination, migration and English language difficulties, often making it difficult to seek support from DV (Jeevan, 2009). These kinds of barriers may restrict opportunities to disclose DV and to seek help from others.

Domestic Violence against British South Asian (BSA) Women

There have been few studies conducted about disclosure and help-seeking for DV experienced by South Asian women living in the UK (Anitha, 2010a). Cowburn et al. (2015) study identified cultural factors, including patriarchal norms and values, as barriers to reporting instances of violence. In addition, some immigrant women have no entitlement to the majority of welfare benefits, including income support, housing benefit, and a range of allowances and tax credits, due to having "no recourse to any public funds", which has created difficulties for South Asian women in leaving their husbands and rebuilding new lives (Anitha, 2010a; London Councils, n.d.). Other authors have also focused on the barriers to disclosure and help-seeking behaviours among South Asian immigrant women such as immigration status, and community influences (Femi-Ajao et al., 2020). However, the barriers to seeking help for DV can differ among South Asian women living in the UK depending on residency, with distinct factors potentially being relevant for residents and immigrants (e.g., illegal status, immigrant / temporary visa status, etc.). Research to date has largely focused on South Asian women with insecure immigration status, and so less is known about the barriers to help-seeking for DV among South Asian women who have permanent residency in the UK. This current qualitative research is expected to aid the identification of differences or similarities in the obstacles and facilitators for help-seeking behaviours among BSA women compared with other South Asian women in the UK who do not have permanent residency. It is crucial to separate both groups in terms of investigating the reasons for barriers and facilitators for help-seeking behaviours among BSA women who experience DV.

This research interprets the findings using intersectional socialisation in the discussion section. Intersectionality theory was developed by Crenshaw (1990) for black and other racialised women who have suffered from DV, as the author wanted to disclose the inequality

of gender and race which are indivisible in such an environment (Crenshaw, 1990). Socialisation denotes the lifelong process of learning which influences the behaviour, beliefs, language, cultural norms, attitudes and actions of the society in which an individual is raised (Britannica, 2010; Cromdal, 2006; Femi-Ajao, 2016; Pisharodi & Parameswaran, 1994). This current study has sought to enhance the literature on the help-seeking behaviours of BSA women who have experienced DV by examining the barriers and facilitators for help-seeking behaviours associated with intersectional socialisation (e.g., ethnicity, gender, religion, patriarchy). The awareness and understanding of these barriers and facilitators may support the development of interventions to encourage effective help-seeking among South Asian women affected by domestic violence.

Research Aim

This research aims to investigate the barriers and facilitators for seeking help for domestic violence (DV) among British South Asian (BSA) women survivors of DV. The study focuses on the perceptions of DV survivors and of the service providers who work with them.

Method

Study Design

This research has been conducted using a cross-sectional qualitative interview-based method (Ekanayake et al., 2012; Gibson et al., 2000; Morse et al., 2015; Steven et al., 2002), with the aim of producing rich exploratory data on the DV experiences of BSA women. A critical realist position has been taken because the aim of this study is to make inferences from data about real-world phenomena which might be slightly different from one perspective to another (Willig, 2012). Critical realism combines ontological realism (the real world is independent of people's knowledge) and epistemic relativism (there is no confirmation that knowledge corresponds to how things are) (Harper, 2011). For example, in this current research, data have been collected from British South Asian women survivors of DV, while the data analysis and construction of findings have been considered according to the researcher's independent observation, knowledge, understanding and experiences. Overall, it

can be said from the critical realist position that the researcher is able to see the reality but that the interpretation of data may be delivered from the researcher's own perspective, which could be somewhat different from the perspectives of others.

Participant Recruitment

For this qualitative research, 15 BSA women were recruited from 31st July 2020 to 16th February 2021 with the help of service provider organisations in North-West England. Eligibility criteria included being born in the UK or having indefinite leave to remain status, being from any generation (including all south Asian women who were living at about the same time), having lived experiences of DV, and being aged 18 years or older. The participants were recruited through the convenience sampling method (Dheensa et al., 2020; Femi-Ajao, 2018; Robinson, 2014).

The researcher remotely contacted staff (through emails, voice and text messages, and verbal discussion over the phone) at the gatekeeper organisations to inform them about the research project and the research aim of recruiting BSA women with their support. They were also given copies of the participant information sheet (PIS) and the advert, which had the details of the research, to be displayed on their respective organisations' websites. The researcher also circulated the advertisement remotely on the most prominent social media platforms and professional media websites to recruit participants via service providers.

Data Collection, Interviews, and Data Transcription

The study received ethical approval from the University Research Ethics Committee (Ref: 2020-7981-13795). However, the study's procedures were amended in response to the COVID-19 pandemic, so that BSA participants were interviewed between 31st July 2020 and 16th February 2021. The women interested in this research were informed about and connected with the researcher through the service providers. After that, the researcher provided a participant information sheet (PIS) through email or messaging service (the participants' preferred method) via an online or offline platform. In that way, BSA women had the opportunity to ask the researcher questions via the same remote communication platform before their interviews to ensure that they were fully informed about the study.

These interviews were semi-structured and were all undertaken remotely through audio calls (online, mobile). Informed consent was recorded verbally before the start of each interview, which lasted for 45 to 90 minutes and were audio-recorded using an encrypted recording device. The researcher followed the University's lone worker policy to ensure the safety and security of both the participants and researcher. The researcher also used pseudonyms, as given in Table 6.

The interview guide used with BSA women was adapted from Femi-Ajao (2016). The researcher is multilingual (with fluent Bengali, Hindi, and Urdu) and has been trained to conduct qualitative research; however, according to the preferences of the participants, all interviews were conducted in English, except for two in which a mix of languages (Urdu, Bengali) were used. The interview guide included open-ended questions, which allow participants to deliver information from their own perspectives (Drake & Jonson-Reid, 2008). All interviews were recorded and the recordings were transcribed via the verbatim transcription method with the help of the University of Manchester approved professional transcription services. The non-English interviews were translated into English by RS and reviewed with two peer debriefers in order to establish their credibility (Spall, 1998). These peer debriefers were research colleagues of RS from the University. After that, these two transcriptions were sent to professional transcription services for transcription. The transcripts were checked by the author and an academic experienced in qualitative research.

Data Analysis

Inductive latent thematic analysis was used in this qualitative research; this has six phases and has helped to generate relevant themes from the data (Braun & Clarke, 2019). This type of qualitative research is suited to this data analysis method, helping the researcher to understand, interpret, and discuss the ideologies underlying how research participants describe the issues. After that, all transcriptions were transferred to the NVivo 12 software in order to classify, sort and organise the data, and to maintain an audit trail that would assist in the identification of themes and patterns (Wolf, 2003).

It has been explained in preceding sections how the cross-sectional study design of this qualitative study (shown in Figure 8 below) has applied a combination of inductive strategy,

the critical realist research paradigm, individual interviews, and the thematic analysis technique in exploring the research aim.

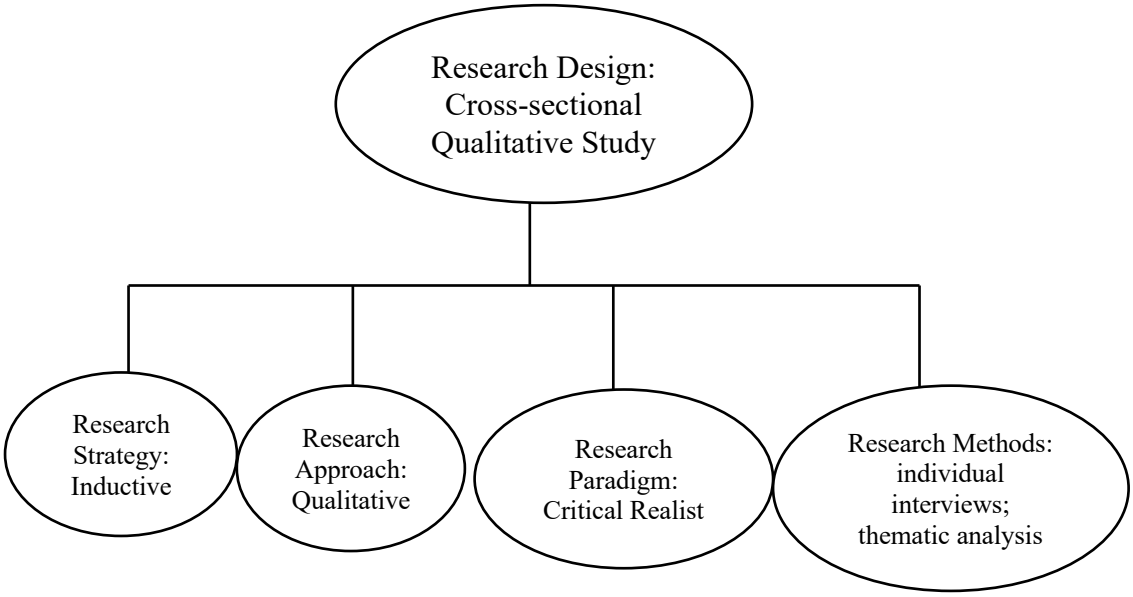

Figure 8: Overview of Research Design

Reflexivity

Researchers' activities, decisions and evaluations may impact their ongoing research work, so the use of reflexivity, or self-reflection, in qualitative research is crucial to ensure credibility, trustworthiness, and transparency in research. In this study, participants were very receptive to the author, cooperating with her because of her South Asian identity, which greatly facilitated recruiting participants to this study. As a South Asian, the author may able to represent their experiences and battles better than non-South Asian British researchers. The participants found the atmosphere during the interviews to be relaxing, due to hearing the author's non-British accent and sometimes the use of their own South Asian languages, as the author is a multilingual researcher and is aware of potential sensitivities. This reflexivity has helped the researcher to clarify predetermined assumptions, such as thinking that South Asian women born and brought up in the UK do not experience domestic violence like South Asian immigrant women do, as the latter, according to the researcher's interpretations, have

additional language barriers and cultural differences (Alvesson & Sköldberg, 2017; Scott, 1997).

Results

Most of the BSA women participants had experiences of all types of abuse, such as physical, psychological, sexual, and financial. All were divorced except for two participants, who had stayed with their husbands who were no longer abusive. Table 6 identifies the informal groups within which BSA women would disclose about DV and seek help before contacting formal support organisations; these included parents, siblings, friends, colleagues, and religious leaders. Regarding de-identification / anonymisation purposes, the researcher did not precisely apply any participant's ethnic identification (e.g., Bangladeshi, Pakistani, Indian) in any quote.

Table 6: Descriptive summary of study participants' characteristics

S/N	Research ID (Pseudonyms)	Still in abusive relationship	Type of Abuse	Marital status	Has children	First form of help-seeking before formal support
1	SUR(1)	No	Financial, sexual, physical, emotional	Divorced	2	Self-disclosure, parents and siblings
2	SUR(2)	No	Financial, emotional, physical	Divorced	0	Self-disclosure, parents
3	SUR(3)	No	Physical, verbal, emotional	Divorced	0	Siblings
4	SUR(4)	Yes, but now the male partner is no longer abusive	Emotional, physical	Married	3	Children
5	SUR(5)	No	Emotional, religious abuse	Divorced	1	Friend and sister
6	SUR(6)	No	Financial, emotional, physical	Divorced	1	Self-help

7	SUR(7)	No	Emotional, financial, physical	Divorced	0	Home Office colleague
8	SUR(8)	No	Emotional, physical	Divorced	0	Religious leader
9	SUR(9)	No	Financial, emotional, physical	Divorced	1	Friend and neighbour
10	SUR(10)	No	Physical, emotional, financial	Divorced	0	Self-disclosure, parents
11	SUR(11)	Yes, but now the male partner is no longer abusive	Physical, emotional	Married	0	Self-disclosure
12	SUR(12)	No	Financial, sexual, emotional, psychological and physical	Divorced	1	Self-help, self-disclosure
13	SUR(13)	No	Financial, psychological, religious abuse	Divorced	2	Self-help, self-disclosure
14	SUR(14)	No	Physical, financial, psychological, religious abuse	Divorced	2	Self-help, self-disclosure, friends
15	SUR(15)	No	Financial, emotional, psychological, physical, religious abuse	Divorced	2	Family, friends

Five themes have emerged from the data: survivors' lack of recognition and realisation of abuse; fear of the negative effects of abuse; formal help-seeking support and barriers; informal help-seeking support and barriers; advice from survivors for developing help-seeking opportunities.

Survivors' lack of recognition and realisation of abuse

Although the participants were British citizens or had the right to live in the UK, it was found that 13 (80%) were raised by their south Asian families from childhood to treat DV as a hidden and normal matter. With such learned cultural norms, attitudes, and behaviours, BSA women may be limited in their ability to perceive behaviour as abusive, even though it would meet the UK Home Office (2012b) definition of DV (Voria, 2021). BSA women's perceptions about DV in married life is that it is the right of the husband because they used to see the same violence when they were growing up in their own families with their mother and aunts tolerating this abuse from their husbands.

"I must have probably been about three or four and he (father) was shouting at my mum about – I don't know, he was shouting at her about something, and he (father) was pulling her hair and hitting her, like smacking her and stuff. So I grew up seeing that, but because I saw it all the time, it didn't affect me, so it was normal. It was normal to see that.." (SUR4)

Although participants were born and brought up in the UK, they were not completely acculturated to the UK due to their South Asian upbringing. Due to this lack of acculturation, this participant reported that violence-related news which was circulated about people of different ethnic backgrounds was not familiar or understandable to her. The participant also shared that a lack of familiarity with and awareness of seeking help, such as complaining about DV and securing shelter, was not expected or well-known in her community.

"*Sometimes the abuse what you read about in – on like, you know, when it comes to abuse, it's about people that aren't South Asian, and you can't relate to it. And you – because you know, they can go away and they can get a council flat or this or that, and that's not very common within our culture. Because we don't have those sort of resources – like it's we don't really know about that sort of stuff, we're quite in terms of the resources available we're not that fully aware" (SUR7)*

This participant similarly shared that she did not realise that she had suffered from DV and she simultaneously did not like allowing people to talk negatively about her marital relationship. She had the prior mind-set of being reluctant to recognise abuse to prevent any misinterpretation of her marriage. The BSA women mentioned that the underlying cause of silence in seeking help is associated with the intersections of diverse perspectives (religion, gender and patriarchy):

"For me there were a lot of things. First of all, I didn't ever associate myself as a victim or a survivor of abuse. What I was going through I didn't think it was abuse. I had no knowledge that this was abuse. Even if I had seen it already, or seen advertisements, I didn't ever associate that with myself. Secondly, I didn't want people to think of me in a certain way, or think of my marriage, or my husband in a certain way…I also felt like it wasn't – you know how sometimes that you're meant to be a garment for one another, and I misinterpreted those things to think that – I think it was a cultural and a very misogynistic understanding, a patriarchal understanding of religion to assume that you're not meant to talk about these things" (SUR3)

Fear of the negative effects of abuse

All BSA participants shared their experiences of fear in connection with DV and how this blocked them from seeking help from others. The BSA women talked about the fear of physical torture, financial abuse, harm to their children, emotional abuse, culture-based blame, and the patriarchal views of society:

"I think there's a lot of fear about in terms of dealing with the police, and what happens. And there's the fear of being alienated from their own community for flagging up something that's wrong" (SUR7)

"He (husband) said, "Do you (victim) want to live or you want to die? Do you want to see your son? You will be saved without seeing your son. I will take him away where you can never reach us." (SUR6)

"We find it fearful to speak up because you have to understand we rely on our family for their support. We also financially how we're going to cope – if the woman is well educated even. The thing is with the abusers, they control you so much that you feel as though if you leave the marriage, you can't function. So they cut off all the bridges, they cut off your financial support, they cut off everything, so that you only rely on them, you see,..." (SUR8)

"I was also scared to ask for help because of the culture of our society, you know, like those things that, "Oh, your daughter got divorced? Oh, she must have done something. No, men are never wrong. Women are always wrong" (SUR 6)

One survivor also added how she had been perturbed in relation to cultural identities, in that if she had disclosed the abuse, which would have been breaking the cultural norms, then she might have been forced out of her South Asian community:

"You don't really talk about it (abuse) because you have to admit that…So, all these things, but you still do it because you want to please your family. There's a certain expectation. And if you reject everything from your culture then you are not going to be part of that culture. And as human beings, we need belonging. Even if you're Asian or white or black, we need an identity, and our heritage is the basis of that identity and the value that forms from that heritage" (SUR5)

Participants also had fears about uncertain futures for their children and siblings because, if they were to divorce, nobody would marry their children and siblings in the future, since divorce is a stigma within the community (Hunjan, 2004; Hyman et al., 2011). Women's economic solvency were also at risk because of divorce, as they were financially dependent on their husbands. Participants also shared their anxieties in dealing with the statutory services, as this can be the cause of isolation from the community. A few relevant quotes illustrate this below:

"*What can we do in terms of being South Asian, being Asian, you know, you've got everything to think about, like I mentioned earlier, your families, your siblings, your children, finances, where would you go. If you're totally dependent on your partner, where would you go?" (SUR12)*

"So, yeah, it was just the shame, I guess it was the stigma attached to it and the labelling. And also, I get – when after I'd got divorced, people were making comments to my fourteen year old daughter, you know, 'your mum's a divorcee'. And making comments about my daughters that they were not from a good family, 'cos their mother was like this" (SUR13)

"I think there's a lot of fear about in terms of dealing with the police, and what happens. And there's the fear of being alienated from their own community for flagging up something that's wrong" (SUR7)

Informal help-seeking support and barriers

Several informal barriers were identified that prevented BSA women from securing support, such as perpetrators' controlling behaviours, parents' unhelpful behaviours, survivors' lack of courage, perpetrators misusing religion, and patriarchal society. Participants reported a number of obstacles which prevented survivors from contacting parents, families, relatives, and friends for assistance, such as restricted mobility, isolation from their support systems, emotional abuse, and financial control. Some participants' family members were not supportive; for example, when participants had the opportunity to complain to their family members, they did not help them, as the families did not consider abusers' controlling behaviours as a serious matter that could potentially take on an extreme level of life-threatening abuse in the future. In addition, families were uncooperative because of an emphasis on the practice of cultural norms whereby women should be tolerant of all kinds of abuse. One participant regretfully pointed out the helplessness of her childhood upbringing, claiming that her parents wanted to raise children that were more likely to fulfil their (the parents') dreams than to fulfil their own dreams.

"Because the day I got married, my father said to me, and my auntie said to me, "Whatever happens in that house…" I still remember these words. I was twenty-two. "Whatever happens in that house, you ignore it and you put up with it, and you do not come back." (SUR12)

"..and my mum kind of realised something was going on and stuff..she would just say.. 'look keep trying, keep trying, to make it work'.." (SUR13)

"they don't raise you to chase your dreams, they don't raise you to contribute your best to the world and society, or – they don't raise you to – they raise you to make them (selves) look good, and to look after them, and to go into another family and serve that family. You're always – you're like a slave." (SUR4)

Perpetrators also misused religion to control their wives' help-seeking behaviours. Some participants claimed that the perpetrators were in powerful positions (doctors, lawyers, psychologists, religious leaders etc.) and were able to convince family members and people in the community of their (the perpetrators') innocence. In most cases, survivors were blamed for the abuse and the perpetrator received support as a result of his power. Although patriarchy exists widely, in many societies there are attempts to reduce its power; however, it is still predominant in South Asian cultures (Thandi, 2012). In this research, the participants also believed patriarchal society to be a barrier which supports men, even if they are abusers. However, some participants managed to receive informal support from friends, relatives and colleagues.

"he does not allow me to talk to somebody, like my family about it. Yeah, he said, okay you can talk with your family, but in front of me" (SUR9)

"I didn't know much about my religion, he knew a lot, I actually thought that everything he told me about the religion, was correct. But he used religion as a way to abuse me. And I was so scared that God would punish me because previous to that I'd lived a very Western life and I'd changed, I wanted to be good, and I felt – and he used to say things like, obviously, I'm your husband, you need to obey me" (SUR15)

"In-laws said to participant's parents: "You should have taken your daughter back. We don't want your daughter. What she's good to us for? We wanted her to earn and support our son. We wanted her to buy us a house. What is she doing?" (SUR6)

"like no one would listen 'cos I'm (survivor) like twenty-four, I'm a student, he (perpetrator) is a teacher, he's a psychologist, so I just thought no one would believe me, no one would listen to me. He was part of the Mosque as well, so I don't know" (SUR10)

"But I think community people like to brush it under the carpet as well, you know. They know exactly what's going on, but they do not hold these men accountable" (SUR5)

"I think culturally it's been very normal, and mother just wanted my marriage to work. So I don't think she understood it was abuse. It was only until I told my siblings and they said, "It's abuse, you need to call 999" (SUR3)

One participant had help from her colleague when she continued working from home during the COVID-19 pandemic. In addition, some participants' self-awareness and decision-making helped and motivated them to come out of abusive situations. Participants emphasised the benefit of traditional and social media (TV, online, mobile or telephone), which helped them to realise they were experiencing domestic violence:

"I was able to make phone calls, video calls, but my ex would always be with me, so I wasn't able to talk freely – the only way that I spoke to my manager, because I was working from home, she just told me, look, pack your things and go back to your parents…she herself had been a victim of domestic abuse.." (SUR7)

"But thank God I was – I think as I said I had inner strength, I had very good family support, at least my grand dad, my father, which kept me going, though they were not in this country, they were in different country. But I think it's just me the way – I think it's just my inner quality I would say that I have left, as in no I would never settle for less, and I have to move on" (SUR2)

"I think I started reading online about abuse and stuff like that, and then I started recognising the abuse as I started reading online, you know" (SUR5)

"I spoke to – I actually – no, I actually didn't speak to anyone if I'm being honest, I didn't speak to any of the agencies, I think when I watched that BBC report it gave enough information about domestic violence" (SUR7)

Formal help-seeking support and barriers

BSA women have portrayed how the statutory services, such as the police, doctors, and social services were not properly trained to understand the nature of abuse in the South Asian

community, which is different from the mainstream or white British group. So, participants sought staff of similar ethnicity who could understand their problems.

"I remember when I used to go to GP, they would just give me antidepressants, and that would make me like a zombie, you know, yes medication will help, obviously I'm a health professional and I understand. But all you need is that support, you know, you can talk to someone, I think we have lack of resources in that, we just all jump into medication very quickly" (SUR2)

"So then I was seeking counselling… And I specifically wanted an Asian person, or a Muslim person, because you know English people – and I'm sure they're good at their counselling, but there are certain things that they wouldn't understand because they're not from our community. Because they would just say, a normal person would just say, "Just move out." But you know how it is in our community, we can't move out" (SUR4)

"We need specialist BAME worker in every aspect of front line staff, I guess…In hospitals, in nursing, in midwifery, the council, children's services, in schools even, for schools and teachers to understand and recognise, when a child discloses. Because obviously children in schools are – you know, taken during the summer holidays for forced marriages.." (SUR13)

Participants shared their limited knowledge, opportunities, and understanding about formal DV resources, which was the cause of barriers to seeking help. This helpless situation caused a lack of access to securing the appropriate support for DV, such as financial support and accommodation support.

"I know the covert, coercive control law has come in, but it's not understood very well by the police, social services, frankly even the judges, you know. They don't really understand. They don't have the time to understand it. You know, unless like you're dying, they don't frankly care" (SUR5)

"I don't learn about anything, I didn't – I think maybe in sociology they say, women – there's just one section in our books that say, women are like more than men experience domestic violence, that was it. We didn't learn about anything. Yeah, never (SUR10)

"I knew of no services. Children services called me once, I told them what happened, they said, okay fine and didn't proceed. The police had actually given me some leaflets about women's aid and stuff. And to be honest with you, I wasn't ready to even talk about it, because my priority was my children and earning a living" (SUR14)

Several participants shared the benefit of counselling support which helped them to realise that they were experiencing DV and to regain the mental strength to become emotionally stable. BSA women found support from religious leaders with positive attitudes and also from Citizen's Advice, which is an independent organisation specialising in confidential information and advice to assist people with legal, debt, consumer, housing and other problems in the United Kingdom (Citizens Advice, 2022). Participants had contacted all the formal services (police, doctors, DV service providers, advocates) through self-help and informal support.

"I don't need any support, I just need somebody to listen to – or believe me really, which – but thankfully, I – 'cos I'm educated in the sense that I understood, The Citizens Advice, I went there and, you know, I suppose I had to pick myself up, there was no choice. One of the good things was that on – in the hospital there was an Imam chaplain who helped - he understood this. But he didn't take it to safeguarding or anything…– he understood, looking back, he understood that I needed space. I didn't need to be bombarded with safeguarding and other services coming at me, because I was completely vulnerable but I needed – I just needed a little bit of a push up. Like, yes, you're okay, you're going to be okay and that's it" (SUR8)

"when I left the marriage in May 2020, and by this point I came back home and my family didn't recognise me, I had lost a lot of weight, and mentally as well I wasn't the person that I was before I got married…So I got counselling pretty much immediately after I had left because I just couldn't understand what had happened, and that helped me massively, it helped my recovery" (SUR7)

Advice from survivors for developing help-seeking opportunities

In this research, the BSA women participants provided their opinions and recommendations about how survivors can take the opportunity to seek help from the formal and informal sectors. In terms of providing informal help-related suggestions, participants emphasised two types of informal support for BSA women. Firstly, family support is needed in times of emergency, and families also need to be educated to realise that abuse is not acceptable in any culture. Secondly, participants also suggested involving religious organisations and religious leaders to build awareness programmes about DV:

"I think families also need to do their due diligence and if they know that somebody is abusive within their family, they need to get help" (SUR3)

"There needs to be a lot more discussion about domestic abuse. It needs to not be a taboo or stigmatised topic. I think there needs to be a lot of education…. Education to parents, to family members. I think all age groups need to know about this because unfortunately there's a lot of the older generation still think this is okay, and I think it needs to be shown that actually your daughter or your son being divorced is better than them being dead or beaten up by a stranger" (SUR3)

"You need to get the local Mosques, the Imams, who maybe hold surgeries once a week. Maybe on a weekend where women can come in under their own discretion and speak to people. Not about breaking up a marriage, but about maybe getting support, rights they have, And maybe also – not maybe but bringing to account the men and some of the men aren't physical" (SUR13)

"I think that the agencies have started to understand the diversity issue, and I think these agencies, they do have – I mean, they did have more workers from that background, like South Asian, Muslim background, who can truly like empathise and understand exactly what's going on" (SUR5)

Survivors suggested a number of formal support-related events and activities. To enhance the understanding of DV against BSA women and how to help them, it is necessary to engage everybody within a domestic violence awareness-related programme. This would also help in inhibiting various barriers to help-seeking behaviours, such as preventing the misuse of religion and breaking the stigma about DV being a private matter:

"I think everybody involved in that case, whether it's the perpetrator, the survivor, the extended family, especially within the South Asian, scholars and that – I think everybody needs the support and the awareness that this is wrong, this is wrong. It's not even in their religion that you can abuse a woman, okay?" (SUR12)

Most of the participants later started to work in third sector organisations to help other survivor women who had experienced DV. Thus, they have also made some recommendations based on their real-life experiences which could help other survivors, for example recruiting South Asian staff in each service area, such as schools, religious places, hospitals and everywhere. The BSA women have emphasised that South Asian staff are able to understand the South Asian culture, which will help them to identify DV and help BSA women:

"So I think you need to have more police officers who are from the South Asian community to understand this. You need it in the local Mosques. You need it in the organisations. You need it in children's services. You need specialist BAME workers in literally every organisation whether it's the council, whether it's children's services, in schools even, for schools and teachers to understand and recognise, when a child discloses, children in schools are taken during the summer holidays for forced marriages, FGM as well, you know, so you need to have a specialist BAME worker in every aspect of front line staff, I guess. In hospitals, in nursing, in midwifery, in everything" (SUR13)

Participants also shared the benefits of technological advancement and especially appreciated online forms of support. One participant underscored how she found support independently via online technology because, while she was experiencing DV, she used this digital support which gave her the autonomy to take the initiative against DV.

"I think maybe because we know how to reach out, you can use technology, do a Google search, and reach out, I do think there's more – I know that I feel I have more power or have the liberty to be able to do that…" (SUR3)

Participants reported that it is crucial for women to be aware of any support around them, and that this could be medical support, mental health support, or any service from any kind of

organisation. Professionals also need to be trained to identify DV to help survivors in times of crisis:

"So I think it would be very helpful to women to know there are loads of organisations, not only that organisation, it could be your GP and they will refer you to this kind of organisations. And there are mental health professionals, other professionals… and also the professionals need to see the signs and symptoms it could be" (SUR2)

Discussion

This qualitative research has explored the specific barriers and facilitators for help-seeking behaviours among BSA women who have experienced DV. During the interviews with BSA women, several themes emerged: survivors' lack of recognition and realisation of abuse; fear about the negative effects of disclosing abuse; informal help-seeking support and barriers; formal help-seeking support and barriers; advice from survivors for developing help-seeking opportunities. It was revealed that all barriers and facilitators for help-seeking behaviours among BSA women were similar to those among South Asian immigrant women in other high-income countries such as the USA, Canada, Sweden, Hong Kong (Anitha, 2010a; Sabri et al., 2014; Swati Shirwadkar, 2004; Tonsing & Barn, 2017; Voolma, 2018b). As previously stated in the introduction section, this research interprets the findings using intersectional socialisation in this discussion section, as given below.

Intersectional Socialisation

The underlying causes for all of the barriers and facilitators are described using the concept of "intersectional socialisation" (Hoffmann, 2019). This term is the combination of two other terms: socialisation and intersectionality. Socialisation occurs by parents transmitting their own attitudes and those of their country of origin to their children (Arends-Tóth & Van de Vijver, 2009; Jennings, 1984). In this study, the participants' help-seeking behaviours were influenced by their socio-cultural upbringing, which intersects with diverse inseparable identities. Crenshaw (1990) applied intersectionality to highlight how women who experience DV have indivisible diverse categorical identifiers of socioeconomic status (e.g. ethnicity / race, gender, age, class, language, religion etc.) (Bhandari, 2018; Crenshaw, 1990). So,

"intersectional socialisation" comprises the intersections of socialisation messages that individuals learn from their family and community in their lifetime. In this study, the intersections between sociocultural categories such as gender, patriarchy, religion, and ethnicity are constructs that are internalised in the socialisation process. The impact of intersectional socialisation on help-seeking behaviours has developed a range of barriers and has limited the facilitators for help-seeking behaviours among BSA women as discussed below.

Although each participant had successfully reached out to service providers, this was the most challenging part for them in seeking help (because of fear, mistrust, or insufficient informal support). The underlying causes for this fear and mistrust depended upon the patriarchal culture practised via families and relatives because they would constantly try to protect their family honour (izzat), image and reputation from the shame, victim-blaming, and stigma of DV, which adversely influenced the participants' choices in seeking help from others (Anitha, 2010a; S. Shirwadkar, 2004). Some participants in this current study shared that their mothers, who were first generation immigrants, silently reminded in their abusive relationships and pressurised their daughters to stay in their own abusive relationships and continue practising the sociocultural norms of their ethnic groups, similar to those underlying the concept of family honour that constrains BSA women from escaping abusive relationships. For that reason, BSA women keep DV matters secret until it is life-threatening. Similar views from other studies have identified acceptance of DV because of a lack of family and community support (Sabri, Simonet, et al., 2018a).

Moreover, such acceptance means these crimes are unreported and invisible, thus blocking opportunities to develop support systems for DV survivors (Abraham, 1998; Michael S. Liao, 2006). BSA women stated that their parents forcefully took them to South Asian countries during the summer holidays in order to force them into marriages, (Belur, 2008). Some BSA women's families did not take incidents of DV seriously because they only cared about their status / honour, which they believed would be destroyed if the community knew about the DV (Sabri et al., 2014). A comparison of these findings from the current study with those from other studies confirms that the relevant evidence is that "izzat (honour) continues to exert a powerful influence on the choices and avenues open to women when faced with violence in the home" (Anitha, 2010a, p. 476).

From this research, gender and religious role expectations are the other underlying barriers for help-seeking. Women often felt isolated in their abusive journeys because they live in a highly male-dominated environment and society, in which men exercise their rights more than women (Hulley et al., 2022). The BSA participants in this research felt they had fulfilled the wills of their parents, siblings and relatives, such as agreeing to their families' decisions about marriage, and protecting these marriages to sustain the families' reputations, with or without any adverse situation. In accordance with these gender roles and expectations, previous studies have demonstrated that BSA men are inherently more privileged than women, and that the responsibility of girls is to follow these culturally prescribed gender roles, for example upholding the honour of the family (Abraham, 2000; Dasgupta, 2000; Vandello & Cohen, 2003). Besides gender, religious identity has also influenced the help-seeking behaviours of BSA women. Participants in this study shared how they had been restricted, because of the religious misconceptions promoted by their husbands, to remaining in abusive relationships instead of seeking divorce or separation. Although ethnicity, gender, family and religion are separate concepts, they are all interconnected components in the intersectional socialisation that affects the barriers and facilitators for BSA women's help-seeking behaviours in response to DV.

Although DV is a global public health problem, its nature is different according to culture and race (Ahmed, 2006). The participants talked about professionals with little expertise or training in how to support BSA women, and about inadequate awareness of the nature of DV in the South Asian community compared to the mainstream white British community. Burman, Chantler, et al. (2004) found similar results in their research. This situation is comparable to that of South Asian immigrant women who have experienced DV, with research suggesting that statutory service providers and professionals lacked a clear understanding and significant knowledge of the culture and circumstances of the various ethnic communities in delivering their services (Belur, 2008).

Figure 9 illustrates intersectional socialisation (gender, patriarchy, religion, and ethnicity) as a root cause (brown colour underneath the tree) that influences help-seeking behaviours, producing a number of barriers (branches of the tree) such as lack of awareness of DV, the hiding of DV, misinformation, stigma, fear of victim-blaming, isolation, insufficient and inappropriate support from statutory and voluntary services, and racism, as well as facilitators (also branches of the tree).

This study has shown the importance of informal support for BSA women, as all of the participants' pathways to formal assistance was through informal support, such as self-help (online or offline), or from parents, siblings, friends, colleagues, and neighbours. The research proposes that, by understanding the barriers and facilitators of help-seeking behaviours among BSA women, positive socialisation messages through the informal support they receive can help them protect themselves from DV. These findings are supported by other current studies which have highlighted informal support for DV survivors and how survivors are also more likely to disclose DV to informal supporters than to formal support agencies (Gregory et al., 2019; Shamoon, 2018). Such findings may help policymakers and researchers to differentiate the individuality of BSA women from South Asian immigrants and the British population by allowing them to critically analyse the interconnected issues of identity which currently raise barriers and limit opportunities (Cook & Glass, 2014; Ng & Sears, 2010; Tariq & Syed, 2017).

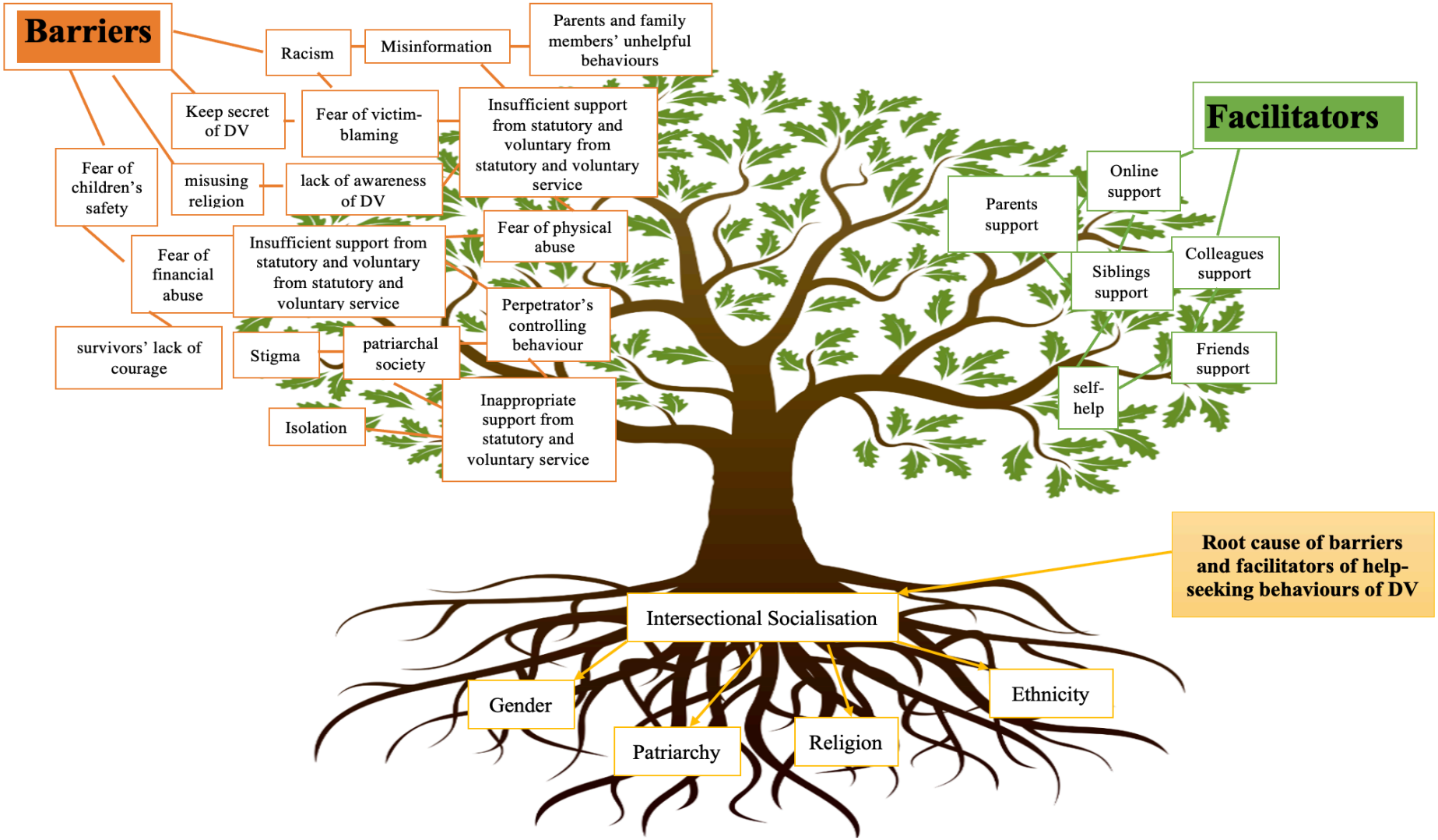

Figure 9: Root cause of barriers and facilitators for help-seeking behaviours of DV

Limitations and strengths

The reason for selecting the participants based on South Asian ethnicities is that these (Pakistani, Indian, Bangladeshi, other) communities make up 6.8% of the population in the UK (Institute of Race Relations, 2020). However, this research has only focused on Bangladeshi and Pakistani British South Asian women, i.e. British citizens, as well as on those who have permission to live in the UK; the research did not cover those with immigration or language problems. The experiences of this group of women may be different to those of other South Asian women experiencing abuse (Ahmad et al., 2009). Within the thematic analysis approach, the analysis was conducted by the primary researcher, so there may be scope for bias in the interpretations drawn. In this research, all of the BSA women participants are Muslims, so it is possible that South Asian women from other religions may have different perspectives compared to this group. This study has focused on BSA women within the South Asian community; however, future studies should also explore the experiences of BSA men who have experienced DV. In spite of these limitations, this research has gathered rich data from BSA women, due in part to the positionality of the primary researcher, who is a South Asian woman herself. This significantly impacted the quality of data collected, as the BSA women interviewed engaged well with the author and openly shared their lived experiences of DV.

To date, research has often not distinguished between the experiences of British South Asian people who are immigrants and those who are permanent residents, despite the likelihood that these two populations face different pressures (Ali et al., 2019; Anitha, 2010a; Gill, 2004; Mirza, 2016; Wellock, 2010). A strength of this research, therefore, is that it makes this distinction and focuses specifically on BSA women who have experienced DV.

Implications for policy, practice and research

Despite the findings displaying the exclusive barriers and facilitators for help-seeking behaviours among BSA women who experience DV, there is a strong need for an initiative that focuses on how DV is defined and understood within specific communities, such as BSA

women, because South Asian groups are not homogeneous (Interventions Alliance, 2021). The South Asian population may be diverse in their religion, country of origin, residency status and cultural background, which shape the way in which they experience and respond to DV (Gill, 2009; Interventions Alliance, 2021). This is essential for researchers, policymakers, and service providers (statutory services, NGOs) working to change negative perceptions or attitudes which prevent help-seeking for DV, as 80% of BSA women in this study informed that they did not perceive DV as a crime.

In this research, the participants recommended arranging DV awareness-related events in local religious centres (mosques) or community centres, involving BSA women along with their family members. This is because supportive members of families and communities have been helpful for survivors in seeking help against violence (Sabri, Simonet, et al., 2018a; Shah, 2015; Shamoon, 2018). The awareness and understanding of these barriers and facilitators may support the development of interventions to encourage effective help-seeking amongst South Asian women affected by domestic violence. Participants also recommended arranging culturally appropriate awareness programmes, campaigns, and interventions with survivors, their husbands, in-laws and families. There have been a number of studies conducted on such culturally appropriate interventions, counselling, and advocacy programmes in the USA, although none of these have included any outcome evaluation to measure the size or scale of their effects (Abraham, 1995; Dasgupta et al., 1997; Kim, 2000; M. S. Liao, 2006; Munshi et al., 2015; Preisser, 1999; Tripathi & Azhar, 2022).

The BSA women participants also stated the benefits of DV counselling support, which gave them new insights into and alternative meanings for their DV experiences. Before visiting counselling services, the participants believed that they were suffering from marital problems or that they themselves had limitations in not sustaining their marital relationships, which is similar to the findings of Buchanan and Wendt (2017) study. The results show that BSA women hide the DV that they experience, as they fear the distress and honour-related humiliation and embarrassment that their families would face. Therefore, it is important for mental health professionals, counsellors, social workers, GPs, midwives, school representatives, and councils to be conscious of these culturally and socially rooted barriers based on the intersecting identities of BSA women, and to educate BSA women regarding disclosure of DV (refer to the above figure showing intersectional socialisation as the root cause of barriers to DV disclosure). Authorities also need to introduce effective assessment

strategies for the early diagnosis of DV to help BSA women. In this regard, the participants suggested that efforts should be made with regard to early detection because families can also ignore the complaints of the abused until the abuse becomes extreme. Participants suggested recruiting South Asian staff in every sector, such as hospitals, GP surgeries, NGOs, police stations, schools, and so on, in order that the problems can be better understood from a similar cultural perspective. As this research was conducted remotely due to the COVID-19 pandemic, the participants recommended that researchers and service providers should develop online-based events, training, awareness programmes, and DV support groups, which would help to give survivors a way to learn how best to seek help. This theoretical journey, therefore, may assist researchers to develop online / remote interventions for BSA women who are experiencing DV and are not always able to seek help in person to address it.

Conclusion

With proper knowledge of South Asian cultural norms, both statutory and voluntary organisations should be able to train all service providers (government-employed domestic violence support staff including police, healthcare staff, social workers, family lawyers, as well as domestic violence specialists from non-governmental organisations) to ensure survivors' confidentiality, gain their trust, and achieve their comfort, safety and security. The findings also identify research areas for further study to conceptualise the difficulties in terms of help-seeking behaviours and facilitators for BSA women who experience DV and to develop culturally appropriate interventions to encourage effective help-seeking amongst South Asian women affected by domestic violence.

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Chapter 6 "Hard to Reach Services or Survivors?" Perceptions of Service Providers on Barriers and Facilitators for Help-seeking Behaviours in Addressing Domestic Violence among British South Asian Women (Paper 4)

Razia Sultana[1]

Nusrat Husain[1]

Omolade Femi-Ajao[2]

Peter Taylor[1]

1 School of Health Sciences, Division of Psychology and Mental Health, Faculty of Biology, Medicine and Health, Manchester Academic Health Science Centre, The University of Manchester, Manchester (UK)

2 Division of Dentistry, School of Medical Sciences, The University of Manchester, Manchester (UK)

This paper has been submitted to the Violence Against Women Journal. The article has been re-formatted to improve readability in this thesis.

Abstract

Purpose: According to World Health Organization (WHO), domestic violence (DV) is described as a "major public health problem" in the world. Domestic violence (DV) against ethnic minority women is often an understudied social and psychological problem in the United Kingdom. The aim of this qualitative research is to fill a gap in the existing studies and literature by identifying service providers' perceptions about the barriers and facilitators for help-seeking behaviours among British South Asian women who have experienced DV.
Method: This study used 18 semi-structured interviews of service providers from voluntary / third-party organisations. Qualitative interview data were analysed using a hybrid process of deductive and inductive theoretical thematic analysis.
Results: Five main themes were identified relating to barriers and facilitators for help-seeking behaviours among British South Asian women who have experienced DV. These are stereotypical thinking and misuse of religious beliefs, fear of negative consequences, emotional state as barrier and facilitator, informal help-seeking opportunities and barriers, formal help-seeking opportunities and barriers. The ecological intersectional model was utilised to construct those identified barriers and facilitators within the various levels of the ecological model. This ecological model is influenced by BSA women's inseparable diverse intersectional identities (e.g. ethnicity, gender, religion, and racism).
Conclusion: These research findings can initiate positive social change by leading to development of culturally appropriate interventions which can bridge the gap between British South Asian women who experience DV and informal and formal means of support. The findings of the article inform the barriers, facilitators and recommendations of help-seeking behaviours of south Asian women who experienced DV which will help to implement effective policy, practice and research to alleviate this major public health problem (DV) as well as racial, ethnic and gendered disparities.
Keywords: Domestic violence, disclosure, help-seeking, intimate partner violence, South Asian

Introduction

Domestic violence (DV) is a major human rights issue, and one third of women worldwide have suffered from this violence at some point in their lives (World Health Organization, 2013). The highest prevalence (33%) of domestic violence has been found in the South Asian region (Violence Against Women Prevalence Estimates, 2018). DV has also been noted among South Asian populations within Western countries (Finfgeld-Connett & Johnson, 2013). The Crime Survey for England and Wales 2017 reported that 6.9% of all women aged 16 to 74 had experienced DV, and 3.4% of South Asian women aged 16 to 74 were victims of domestic abuse (Office for National Statistics, 2018). The reason for this lower prevalence may be that the national research often uses small and non-representative samples that may underestimate the extent of the problem among South Asian women, or that South Asian women do not seek help and therefore DV is underreported (Rai & Choi, 2018). South Asian domestic abuse cases might be underreported for several reasons, such as fear of the perpetrators, financial insecurity, and humiliation related to family honour (Azad, 2021; Gill & Hamed, 2016; Siddiqui, 2013). This research has found that lack of support, and unhelpful behaviours among professionals can influence DV survivors in normalising their abuse (Walter-Brice et al., 2012). Although the statutory services in the UK have already taken the initiative to provide support to DV survivors from minoritised communities, there have also been societal barriers (restrictions on receiving state benefits, systemic racism, refuge provision, poverty, and unemployment) which have discouraged women from leaving abusive relationships and seeking help (Burman & Chantler, 2005).

There is a dearth of literature investigating the perceptions of service providers from non-profit / voluntary organisations about DV in the UK, even though they have close relations with survivors and provide diverse services (counselling, legal, medical, housing support, review of safety plans, facilitation of peer support groups, and more). The research that has been conducted has focused on statutory health service providers' perceptions of DV (Baloch et al., 2022; Hegarty et al., 2020; Khelaifat, 2019; Trevillion et al., 2014). Some studies have suggested that survivors have a greater willingness to seek help from service providers working for voluntary organisations rather than for statutory services (Burman, Chantler, et al., 2004; Robinson & Hudson, 2011) because of the complications of police- and court-related issues (Ahmadzai, 2015; Belur, 2008; Hunjan, 2004). This current research collects

service providers' views through interviews regarding their professional training and experience, as well as the nature of their contact with BSA women.

This research follows a qualitative method. Qualitative research is particularly appropriate for this sensitive issue (DV) because this approach does not assume previous knowledge of people's experiences, and it permits participants to develop and express their own reality (Dickson-Swift et al., 2008). The current qualitative study explores the barriers and facilitators for help-seeking behaviours, specifically among British South Asian (BSA) women, which has not been looked at before now.

In this study, 'BSA' refers to members of South Asian citizen groups who were born and brought up in, or people with indefinite leave to remain in the UK. A few authors have conducted research, which has identified a number of barriers and facilitators for help-seeking behaviours among South Asian immigrant women, or a combination of both South Asian immigrant and BSA women (Anitha, 2010a; Burman, Chantler, et al., 2004; Gill, 2004). These previous studies did not distinguish the problems as per each group (such as differentiating regarding religion, ethnicity, residential status, etc.) and treated all South Asian people as one unit (South Asian). This research identifies differences or similarities in the barriers and facilitators regarding help-seeking behaviours for this BSA women group compared with immigrant women. In addition, several studies have been conducted based on the DV experiences of South Asian ethnic women. This study fills a knowledge gap by researching DV service providers' perceptions about help-seeking behaviours among BSA women who have experienced DV. It triangulates among different perspectives to obtain a broader picture of the challenges facing these women and is also helpful in identifying whether or not DV service providers and DV survivors have similar views in comparison with the previous South Asian women survivor-based DV research. South Asian women may suffer DV not only from partners, but also from multiple family members (Anitha, 2010a). In this paper, the focus in on DV perpetrated by partners or husbands. In the UK, people with roots in India, Pakistan, Bangladesh, Nepal and other countries are included in the South Asian ethnic groups (Minority Rights Group International, 2020).

Some of the DV-based research has been conducted using only the ecological model, with the consequence that it offers a limited understanding of gender, religion, ethnic minority women, and racism in the formal support sector (Crenshaw, 1990; Kulkarni & Ross, 2016).

This study uses the adapted ecological intersectional model (LaVoi, 2016) expanded from Heise's (1998) ecological model and Crenshaw (1990) intersectionality framework. The ecological model was developed to understand the origin of gender-based violence through its four levels, namely: individual, relationship, community, and structural (Heise, 1998). Crenshaw (1990) used the term "intersectionality" to conceptualise how a person or group's social, biological or culturally diverse identities (ethnicity, gender, immigration / refugee status, religion, sexual orientation, age, disability, spirituality, language, and education) affect them in terms of a number of discriminations or barriers. In this research, the ecological intersectional model uses the four levels (Heise, 1998) for interpreting the data related to diverse intersectional oppression. In this study, the specific intersectional identarian factors can differentiate BSA women from the other group regarding the barriers and facilitators for help-seeking behaviours related to DV.

The individual level represents a person's own life experience surrounded by the practice of the cultural norms of victims or perpetrators (e.g., childhood adversity, psychological difficulties). A study of eight South Asian therapists reported that unfavourable forceful cultural upbringing had prevented the disclosure of DV by South Asian women (Reddy, 2019). The relationship level refers to poor connections with families, in-laws, and husbands that have acted to prevent disclosure of abuse. It was found that leaving a marriage is not easy because of the need to protect family honour, and the fear of stigma, shame, and blame (Gill, 2004; Swati Shirwadkar, 2004; Jenny C. Tonsing, 2016). The community level refers to the character and resources available within the local community including negative and positive resources. One study reported that ethnic minority women may seek help from religious leaders and people in the local community after experiencing DV, but do not always receive proper help because of factors including victim-blaming, patriarchal norms and social expectations (Akinsulure-Smith et al., 2013; Sabri, Nnawulezi, et al., 2018). The structural level includes factors that might influence the seeking of help for DV including rapid social change, gender, social and economic inequalities, poverty, poor legal protection for victims, cultural norms that support violence, and inequality in the support given by statutory and third-party organisations. Researchers have suggested that minority, refugee and immigrant women maintain traditional gender norms and cultural beliefs that have influenced domestic violence (Heise, 1998; Krug et al., 2002; Sabri, Nnawulezi, et al., 2018; Stith et al., 2004).

In addition, previous DV-based research has also used the ecological model with immigrant and refugee women, rather than specifically with permanently resident ethnic minority (women living outside their country of birth), born and brought up in developed countries (Sabri, Nnawulezi, et al., 2018; Sabri, Simonet, et al., 2018b; Tonsing, 2011). This integrated ecological intersectional model addresses the research gap by adding the experiences of BSA women as perceived by service providers. The aim of this study is to identify the perception of DV service providers about barriers and facilitators for help-seeking behaviours among BSA women who have experienced DV.

Methods

Study Design

This study is a cross-sectional qualitative study using interviews with DV support service providers to investigate their perspectives and views concerning the facilitators and barriers for BSA women when seeking help for DV. The study has achieved approval from a university ethics committee. A critical realist position is taken in this research, as it assumes that there is a real world out there that is external to people. This is the belief that people can have a shared understanding of the world even though their experiences of it are subjective and contextualised for each person (Braun & Clarke, 2014). This critical realist position combines ontological realism and epistemic relativism (Kwan & Tsang, 2001). For example, in this current research, data have been collected from DV service providers who have provided support to BSA women experiencing DV; the data analysis and interpretation of findings are considered according to the researcher's independent observation, knowledge, understanding and experiences. Overall, from the critical realist position, the researcher's construction of the data and findings may not deliver the original reality. Thematic analysis is applied to analyse the data in order to identify, analyse, and report themes in the data (Braun & Clarke, 2019).

Study participants

Service providers from third-party organisations / voluntary organisations that provide services to women who experiencing DV were targeted for recruitment to this study. This

research was conducted during the COVID-19 pandemic when the UK Government had declared a 'lockdown' in order to maintain social distancing and required all but essential workers to stay at home (Cairney, 2021). The study was therefore undertaken remotely, avoiding in-person contact. DV service providers (18 years old or above) were recruited remotely (online or by mobile phone) from non-profit / voluntary / non-government (NGO) / third-party organisations for this study. It was also informed that if any participant was not able to provide consent, they would not be allowed to attend the interview, as informed consent is a crucial part of research ethics and is the permission granted by the participants in full knowledge of the possible consequences, risks and benefits (Nijhawan et al., 2013). The recruitment of participants was not limited by ethnic origin, as it was planned to interview all service providers who provided support to British South Asian women with lived experiences of domestic violence, even if they (service providers) did not identify as British South Asian. Participants contacted the organisations targeted remotely and were also recruited via research flyers shared on Twitter, LinkedIn, Facebook, Instagram and other social media and professional media platforms. Full recorded verbal consent was obtained from all participants. The interviews started on 31st July 2020, and recruitment was completed on 16th February 2021. A total of 18 service provider participants attended. Although the researcher did not ask service providers about their own lived experiences, some of them (service providers) willingly shared that they had had DV experiences in their lifetimes. For this reason, the researcher did not disclose the name of the organisations they worked for to ensure the safety and security of the participants.

Interviews, data collection

A semi-structured interview schedule was adapted from Femi-Ajao (2016) to investigate the study's research question. Interviews lasted for 45 to 90 minutes and were recorded using encrypted Dictaphone. Some of the service provider participants had also experienced and survived domestic abuse, and while the focus of this research was not on the lived experience of the service providers, there was an opportunity for them to share their experiences if they wished to do so. Verbal consent was obtained, and audio recorded at the beginning of the interview because of the digital nature of the interview making it impossible to take the consent physically. The researcher created pseudonyms for study participants at the beginning of each interview. This process was used to ensure that any documents containing

sensitive data were anonymised from the beginning of the study. Interviews were offered with the following choice of language options: English, Urdu, Hindi and Bengali, and the primary researcher administered the interviews as she is a multilingual speaker. However, all service providers chose to speak in English. Participation in the research was voluntary and the interview times were selected at the convenience of the service providers.

All interview recordings were transcribed by the verbatim transcription method by the University of Manchester approved professional transcription company. All transcripts were reviewed again by the primary author (RS), and the co-author and PhD supervisor (OF) to ensure credibility (Cypress, 2017). The transcripts were anonymous with personal information removed to prevent the identification of participants. Previous research suggested that participants felt confident in the processes of anonymity, which minimises their risk, and they felt they had control over their data (Hubbard et al., 2001).

Data Analysis

The ecological intersectional model (LaVoi, 2016) was used to guide the analysis to identify barriers and facilitators related to DV at each ecological level. The interview transcripts were analysed using the critical realist approach and a hybrid process of deductive and inductive theoretical thematic analysis (Braun & Clarke, 2006). The deductive approach provided an initial sound grounding through the ecological intersectional model, and the researcher included an inductive process to allow the realities of others to be clearly represented in the data analysis (Roberts et al., 2019). From the critical realist perspective, themes were developed from the data, constructed according to the researcher's experiences, beliefs, and assumptions, as well as being informed by the literature (Taylor & Ussher, 2001). Service providers' perceptions and experiences were analysed and organised into overarching codes and themes that reflected contextual dimensions of how they perceived the barriers and facilitators for BSA women's help-seeking shown in the adapted ecological intersectional model (Figure 10). After that, codes were clustered into emerging themes through multiple reviews by all of the authors. Themes were clustered in each level (pre-determined) of the adapted ecological intersectional model, illustrated in Figure 10 and known as the hybrid process of deductive and inductive theoretical thematic analysis (Braun & Clarke, 2006).

NVivo 12 software was applied to facilitate data management, coding, and report generation (Dhakal, 2022; Edhlund & McDougall, 2019).

Rigour

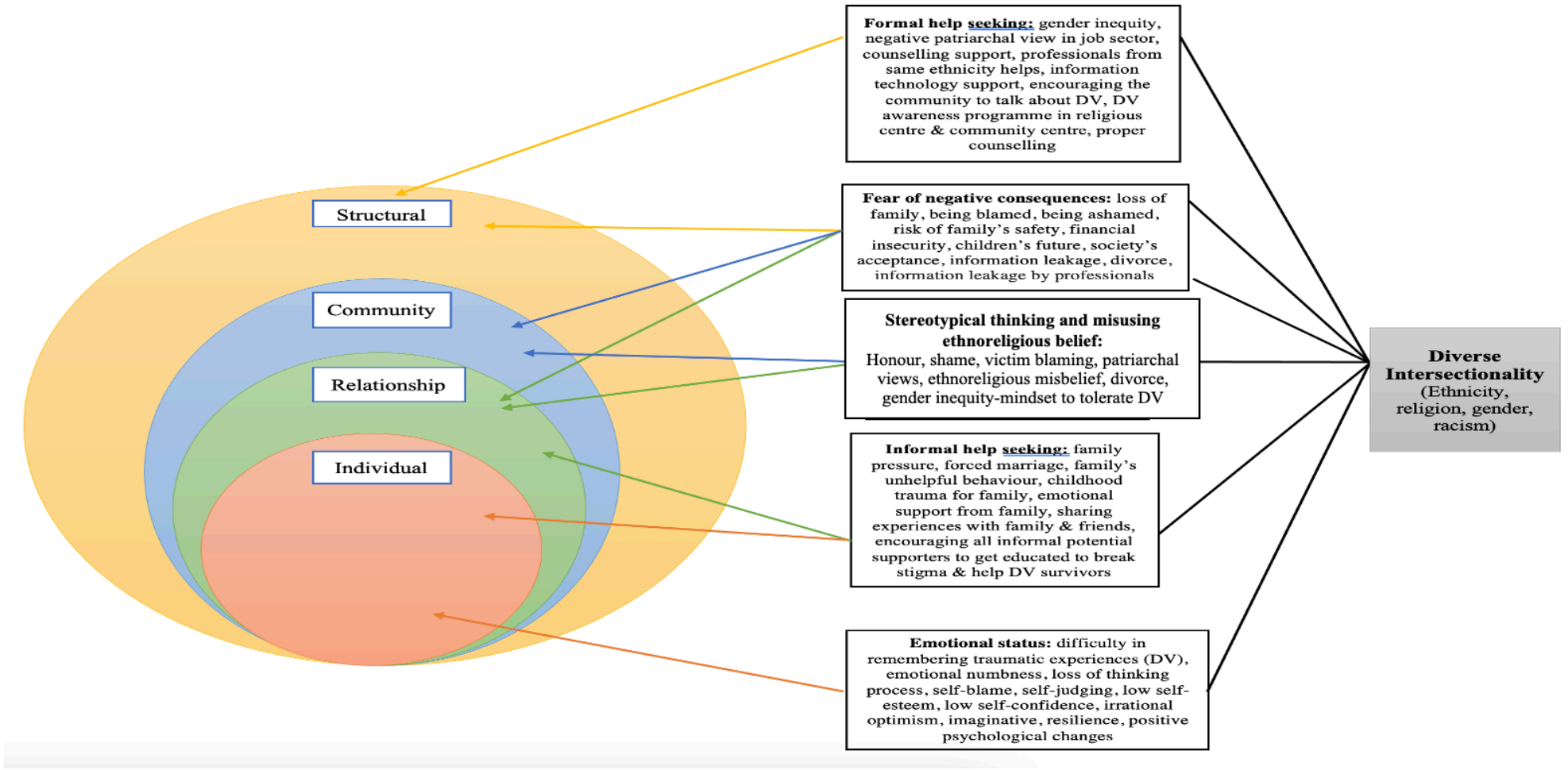
A number of strategies were applied to ensure rigour in this research. The target was to ensure that a wide range of service providers' perspectives could be captured. All participant information sheets (PIS), consent forms, and interview guides were in multiple languages (English, Urdu, Hindi and Bengali). As interviews were remote, any eligible service provider in the UK was welcome to attend an interview. The researcher kept a reflexive journal, took field notes, and engaged in peer debriefing as a means of supporting and recording her reflections on the data as the process developed. The researcher has also reflected on her own thoughts, opinions and experiences to make the research process visible, which can help future researchers in ignoring "producing, reproducing, and circulating the discourse of research as a neat and linear process" (Ortlipp, 2008, p. 704). To ensure trustworthiness and credibility, the researcher met several times with her PhD supervisors to discuss and compare the generated codes and themes to reconcile any discrepancies (Sabri et al., 2014).

Results

The interviews involved 18 participants. They all gave verbal consent for their participation in the research interviews. Although DV service providers from any ethnic community could have attended the interviews, the majority of the participants were South Asian service providers (80%), the rest were black and Arab service providers (20%), and all participants were female. Service providers' perceptions about barriers and facilitators for help-seeking behaviours among BSA women who have experienced DV were categorised according to the ecological intersectionality model (LaVoi, 2016). This model did not follow any chronological order, so a summary of the six key themes is discussed in this results section, along with a consideration of the influence of the ecological intersectionality model. This adapted ecological intersectionality model is presented in the form of an integrated conceptual diagram (Figure 10) for a better understanding of all the barriers and facilitators for help-seeking behaviours. The figure is illustrated with six themes connected with the four levels of the ecological model (structural, community, relationship, and individual). Each

theme consists of a couple of barriers and facilitators which emerged from the research data. These barriers and facilitators were the results of the diverse identity of BSA women called diverse intersectionality (ethnicity, religion, gender, racism). The interviews with service providers, who have the relevant training to support BSA women, delivered rich data for this research based on their work experiences with BSA women who were DV survivors. The synthesis of research data from the service provider interviews created an interconnection between the various levels of the ecological model with the barriers and facilitators for help-seeking behaviours among BSA women which result from their diverse intersectionality according to the ecological intersectionality model adapted from LaVoi (2016).

Figure 10: Ecological Intersectionality Model adapted from LaVoi (2016)



Stereotypical Thinking and Misuse of Ethnoreligious Beliefs

This stereotypical thinking and misuse of religious beliefs belong at the community and relationship levels of the ecological intersectional model (LaVoi, 2016). Service providers discussed stereotypical thinking, which is the group of beliefs and cognitive framework of traits, appearances, personalities, and behaviours of South Asian people as a group (Hamilton et al., 1994). Participants shared about the role of some BSA women's judgemental and biased thinking in normalising DV. They also disclosed that a number of intersectional features of ethnoreligious beliefs (honour, shame, victim blaming, patriarchal views,) could be responsible for these stereotypical thoughts. Many participants felt that BSA women were very much embedded in their South Asian cultures and ethnoreligious groups, in which family honour and reputation plays an essential role in society, whereby they believe they would be humiliated for disclosing the abuse they suffer to others. It was also found that BSA women do not leave their homes even when they realise that they are experiencing abuse.

"I think it's very much rooted in – with the British South Asian women, it's very much rooted in kind of fear of judgement, kind of. I think there's a lot of shame and embarrassment there, shame, and feelings of guilt, like, I should not be experiencing this" (PROF13)

"So the women have had children with the perpetrators and not realised that this is domestic violence and suddenly when they do realise, there's another box of shame that all brings up as well" (PROF9)

"..And again they also use religion, if you're a religious person and you've had this warped understanding of religion, the men use it against the women that God will punish you if you don't – if you're not subservient to your husband" (PROF18)

The professionals also responded to how BSA women, when disclosing abuse to seek help, would refuse to seek divorce or leave violent relationships due to the impact they think this would have on their siblings and their (the siblings') futures, which could be hampered by their (the survivors') marriage break-ups:

"It's very difficult because there's so much stigma attached to domestic abuse culturally. You know, you're bringing shame upon the family, the community, what are the community going to say, the impact it's going to have on your children, your siblings. That's a big one I came across, you know. If you're the eldest or you're the middle child, I mean, you know, how is it going to affect your brothers and sisters, you know, what are people going to say" (PROF3)

Additional examples of patriarchal attitudes came from service providers' interviews, with particular BSA women sharing that their previous mind-set had been to tolerate abuse, bearing all kinds of tortures, as they believed this was accepted in their cultures:

"I think that the problem with the South Asian women is that they come, you know, we come from a mindset, a background, a culture where more than often it's accepted, and I think it's you know, they sort of – they're too shy or too scared to talk about it. So a lot of women suffer from it, and they think it's part of the norm, you know, it's normal, it's normal, and it should be we – they should have the patience to accept it, and tolerate it" (PROF5)

Participants informed that it is also necessary to understand the different South Asian cultures rather than viewing them all as one single category. Moreover, they also emphasised not blaming the culture for DV (because, generally, DV may be present in all cultures, not specifically in South Asian culture).

"…being really aware that South Asian communities is not just – you know, within South Asian, you do have different religions. You do have different practices. So it's being mind – we use that terminology, culturally competent, so it's being aware of how competent are you of someone else's culture, but being mindful that that's not an excuse for abuse" (PROF7)

Fear of Negative Consequences

This theme joins the relationship, community, and structural levels of the ecological intersectional model. Most service providers reported that fear is one of the strongest factors creating barriers to seeking help. Participants shared that, although support is available,

women still cannot disclose abuse for fear of losing their families, fear of the perpetrator causing incidents with their families, fear of being blamed, and fear of facing shame. They also worried about their children's futures, as some of them depend financially on the perpetrators, and are anxious about how society might accept them and their children if they are divorced, as this status seems to be taboo for some individuals in the South Asian community. Professionals shared that BSA survivors did not trust service providers for fear of them leaking their stories of abuse to the local South Asian communities. Participants' voices are given below:

"They also might fear that I'm Asian, they are Asian, and because there's not a lot of trust within the Asian community, they fear that we might tell their families. And then, they're also afraid as well about what might happen, or the threats that they've got. One of the threats is, if you tell anybody, watch we do to you. So, they're afraid to tell us in case something happens or in case the family find out they've been getting support. So, there's a lot of fear. A lot of fear" (PROF12)

"I think it comes back down to the anxieties of where will I go, who will help me? I have no money. I have my children, you know, I have nothing. I'll be on the streets" (PROF10)

"A lot of the time clients have reported fear of being judged, not understood" (PROF8)

Some service providers who have had their own previous DV experiences eagerly shared their stories, in which they mentioned how they felt the risks of sharing their abuse with others:

"I was British born, and it took me twenty years before I disclosed it, and I was British. All the support was there, but I was too scared. So, I understand when it's difficult for women to come forward because it's the fear of the threat of what your family gives you when you're – when you're growing up" (PROF12)

Emotional State as Barrier and Facilitator

Service providers' reflections on BSA women included a number of psychological consequences connected with the individual level of the ecological model. DV service providers informed that women do not share their experiences properly because of the emotional / psychological cost of remembering distressing events, which is extremely painful. Some women tolerate DV for such a long time, with severe consequences for their mental health in dealing with it, that they are emotionally numb and seem to be unable to think or to take any decision efficiently in the face of recurrent threatening situations with perpetrators. In their psychological trauma, BSA women also blame themselves for these incidents and continuously judge themselves, which are also risk factors in creating barriers to seeking help. They experience low self-esteem and low levels of self-confidence that prevent them from seeking help, either informally or formally. Service providers also talked about an unhealthy bond between perpetrators and some BSA women, whereby BSA women often realised from the beginning that they were suffering from abuse but disagreed that they were experiencing DV because they believed that their partner would be better if they (BSA women) would maintain kindly attitudes towards them.

"If they have spoken about it, and they feel there's no way they can leave because there's no – they don't feel confident in the system" (PROF10)

"it was very difficult because they are accessing very painful memories, and, you know, that hurt was still very much there and they're kind of working through that in therapy" (PROF13)

"I guess, you know, thinking about the neuroscience, I mean, the brain isn't going to be able to pick up things and connect things when they're constantly in a threat and survival mode" (PROF17)

"You know, if you are being put down or if you're being gaslighted or you're told lies and you're being manipulated, your mental health may not allow you to report" (PROF7)

"Others, they might have recognised it at the start, but they were very much in denial, or they were very much hoping that things would get better if they changed or if they were better themselves" (PROF13)

Informal Help-seeking Opportunities and Barriers

Service providers described various informal help-seeking opportunities and barriers for BSA women which are connected with the relationship and individual levels of the ecological model. They reported that some BSA women are more likely to seek help from their families and relatives rather than from formal support services. However, while BSA women may be willing to seek help from people close to them, they may not manage to find the levels of support that they might expect from their families. Families may pressurise them to stay in the abusers' homes as much as they can, even at the risk of death. Some families have also forcibly taken girls out of the UK to South Asian countries and forced them to be married to men from those countries. Participants informed that several BSA women are trapped by their families' escalated adherence to social norms, which makes them feel bound to continue in these abusive relationships for their whole lives.

"So if you get out of a relationship you go through the family first, then friend, or you get support from other agencies, etc.," (PROF1)

"However, there's still a lot of families that hold that kind of idea of like you know, you stay within your family, your relationship until you die type thing" (PROF8)

Some DV service providers have had DV experiences in their own lives, and shared how they had positively changed their lives by becoming involved in various activities. Most of the participants with previous experience of DV spoke of how their willingness to use self-help and self-disclosure to others as ways of seeking help were more effective than anything else.

"So I was granted my divorce and then I think after divorce as done, I started up a childminding business, I continued with that. Then I started a cake business. And then I got into domestic abuse" (PROF18)

"my second daughter ended up getting selective mutism, because she was so scared of him, she wouldn't interact with men, and she wouldn't talk to anybody but whisper only to me…I know all this 'cos I've worked with children services as a domestic abuse specialist, so I realised afterwards the impact. And it took me another seven years to get my children in a good place, or a better place and then obviously I got married again and stuff" (PROF18)

Participants reported that a limited number of survivors had a close relationship with their friends and family, which helped them, as providing emotional support is effective for adapting to DV. It was also added that survivors felt free and comfortable in sharing their experiences with friends rather than with those in statutory roles.

"So if you're in a kind of statutory role for example, it may not be so easy for someone to open up to you. But they might find it easier to open up to a friend" (PROF4)

"Cos there was one lady that I spoke to who said for years she remained quiet because her sister-in-law was quite supportive, and she was kind of a shoulder to lean on. She wasn't able to stop the violence altogether, but she was there as kind of a shoulder to lean on whenever she needed to talk or vent" (PROF15)

Participants also recommend encouraging family members, partners, neighbours, and people within communities to educate themselves by breaking the stigma about DV and coming forward to help BSA women rather than turning a blind eye.

"… not turn a blind eye to it because we know women die every week from domestic violence and domestic abuse. Every day, we hear somebody has died, so I think……I know we're talking just about British South Asian women, and I think again, it is about educating the men, educating the mums, educating the whole family unit" (PROF10)

Participants have also suggested encouraging the community to talk about DV as it has always been hidden and restricted from the public gaze. In addition, DV service providers have advised engaging with communities through community and religious centres, as well as by involving religious leaders in promoting DV awareness-related campaigns.

Once there's a public discussion on this and we can talk about this without feeling ashamed because it's a subject of taboo, women will have the courage to come forward and say, look, I am experiencing this (PROF5)

My thinking is that a lot of this work actually can be done through religious institutions, in every community. So in the Muslim community you have the mosque, in the Hindu community you have the temples, and churches, you know. So these local communities which really should be community centres, should have facilitation for such services in their local areas (PROF5)

Formal Help-seeking Opportunities and Barriers

Service providers shared a number of experiences from when they had provided support, while acting for DV organisations, to BSA women. These are aligned with the structural level in the ecological intersectional model. Participants shared thoughts about the barriers in reaching survivors because it is still the case that BSA women tend to keep their abuse secret. Moreover, service providers feel that there is a risk in talking about abuse in the community, and also that they would not pressurise BSA women to disclose DV. On the other hand, it was also helpful when the service providers were from a similar culture, religion and race / ethnic group, as the survivors would feel satisfied and comfortable with these service providers from their own (BSA women) background.

"There was that cultural barrier, I think. So, I would say, yeah, just kind of more people from the same background, same culture, so that these women would feel comfortable" (PROF13)

"At the moment it's [Abuse] all very hush, hush, quiet, behind closed doors, and once we can – that is the biggest problem" (PROF5)

"Also, if you try and do this work, some of these families say, well, you are disrespecting our culture, you are Asian, you should know better, you are following British. So, you get blamed, and you get targeted. So, professionals can be put at risk… to work in this field, it's very, very dangerous" (PROF12)

"So, it's really up to them. Our support is service user led, so it's up to them if they want the support or not, we can't force them to take that support" (PROF12)

Participants also reported the benefits of counselling, which helped BSA survivors to realise they were suffering from abuse and that this is a crime. They also mentioned that counsellors were not allowed to deliver any advice, but their positive encouragement and psychological therapy were effective in helping survivors to move forward. Participants informed that, compared with immigrant women with limited support for their temporary residence status, BSA women have more support available from every sector, if only they could be helped to recognise abuse, gain courage, and unfold their emotions. They also perceived that some BSA women had come to this realisation prior to counselling but they had not had the courage because they had been thinking about their children and families.

"during the course of therapy they were beginning to realise that that was actually not a normal or healthy relationship that they were in. And whereas some clients, they obviously had recognised that their relationship wasn't healthy" (PROF13)

"So I wasn't really allowed to give them advice about what to do, the only thing I did was kind of give them encouraging statements to say that it's really positive that they've taken that step. And that they got people involved and that they're able to share, with confidence, what they went through" (PROF15)

"it definitely does help them because ..they are British, they're Asian, they begin to learn their rights in this country …and also speaking to somebody else who's British as well, just helps them to open up a little bit more" (PROF9)

Although the participants talked about the benefits of counselling, sometimes it could be viewed negatively by BSA women who have a stigma towards mental health issues:

What I often will say is that therapies are important but not – sometimes that's viewed as a very negative thing to say. 'Cos it kind of indicates there's something wrong with them (PROF4)

Participants confirmed the importance of information technology, the internet, and online support, which has enabled BSA women to seek help from anywhere:

"...you know, internet on the mobile or on the laptop or whatever PC they've got at home, that is the means of call... you know, a radio programme that they'll be listening to, and they will have some advert saying, you know, don't suffer in silence if you're going through this, this, and that, then contact us. And it's usually done in their mother tongue language, and that's how they will understand that there is a service out there for them" (PROF11)

"I still support people online now as well, you know, so yeah, but I do it voluntary. So yeah, I would say both" (PROF3)

The following participants also informed that some voluntary and statutory organisations expressed gender inequity and negative patriarchal views towards the survivors:

Yes, I think there's a stigma because there's a lot of people who are non-white in organisations who don't understand the patriarchal ideology that a lot of men have within this culture. And, you know, when I've had many women who have been interviewed by police or children's services, and they don't believe them (Survivors) for whatever reason (PROF18)

Discussion

This research aims to identify the professionals' perceptions of the barriers and facilitators for help-seeking behaviours among BSA women who have experienced DV. Previous studies have discussed some of the challenges and facilitators for help-seeking behaviours related to DV from DV survivors' experiences (Ahmad et al., 2009; Gill, 2004; Kanagaratnam et al., 2012; Mahapatra & Rai, 2019a), while this study has discussed these challenges and facilitators with specific reference to the views of service providers who deliver support to BSA women who have experienced DV, thus including their additional knowledge about barriers and facilitators for help-seeking behaviours among BSA women. The overarching themes are: 1) stereotypical thinking and misuse of ethnoreligious beliefs; 2) fear of negative

consequences; 3) emotional disturbance as a barrier; 4) informal help-seeking opportunities and barriers; 5) formal help-seeking opportunities and barriers.

In this research, the ecological intersectional model has been applied to structure the identified barriers and facilitators within the multiple layers of the ecological model, which is influenced by BSA women's inseparable but diverse intersectional identities (e.g. ethnicity, gender, religion, and racism). It is essential to recognise that these intersectional identarian factors contribute to diverse barriers and facilitators for help-seeking behaviours and that disregarding the identification of these intersectionality leads to an incomplete understanding of the barriers and facilitators for help-seeking behaviours among these particular groups (BSA women). This is because these distinct identities can differentiate BSA women from other ethnic groups and the mainstream group, which will be helpful in securing support for this group (BSA women) (Crenshaw, 1990; Lockhart & Danis, 2010; Rai & Choi, 2018). These diverse, intersectional identities (e.g. ethnicity, gender, religion, and racism) have aligned with the four levels of the ecological model for discussing the various barriers and facilitators for help-seeking behaviours among BSA women.

The individual and relationship levels include BSA women's psychological trauma as a noticeable barrier because DV has violated their ability to help themselves, and they find it hard to share or talk about DV with others. Similarly, some of the psychological theoretical literature has reported that women who have experienced DV have faced complications, called learned helplessness, in seeking support for this DV (Hien & Ruglass, 2009; Strube, 1988). Another comparable study confirmed that DV, in the form of psychological trauma caused by normal expectations and common ideas about the individual and the world, creates enormous confusion and unpredictability (Aydin, 2017). Consistent with the literature, this research has found similarities with a psychological phenomenon called 'Stockholm Syndrome', whereby some BSA women have lived with perpetrators without fleeing or seeking support because of their belief that the perpetrator would change and stop violence with BSA women's generosity (Wallace, 2007). The importance of self-help or self-disclosure as safety strategies has been stated, and at the individual level these are strong facilitators for help-seeking behaviours, with some articles sharing that some survivors have often stopped helping themselves and left everything to luck or god, which has prevented them from seeking support from others (Lagman et al., 2014; Martinez et al., 2020). Consequently, the authors of other studies have also emphasised how courage, self-

confidence, and being open to self-care, in terms of healing, and to the gathering of more knowledge about healthy relationships can alert individuals to DV (Ahmad-Stout et al., 2021; Shamoon, 2018). BSA women have also found technology to be helpful in finding support at home or elsewhere. In accordance with such technology-related findings, previous studies have also shown the significance of seeking remote support (Mahapatra & Rai, 2019a), because technology-based research interviews or interventions can be accessed and self-managed from any location, and survivors can participate at any convenient time when the abusers are not at home (Balsam & Szymanski, 2005; Lintvedt et al., 2013; Tarzia et al., 2016). Service providers also appreciate being able to deliver a remote service through digital systems, especially since this research has been conducted during the COVID-19 pandemic. These outcomes are consistent with other articles that have addressed the use of telephones / mobiles, social media and internet services in helping DV survivors (Archibald et al., 2019; Lobe et al., 2020; Majumdar, 2018).

At the relationship level, not only the partners or husbands, but the women's in-laws and their own family members also play a vital role in developing barriers and limiting facilitators for seeking help. According to Abraham (1998), the traditional power structure has been followed by some parents and in-laws (especially mothers-in-law) in some South Asian families whereby the women are treated as subordinate to the men. Through an intersectional lens, fear is one of the greatest barriers for South Asian women, which discourages women from seeking help or escaping DV situations (Crenshaw, 1990). For example, being of South Asian ethnicity and women of a specific religion, BSA women are afraid of facing friends, relatives, and the community with the stigmatisation of divorce, and of becoming isolated from their family and society, as well as continuously fearing about their children's and siblings' futures (Tonsing & Barn, 2017). However, this current research also indicates the importance of family members, who could be the first contact of BSA women in seeking support, and the need for them to be well equipped, inspired and enabled to offer support to the BSA women (Gregory et al., 2019). The community level has some of the most significant barriers and facilitators, such as the patriarchal norms, the misuse of religious beliefs, and the treatment of abuse as a normal, private, or hidden matter within the community, all of which uphold South Asian family traditions. The findings support the evidence from previous observations of South Asian women trying to avoid unwanted negative social labelling (Jenny C. Tonsing, 2016). Religion is one of the intersectional identities which is misused by perpetrators to justify wife-beating (Shamoon, 2018).

Perpetrators misuse religious beliefs in their abuse of BSA women and deliberately, but incorrectly, teach their wives (BSA women) that it is their responsibility to maintain relationships and also to keep DV a secret matter (Sabri et al., 2014). Although this study has found inadequate evidence of facilitators within the community for BSA women, most of the service providers have recommended building community support and awareness programmes to help BSA women to understand DV, to raise their voices, and to educate families and the community, because they might be in close contact with BSA women. Comparison of the findings with those of other studies confirms a more significant number of women who have experienced DV prefer to seek help from the people around them (parents, families, relatives, friends, and colleagues) instead of service providers or professional DV specialists (Gregory et al., 2019; Klein, 2012).

These recommendations are comparable with other studies (Kapur et al., 2017; Sabri et al., 2015), and such findings clearly indicate the need for novel community-based forms of support to address DV faced by BSA women who are in abusive relationships. The final level in the ecological model is the structural level, which includes the existence of barriers to formal help-seeking behaviours for DV, which are influenced by social inequalities (Heise, 1998) associated with formal support, such as limited funding for survivors, delayed provision of effective services, insufficient services after disclosure, lack of culturally competent education and awareness programmes, and lack of culturally appropriate services.

Limitations

Although there are diverse South Asian ethnic minority groups living in the UK, this study does not examine the DV experiences of women in any specific South Asian group, but has investigated the experiences of British South Asian women as a single category. The research participants (DV service providers) also provided information about all BSA women as a single group. Some other studies have also identified the same research gap due to recruiting from an entire ethnic group instead of from a particular ethnic or cultural sub-identity (Khelaifat, 2019; MenjÍVar & Salcido, 2002). This is a cross-sectional qualitative research study during which researchers have only met once with participants and therefore did not have the opportunity to cross-check information with them; it could have been beneficial to take these research themes back to (service provider) participants as a form of member

checking (Khelaifat, 2019; Oliver et al., 2005). However, the sensitive nature of the participants' experiences, the COVID-19 pandemic and the government restrictions on social distancing across the whole country, as well as the limited time available within this PhD research, meant there were insufficient opportunities to re-interview or revisit participants.

Conclusions and Recommendations

No studies have been conducted on the perceptions of service providers from third sector DV organisations about the help-seeking behaviours of BSA women experiencing DV in the UK, although previous studies have found that the complexity of statutory services (the health sector, police, advocacy) can discourage women from seeking support (Ahmad-Stout et al., 2021; Burman, Chantler, et al., 2004; Jenny C. Tonsing, 2016). There have also been several studies that have only discussed health professionals' perceptions of DV (Hegarty et al., 2020; Khelaifat, 2019; Ramsay et al., 2002) rather than those of other DV professionals. However, evidence from this current study has highlighted service providers' perspectives on the basis of their practical experiences and training with respect to BSA women's help-seeking behaviours in response to their experiences of DV. It is necessary to define the need of BSA women who are experiencing DV while considering their ethnicity, culture, gender, and religion, as well as their intersectionality in order to ensure there are appropriate facilitators that help them to seek support (Kapur et al., 2017).

In this study, participants (service providers) have emphasised increasing awareness of DV in each level of the ecological model (the individual, relationship, community, structural / social levels) as most of them have claimed to have experienced stereotypical thoughts (isolating of divorced women, women's responsibilities to protect family honour by tolerating marital violence, obedience to patriarchal dominance, blaming of DV victims) and lack of awareness among BSA women about DV. They have also highlighted the importance of counselling services, which have helped their clients (BSA women survivors) to recognise DV, and regain positive strength to stop the abuse. They have also recommended creating community and family awareness programmes involving BSA women, families, partners, community members and religious leaders, because one of the major themes is BSA women's lack of recognition of abuse. Such awareness programmes should be confidential and safe, and should follow some careful cultural adaptations because, as the service providers have

mentioned, BSA women are concerned that service providers are not trustworthy, and that they might not understand their problems due to a lack of cultural competency. In this case, organisations should offer culturally appropriate specialised education and awareness programmes and culturally appropriate services addressing a combination of the structural and cultural needs that emerge from BSA women's intersectional needs and experiences (Kapur et al., 2017; Tripathi & Azhar, 2022). There is also a need to emphasise the development of remote services such as online intervention programmes and events, to create DV awareness-related TV programmes, to circulate the support information via online advertisements, and to run online / telephone / mobile helpline services. As this research was conducted remotely during the COVID-19 pandemic, researchers have gathered information from the participants about the successful help-seeking strategies of BSA women when they have been isolated with perpetrators during COVID-19, which is supported by other current research (Kumar, 2020; Williamson, Lombard, et al., 2020).

The findings will help future researchers and service providers to carefully consider the intersectional identities of BSA women in developing culturally appropriate programmes and interventions. For example, BSA women with diverse gender, religious, and ethnic backgrounds can be included to minimise racism, and to develop effective help-seeking strategies (Tripathi & Azhar, 2022). The policy should be to support BSA communities by ensuring a culture-friendly approach to social, health and welfare issues in the statutory and voluntary / third-party services, and by developing culturally appropriate programmes and training for staff / professionals / service providers to enhance their skills and understanding of the intersectionality of BSA communities. With proper education about South Asian cultural norms that is grounded in cultural sensitivity, both statutory and voluntary organisations should be able to train all service providers (government domestic violence support staff, including police, health care staff, social workers, family lawyers, and domestic violence specialists from non-governmental organisations) to ensure survivors' confidentiality, and to achieve their trust, comfort, safety and security (Dasgupta, 2000; Sabri, Simonet, et al., 2018a).

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Chapter 7 Ethical challenges and mitigations in qualitative research with ethnic minority women who experienced domestic violence: Lessons learned from COVID19 (Paper 5)

Razia Sultana[1]

Nusrat Husain[1]

Omolade Femi-Ajao[2]

Peter Taylor[1]

1 School of Health Sciences, Division of Psychology and Mental Health, Faculty of Biology, Medicine and Health, Manchester Academic Health Science Centre, The University of Manchester, Manchester (UK)

2 Division of Dentistry, School of Medical Sciences, The University of Manchester, Manchester (UK)

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Abstract

COVID-19 has taken researchers into a new reality where research methods have adapted in response to social distancing measures. Based on the doctoral research project, this paper discusses the ethical issues and mitigations associated with the recruitment strategies and data collection method of qualitative research among South Asian ethnic minority groups of women who experience domestic violence (DV). This research was conducted during the COVID-19 pandemic period, which forced the researchers to shift the whole recruitment and data collection procedures to electronic methods, including telephone and online platforms. There was a number of challenges for recruiting participants administering interviews, and taking verbal consent remotely while maintaining privacy and confidentiality. This paper explains how the ethics guideline could aid the e-recruitment of, and data collection from sensitive groups such as South Asian ethnic minority women who have experienced DV during the pandemic. Technology (telephone / mobile and online platforms) has provided unpredicted positive ethical implications whereby the participants have the opportunity to select their preferred times and places in order to avoid the risks of COVID-19. Overall, this study with a sensitive group of participants has provided lessons to be learned about the diverse opportunities and risks for the ethicality of study.

Keywords: Ethics, online, domestic violence, Covid-19, South Asian, sensitive group, ethnic minority, qualitative method, qualitative research, abuse

Introduction

This paper originates from a doctoral (PhD) research project in which the researcher looks at the barriers to and facilitators for help-seeking behaviours among British South Asian women who had experienced domestic violence. The doctoral research project was carried out during the COVID-19 pandemic therefore the ethics application was amended to adapt for remote methods for recruitment, data collection and use of assessment tools. The paper examines the ethical challenges and mitigation strategies taken to address ethical issues, which were raised with remote recruitment, data collection and data analysis working with a group of South Asian ethnic minority women who had experienced domestic violence.

Research Background and Mapping the Research Context

To effectively review the research proposals, ethics committees must be rigorous and respond appropriately and efficiently, even during the time of any public health emergencies (e.g., COVID-19 pandemic) (Cooper & Symmons, 2022). During the COVID19 pandemic, researchers faced a number of ethical challenges, particularly in conducting research with sensitive groups of people (e.g., domestic violence survivors) from ethnic minority populations (Black, Asian, and other ethnic minorities). Limited guidance about recruitment, data collection, and analysis was found in the literature for COVID-19 lockdowns and social distancing (Archer-Kuhn et al., 2021). Adams et al. (2013), suggest that it is necessary to carefully consider the approach taken when working with ethnic minority participants and research involves sensitive groups of people such as pregnant women, domestic violence survivors, children, and older adults. Ethnic minority populations are usually underrepresented in research studies because of poor recruitment strategies and inadequate engagement with communities due to issues such as the cultural competency of researchers (Farooqi et al., 2022). Recent COVID19-related research has reported that some ethnic minority groups have shown unwillingness to take part in research studies due to a lack of trust in researchers, language and cultural barriers, structural racism, marginalisation, and exclusion (Etti et al., 2021).

Several studies of domestic violence (DV) have applied qualitative research methods because qualitative research provides insights into lived experiences that encompass a greater

diversity of information than quantitative methods whilst also complementing these latter methods (Finfgeld-Connett & Johnson, 2013). Qualitative research understands different people's voices, meanings, and events, whereas quantitative research can measure a group of people with the same features through statistics (Rahman, 2020). During COVID19, there have been several challenges with conducting qualitative research remotely, such as physical distancing and time constraints for conducting time-sensitive research to produce a fast-track massive study (faster recruitment, data collection and analysis) (Tremblay et al., 2021; Wa-Mbaleka & Costa, 2020). Authors also reported this rapid methodology was not entirely supported by the traditional qualitative research method, which includes setting some time to develop rapport to capture lived experiences. However, these are new developments to carry out research using digital technology (various applications on smartphones and computers).Digital technology-based qualitative research while maintaining social distancing also has ethical issues around consent, confidentiality, participants' safety, security and privacy, and research data quality particularly in relation to sensitive groups of people from ethnic minority communities (Adom et al., 2020; Archibald et al., 2019; Etti et al., 2021; Khalil et al., 2021; Moylan et al., 2013; Roberts et al., 2021).

It is suggested that natural and manmade disasters (floods, tsunamis, pandemics, etc.) can create adverse and extreme conditions for some specific groups of people, such as children, women and old people (Ali et al., 2021). Similarly, researchers and policymakers highlighted that during the COVID-19 pandemic DV against women rate had increased worldwide, and survivors experienced barriers to seeking help for COVID-19 due to social distancing and lockdown restrictions (Leigh et al., 2022).

This paper uses examples from the doctoral study to examine the ethical challenges and opportunities in recruitment, data collection and data analysis procedures. This qualitative research project has looked at the perceptions of service providers and DV survivors relating to barriers and facilitators of help-seeking behaviours among British South Asian women with lived experience of DV. Soon after obtaining ethical approval for the study, the Coronavirus-2019 (COVID-19) pandemic spread rapidly across the UK and worldwide, and the rules throughout the world were to maintain social distancing and quarantine restrictions. In this paper, the overall focus is on the ethical considerations in context of the digital methods adopted by DV survivors and DV service providers. The next section outlines the ethical challenges faced by researchers from the planning of the research to analysis procedures, including obtaining consent to recruit, data collection remotely, ensuring safety

and security, the distress and debrief protocols, risk assessment, and potential benefits for participants.

Practical and Conceptual Ethical Challenges and Mitigating Strategies

Design, sample, and recruitment plan: before and during COVID19

An essential criterion for conducting research is to assess the need for the study (Khalil et al., 2021). The doctoral study identified the gap of knowledge through the literature review that there has been limited research conducted looking at the barriers to help-seeking in British South Asian women who experienced DV. The ethics application, which was completed according to pre-COVID19 conditions, was approved on the 31st of March 2020. Qualitative research methods were selected for acquiring in-depth knowledge about the barriers and facilitators of help-seeking behaviours of British South Asian women who experienced DV. The ethics application before COVID-19 included that study participants will be recruited from several locations across the UK, where there is a high concentration of British South Asian residents. The aim was to recruit approximately 30 participants (15 British South Asian Women and 15 DV service providers), and the plan had to be changed for hard-to-reach DV survivors and DV service providers participants due to the pandemic. The UK government introduced social distancing and quarantine restrictions which limited the opportunity to conduct in-person research work.

The researcher delayed starting the study and amended the ethics application as per national COVID-19 social isolation and quarantine rules. The ethics application was amended on 25th May 2020, and it was decided to convert qualitative research recruitment procedures to digitalised such as recruiting both study participants (DV survivors and DV service providers) remotely (telephone, mobile, diverse online platforms). The methodological procedures were shifted entirely to the digital mode from the in-person mode. The research advertisement/flyer was circulated regularly on several different online platforms such as Twitter, LinkedIn, Facebook, WhatsApp, Zoom webinars, Skype, Telegram, and Instagram. Due to the pandemic situation, the researcher was unable to visit third party organisations physically to seek their support for circulation of the research flyer. The professionals continued their work online during the COVID19 lockdown. For this reason, research flyers were circulated online for recruiting service providers as the service providers as gatekeepers

can help to recruit DV survivors. The researcher also contacted the relevant organisations by phone and email, and attended many South Asian DV based online seminars, webinars on Zoom, and Microsoft Teams meetings through which she had the opportunity to share information about the research project and to offer invitations for research interviews. The study flyer did not mention specifically that the research aim was to recruit British South Asian women who had experienced DV from only partners or husbands. Therefore, a few women who had experienced DV from their parents or other family members contacted researchers to find out about their eligibility. This exercise was time intensive for the researcher. DV survivor participants who were interested in attending an interview approached the service providers who then passed the researcher's contact details to them. After this, survivors sent either emails or private messages to the researcher via online platforms, or service providers mailed survivors' details to the researcher. These contact details were sent via password-protected email, so the researcher could only access the information with a passcode. Several service providers contacted the researcher after seeing the advertisement online or hearing about the project from others. They were from various organisations, charities for refugees and asylum seekers and some online DV survivors groups who did not want their organisations' names to be disclosed. The researcher sent the participants all the relevant research-related information before the interview via email or attached the documents in their other preferable online platforms. In total, 33 participants (18 service providers, 15 DV survivors) were recruited, and data were collected by interview from 31st July 2020 to 16th February 2021 (7 months). According to Roberts et al, 2021, social distancing can create difficulties in administering focus group discussions, semi-structured interviews, and observation sessions because participants may not be technology friendly, such as struggling to use the internet and diverse applications. This current research project collected data remotely at a one-time point called a cross-sectional qualitative study to reduce multiple contacts and to minimise the COVID-19 risk as well as ensuring the security of the DV participants and researchers (Femi-Ajao, 2016; Roberts et al., 2021). However, minimising the risk limited researchers' ability to follow up and respond to the participants in this remote platform. The researcher used a mobile phone number for those participants who felt comfortable talking over the phone, and this number was only switched on during the interview. During COVID-19 time, researchers needed to work with the participants not only at a convenient time but also, preferable remote media (mobile, telephone, online) for the interview/data collection (Steinke, 2004). The remote research interviews encouraged participation because it is easier than physically travelling to some

location, and remote participation (mobile/telephone or online) incurred lower transportation costs for both participants and the researcher. According to Novick (2008), the phone is convenient for qualitative research interviews as it can save travel costs and also ensure the safety and security of researchers and participants. Participating women survivors also shared that excessive pressure due to housework, especially during COVID19, such as cooking, cleaning, child-rearing, and looking after elderly and other family members, would have presented difficulties in terms of going out to attend a research interview (Carli, 2020). A visual representation of the ethics application, both before and during COVID19, is given in Figure 11.

Data Management

The researcher also digitally recorded all interviews, which were encrypted as per university policy, and it was stated in the consent form that the data would be anonymised. The participants were also given pseudonyms before starting the interview to anonymise interview data. They were informed that after anonymisation, it will not be possible to remove their data from the project. The data analysis process also proceeded by using a secure digital protection system. The interviews were recorded and transferred to the University's encrypted drive and the audio recordings were deleted in order to ensure confidentiality and safety. Before sending to the professional transcribing service for transcription, personal information was removed from the recordings to prevent the identification of participants. Previous research has suggested that participants have felt confident about such anonymity processes, which minimises risk, allowing participants to feel that they have control over their own data (Saunders et al., 2015).

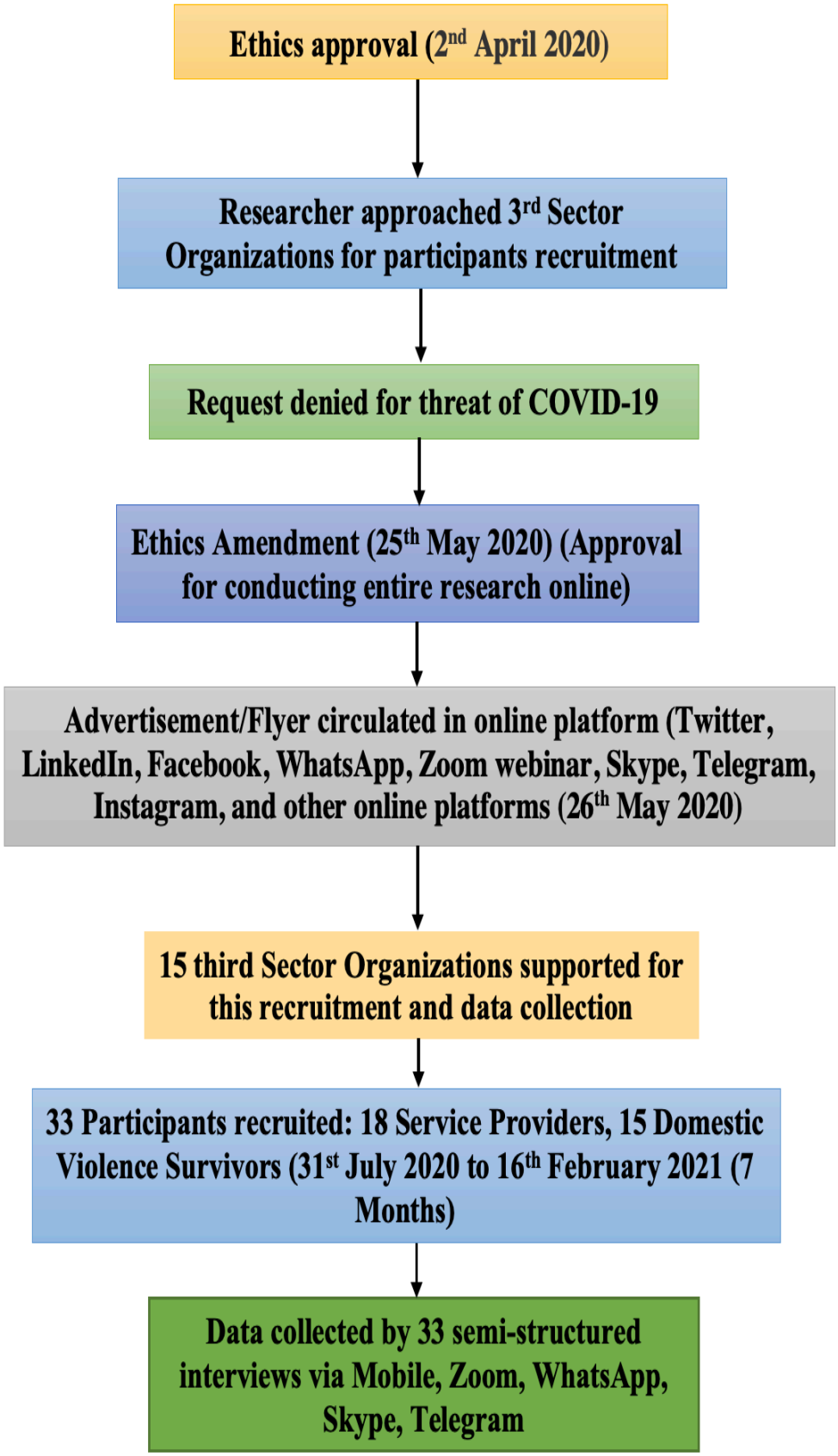

Figure 11 Before and After Ethics Amendment with Recruitment and Data Collection Process

Consent

Informed consent is an essential part of research ethics and covers permission granted by participants in full knowledge of the possible consequences, risks, and benefits. It is now becoming common procedure to for obtaining informed consent to digital such as by email instead of the tradition way of in person on a hard copy. Research participants are requested to provide their signature by replying to the email (Lobe et al., 2020). However, a signed, printed consent form can increase the risk for participants if their hostile family finds out and also, participants may not fully understand the written consent form (Newman et al., 2021). As per the revised ethics application for this research during COVID19, all study participants provided verbal consent before starting their interviews because the author was concerned about participants being unfamiliar with some of the terminology or other issues. Consent was obtained from participants virtually, avoiding email to minimise the risks and communication difficulties. The researcher read the consent form for participants before starting the interview, and if participants were not clear researcher explained on the spot. Following that, if participants agreed, they verbally responded as "yes"; if they did not agree, they verbally responded as "no". For this research, the informed consent form has been translated from English to three south Asian languages (Hundi, Urdu, Bengali) to respect the cultural diversity of participants as participants were from different groups of South Asian ethnic minority communities (Bangladeshi, Pakistani, Indian). The researcher (RS) conducted all the interviews for this study, she is fluent in Hindi, Urdu, Bengali and English. Hence, where appropriate, the researcher used the appropriate language to facilitate the interviews. The researcher took the stance of clarifying each question before starting an interview in order to explain any queries verbally, which is similar to Roberts et al.'s (2021) robust two-way communication to obtain informed consent (Ogloff & Otto, 1991; Perrault & Keating, 2018; Roberts et al., 2021). Two groups of participants were competent to provide verbal consent, which was an essential inclusion criteria. This eligibility of survivor participants to provide verbal consent was ensured through the gatekeepers (service providers). The gatekeepers also attended the interview as service provider participants by confirming their competence to provide verbal consent. In this study, after obtaining verbal consent, the researcher removed all audio scripts of informed consent from the recorder and stored them on the University's encrypted electronic drive. It can be sometimes challenging to make clear

all issues verbally (UK Data Service, 2014). For example, researcher did not use any artificial intelligence-based applications to disguise the participants' voices which was the limitation of this study. In emergency cases (COVID-19), verbal consent as alternative consent can play an important role when the participants have difficulty in reading, writing and signing the consent form (Lawton et al., 2017).

Distress and Debrief Protocol

DV is sensitive research area that may potentially cause distress to both participants and researchers. The researchers may also need support from mental health counsellors or clinicians because of distressing experiences of participants or own self (researchers) (Dickson-Swift et al., 2008; Lee, 1993; McGarry, 2010). Research participants in this DV based research could become distressed during the interviews or the responses could have triggered personal and traumatic memories as a result of their lived experience of domestic abuse. It was essential for the researcher to develop strategies to minimise the risks which can often arise from emotional distress, such as by frequently checking participants' emotional reactions, allowing breaks during the collection of data , debriefing and sign posting the participants about available information on psychological, social and emergency services (Draucker et al., 2009; Griffin et al., 2003; Hawton et al., 2003; Stanton & New, 1988). Participants were given a participant information sheet (PIS) prior to the commencement of the study so that they know about potential distress. This PIS had detailed information on whom to contact if participants were to experience distress, anxiety, depression, or embarrassment, which are all possible reactions to remembering, reviewing and uncovering DV related experiences (Draucker et al., 2009). In addition, for COVID-19 purposes, virtual resources such as websites and 24/7 emergency numbers were included, which participants could access through their smartphone, laptop, computer, or other digital devices. During the interview, the researcher was aware of any nonverbal cues (such as crying, shaking etc.) of participants which indicated distress, and she also kept checking the distress levels and assessing the risk to participants constantly by asking participants if they wished to continue the interview session or not as participants shared their sensitive DV experiences (Salam et al., 2021). The researcher also debriefed participants after each interview with a specific debrief sheet where it was described interview distress or need for any support to deal with

situations of serious distress or risk, as well as where they can find the relevant information (based on participants nearby support) from this information sheet.

According to the World Health Organization, violence-based researchers should not only manage participants' distress and physical safety but should also consider their own well-being by safeguarding themselves against secondary trauma (Williamson, Gregory, et al., 2020). Secondary trauma denotes the effects of indirect exposure to traumatic experiences, which can continue with individuals for long times (months or years)(McCann & Pearlman, 1990). In this type of sensitive study (DV-based research), the researcher or interviewer could suffer from secondary trauma by becoming a witness to the stress, pain, fear, and terror that DV survivors have endured (American Counselling Association, 2010; McCann & Pearlman, 1990). This study included several steps to minimise researcher distress. To manage this risk, the researcher was debriefed after each interview regardless of whether she or the participants had shown any visible signs of distress, these debrief sessions were planned with the PhD research supervisory team.

Reflection

Being reflective and making these reflections available for public examination are frequently regarded as essential components of rigorous, ethical qualitative research (Bishop & Shepherd, 2011). Research on DV can be emotionally challenging, especially for qualitative researchers who are exposed to delicate and sometimes upsetting participant experiences. Reflexivity is crucial in sensitive research, but most of the time, researchers are more concerned with how their own viewpoints may have affected the data than with how the participants' experiences they are analysing may have emotionally affected them (Breckenridge, 2016). From the researcher's perspective, it was difficult to connect with others' emotions carried personal risks such as undertake some of the interviews which were extremely traumatic but because of her clinical training in dealing with distress, support from supervisory team, taking psychological counselling from the university counselling centre, she was able to continue with the project. It was recommended from previous studies that authors working on challenging subjects should develop their emotional resilience via active contemplation of the emotional effects of immersing themselves in others' frequently challenging lived experiences (Breckenridge, 2016). The researcher also managed the number of interviews conducted per day as per ethics guidelines (not more than three), to minimise

the risk of emotional distress arising from conducting too many interviews. Researchers used field notes to note her reflections, shared feelings, and experiences about the research interviews with colleagues and the supervisory team to understand how personal experiences, views/perceptions impact every decision the researcher makes in the research.
As part of the reflection, the researcher shared surprising findings about British South Asian women born and brought up in the UK having similar barriers and facilitators of help-seeking behaviours of domestic violence to other South Asian immigrant women. These findings can help future researchers develop culturally appropriate programmes and interventions for developing effective help-seeking strategies for this group of people (British South Asian) not explored earlier.

Risk Assessment to Ensure Confidentiality and Anonymity for Participants

The DV-related information provided by the participants is highly sensitive and personal which creates the potential of further abuse if there is any breach in confidentiality (World Health Organization, 2001). This research was conducted remotely using digital methods such as mobile phones online, there was a risk of breaching privacy and confidentiality due to use of cloud-based service (Salam et al., 2021). Participants' home environment can create risk if the abuser lives at home or other family members may not allow participants to share DV experiences (Salam et al., 2021). In this study, the PhD researcher was trained in risk assessment by doing the university's "Health and Safety Training" as well as her knowledge exchange from other fellow researchers and supervisors who had similar research expertise. Participants were informed of the limits of confidentiality before each interview and were also given a pseudonym at the same time to ensure that any documents containing their sensitive data would remain confidential. If any of the participants were to display or disclose information identifying risk to themselves or others, confidentiality would have to be breached for the safety. During the interviews, participants were asked to discuss their lived experience of DV and about seeking help. Where necessary, the researcher was prompted by participants to give examples of the type of DV that they may have experienced or may be experiencing. For example, a woman in an abusive relationship was to disclose instances where children had experienced abuse or been present while the perpetrator abuses her or that children or both were at increased risk of witnessing abuse. In that case, it was in the ethics application that such disclosure as 'duty of care' would be considered a child protection

issue, which may be considered as evidence of criminal activity. Thus, the researcher needed to inform the participants, that social services would be informed in order for them to receive appropriate support and for their children to be protected. DV is a criminal offence in the UK (The Crown Prosecution Service, 2022), and that behaviours and actions, such as assault, threats 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 would not normally be expected to disclose these behaviours and actions; however, if any such actions were to be disclosed, as per the ethical guidelines, the researcher would support the participants concerned in informing the appropriate organisations to receive appropriate support. During the COVID19 pandemic, researchers reduced the risk of spreading the virus through conducting online/telephone, rather than in-person, interviews. Another benefit of this was autonomy for participants to choose not to show their faces by using audio conferencing, which protected their confidentiality and secured them from any risk of revealing their identities. Furthermore, for participants who would not have felt comfortable in sharing their experiences face to face, remote attendance of their interviews was more convenient than the traditional in-person method. However, the audio interview limited the researcher's understanding of the body language, source of extra information, and social cues (tone of voice) of participants. It is suggested that researcher may have difficulties for the limited possibilities to make synchronous communication of research place which may violate the good interview ambience (Opdenakker, 2006)

Potential Benefits for Participants

The principle of beneficence refers to the ethical obligation to maximise possible benefits both to the study participants and to the wider group of individuals they represent (Ellsberg & Heise, 2002, p. 1601). Participation in the research was voluntary and participants did not get any remuneration for attending the study, so people may have been less interested in attending this interview than if they had been paid to participate. The NIHR has guidelines about remunerating the participants for their time but sometimes it can raise ethical concerns (Head, 2009). The participants of this study were very proactive in helping the researcher and felt self-actualized being able to contribute to this project as they hoped their participation

could create a positive change of South Asian women's life. One DV survivor participant's quote is given below:

*"And we are really, really fortunate to get you, because your information will be very helpful – it can make a very good research findings, and it can – *inshallah, it will contribute to change our culture, I think, one day, *inshallah, sister*."*

(*Inshallah is commonly used by Muslim religion believers meaning something will come to pass by God willing *(Clift & Helani, 2010)*

The British South Asian women who participated in the study found it therapeutic to talk about their lived experience of domestic abuse with someone outside their professional support system. This experience is similar to other studies where the interviews have a perceived therapeutic effect on participants as it was validating and acknowledging the difficulties they had experienced without judgement (Dichter et al., 2019; Ellsberg & Heise, 2002). In this study, service provider participants also found it useful to discuss their work with the researcher, thereby indirectly receiving some benefit from participating in the research. One service provider participant's quote is given below:

"Thank you very much for letting me in, and yeah, I'm grateful that I am – able to help, I hope it will make a difference, and thank you doing something really great in this, really"

Another study argues that participants are often comfortable attending research interviews in the home environment (Salam et al., 2021). In the current research, both groups of participants found it beneficial to attend the interview remotely (online or by telephone) during the COVID-19 pandemic because they could attend from anywhere they felt comfortable (homes, cars, outside space).

Discussion of Lesson learned from COVID-19

During this qualitative study, the researcher needed to wait seven months to recruit the participants and conduct the interviews at the same time. Online recruitment initially took a long time when the researcher only utilised one online platform (Twitter). After the

researcher started using diverse online platforms, more participants were recruited. This qualitative research was conducted during the COVID19 pandemic with a sensitive group of people and applied digital, online technology as per ethical considerations. Although, internet connection problems was an issue with the potential to interrupt interviews and cause data loss. The researcher applied multiple strategies when the internet connection was unstable, such as re-scheduled through emails or text messages, direct phone calls, and keeping recordings of interviews as per ethical guidelines and participants' permission, which were essential for further transcription and analysis (Varma et al., 2021). During the COVID-19 pandemic, a number of qualitative studies were conducted using virtual methods such as online interviews, online focus group discussions, digital storytelling, and photo-elicitation (Archer-Kuhn et al., 2021; Dahal et al., 2020; Newman et al., 2021; Roberts et al., 2021; Varma et al., 2021). Similarly, this current study also maintained systematic digital protection from the beginning of the remote recruitment process and throughout the data collection and data analysis stages. This research carefully considered safety measures for participants, in order to reduce the risks and maintain privacy and confidentiality, and used informed consent, distress and debrief protocols. There are concerns about verbal consent that it could mislead participants and exploit them without written evidence, and the voice of participants could be the potential risk to recognition of the participants (Kaiser, 2009; Richards & Schwartz, 2002). Although it was not possible in this current study to anonymise the voice by any advanced technology, this study used informed consent entirely remotely because gaining verbal consent without collecting signatures would help participants to be protected from the potential risk of the printed or signed signature being known to the perpetrator. Additionally, remote interview prevented the spreading of the COVID-19 viruses to the participants and others.

The unique nature of DV-related study means that ethical and safety concerns should be considered from the very start of the research and during its implementation and dissemination (World Health Organization, 2001). It has been shown by this DV based research project that DV survivors and service providers engaged in research through online and mobile/telephone methods which may be convenient for them as it does not require to use video conferencing. Participants felt comfortable using audio conferencing, their anonymity is protected and any risk for both researchers and participants of COVID19 infection is reduced. Other studies have also reported such advantages, although some ethical issues are common in remote and in-person research requiring little amendment (Dodds & Hess, 2020; Roberts et al., 2021). The authors have suggested that remote and in-person

research requires the same ethical processes (acquiring informed consent, ensuring safety and security by keeping data anonymous and keeping private and confidential research participants' identity), hence only require a minimal changes. This research also had the added advantage for DV survivor participants that they were recruited through gatekeepers (DV service providers) which helped to ensure their safety. The gatekeepers played a cultural mediator role in negotiating with participants about attending the research interviews and helped the researcher gain further understanding and be more culturally sensitive (McAreavey & Das, 2013).

During the COVID19 pandemic, people have not been limited to only using telephones and mobile phones, and more data has been collected using audio and video conferencing technologies such as Zoom, WhatsApp, Skype, Signal, and Telegram (not limited to the pandemic as it was also used before COVID-19), which have also replaced the original face to face format for interviews (Moises Jr, 2020). Participants shared that it was convenient for them to attend the interviews for this research via their phones or the internet and from any place, such as their homes, cars, workplaces or shelters, where they felt safe and secure. There were no changes to the existing risk assessment, and all current risk-related procedures were adhered to.

The COVID19 pandemic has presented huge challenges to researchers in terms of abandoning traditional in-person recruitment methods and being forced to think about new strategies. It is a further limitation that some potential participants, whether South Asian women or service providers, may not have been sufficiently competent in using the internet, as a result the researcher may not have been able to reach these groups. However, at the time of the COVID-19 pandemic , the benefits of using digital and online technology instead of face-to-face outweigh the challenges, such as learning new technological skills to engage sensitive populations through social media platforms in order to ensure representation of the population with attention to diversity (Archer-Kuhn et al., 2021). It is expected that the study will be helpful for future researchers who want to adopt this online method while following ethical guidelines to minimise risk and avoid potential delay from any other COVID19-related or other emergencies.

Conclusion

This is the first study during the COVID19 pandemic, which has contributed to ethical challenges and mitigations by discussing the recruitment, data collection and data analysis strategies for South Asian ethnic minority women who have experienced DV. During this pandemic time, it was challenging to recruit this group of participants because they are under-represented in the research (Treweek et al., 2020). The inclusion of these ethnic minority participants (British South Asian women) in sensitive research is essential to ensuring the equality of access to research, safety, and security of all members in these communities.

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Chapter 8 General Discussion

Overview of the Chapter

This chapter outlines the contribution made to the literature by the research in this PhD thesis. It includes critical appraisals and a summary of the key findings, contribution to knowledge, recommendations for research, policy and practice, and a description of the main strengths and limitations of the overall approach.

Summary of Key Findings

The overarching aim of this research is to identify the barriers and facilitators for help-seeking behaviours among British South Asian (BSA) women who experienced domestic violence (DV), in order to make recommendations for further research, practice and policy. This thesis includes a systematic review and two qualitative studies to achieve this aim as per the following four objectives:

1) To conduct a systematic review and meta-synthesis of qualitative research concerning the barriers and facilitators for help-seeking behaviours among South Asian women living in high-income countries who have experienced DV. This is from the perspectives of both survivors and service providers.
2) Based on the research gap identified from the narrative review the second objective was to understand the barriers and facilitators for help-seeking behaviours using qualitative research methods among British South Asian women who have experienced DV. the
3) To explore the perspectives of service providers about the barriers and facilitators for help-seeking behaviours among British South Asian women who have experienced DV.
4) To make recommendations to researchers, policymakers and key stakeholders to conduct intervention-based research based on the findings of this PhD project, and to implement efficient training and policymaking in order to facilitate advocacy and support for BSA women with lived experience of DV.

This PhD thesis includes five papers, and the critical reflections and key findings from each paper, are discussed in this chapter.

Paper 1: Narrative Review

The narrative review (Chapter 2) introduces the fundamental concepts underpinning this PhD research project and offers a critique of the background literature. To understand the current DV research work on the broader population (Global) before focusing on the PhD's study participants (BSA / British South Asian women) in the UK, this review explicitly overviews domestic violence, its definition, its prevalence and impact, help-seeking behaviours, and barriers and facilitators for these among South Asian women, among Black, Asian and minority ethnic (BAME) communities in the UK. Various barriers and facilitators for seeking help for DV victimisation in South Asian women have been evident in the literature, including social-cultural norms, honour, shame, blame, rigid gender roles, financial barriers, unhelpful government and third-party organisation support, religious misinterpretation, and informal and formal facilitators. However, existing studies have treated South Asian groups as a single group and have provided findings in general for South Asian groups. South Asian populations have significant diversity in terms of their different ethnicities (Bangladeshi, Indian, Pakistani, etc.), religions (Muslim, Hindu, Christian, etc.), gender (female, male, transgender), and residential status (immigrants, temporary, illegal, British born / indefinite leave to remain) (Abbas, 2002; Abraham, 1998). This narrative review has not identified any study which has addressed the barriers and facilitators for help-seeking behaviours among British South Asian women (born and brought up in the UK, or with indefinite leave to remain) who have experienced DV. This PhD research fills the research gap by offering the opportunity to understand the barriers and facilitators for help-seeking behaviours related to DV against BSA women through the experiences of DV survivors and the perceptions of service providers for the victims of DV.

Paper 2: A systematic review and meta-synthesis of barriers and facilitators for help-seeking behaviours among South Asian women living in high-income countries who have experienced domestic violence: Perceptions of domestic violence survivors and service providers

While the previous narrative reviews on DV faced by South Asian women exist, this systematic review (Chapter 3) is the first to investigate the barriers and facilitators for help-seeking behaviours, specifically among South Asian women living in high-income or developed countries who have experienced domestic violence. This review identified 35 qualitative studies and synthesises them through meta-ethnography. To investigate those barriers and facilitators, this systematic review included two perceptions of two groups, those of domestic violence survivors and those of service providers, allowing data triangulation to integrate different views of help-seeking behaviours among South Asian women living in high-income countries The researcher intended to keep the search strategy as broad as possible by including broad, rather than narrow, search terms relating to South Asian women and domestic violence. The researcher selected the Critical Appraisal Skills Programme (CASP) to assess the articles' quality as it consists of a structured and clear format which can be utilised in various qualitative methodologies (Peñuela-O'Brien, 2020). The researcher reflected that a number of papers failed to show reflexivity and ethical considerations, which may be because of the word limits that the selected articles must conform to for publication in journals (Newton et al., 2012). However, qualitative reviews do not include quality assessment within the synthesis, unlike quantitative reviews. The target for quality assessment is not to identify the most rigorous articles, but to develop the rigour of the synthesis as a whole by evaluating all articles and permitting each reader to provide their own evaluation of the findings (Lachal et al., 2017; Peñuela-O'Brien, 2020). The rationale for using meta-ethnography to synthesise the qualitative data because this is an alternative to the traditional aggregative method, and can synthesise the findings and, at the same time, also generate overall conceptual understanding or theory using a unique translation synthesis method, which does not exist in other forms of qualitative analysis (Britten et al., 2002; Sultana et al., 2022; Toye et al., 2014). Although this PhD research is based on British South Asian women, the rationale for conducting the review based on high-income countries is to understand existing work on the broader population of this PhD's study participants before focusing on the target country (UK). In addition, is the review will contribute globally to the experience of women undergoing DV. Findings from articles included in this review were based on qualitative design and on mixed methods design that includes a qualitative component. Survivors and service providers had similar perceptions about the barriers and facilitators for help-seeking behaviours related to domestic violence, which are reported as five emergent themes (Table 1). All of the themes suggest major barriers to seeking help, such as diverse socio-cultural norms, fear about family, community and friends, negative

aspects of immigration status, and insufficient support from statutory and voluntary agencies, outweigh the facilitators for help-seeking behaviours related to domestic violence. Although DV is common in any culture, race, society, or country in the world, the barriers and facilitators for help-seeking behaviour are often manipulated by people's own culture. The barriers model (Grigsby, 1997) is utilised to understand the help-seeking behaviours of South Asian women who experience DV while living in high-income countries at four different levels (Figure 4). Although these South Asian women live in high-income countries, a number of barriers and limited facilitators have arisen from the intersection of diverse identities and challenges (religion, socio-cultural norms, race, ethnicity, language, migration) for South Asian women in seeking help in relation to DV. Significant differences exist between South Asian women and mainstream women in high-income countries regarding cultural norms and values (Sultana et al., 2022). These key findings highlight the importance and originality of the research presented in this systematic review paper (Chapter 3), as it has implications for the staff of government and non-government organisations, researchers, policymakers, patients, victims, and survivors of domestic violence in understanding the barriers and facilitators for adequate support and services.

Paper 3: Barriers and Facilitators for Help-seeking Behaviours in British South Asian Women who have Experienced Domestic Violence: A Qualitative Study

A cross-sectional qualitative study was conducted to investigate barriers and facilitators for help-seeking behaviours among British South Asian women who have experienced DV. British South Asian women who were born and brought up, or who are permanent residents in the UK were recruited for this research. The semi-structured interviews were conducted with 15 participants by the multilingual researcher to identify several barriers as well as facilitators for help-seeking behaviours. A critical realist position is taken because the aim of this study is to make inferences from data about real-world phenomena which might be slightly different from one perspective to another (Willig, 2012). Five overarching themes were developed from the data generated: 1) survivors' lack of recognition and realisation of abuse, 2) fear of the negative effects of abuse, 3) informal help-seeking support and barriers, 4) formal help-seeking support and barriers, 5) advice from survivors for developing help-seeking opportunities. All of these themes relate to the clustered barriers and facilitators for help-seeking behaviours, which have root causes in diverse categorical identifiers (e.g. ethnicity / race, gender, age, class, language, religion etc.), also named intersectional

socialisation (Bhandari, 2018; Crenshaw, 1990). This intersectional socialisation (gender, patriarchy, religion, and ethnicity) is the combination of Crenshaw (1994) intersectional theory discussing the oppression of women of colour with socialisation, which is the process of learning across an individual's entire life, which is influenced by the behaviour, beliefs, language, cultural norms, attitudes and actions of the society in which that individual is raised (Britannica, 2010; Cromdal, 2006; Femi-Ajao, 2016; Pisharodi & Parameswaran, 1994). Intersectional socialisation (Figure 9) influences help-seeking behaviours and has produced a number of obstacles and limited facilitators for BSA women, such as lack of awareness of DV, the hiding of DV, misinformation, stigma, fear of victim-blaming, isolation, insufficient and inappropriate support from statutory and voluntary services, and racism. These identified barriers and facilitators for British South Asian women are similar to those identified in the systematic review (Chapter 3), except for immigration issues (language barriers, and threat of deportation), as the participants of the selected studies in the systematic review were not necessarily residents of high-income countries. The strength of this qualitative research is that it identifies the barriers and facilitators for help-seeking behaviours among the specific group of South Asian (BSA) women in terms of their residential status. Conversely, the narrative review (Chapter 2) reports that previous studies have not separated the South Asian group in their research and treat them as a homogenous group. Certainly, this qualitative study fills the knowledge gap by offering the opportunity to understand the barriers and facilitators for help-seeking behaviours which contribute to DV against a specific group of South Asian women (BSA) through the DV survivors' experience.

Paper 4: "Hard to Reach Services or Survivors?" Perceptions of Service Providers on Barriers and Facilitators for Help-seeking Behaviours in Addressing Domestic Violence among British South Asian Women

In this PhD project, the researcher felt it was important that both service providers for DV and the DV survivors had their voices heard because triangulation between these multiple sources of information can be beneficial for a better understanding of the barriers and facilitators for help-seeking in relation to DV faced by South Asian women (Sultana et al., 2022). Hence, this service provider-based cross-sectional qualitative research was conducted with 18 participants, and the data collected were analysed from a critical realist perspective (Braun & Clarke, 2013). This study involved the administration of semi-structured interviews due to the sensitive nature of the participants, some of whom were not only service providers

but had also previously experienced DV. The narrative review (Chapter 2) and systematic review (Chapter 3) discussed previous studies of some of the challenges and facilitators for help-seeking behaviours in relation to DV based on DV survivors' experiences (Ahmad et al., 2009; Gill, 2004; Kanagaratnam et al., 2012; Mahapatra & Rai, 2019a). This qualitative study, which supports the results of previous studies, has seen the emergence of five themes: 1) stereotypical thinking and misuse of religious beliefs, 2) fear of negative consequences, 3) emotional state as barrier and facilitator, 4) informal help-seeking opportunities and barriers, 5) formal help-seeking opportunities and barriers. The emerging themes from the service provider- qualitative interviews are consistent with those from the survivor-based qualitative interviews (Chapter 5). Of the service providers interviewed, 100% participants were from Muslim religion, 80% were from the South Asian ethnic group and only 20% were different (Arab, African) from the South Asian ethnic group. This could be a potential reason for the emergence of the same views about barriers and help-seeking behaviours of British South Asian women that emerged in Chapter 5. However, although recruitment was not limited to service providers from any particular ethnic group, the research flyer specifically mentioned the topic of South Asian women, catching the attention of South Asian service providers. In this research, the ecological intersectional model, adapted from LaVoi (2016) (Figure 10), was applied to structure the identified barriers and facilitators, clustering them in each theme within the multiple layers of the ecological model, which is influenced by the BSA women's indivisible but diverse intersectional identities (e.g. ethnicity, gender, religion, and racism). The service providers focused more on psychological trauma compared to other themes emerging from survivors' experiences (Chapter 6). This psychological trauma may lead to survivors not to disclose DV or to ask for help from others. Moreover, the service providers suggested about engaging family members, friends, neighbours and communities to help survivors directly, as they are close to the survivors and could be a means of seeking formal help and support on behalf of survivors. The findings from service provider-interviews (Chapter 6) are also consistent with the narrative review (Chapter 2), systematic review (Chapter 3) and survivor-based research (Chapter 5) regarding insufficient formal support for DV survivors, such as limited funding for support services, delayed provision of effective services, insufficient services after disclosure, lack of culturally competent education and awareness programmes, and lack of culturally appropriate services.

Paper 5: Ethical challenges and mitigations in qualitative research with ethnic minority women who experienced domestic violence: Lessons learned from COVID-19

This paper is based on the ethical consideration of this PhD project. This research project was carried out during the COVID-19 pandemic, so the ethics application was revised to adapt for remote research methods for recruitment, data collection and use of risk assessment tools. It was hard to recruit participants during the COVID-19 pandemic as the participants were from a vulnerable group (domestic violence survivors); they were also from an ethnic minority group (South Asian) in the UK. Consequently, it was challenging to conduct the research during the pandemic. The researcher utilised online and mobile phone platforms to recruit participants, and for data collection purposes instead of in-person interviews because of the national COVID-19 declaration to maintain social distancing and quarantine restrictions. However, the researcher managed to recruit 33 participants remotely and took verbal informed consent before each interview. The researcher applied the ethics committee-approved distress and debrief protocol, and administered a risk assessment to ensure confidentiality and anonymity for participants. Although participation in this study was voluntary, the participants were very much proactive in helping the researcher and felt self-actualised in contributing to the project, as they shared their hope that their participation could create a positive change in the lives of South Asian women. One limitation of this doctoral research project is that some potential participants, whether South Asian women or service providers, may not have been able to accessing online methods of data collection such as video calls. However, during the COVID-19 pandemic, the benefit of using digital technology instead of face-to-face meetings outweighed the challenges by ensuring the safety and security of ethnic minority participants (British South Asian women) in sensitive research (DV-based study) as per the ethical guidance.

Intersectionality of the unique South Asian cultural diversity

Intersectionality was key in all of the empirical studies within this PhD. Considered together, the findings of the two empirical qualitative studies indicate a complex association between intersectionality and the barriers and facilitators for help-seeking behaviours among BSA women. Figure 12 focuses on the association of "intersectional socialisation" (Chapter 5) and ecological intersectionality (Chapter 6), which has impacted help-seeking behaviours among BSA women who have experienced DV due to their intersecting identities (patriarchy, ethnicity, religion, gender) and has developed several barriers and some facilitators.

Crenshaw (1990) intersectionality theory mainly discussed how individuals are often disadvantaged and discriminated against due to several sources of oppression, such as race, class, religion, ethnicity, gender, and sexual orientation. Intersectionality associated with South Asian culture influences BSA women's decisions about whether to seek help or not for DV. Although BSA women were born and brought up in the UK, or are permanent residents, and some of them have never even visited a South Asian country in their lifetimes, the intersectionality of the unique South Asian cultural diversity has shaped their behaviour and overall lifestyle. The intersectional systems of society (ethnicity, gender, religion, patriarchy, racism) can influence the social and cultural patterns of oppression (Collins, 2000; Crenshaw, 1994). BSA women's response to DV in terms of help-seeking behaviours depends on the entire dimension of BSA women's reality, such as their ethnicity, cultural orientation, gender, and religion (Lockhart & Danis, 2010). For instance, both qualitative studies (Chapters 5 and 6) show that BSA women who have experienced DV often ignore divorce and overlook support from the police. The reason behind this was the fear of their family's reputation, which could ruin by disclosing DV or seeking help from others.

In contrast, another researcher has reported that white women (Hispanic / non-Hispanic) who have experience of DV, unlike South Asian women, may leave the abusive relationship, accept police support, or seek emergency refuge in a DV shelter (Bridges et al., 2018). The scenario faced by BSA women is quite similar to other South Asian immigrant women or temporary residents in the UK or in other developed countries, as found in the systematic review (Chapter 3) and narrative review (Chapter 2). All of the papers in this PhD thesis have highlighted the unique nature of South Asian cultural diversity and the encouragement of help-seeking behaviour in relation to DV.

DV is a global public health issue that cuts across ethnicity, class, and culture (Krantz, 2002), and the help-seeking behaviours for DV may also vary from culture to culture. Due to the conservative nature of South Asian culture, BSA women have often preferred to keep the DV that they face secret. Although the South Asian culture itself is very diverse and heterogenous, with many positive aspects (Hasnain et al., 2020), BSA women have often avoided seeking help for DV as they believe in practising their common South Asian cultural patterns and continue to sustain intersecting identities (gender, ethnicity, religion, patriarchy), which they have learned from their family, community, and society, and which are unique

intersectional qualities distinct from those of the mainstream group. This is the rationale for obtaining the very similar barriers and facilitators for help-seeking behaviours among BSA women from the two separate qualitative studies in this PhD project. Government and non-government organisations often discriminate against BSA women when they experience DV. The reason identified in empirical studies for this barrier to seeking help is that service providers are culturally incompetent in their approaches to helping BSA women, adopting the same approaches they would usually apply to the mainstream group. Some service providers also lack knowledge of, and training in cultural competence about South Asian culture.

In this PhD project, the overall original contribution to knowledge is the influence of the unique intersecting identities (gender, religion, ethnicity, patriarchy, racism) of British South Asian women, which are inseparable and jointly contribute to the barriers and facilitators for help-seeking behaviours related to DV. It is also essential to include that the PhD researcher found this original contribution surprising because her assumption before this PhD was British-born and brought up or permanent UK resident women who experienced DV may not have similar barriers and limited facilities to the other South Asian women (immigrants or others south Asian women from different countries). The rationale behind this assumption was the researcher's previous job experiences as a domestic violence counsellor with south Asian ethnic minority women who are considered as a single unit of all south Asian women rather than differentiated as per their different intersectional identities. In addition, PhD researcher had not found any study about barriers and facilitators of help-seeking behaviours of British South Asian women who experienced DV. So that this is a strong message for all (formal and informal supporters of BSA women) that barriers and limited facilitators to seek support for DV are not only present among south Asian immigrant women but also present among British born and brought up women who have not necessarily any immigration issues, language barriers. This is alarming that BSA women often believe like their ancestors that DV is south Asian culture or tradition and in that way it often happen in all generation again and again. This is necessary to get them realise that DV is not a part of culture and BSA women should recognise DV as a crime rather than private or hidden matter. For implementing these strategies, it is crucial to understand the intersectionality of the unique South Asian cultural diversity, which may help service providers in DV service organisations to become more culturally sensitive and competent (Lockhart & Danis, 2010). For example, when DV service providers work with BSA women, they should focus on all intersectional

identity factors related to the diverse barriers to seeking help, such as social norms, family honour, gender inequality and so on.

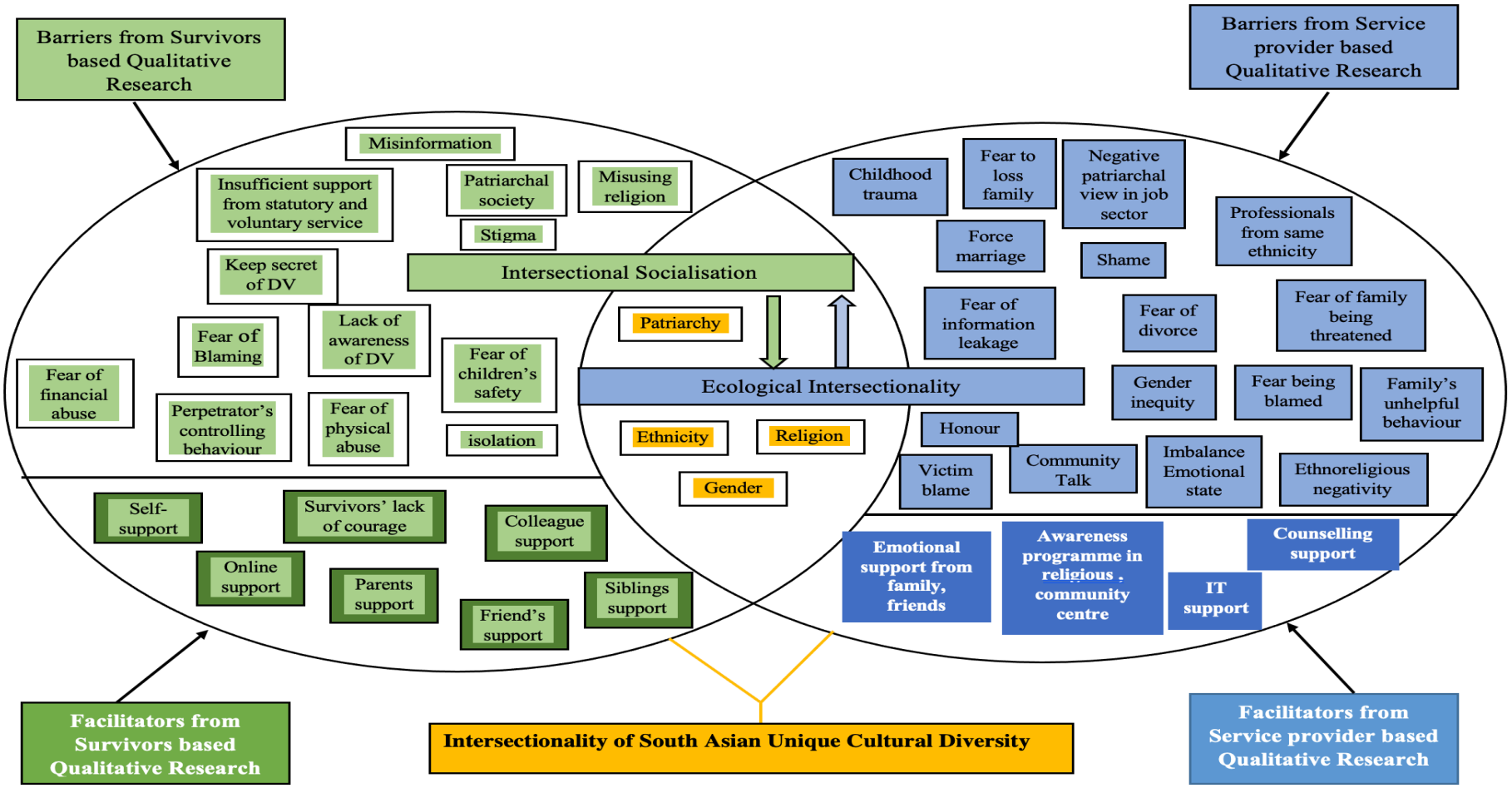

Figure 12: Intersectionality of South Asian Unique Cultural Diversity

Recommendation for Research, Policy and Practice

The findings of the empirical studies, the PhD researcher has suggested are important for policymakers, service providers (statutory services, NGOs) and researchers in the application of the lens of the intersectionality of the unique South Asian cultural diversity. This may aid adequate support, which would not be limited to treating the women only as DV survivors, but would also deliver the support to each woman based on their diverse, intersectional identities. For example, a British Bangladeshi woman with Islamic religion has a different requirement in terms of help-seeking support compared to a British Indian Hindu woman. The understanding of the intersectionality of the unique South Asian cultural diversity may help challenge negative perceptions or attitudes, such as institutional racism, which may contribute to inadequate service delivery (Belur, 2008; Burman, Chantler, et al., 2004). Most of the BSA women in the qualitative study (Chapter 5) reported that they did not perceive DV as a crime, and that they were reluctant to seek help from government and non-governmental organisations, based on a number of barriers. Because there is a solid need to underscore how DV is defined and understood within specific communities, moreover, it is also necessary to define the needs of BSA women who are experiencing DV while considering their ethnicity, culture, gender, and religion, as well as their intersectionality, in order to ensure there are appropriate facilitators that help them to seek support. (Kapur et al., 2017).

The findings of this PhD research emphasise the importance of a number of facilitators such as technological support (access to computers, mobile phones, and the internet). Some survivors obtained help through digital support, and service providers also recommended an online service as they have also provided help remotely to several BSA women who have experienced DV. Although researchers have found a lack of information from participants about help from informal sources of support, both participant groups (survivors, service providers) in the two qualitative studies (Chapters 5 and 6) indicated that support from family, friends, neighbours, colleagues, people in the community, and religious leaders could contribute to supporting survivors if there is better engagement with these groups and by increasing awareness. Participants suggested organising culturally appropriate awareness programmes, campaigns, and interventions in religious or community centres with survivors,

their husbands, in-laws and families. There have been a number of studies conducted on such culturally appropriate interventions, counselling, and advocacy programmes in the USA, although none of these has included any outcome evaluation to measure the impact (Abraham, 1995; Dasgupta et al., 1997; Kim, 2000; M. S. Liao, 2006; Munshi et al., 2015; Preisser, 1999; Tripathi & Azhar, 2022). There is also a need to emphasise the development of remote services such as online intervention programmes and events, creation of DV awareness-related TV programmes, circulation of support information via online advertisements, and the running of online / telephone / mobile helpline services.

The policy should be to support BSA communities by ensuring a culture-friendly social, health and welfare approach in the statutory and voluntary / third-party services and by developing culturally appropriate programmes and training for staff / professionals / service providers to enhance their skills and understanding of the intersectionality of BSA communities. With proper education about South Asian cultural norms that is grounded in cultural sensitivity, both statutory and voluntary organisations should be able to train all service providers (government domestic violence support staff, including police, health care staff, social workers, family lawyers, and domestic violence specialists from non-governmental organisations) to ensure survivors' trust, comfort, safety and security (Dasgupta, 2000; Sabri, Simonet, et al., 2018a). The findings will help future researchers and service providers to carefully consider the intersectional identities of BSA women in developing culturally appropriate programmes and interventions. For example, BSA women with diverse gender, religious, and ethnic backgrounds can be included to minimise racism and develop effective help-seeking strategies (Tripathi & Azhar, 2022).

As highlighted above, the benefit of conducting research remotely is that it may assist researchers in developing online / remote interventions for BSA women who are experiencing DV but are not always able to seek help in person to address it. In this qualitative research, all of the BSA women were recruited via service providers from voluntary organisations that provide support to DV survivors, so the researcher was unable to hear the voices of BSA women who had not accessed any services. Future research on BSA women who have experienced DV but who do not access statutory or voluntary DV services is needed to identify their barriers and facilitators for help-seeking behaviours. This could be done via community groups, nurseries, hospitals, pharmacies, and emergency services (Khelaifat, 2019). It is also necessary to conduct qualitative research to examine whether

cultural competency training in DV meets the experiences and needs of BSA women who have experienced DV, specifically regarding empathy and confidentiality, and also to examine whether statutory and voluntary DV services require to be more equipped to address their own biases, stereotypes, anxieties and communication skills (Khelaifat, 2019). In this Phd project, researcher found that BSA women often choose to disclose to, or seek help from, the informal supporters around them such as family members, relatives, friends, colleagues, and neighbors) but more often instead of, seeking help from professionals and specialist services which is relevant with other studies (Belknap et al., 2009; Gregory et al., 2019; Gregory, 2015). This PhD research emphasize the importance of capturing the perspectives of family members in the future for co-producing family interventions to prevent DV and protect the victims of DV.

Strengths

The strengths of each study have been outlined in previous chapters. Considering the PhD as a whole, the strength of this research is that it was successful in achieving its stated aim and objectives. Evidence from this research focuses on the views of BSA women experiencing DV. This research has made a unique contribution by including two groups of participants in qualitative studies, namely DV survivors and DV service providers, which has allowed a triangulation of data, identifying the discrepancies or similarities between the service providers' and survivors' views and experiences about help-seeking behaviours. This PhD project also combines three different methods (narrative review, systematic review and meta-synthesis, and qualitative research interview), which have helped to explore the research question from different perspectives in a manner called "systematic triangulation of perspectives", as described by Flick (2004). One important strength of this PhD study is the researcher's multilingual skills and South Asian identity which were also prominently helped recruiting participants even in the COVID 19 period as the most of the service providers and all survivors participants were the South Asian and they might be felt more comfortable with same ethnic background researcher for her cultural competency (Reddy, 2019).

Limitations

A number of recruitment and data collection-related limitations need to be considered. The first limitation lies in the fact that BSA women were treated as a single group, but they may be diverse in terms of their ethnicity and religion. For example, in the survivor-based study (Chapter 5), the researcher tried to recruit participants from diverse British ethnic communities, but only participants from two ethnic groups (Bangladeshi, Pakistani) attended. The second part of the qualitative research, the service provider-based study (Chapter 6), was not limited to recruiting service providers from South Asian ethnic groups but intended to recruit from all ethnic populations. However, the researcher recruited from four ethnic groups (Pakistani, Bangladeshi, African, Arab). Surprisingly all survivors and service providers were Muslim by religion. The second limitation is that this PhD project only considered DV against women. However, according to statistics from ManKind Initiatives (2016), 13.2% of men over 16 have been a victim of DV at some point in their life. The third limitation is that this research only included partner violence; there were a number of South Asian women and men contacted by the researcher to participate in this research who were experiencing different forms of DV, such as violence experienced by their parents or family members. So, future research needs to recruit wider group of participants to identify diverse perceptions about help-seeking behaviours of DV. The fourth limitation is the conducting of the research with a cross-sectional qualitative research design, with a single research interview without a follow-up. Due to the sensitive nature of the research (DV) and also due to social distancing and restrictions on face-to-face interviews during the global COVID-19 pandemic period, follow-up interviews were not possible, which could have been valuable in order to show participants the interview transcripts, emerging themes, and findings, and to get their suggestions on any issues they might have suggested, which would have ensured the balance and thoroughness of the information (Rubin & Rubin, 2011). This PhD project did not include BSA women's family members perception about the barriers and facilitators of help-seeking behaviours of BSA women for COVID19 pandemic and the PhD time limitations. If the PhD researcher had more time and resources, she would also include the views and experiences of family members of BSA women as previous studies and this PhD project findings reported that survivors family members, relatives, friends, colleagues and neighbours emotional and physical support are extremely helpful for them (Belknap et al., 2009; Gregory et al., 2019). Finally, this thesis provided an in-depth and nuanced understanding of the DV service providers' perceptions and DV survivors' experiences regarding the barriers and facilitators of help-seeking behaviours of BSA women who experienced DV.

Final Conclusion

The body of work presented identifies barriers and facilitators for help-seeking behaviours among BSA women who have experienced DV. The overarching aim of the research was achieved through five papers encompassing three studies (a systematic review and two qualitative studies) underpinned by a critical realist approach, as well as cross-sectional qualitative methodological approaches. Intersectionality of the unique South Asian cultural diversity (ethnicity, gender, patriarchy, religion) was the key factor for the emergence of several barriers which outweigh the facilitators for help-seeking behaviours. BSA women have often suffered discrimination, due to their ethnicity, gender, culture, and religion, from statutory and voluntary service providers. The findings of this research have implications for staff of government and non-government organisations, patients, victims, and survivors of domestic violence in understanding the barriers and facilitators for adequate support and services. By applying the lens of the intersectionality of the unique South Asian cultural diversity, researchers, policymakers and service providers may better understand the lived contextual experiences of BSA women.

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Appendices

Appendix 1 –Systematic Review Protocol in PROSPERO for Chapter 3 (Paper 2)

NIHR | National Institute for Health Research

PROSPERO
International prospective register of systematic reviews

A systematic review and meta-synthesis of barriers and facilitators of help seeking behaviours in South Asian women living in high-income countries who have experienced domestic violence: Perception of domestic violence survivors and service providers

Citation

Razia Sultana, Nusrat Husain, Omolade Femi-Ajao, Filippo Varese, Peter Taylor. A systematic review and meta- synthesis of barriers and facilitators of help seeking behaviours in South Asian women living in high-income countries who have experienced domestic violence: Perception of domestic violence survivors and service providers. PROSPERO 2020 CRD42020161228 Available from: https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020161228

Review question

What are the barriers and facilitators of help seeking behaviours in South Asian women residing in high-income countries who have experienced domestic violence?

Searches

The following databases will be searched: CINAHL (Cumulative Index to Nursing and Allied Health Literature), PsycINFO, Applied Social Sciences Index and Abstracts (ASSIA), and OpenGrey (for Grey Literature).

The systematic search strategy has two main concepts: domestic violence, south Asian women. Search Terms: ("Domestic Violence" OR "family Violence" OR "intimate partner violence" OR "Battered Women" OR "Battered Females" OR "IPV") AND ("South Asia*"OR "Ethnic* Identity" OR "Minorit* Groups" OR "Bangl*" OR "Bengal*" OR "Pakista*" OR "India*" OR "Bhutan*" OR "Sri Lanka*", "Afghanistan*" OR "Maldives*" OR "Nepal*"). Relevant manual searches will be included, for example examinations of citations and references of eligible studies. There will be no restrictions in the publication date.

Types of study to be included

Studies must use a purely qualitative design or a mixed method design that includes a qualitative component. Only English language studies will be included.

Condition or domain being studied

This systematic review aims to understand the barriers and facilitators of help-seeking behaviours in South Asian women who are living in high-income countries and have experienced domestic violence, focusing on studies concerning South Asian affected by

domestic violence and service providers who work with this population. This review might be beneficial for supporting service staff and survivors, increasing their understanding of the potential barriers and facilitators of help-seeking behaviours for this population. The awareness and understanding of these barriers and facilitators may help support the development of interventions to encourage effective help-seeking amongst South Asian women affected by domestic violence.

Participants/population

DOMESTIC VIOLENCE SURVIVORS:

1) Participants are all women (or identify as women). Studies with mixed gender samples must provide results separately for women.

2) Participants must be living in the high-income countries as defined by the World Bank (High Income Countries Population, 2019)

3) The sample must consist of women with a South Asian background (any generation will be included). If the sample in a study includes a mixture of ethnicities, then data pertaining to south Asian women data should be presented separately to the other data

4) In this review, participants' age will be 18 years or above because the target group in this review is adult women who have experienced domestic violence. According to United Nations Convention on the Rights of the Child, A human being below the age of 18 years old is called child (Blanchfield, 2010). To operationalise this criterion, the mean sample age should 18 years or older.

SERVICE PROVIDERS:

1) Any service provider who shared their experiences of working with South Asian women who experienced domestic violence

2) Participants must be living in the high-income countries as defined by the World Bank (High Income Countries Population, 2019).

Intervention(s), exposure(s)

This review will explore the perception of domestic violence survivors and service providers about the barriers and facilitators of help seeking behaviours in South Asian women living in high-income countries who have experienced domestic violence

Comparator(s)/control

Not Applicable

Context

Studies conducted in high income countries.

Main outcome(s)

To understand the barriers and facilitators of help-seeking behaviours in South Asian women who are living in high- income countries and have experienced domestic violence, focusing on studies concerning South Asian affected by domestic violence and service providers who work with this population.

Measures of effect

Not applicable

Additional outcome(s)

This review might be beneficial for supporting service staff and survivors, increasing their understanding of the potential barriers and facilitators of help-seeking behaviours for this population. The awareness and understanding of these barriers and facilitators may help support the development of interventions to encourage effective help-seeking amongst South Asian women affected by domestic violence.

Measures of effect

Not applicable

Data extraction (selection and coding)

The following procedure will be used for study selection and data extraction:

1. Electronic databases will be searched using the search strategy described above.

2. A list of studies from each database will be entered in Mandalay software and duplicated studies will be excluded

3. Title and abstracts of all studies found will be screened by the first author to assess whether they meet the criteria for inclusion

4. Where it is uncertain if studies meet inclusion criteria through the abstract screen, they will be kept for the next stage of screening.

5. Full texts of remaining studies will be screened against the inclusion and exclusion criteria (described above).

6. The screening will also be undertaken by another independent reviewer to ensure reliability and that nothing is accidentally excluded.

7. If any discrepancies noted, it will be resolved by consensus among reviewers or by arbitration by another independent researcher. An evidence of corrections of data extraction forms should be retained for future reference.

8. All appropriate studies will be assessed for quality by the first author.

9. Data extraction will be done using a standard form. The first author and independent reviewers will extract data onto the standardized form

10. The information that will be extracted from the studies will include:

a. Bibliographic information (Author, year of publication, title and source of publication)

b. Study characteristics- objectives, research methods, setting, study design, ethical procedures

c. Samples characteristic

d. Details of the qualitative analysis approach

e. Second order constructs (quotes/interpretations/conclusions of the authors)

Risk of bias (quality) assessment

For this review, a quality assessment of included studies will be done using the Critical Appraisals Skills Programme (CASP, 2002) tool. The CASP screening tool can help the researcher to check for rigour, credibility and relevance. Through discussion with experts in the field, we will consider if additional items should be added to the CASP that reflect important methodological features for studies in this area. Following that process, the CASP tool (available at: https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf), which contains ten questions, will be modified to increase its relevance to the included studies. The overall quality assessment ratings will be done in parallel by two independent reviewers. Any discrepancies will be discussed between the two rates to reach consensum and arbitration from another member of the team until a consensus is achieved. Research papers will not be excluded based on quality but a discussion on the quality of the articles will be included in the review, and this information will be used to weight the conclusions drawn from the data synthesis.

Strategy for data synthesis

As discussed above, the target of this review is to generate intensive knowledge about barriers and facilitators of help- seeking behaviours of domestic violence from two groups: domestic violence survivors and service providers. The review will use Noblit and Hare's (1988) meta-ethnography approach to synthesize the data from the included studies. Recently, this approach has been identified as the most widely cited method in qualitative synthesis (Campbell et al., 2012).
Working with the coding to be carried out in NVivo (qualitative analysis software to facilitate the qualitative synthesis), main themes and concepts will be identified that capture patterns in the data. The first author (Razia Sultana, PhD Student) and another independent reviewer will compare the research papers, identifying similarities and contradictory accounts. Themes and concepts will then be translated across studies by exploring how concepts are related, and finally, the translations synthesized to provide a thorough interpretation and explanation of the findings. This review will conduct either reciprocal translational analysis (generating a common language to facilitate cross-study comparison of themes), refutational synthesis (exploring cross-study contradictions), or lines-of-argument synthesis (generating an interpretive account) depending on what emerges from preliminary coding. The perspectives of victims and service providers will be coded and analyzed separately but in parallel, and then compared for concordance or dissonance during this qualitative synthesis.

Analysis of subgroups or subsets

The perspectives of victims and service providers will be coded and analyzed separately but in parallel, and then compared for concordance or dissonance during this qualitative synthesis.

Contact details for further information

Razia Sultana

razia.sultana-2@postgrad.manchester.ac.uk

Organisational affiliation of the review University of Manchester
https://www.manchester.ac.uk

Review team members and their organisational affiliations

Razia Sultana. University of Manchester
Professor Nusrat Husain. University of Manchester Dr Omolade Femi-Ajao. University of Manchester Dr Filippo Varese. University of Manchester
Dr Peter Taylor. University of Manchester

Type and method of review

Meta-analysis, Synthesis of qualitative studies, Systematic review

Anticipated or actual start date

06 January 2020

Anticipated completion date

31 January 2021

Funding sources/sponsors

Not applicable

Conflicts of interest Language

English

Country

England

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Asian Continental Ancestry Group; Developed Countries; Domestic Violence; Female; Help-Seeking Behavior; Humans; Income; Survivors

Date of registration in PROSPERO

02 January 2020

Date of first submission

18 December 2019

Stage of review at time of this submission

The review has not started

Stage	Started	Completed
Preliminary searches	No	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

02 January 2020

Appendix 2 – PRISMA Checklist for Chapter 3 (Paper 2)

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	Y
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	Y
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Y
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Y
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Y
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Y
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Y
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	Y
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Y
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Y
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Y
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Y
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	N

Section and Topic	Item #	Checklist item	Location where item is reported
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	Y
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	Y
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Y
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	Y
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	Y
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	N/A
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	N/A
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	N/A
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Y
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	Y
Study characteristics	17	Cite each included study and present its characteristics.	Y
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Y
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	Y
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	Y
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	Y

Section and Topic	Item #	Checklist item	Location where item is reported
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	N/A
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	N/A
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	Y
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	N/A
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Y
	23b	Discuss any limitations of the evidence included in the review.	Y
	23c	Discuss any limitations of the review processes used.	Y
	23d	Discuss implications of the results for practice, policy, and future research.	Y
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Y
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	Y
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	Y
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	Y
Competing interests	26	Declare any competing interests of review authors.	Y
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	Y

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71 For more information, visit: http://www.prisma-statement.org/

Appendix 3 – Ethical Approval for Chapter 5,6,7 (Paper 3,4,5)

Research Governance, Ethics and Integrity
2nd Floor Christie Building
The University of Manchester
Oxford Road Manchester M13 9PL
Tel: 0161 275 2206/2674
Email:

Ref: 2020-7981-13795

02/04/2020

Dear Ms Razia Sultana, , Prof Nusrat Husain, Dr Omolade Femi-Ajao, Dr Filippo Varese, Dr Peter Taylor

Study Title: Exploration of the barriers and facilitators of help-seeking behaviours of

British South Asian Women with lived experience of domestic violence University

Research Ethics Committee 5

I write to thank you for submitting the final version of your documents for your project to the Committee on 31/03/2020 12:18 . I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form and supporting documentation as submitted and approved by the Committee.

COVID-19 Important Note

If you are conducting research with a data collection methodology that involves face-to-face contact (i.e. interviews, focus groups, psychological experiments, tissue sampling, and any other research procedure requiring face-to-face contact) you must switch to data collection via Skype, telephone or an alternative digital platform.

Please note, you do not need to seek a formal amendment to your existing ethical approval to make these changes provided your consent procedures remain the same (i.e. if you are still obtaining written consent but the form is returned by post or email). If you are choosing an alternative consenting procedure, please submit a formal amendment to your ethical approval via the usual process.

If switching your data collection to digital or electronic means is not possible (i.e. human tissue studies) then you must suspend all research activity until further notice unless doing so will have critical impacts on research participants (i.e. affect their wellbeing or care).

Please also consider whether you need to submit an amendment to extend your dates of data collection, due to postponed fieldwork or other research activities. If you need to seek an extension, you must do so before the end date as listed on your approved ethics application/last approved amendment or within 3 months of this date.

Researchers who wish to continue with face-to-face data collection during this period will require specific approval from the Research Governance, Ethics and Integrity Team.

Such approval will only be given if 1) the researcher is a member of staff or PGR, 2) the research is specifically related to the Covid-19 situation and data collection has to take place at the present time, or 2) there are exceptional reasons for the continuation of face-to-face data collection (i.e. critical impacts on the wellbeing or care of research participants).

Please see https://www.staffnet.manchester.ac.uk/rbe/ethics-integrity/ethics/ for further details

Please see below for a table of the title, version numbers and dates of all the final approved documents for your project:

Document Type	File Name	Date	Version
Data Management Plan	Data Managemnet Plan (Final)	31/10/2019	1
Additional docs	ACCIDENT : INCIDENT : ILL HEALTH NOTIFICATION FORM	31/10/2019	1
Additional docs	Distress Protocol	31/10/2019	1
Distress Protocol/Debrief Sheet	Distress Protocol (1)	31/10/2019	1
Advertisement	Flyer.Version 1.1; Date 04:02:2020	04/02/2020	Version 1.1
Lone Worker Policy/Procedure	New Lone Worker Policy	04/02/2020	Version 1.1
Additional docs	Debrief Women (Version-1.1 (07:02:2020))	04/02/2020	Version 1.1
Additional docs	debrief (Service Provider)Version-1.1 (07:02:2020)	04/02/2020	Version 1.1
Additional docs	General Risk Assessment Form with Guidance	04/02/2020	Version 1.1
Default	Version 1.2 (Interview guide for service provider)	19/03/2020	Version 1.2

Participant Information Sheet	PIS for service provider. 1.2	19/03/2020	Version 1.2
Participant Information Sheet	PIS for BSA. 1.2	19/03/2020	Version 1.2
Participant Information Sheet	Consent form for serice provider.1.2	19/03/2020	Version 1.2
Participant Information Sheet	Consent Form for Women.1.2	19/03/2020	Version 1.2
Participant Information Sheet	Hindi.Consent Form (Service Provider) Version 1.2; Date 23:03:2020	19/03/2020	Version 1.2
Participant Information Sheet	Hindi.Consent Form_ Women Version 1.2; Date 23:03:2020_Hindi	19/03/2020	Version 1.2
Participant Information Sheet	Hindi PIS.Women.Version Version 1.2; Date 23:03:2020	19/03/2020	Version 1.2
Participant Information Sheet	Hindi PIS for Service Provider (Version 1.2; Date 23:03:2020)	19/03/2020	Version 1.2
Participant Information Sheet	Bengali.Consent-Form-Women-Version 1.2; Date 23:03:2020	19/03/2020	Version 1.2
Participant Information Sheet	Bengali.Consent-Form-Service-Provider-Version 1.2; Date 23:03:2020	19/03/2020	Version 1.2
Participant Information Sheet	Bengali.PIS-for-Service-Provider-Version 1.2; Date 23:03:2020	19/03/2020	Version 1.2
Participant Information Sheet	Bengali.PIS.Women.Version 1.2; Date 23:03:2020	19/03/2020	Version 1.2
Participant Information Sheet	Urdu Consent Form (Service Provider)Version 1.2; Date 23:03:2020	19/03/2020	Version 1.2
Participant Information Sheet	Urdu Consent Form_ Women Version 1.2; Date 23:03:2020	19/03/2020	Version 1.2
Participant Information Sheet	Urdu.PIS for Service Provider (Version 1.2; Date 23:03:2020)	19/03/2020	Version 1.2
Participant Information Sheet	Urdu.PIS.Women.Version 1.2; Date 23:03:2020	19/03/2020	Version 1.2
Consent Form	Consent form for serice provider.1.2	19/03/2020	Version 1.2
Consent Form	Consent Form for Women.1.2	19/03/2020	Version 1.2
Consent Form	Hindi.Consent Form (Service Provider) Version 1.2; Date 23:03:2020	19/03/2020	Version 1.2
Consent Form	Hindi.Consent Form_ Women Version 1.2; Date 23:03:2020_Hindi	19/03/2020	Version 1.2
Consent Form	Bengali.Consent-Form-Women-Version 1.2; Date 23:03:2020	19/03/2020	Version 1.2
Consent Form	Bengali.Consent-Form-Service-Provider-Version 1.2; Date 23:03:2020	19/03/2020	Version 1.2
Consent Form	Urdu Consent Form (Service Provider)Version 1.2; Date 23:03:2020	19/03/2020	Version 1.2
Consent Form	Urdu Consent Form_ Women Version 1.2; Date 23:03:2020	19/03/2020	Version 1.2
Additional docs	Response Letter (19.03.2020)	19/03/2020	1.2
Default	Version 1.2 (Interview guide for women)	19/03/2020	1.2

This approval is effective for a period of five years however please note that it is only valid for the specifications of the research project as outlined in the approved documentation set. If the

project continues beyond the 5 year period or if you wish to propose any changes to the methodology or any other specifics within the project, an application to seek an amendment must be submitted for review. Failure to do so could invalidate the insurance and constitute research misconduct.

You are reminded that, in accordance with University policy, any data carrying personal identifiers must be encrypted when not held on a secure university computer or kept securely as a hard copy in a location which is accessible only to those involved with the research.

Reporting Requirements:

You are required to report to us the following:

1. Amendments: Guidance on what constitutes an amendment
2. Amendments: How to submit an amendment in the ERM system
3. Ethics Breaches and adverse events
4. Data breaches
5. Notification of progress/end ofthe study

Feedback

It is our aim to provide a timely and efficient service that ensures transparent, professional and proportionate ethical review of research with consistent outcomes, which is supported by clear, accessible guidance and training for applicants and committees. In order to assist us with our aim, we would be grateful if you would give your view of the service that you have received from us by completing a **UREC Feedback Form**. Instructions for completing this can be found in your approval email.

We wish you

every success

with the

research.

Yours

sincerely,

Ms Lubica Stasinkova

Secretary to University Research Ethics Committee 5

Appendix 4 Ethics Amendment Confirmation for Chapter 5,6,7 (Paper 3,4,5)

APPROVED: UREC Amendment Ref: 2020-7981-15525 (Automatic Email from the UoM Ethical Review Manager (ERM) system)

Some content in this message has been blocked because the sender isn't in your Safe senders list.
I trust content from donotreply@infonetica.net. | Show blocked content

D

donotreply@infonetica.net

To: Omolade Femi-Ajao; Filippo Varese; Peter Taylor; Nusrat Husain **+1 other** Tue 26/05/2020 16:08

Cc: University Research Ethics Committee 5

****Please ensure you read the contents of this message. This email has been sent via the Ethical Review Manager (ERM) system on behalf of the University of Manchester.****

Dear Ms Razia Sultana,

Thank you for submitting your amendment request on 25/05/2020 21:26 for project: 2020-7981-15525 ; entitled: Exploration of the barriers and facilitators of help-seeking behaviours of British South Asian Women with lived experience of domestic violence which has now been approved. Your documentation has been suitably updated to reflect the proposed changes, please ensure you use this documentation.

Please note that if you have submitted revised supporting documents to accompany your amendment request, the approved versions of these are listed in a table below.

Document Type	File Name	Date	Version
Additional docs	Flyer-Version 1.1; Date 04:02:2020	04/02/2020	Version 1.1; Date 04

We wish you every success with the research.

Best wishes,

Ms Lubica Stasinkova

Secretary to University Research Ethics Committee 5

Appendix 5 Accident / Incident/ Ill Health Notification Form for Chapter 5,6,7 (Paper 3,4,5)

MANCHESTER 1824
The University of Manchester

ACCIDENT / INCIDENT / ILL HEALTH NOTIFICATION FORM

Safety Services use only
/

This form is to be used to notify Safety Services of an accident /incident/near-miss or ill health at work (an 'event'). All mandatory fields must be completed. Completed forms should be sent immediately to:
Safety Services, Simon Building, Brunswick St, The University of Manchester, Manchester M13 9PL
Or via email to safetyservices@manchester.ac.uk
**** indicates mandatory information***

WHAT IS BEING REPORTED?

☐Accident (event involving injury to a person) ☐Incident/near miss (event involving no injury or damage) ☐Ill health	☐Damage to property ☐Fire

EVENT DETAILS

*Date of event:	Time (24hr clock):
*Building/location:	Room No:
School/Admin Department:	

INJURED PERSON DETAILS
NB: At least one form of contact information must be provided (e.g. telephone or email address)

*Status: ☐Staff ☐Student ☐Visitor ☐ Contractor ☐Other (specify):	
*Name:	Staff/Student ID No:
Job Title:	Supervisor/manager:
Tel No:	Email:
School/Administrative unit:	
***DESCRIPTION OF EVENT/ ILL HEALTH** Please describe what happened as accurately as you can, starting with what work activity was being undertaken at the time.	
***NATURE & EXTENT OF ANY INJURY/DAMAGE** Please indicate the type of injury (e.g. fractured right ankle; cut to left index finger; no injury) or damage (e.g. broken window; equipment destroyed; no damage) as accurately as possible and appropriate.	

***TREATMENT** check all relevant boxes ☐No treatment/self-treatment/not applicable ☐Treated by first-aider ☐Injury treated in a hospital	***ABSENCE FROM WORK** ☐No absence/not applicable ☐Still absent ☐Absent, but returned within 3 days ☐Absence *is* due to work-related injury/ill health
NATURE OF TREATMENT GIVEN AND BY WHOM If applicable, please indicate what treatment was provided. If this was given by a University first aider, please indicate who this was.	

DETAILS OF PERSON MAKING REPORT

*Name:	*Job title:
Email:	*Tel No:
School/Admin Department:	

Data Protection Statement – the information on this form is used for the purposes of investigation and securing the health, safety and welfare of people at work. It is held by Safety Services staff, and is supplied to departmental safety personnel and union representatives for the same purposes. If sensitive information is contained in the form, please encrypt it and communicate the password by telephone. There is a university guide on handling sensitive data and on how to encrypt files using Microsoft Office. Any queries about data protection issues relating to the information in this form should be addressed to the Head of Safety Services www.healthandsafety.manchester.ac.uk/aboutus/contactus/
Further information about the way the University processes personal data is available here: https://www.manchester.ac.uk/discover/privacy-information/data-protection/

v2.2 March 2019

Appendix 6 Distress Protocol for Chapter 5,6,7 (Paper 3,4,5)

The University of Manchester

Exploration of the barriers and facilitators of help-seeking behaviors of British South Asian Women with lived experience of domestic Violence

Distress Protocol

The researcher (Razia Sultana) has modified the Distress Protocol from University of Manchester Distress Policy. The Protocol consists of stepped approach to managing distress in the context of a research interview.

Distress: Participant shows signs that they are experiencing distress or exhibits behaviours associated with distress such as crying, shaking etc. This might suggest that the questions asked to have caused stress to the participants or that the responses given have triggered personal and traumatic memories

↓

Step 1:

- Researcher Stop the discussion/interview.
- Researcher offers immediate emotional support
- If participants advice to continue the pre-decided one to one interview, then again researcher re-start.
- Explore distress level and assess risk: Tell me what thoughts you are having? Tell me what you are feeling right now? Do you feel you are able to go on about your experience? Do you feel safe?

↓

Step 2:

- If risk is highlighted, assess and proceed to follow risk protocol
- Two level of risks given below:
  - Immediate risk: If there is immediate risk, then the police or an ambulance would be called
  - If not immediate, ask participant if there is anyone you can call to come and meet the participant or to let them know they are feeling some distress
- Researcher should mention to the participants the possibility of ending the interviews early if needed- especially if it feels like they're adversely affecting the person being interviewed
- When participant is ready to leave, they will be reminded of the support numbers to use if necessary
- Researcher to seek support from supervisors
- If any information has been raised which the researcher believes may cause harm to the participant or someone the participant knows, then mental health services may need to be contacted

Follow up:

- If participant consents, follow up with a courtesy call or email the next day
- Encourage participants to use provided support numbers

Should a participant disclose information that implied a risk to the participant or someone else the following steps would be taken:

Risk: Participant discloses information which implies risk to themselves or to another person.

Step 1:

- Researcher will accurately document the information disclosed.
- Researcher will contact their research team supervisor to discuss the information disclosed and the most appropriate course of action.

Step 2:

- If participants are in imminent danger either from themselves or someone else taking them to the nearest A&E department, or contacting the police for them
- If action is felt to be required, the researcher will immediately report these concerns to the most appropriate child or adult safeguarding team
- Where possible, any concerns would be discussed with the individual and they will be informed that the researcher will be sharing information to respect confidentiality
- All actions will be completed with priority and done so at the soonest available opportunity.
- The researcher will keep a clear written record of the concern and all steps taken to deal with the matter,

Risk: Researcher can feel distressed due to the Participants' description of their difficult life experiences and events.

- The researcher shall be aware of potential emotional stress and will not complete more than three assessments in a day.
- There would be regular debriefing sessions with the supervisor and the researcher. Researcher will be encouraged to journal their thoughts and feelings among the team members. Any problems faced by the researchers will be discussed and specific actions taken as advised by the supervisors.

Appendix 7 Flyer for Chapter 5,6,7 (Paper 3,4,5)

PARTICIPANTS WANTED

Please consider taking part in a PhD Project to improve understanding about experience of Domestic Violence

I AM INTERESTED IN TALKING TO:

- **BRITISH SOUTH ASIAN WOMEN WITH LIVED EXPERIENCE OF DOMESTIC VIOLENCE**
- **THIRD SECTOR WORKERS WHO HAVE WORKED WITH BRITISH SOUTH ASIAN WOMEN WITH LIVED EXPERIENCE OF DOMESTIC VIOLENCE**

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 British South Asian women in England talk or don't talk about their experience of Domestic Violence, who they talk to and how this affects them.

IF YOU AGREE TO TAKE PART, YOU WILL BE INVITED TO PARTICIPATE IN A CONFIDENTIAL AND PRIVATE DISCUSSION WITH THE RESEARCHER. THE INTERVIEW WILL TAKE APPROXIMATELY NINETY MINUTES.

FOR FURTHER INFORMATION PLEASE CONTACT
RAZIA SULTANA, JEAN MCFARLANE BUILDING
THE UNIVERSITY OF MANCHESTER
razia.sultana-2@postgrad.manchester.ac.uk

Version 1.1; Date 04/02/2020

Appendix 8 Debrief Sheet for Chapter 5,7 (Paper 3,5)

Exploration of the barriers and facilitators of help-seeking behaviors of British South Asian Women with lived experience of domestic Violence

(For British South Asian Women)

Participant Debrief Sheet

Thank you for taking part in this study. This information sheet offers further information about the background of this research. The study you have just assisted with aims to look at whether British South Asian women in England talk or don't talk about their experience of Domestic Violence, who they talk to and how this affects them. I hope that you have found it interesting and have not been upset by any of the topics discussed. No matter what your answers were, you have contributed to an essential study about barriers and facilitators to help-seeking behaviours of British South Asian Women with lived experience of domestic violence. From all of the answers, we can work to understand the reasons why British South Asian women do not ask help and your contribution help us to develop interventions how we can support them more effectively. However, if you experience distress in the future, you can talk to your GP or other members of clinical team to receive further support. The Samaritans can offer confidential support either by phone (by calling 08457 90 90 90) or face-to-face consultations (by visiting their local branch). In addition, A&E services can help you to deal with situations of serious distress or risk. If you do need further information, please do not hesitate to contact: Razia Sultana, Jean McFarlane Building, Manchester M13 9PY, University of Manchester, Email: razia.sultana2@postgrad.manchester.ac.uk, Phone Number: 01612755223

There are also a number of organisations listed below (Manchester, Bradford and London) that you can contact.

Local Support		
1.	Student Union Wellbeing Service: http://manchesterstudentsunion.com/top-navigation/advice-service/wellbeing-advice	Manchester
2.	42nd Street (a reputable charity offering a social work and counselling service for under 25s): http://42ndstreet.org.uk/	Manchester
3.	Low Cost Independent Therapy Centres: o Chorlton: http://lowcostpsychotherapy.co.uk/ o Didsbury: http://www.didsburycounsellingandtherapycentre.co.uk/uploads/1/3/9/4/13946758/low_cost_clinic_flyer_v1.pdf	Manchester
4.	Self Help Services (works actively with people in the Greater Manchester area on a number of difficulties including anger, anxiety and depression): https://www.selfhelpservices.org.uk/	Manchester
5.	Staying Put, It is part of the Bradford Survive & Thrive Consortium which has been formed to transform the lives of women, men and children who are affected by domestic abuse and sexual violence. Free helpline: 9am-5pm, Monday to Friday, on 0808 2800 999. https://www.stayingput.uk.net/	Bradford
6.	Bradford Rape Crisis & Sexual Abuse Survivors Service (BRC & SASS) Support women and girls who have experienced rape and other sexual abuse at any point in their lives. Services include a Help Line, free confidential counselling, advocacy and support. Telephone: 01274 308270 Text only: 07435 752 975 Website: www.brcg.org.uk Email: contactus@brcg.org.uk	Bradford
7.	Bradford Women's Aid, (For adult support services please contact Survive and Thrive on 0808-2000-99, For Children and Young Peoples Support Services contact dare2 on 0300-365-5020	Bradford
	Refuge for Women and Children against Domestic Violence (Freephone 24-Hour National Domestic Abuse Helpline: 0808 2000 247) Website: https://www.refuge.org.uk	London
	Ashiana (Provides temporary, safe housing for South Asian, Turkish and Iranian women aged 16-30 experiencing domestic violence. Helps those who may be suffering from violence and threats of violence at the hands of their family or community (honour-based violence) or from forced marriage.) Contact: 020 8539 0427 Website: http://www.ashiana.org.uk	London

	Kiran Support Services (Provides a holistic range of services to help Asian women and children escape domestic violence) Contact Number: 020 8558 1986 Website: http://kiranss.org.uk	London

Organisations (within UK)	
1.	**Shout** is the UK's first 24/7 text service, free on all major mobile networks, for anyone in crisis anytime, anywhere. It's a place to go if you're struggling to cope and you need immediate help. Shout (85258- Get 24/7 help from team of Crisis Volunteers**)**
2.	*NHS 111 number is available 24 hours a day, 7 days a week*
3.	**National Domestic Violence Helpline:** The Freephone 24 Hour National Domestic Violence Helpline, run in partnership between **Women's Aid and Refuge**, is a national service for women experiencing domestic violence, their family, friends, colleagues and others calling on their behalf. 24-hour National Domestic Violence **Freephone Helpline Number: 0808 2000 247.**
4.	**National Centre for Domestic Violence:** The National Centre for Domestic Violence provides a free, fast emergency injunction service to survivors of domestic violence regardless of their financial circumstances, race, gender or sexual orientation. This can sometimes be issued within 24 hours of making contact. Helpline Number 0800 970 2070
5.	**Victim Support** (It provides support to help people recover from the effects of crime and traumatic events) Website: https://www.victimsupport.org.uk Free Support line 08081689111

Useful Helpline Numbers at a glance:

- National Domestic Violence Helpline (Freephone) **0808 2000 247**
- Muslim Women's Helpline **020 8904 8193 / 0208908 6715**
- Muslim Youth Helpline (freephone) **0808 808 2008**
- NSPCC (National Society for the Prevention of Cruelty to Children) Asian Helpline **0800 096 7719**
- Forced Marriage Helpline **0800 5999 247**
- Childline **0800 1111**
- Emergency services **999**

Version 1; Date 07/02/2020

Appendix 9 Debrief Sheet for Chapter 6,7 (Paper 4,5)

Exploration of the barriers and facilitators of help-seeking behaviors of British South Asian Women with lived experience of domestic Violence
(For Service Providers)

Participant Debrief Sheet

Thank you for taking part in this study. This information sheet offers further information about the background of this research. The study you have just assisted with aims to looking at whether British South Asian women in England talk or don't talk about their experience of Domestic Violence, who they talk to and how this affects them. hope that you have found it interesting and have not been upset by any of the topics discussed. No matter what your answers were, you have contributed to an essential study about barriers and facilitators of help-seeking behaviours of British South Asian Women with lived experience of domestic violence. From all of the answers, we can work to understand the reasons why British South Asian women do not ask help and your contribution help us to further develop intervention how we can support them more effectively. However, if you experience distress in the future, you can talk to GP or other members of clinical team to receive further support. The **Samaritans** can offer confidential support either by phone (by calling 08457 90 90 90) or face-to-face consultations (by visiting their local branch). In addition, A&E services can help you to deal with situations of serious distress or risk. If you do need further information, please do not hesitate to contact: Razia Sultana, Jean McFarlane Building, Manchester M13 9PY, University of Manchester, Email: razia.sultana2@postgrad.manchester.ac.uk, Phone Number: 01612755223

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3.	Low Cost Independent Therapy Centres: o Chorlton: http://lowcostpsychotherapy.co.uk/ o Didsbury: http://www.didsburycounsellingandtherapycentre.co.uk/uploads/1/3/9/4/13946758/low_cost_clinic_flyer_v1.pdf	Manchester
4.	Self Help Services (works actively with people in the Greater Manchester area on a number of difficulties including anger, anxiety and depression): https://www.selfhelpservices.org.uk/	Manchester
5.	Staying Put, It is part of the Bradford Survive & Thrive Consortium which has been formed to transform the lives of women, men and children who are affected by domestic abuse and sexual violence. Free helpline: 9am-5pm, Monday to Friday, on 0808 2800 999. https://www.stayingput.uk.net/	Bradford
6.	Bradford Rape Crisis & Sexual Abuse Survivors Service (BRC & SASS) Support women and girls who have experienced rape and other sexual abuse at any point in their lives. Services include a Help Line, free confidential counselling, advocacy and support. Telephone: 01274 308270 Text only: 07435 752 975 Website: www.brcg.org.uk Email: contactus@brcg.org.uk	Bradford
7.	Bradford Women's Aid, (For adult support services please contact Survive and Thrive on 0808-2000-99, For Children and Young Peoples Support Services contact dare2 on 0300-365-5020	Bradford
	Refuge for Women and Children against Domestic Violence (Freephone 24-Hour National Domestic Abuse Helpline: 0808 2000 247) Website: https://www.refuge.org.uk	London

	Ashiana (Provides temporary, safe housing for South Asian, Turkish and Iranian women aged 16-30 experiencing domestic violence. Helps those who may be suffering from violence and threats of violence at the hands of their family or community (honour-based violence) or from forced marriage.) Contact: 020 8539 0427 Website: http://www.ashiana.org.uk	London
	Kiran Support Services (Provides a holistic range of services to help Asian women and children escape domestic violence) Contact Number: 020 8558 1986 Website: http://kiranss.org.uk	London

Organisations (within UK)	
1.	**Shout** is the UK's first 24/7 text service, free on all major mobile networks, for anyone in crisis anytime, anywhere. It's a place to go if you're struggling to cope and you need immediate help. Shout (85258- Get 24/7 help from team of Crisis Volunteers**)**
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4.	**National Centre for Domestic Violence:** The National Centre for Domestic Violence provides a free, fast emergency injunction service to survivors of domestic violence regardless of their financial circumstances, race, gender or sexual orientation. This can sometimes be issued within 24 hours of making contact. Helpline Number 0800 970 2070
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- Forced Marriage Helpline **0800 5999 247**
- Childline **0800 1111**
- Emergency services **999**

Version 1.1; Date 07/02/2020

Appendix 10 General Risk Assessment for Chapter 5,6,7 (Paper 3,4,5)

General Risk Assessment Form

Date: (1)	Assessed by: (2)	Checked / Validated* by: (3)	Location: (4)	Assessment ref no (5)	Review date: (6)
07/02/2020	Razia Sultana	Nusrat Husain	UoM premises and public places around Manchester PI: Razia Sultana	A1	March 2020
Task / premises: (7) Research Study 'Qualitative study with British South Asian Women and Service Providers'					

Activity (8)	Hazard (9)	Who might be harmed and how (10)	Existing measures to control risk (11)	Risk rating (12)	Result (13)
Travel to and from sites of research	Risk of harm	Researcher	Use licensed and reliable public transport or a reputable taxi firm. Plan the route in advance and always take a map (online or paper). Ensure appropriate budgeting for use of taxis if needed. Avoid walking alone at night Carry a fully charged mobile phone Where possible choose routes that are busy and well-lit roads where possible. Don't use personal stereos so that you cannot hear what is happening around you. Equipment and Valuable items should be kept out of sight if concerned about the area being visited, check local sources, such as the police, for their assessment of risks in the neighbourhood and follow advice.	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. Counselling offered as needed. Ensure regular debriefing session with the supervisors and the researcher, Apply university stress policy in place	MEDIUM	A
Interviewing/Data Collection	Patient/Relative's Anger or Distress	Research staff	Personal information is not given out and the Patient Information Sheet directs Patients/Relatives to the PI and gives only the School Number.	MEDIUM	A

Activity (8)	Hazard (9)	Who might be harmed and how (10)	Existing measures to control risk (11)	Risk rating (12)	Result (13)
		Risk from physical/verbal abuse from patient/relative/ other	Appropriate measures are put in place to ensure any issues arising are dealt with via the appropriate channels. Mandatory use of People safe Lone working Unit.		
Conducting interviews	Visiting participant	Researcher Physical/verbal abuse from patient/relative/ other	It is agreed that preference will be to interview participants face to face at a location that is private and quiet and of their choice to ensure that they feel comfortable. However, participants will not be given the option to be interviewed in their own home. Researcher will; • Visit location prior to data collection to assess possible risks • Identify back up at location • Have contact details and means of making timely contact with back up Lone working: We will follow Division of Psychology and Mental Health's lone working policy which includes safety check arrangements. • Research Buddy from the Division of Psychology to be aware of location of visit, planned start and end time for the visit. • Researcher to contact buddy prior to start of visit (check in) and at end of visit (check out). • If researcher fail to contact the buddy by the planned check out time, buddy will attempt to contact researcher to check welfare. • If contact cannot be made procedure outlined in policy to ensure safety of researcher will be followed. • Researcher to carry fully charged mobile phone • Researcher aware that if they are in any doubt about their safety or feeling uneasy to leave the research site immediately • If researcher is in danger and unable to leave the research site – buddy should be contacted and code word/ phrase use to indicate that assistance is required.	MEDIUM	A

Activity (8)	Hazard (9)	Who might be harmed and how (10)	Existing measures to control risk (11)	Risk rating (12)	Result (13)
			Research staff should be aware of any social or cultural tensions in the area.		
Off campus work	Increased exposure to risks of everyday life and social interaction such as road accidents and infectious illness	Researcher	University of Manchester guidelines for healthy and safety during fieldwork and lone working policy have been consulted as appropriate to be research activity	LOW	A

Action plan (14)				
Ref No	**Further action required**	**Action by whom**	**Action by when**	**Done**

Appendix 11 Interview Guide for Chapter 5,7 (Paper 3,5)

MANCHESTER 1824
The University of Manchester

Exploration of the barriers and facilitators of help-seeking behaviors of British South Asian Women with lived experience of domestic Violence (British South Asian Women)

Interview Guide

This interview guide has been adopted from Femi-Ajao (2016). 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 research will explain the confidentiality clause that 'if harm is disclosed, for example, if participants reveal that children have experienced abuse with participants which may be considered a criminal activity.' In that case, confidentiality will also be breached, and the researcher will need to take this forward as appropriate.' The participant will be informed of the duration of the interview and ask for permission to record the interview. Participants will be reminded before the interview commences that they have the right to not answer questions they do not wish to answer, and they can withdraw if they choose.

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 South Asian country (India/Pakistan/Bangladesh)?

   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 British South Asian 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.
g. 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 British South Asian Women?
e. How might the British South Asian 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 British South Asian 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

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.

Version 1.2; Date 19/03/2020

Appendix 12 Interview Guide for Chapter 6,7 (Paper 4,5)

MANCHESTER 1824
The University of Manchester

Exploration of the barriers and facilitators of help-seeking behaviors of British South Asian Women with lived experience of domestic Violence (For service provider)

Interview Guide

This interview guide has been adopted from Femi-Ajao (2016). 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 research will explain the confidentiality clause that 'if harm is disclosed, for example, if participants reveal that children have experienced abuse with participants which may be considered a criminal activity.' In that case, confidentiality will also be breached, and the researcher will need to take this forward as appropriate.' The participant will be informed of the duration of the interview and ask for permission to record the interview. Participants will be reminded before the interview commences that they have the right to not answer questions they do not wish to answer, and they can withdraw if they choose.

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 British South Asian Women experiencing domestic violence
    1. Please tell me, how long you have been supporting British South Asian Women experiencing domestic violence.
    2. If participant have not previously supported a woman: are you aware of British South Asian Women experiencing domestic violence?
2. Can you please tell me your role within the British South Asian 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? How frequent the abuse is/was?

b. Are women usually in the relationship when they come to you or would they have left?
c. 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?
    1. Why do you give this advice?
    2. Do you think being British South Asian 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?

2. Do you know the kind of response they got?
3. How might services be more responsive to the needs of British South Asian Women?
4. How might the British South Asian community in England be more supportive to women victims of domestic violence?

5. Do you think being British South Asian influences whether or not a woman will approach statutory domestic violence services for help?. Please tell me more
6. 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 British South Asian 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 13 Participant Information Sheet for Chapter 5,7 (Paper 3,5)

MANCHESTER 1824
The University of Manchester

Barriers and facilitators to help-seeking behaviours of British South Asian Women with lived experience of domestic Violence

(British South Asian Women)

Participant Information Sheet (PIS)

You are being invited to take part in a PhD research study exploring your perception of the barriers and facilitators of help-seeking behaviours of British South Asian Women with lived experience of domestic Violence. Before you decide whether to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully before deciding whether to take part and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

About the research

- **Who will conduct the research?**

  Razia Sultana, PhD student, University of Manchester, Jean McFarlane Building, Manchester M13 9PY

- **What is the purpose of the research?**

  We do not know much about British South Asian women's experience of domestic violence and how they seek help for the traumatic experience. The aim of the research is to identify the barriers and facilitators to help-seeking behaviours of British South Asian women. Your perception as a British South Asian women with lived experience of domestic violence will help us to further understand the reasons for the low help-seeking rates among British South Asian women with lived experience of domestic abuse. Findings from this research will help us to develop appropriate strategies effectively supporting British South Asian women with lived experience of domestic abuse.

  Disclosure and Barring Service (DBS) Check

Researcher has undergone an appropriate level of DBS check from Greater Manchester Mental Health NHS Foundation Trust

- **Who has reviewed the research project?**

The project has been reviewed by The University of Manchester Research Ethics Committee

What would my involvement be?

- **What would I be asked to do if I took part?**

Subject to your consent I hope to conduct one interview with you. I anticipate this will be between 40 and 90 minutes. The interview will ask about your experience of domestic abuse as a British South Asian woman, as well as your perception of barriers and facilitators for help-seeking from service providers. The interview will be done in a private place of your choosing that is safe and which offers privacy. If you are not able to participate in face-to-face interview, you can participate via telephone. I will like to audio record the interview using an encrypted Dictaphone, this will help to transcribe the interview verbatim. The interviews will be transcribed by by myself, (the PhD student, Razia Sultana) and the transcripts will be stored in university-approved encrypted locations.

- **Will I be compensated for taking part?**

You will not be paid for taking part. However, if you choose to travel to the agreed location of the interview, you will be offered the cost of a day travel pass, up to £7, as reimbursement for your travel expenses. You have the option of accepting or declining the travel fare.

- **What happens if I do not want to take part or if I change my mind?**

Your participation is entirely voluntary. It is up to you to decide whether or not to take part. You will be reminded before the interview commences that you have the right to not answer questions you do not wish to answer, and you can withdraw if you choose

You should not feel under any pressure to make the decision. If you do decide to take part, you will be asked to provide consent, either through written form, or verbally. Even after signing the consent form, you are still free to withdraw at any time and without giving a reason. This will not affect any care you may receive now or in the future. However, it will not be possible to remove your data from the project once it has been anonymised as we will not be able to identify your specific data. The researcher will create some pseudonym for study participants and study participants will be given pseudonyms by the researcher at the

beginning of the interview to ensure any documents containing their sensitive data would be anonymised. This does not affect your data protection rights. If you decide not to take part, you do not need to do anything further. During the interview, the researcher will use audio recording, but you are free to stop recording at any time.

Data Protection and Confidentiality

- **What information will you collect about me?**

In order to participate in this PhD research project, we will need to collect information that could identify you, called "personal identifiable information". Specifically, we will need to collect:

- You will be required to provide a written informed consent, and your name will be on the consent form

- Your voice will be audio recorded, to facilitate a verbatim transcription of the data later.

We would also like to use your anonymised data for future research on similar topics and issues relating to domestic violence among British South Asian women.

- **Under what legal basis are you collecting this information?**

We are collecting and storing this personal identifiable information in accordance with data protection law which protect your rights. These state that we must have a legal basis (specific reason) for collecting your data. For this study, the specific reason is that it is "a public interest task" and "a process necessary for research purposes".

- **What are my rights in relation to the information you will collect about me?**

You have a number of rights under data protection law regarding your personal information. You are welcome to request the results of this study and to read the final report when it is completed. If you would like to do so, you will be given the opportunity to leave an email address at the end of the discussion. You are able to read the analysis of your discussion so you can confirm that you are comfortable with the accuracy of analysis and comments made by the researcher. If you would like to know more about your different rights or the way we

use your personal information to ensure we follow the law, please consult our Privacy Notice for Research.

- **Will my participation in the study be confidential and my personal identifiable information be protected?**

  In accordance with data protection law, The University of Manchester is the Data Controller for this project. This means that we are responsible for making sure your personal information is kept secure, confidential and used only in the way you have been told it will be used. All researchers are trained with this in mind, and your data will be looked after in the following way:

  The audio recordings will be transcribed by the PhD student (Razia Sultana), and any personal identifiable information that links the audio recording to you will be kept separate. recordings will be transferred from the recording device to the university-approved encrypted P Drive and deleted from the device. Any names or personal identifiable information mentioned in the transcript will be removed. To protect your identity, pseudonyms will be created, and you will be given pseudonyms by the researcher at the beginning of the interview to ensure any documents containing your sensitive data would be anonymised at the first opportunity. All study materials will be scanned and stored securely on the University of Manchester Storage drive (P Drive), where only the PhD student and other authorised persons will have access. The data from this research will be kept for 5 years after the end of the PhD as per guidelines. In addition, the research data may be published in anonymous form in academic books, reports or journals.

  Please also note that individuals from The University of Manchester or regulatory authorities may need to look at the data collected for this study to make sure the project is being carried out as planned. This may involve looking at identifiable data. All individuals involved in auditing and monitoring the study will have a strict duty of confidentiality to you as a research participant.

  Potential Disclosures and Confidentiality

  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, and/or 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 these 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. The confidentiality will also be breached if you disclose any acute risk of self harm or harm to others.

What if I have a complaint?

- **Contact details for complaints**

If you have a complaint that you wish to direct to members of the research team, please contact: **PROFESSOR NUSRAT HUSAIN, PHD SUPERVISOR, EMAIL: nusrat.husain@manchester.ac.uk , PHONE NUMBER: 01613067921**

If you wish to make a formal complaint to someone independent of the research team or if you are not satisfied with the response you have gained from the researchers in the first instance then please contact

The Research Governance and Integrity Officer, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester, M13 9PL, by emailing: research.complaints@manchester.ac.uk or by telephoning 0161 275 2674.

If you wish to contact us about your data protection rights, please email dataprotection@manchester.ac.uk or write to The Information Governance Office, Christie Building, The University of Manchester, Oxford Road, M13 9PL at the University and we will guide you through the process of exercising your rights.

You also have a right to complain to the Information Commissioner's Office about complaints relating to your personal identifiable information Tel 0303 123 1113

Contact Details

If you have any queries about the study or if you are interested in taking part then please contact the researcher(s) **RAZIA SULTANA, PHD STUDENT, and EMAIL: razia.sultana-2@postgrad.manchester.ac.uk, PHONE NUMBER: 01612755223**

Appendix 14 Participant Information Sheet for Chapter 6,7 (Paper 4,5)

MANCHESTER 1824
The University of Manchester

Barriers and facilitators to help-seeking behaviours of British South Asian Women with lived experience of domestic Violence

(For service provider)

Participant Information Sheet (PIS)

As a service provider, you are being invited to take part in a PhD research study exploring the barriers and facilitators of help-seeking behaviours of British South Asian Women with lived experience of domestic Violence. Before you decide whether to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully before deciding whether to take part and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

About the research

- **Who will conduct the research?**

  Razia Sultana, PhD student, University of Manchester, Jean McFarlane Building, Manchester M13 9PY

- **What is the purpose of the research?**

  We do not know as much about British South Asian women's experience of domestic violence and how they seek help for the abusive experience. The aim of the research is to identify the barriers and facilitators of help-seeking behaviours of British South Asian women. Your perception as a service provider working with British South Asian women will help us to further understand the reasons for the low help-seeking rates among British South Asian women with lived experience of domestic abuse. Findings from this research will help us to develop appropriate strategies for effectively supporting British South Asian women with lived experience of domestic abuse.

- **Disclosure and Barring Service (DBS) Check**

  Researcher has undergone an appropriate level of DBS check from Greater Manchester Mental Health NHS Foundation Trust

- **Who has reviewed the research project?**

The project has been reviewed by The University of Manchester Research Ethics Committee

What would my involvement be?

- **What would I be asked to do if I took part?**

  - Subject to your consent I hope to conduct one interview with you. I anticipate this will be between 40 and 90 minutes. The interview will ask about your experience of supporting British South Asian woman, as well as your perception of barriers and facilitators for help-seeking from service providers, experienced by British South Asian women. The interview will be done in a private space place of your choosing that is safe and which offers privacy. If you are not able to participate in face-to-face interview, you can participate via telephone.
  - This interview will be about your professional experience, and not your personal experience. We recognise that some service providers may have personal experience of domestic abuse. If you wish to draw upon your personal experience as part of your professional experience of being a service provider, you are free to do this. But please note that, you are not expected or obliged to speak about your personal experience.
  - I will like to audio record the interview using an encrypted Dictaphone, this will help to transcribe the interview verbatim. The interviews will be transcribed by myself, (the PhD student, Razia Sultana) and the transcripts will be stored in university-approved encrypted locations.

- **Will I be compensated for taking part?**

  You will not be paid for taking part. However, if you choose to travel to the agreed location of the interview, you will be offered the cost of a day travel pass, up to £7, as reimbursement for your travel expenses. You have the option of accepting or declining the travel fare.

- **What happens if I do not want to take part or if I change my mind?**

  Your participation is entirely voluntary. It is up to you to decide whether or not to take part. You will be reminded before the interview commences that you have the right to not answer questions you do not wish to answer, and you can withdraw if you choose

  You should not feel under any pressure to make the decision. If you do decide to take part, you will be asked to provide consent, either through written form, or verbally. Even after signing the consent form, you are still free to withdraw at any time and without giving a reason. However, it will not be possible to remove your data from the project once it has been anonymised as we will not be able to identify your specific data because the researcher will create some pseudonym for both study participants and study participants will be given

pseudonyms by the researcher at the beginning of the interview to ensure any documents containing their sensitive data would be anonymised. This does not affect your data protection rights. If you decide not to take part, you do not need to do anything further. In the whole time of the interview, the researcher will use audio recording, but you are free to stop recording at any time.

Data Protection and Confidentiality

- **What information will you collect about me?**

  In order to participate in this PhD research project, we will need to collect information that could identify you, called "personal identifiable information". Specifically, we will need to collect:

  - You will be required to provide a written informed consent, and your name will be on the consent form
  - Your voice will be audio recorded, to facilitate a verbatim transcription of the data later.

We would also like to use your anonymised data for future research on similar topics and issues relating to domestic violence among British South Asian women.

- **Under what legal basis are you collecting this information?**
  We are collecting and storing this personal identifiable information in accordance with data protection law which protect your rights. These state that we must have a legal basis (specific reason) for collecting your data. For this study, the specific reason is that it is "a public interest task" and "a process necessary for research purposes".
- **What are my rights in relation to the information you will collect about me?**
  You have a number of rights under data protection law regarding your personal information. You are welcome to request the results of this study and to read the final report when it is completed. If you would like to do so, you will be given the opportunity to leave an email address at the end of the discussion. You are able to read the analysis of your discussion so you can confirm that you are comfortable with the accuracy of analysis and comments made by the researcher. If you would like to know more about your different rights or the way we use your personal information to ensure we follow the law, please consult our Privacy Notice for Research.
- **Will my participation in the study be confidential and my personal identifiable information be protected?**

 In accordance with data protection law, The University of Manchester is the Data Controller for this project. This means that we are responsible for making sure your personal information is kept secure, confidential and used only in the way you have been told it will be used. All researchers are trained with this in mind, and your data will be looked after in the following way:

 The audio recordings will be transcribed by the PhD student (Razia Sultana), and any personal identifiable information that links the audio recording to you will be kept separate. Recordings will be transferred from the recording device to the university-approved encrypted P Drive and deleted from the device. Any names or personal identifiable information mentioned in the transcript will be removed. To protect your identity, pseudonyms will be created, and you will be given pseudonyms by the researcher at the beginning of the interview to ensure any documents containing your sensitive data would be anonymised at the first opportunity. All study materials will be scanned and stored securely on the University of Manchester Storage drive (P Drive), where only the PhD student and other authorised persons will have access. The data from this research will be kept for 5 years after the end of the PhD as per guidelines. In addition, the research data may be published in anonymous form in academic books, reports or journals.

 Please also note that individuals from The University of Manchester or regulatory authorities may need to look at the data collected for this study to make sure the project is being carried out as planned. This may involve looking at identifiable data. All individuals involved in auditing and monitoring the study will have a strict duty of confidentiality to you as a research participant.

<u>Potential Disclosures and Confidentiality</u>

As a service provider you should know the importancy of potential disclosures and confidentiality for you and your service users for this research purpose. 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, and/or 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 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 these 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. The confidentiality will also be breached if you disclose any acute risk of self harm or harm to others.

What if I have a complaint?

- **Contact details for complaints:** If you have a complaint that you wish to direct to members of the research team, please contact: **PROFESSOR NUSRAT HUSAIN, PHD SUPERVISOR, EMAIL: nusrat.husain@manchester.ac.uk , PHONE NUMBER: 01613067921**

If you wish to make a formal complaint to someone independent of the research team or if you are not satisfied with the response you have gained from the researchers in the first instance then please contact

The Research Governance and Integrity Officer, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester, M13 9PL, by emailing: research.complaints@manchester.ac.uk or by telephoning 0161 275 2674.

If you wish to contact us about your data protection rights, please email dataprotection@manchester.ac.uk or write to The Information Governance Office, Christie Building, The University of Manchester, Oxford Road, M13 9PL at the University and we will guide you through the process of exercising your rights.

You also have a right to complain to the Information Commissioner's Office about complaints relating to your personal identifiable information Tel 0303 123 1113

Contact Details

If you have any queries about the study or if you are interested in taking part, then please contact the researcher(s)

RAZIA SULTANA, PHD STUDENT, and EMAIL: razia.sultana2@postgrad.manchester.ac.uk, PHONE NUMBER: 01612755223

Version 1.2; Date 19/03/2020

Appendix 15 Consent Form for Chapter 5,7 (Paper 3,5)

MANCHESTER 1824
The University of Manchester

Exploration of the barriers and facilitators of help-seeking behaviors of British South Asian Women with lived experience of domestic Violence (For British South Asian Women)

Consent Form

If you are happy to participate please complete and sign the consent form below

	Activities	Initials
1	I confirm that I have read the attached information sheet (**Version 1.1, Date 02/04/2020**) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set. I agree to take part on this basis.	
3	I agree to the **interviews** being **audio recorded**.	
4	I agree that any data collected may be published in anonymous form in **academic books, reports or journals.**	
5	I agree that the researchers may use my anonymised data in future work on similar research projects. **(Optional)**	
6	I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.	
7	I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study. **(Optional)**	
8	I understand that there may be instances where during the course of the **interview** information is revealed which means that the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.	
9	I agree to take part in this study.	

10	One copy will be retained by researchers and one will be given to me	

Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet and the Privacy Notice for Research Participants.

Name of Participant	Signature	Date
Name of the person taking consent	Signature	Date

Version 1.2; Date 19/03/2020

Appendix 16 Consent Form for Chapter 6,7 (Paper 4,5)

MANCHESTER 1824
The University of Manchester

Exploration of the barriers and facilitators of help-seeking behaviors of British South Asian Women with lived experience of domestic Violence (For Service Provider)
Consent Form

If you are happy to participate please complete and sign the consent form below

	Activities	Initials
1	I confirm that I have read the attached information sheet (**Version 1.1, Date 02/04/2020**) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set. I agree to take part on this basis.	
3	I agree to the **interviews** being **audio recorded**.	
4	I agree that any data collected may be published in anonymous form in **academic books, reports or journals.**	
5	I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.	
6	I agree that the researchers may use my anonymised data in future work on similar research projects. **(Optional)**	
7	I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study. (Optional)	
8	I understand that there may be instances where during the course of the **interview** information is revealed which means that the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.	
9	I agree to take part in this study.	
10	One copy will be retained by researchers and one will be given to me	

Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet and the Privacy Notice for Research Participants.

_____	_____	_____
Name of Participant	Signature	Date

_____	_____	_____
Name of the person taking consent	Signature	Date

Version 1.2; Date 19/03/2020