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Abstract

Over the years, a great deal of effort has been invested in the field of women's wellbeing and the effects of domestic violence both to the individual and their family; as these are problems that abound in everyday life from nation to nation and to people of all faith and non-believers.

From the Literature, it can be noticed that there is a lot of awareness of domestic violence being raised through the media and different organisations standing against domestic violence throughout the UK. There are services, campaigns and many organisations working together in order to raise awareness. However, it appears that there exists a cultural barrier preventing the national awareness from having an impact upon the Black Minority Ethnic (BME) communities.

As a female cleric in the BME community, I noted that abuse is a problem experienced by some women and these women depend on the church to meet their spiritual needs, so the church needs to take on the responsibility of eradicating domestic violence in order not to fail the people.

The objective of this study is therefore to identify the barriers to creating an awareness of domestic violence in the Pentecostal community and also to identify the best strategies by which an effective awareness of domestic violence can be achieved in this community. The choice of method for this research is that of a Case Study. The data method of collection was qualitative and the styles of collection from study participants were Questionnaire, Focus group and Interview.

The outcome of this research is a series of recommendations for change in the domestic violence support service in order to reach the BME Pentecostal community.

Chapter One: Introduction

1.1) Introduction

Domestic violence accounts for between 16% and 25% of all recorded violent crime (Dobash and Dobash, 1980; British Crime Survey, 1998; Dodd et al., 2004; Home Office, 2012; Allen, 2013). In any one year, there are 13 million separate incidents of physical violence or threats of violence against women from partners or former partners across the UK (Walby and Allen, 2004). Yet this figure understates the world-wide plight of people involved in domestic violence, as noted by Astbury et al (2000) in the Medical Journal of Australia, who reported that shame and isolation militate against disclosure. Women are more likely than men to have experienced all types of intimate violence (partner abuse, family abuse, sexual assault and stalking) since the age of 16. Half the women, who had experienced intimate violence of any kind, were likely to have been victims of more than one kind of intimate abuse. (Coleman *et al*., 2007)

There are many forms of violence against women. According to WHO (2012) this includes sexual, physical, or emotional abuse by an intimate partner; physical or sexual abuse by family members or others; sexual harassment and abuse by authority figures (such as teachers, police officers or employers). WHO (2012) also stated that trafficking for forced labour or sex; and such traditional practices as forced or child marriages, dowry-related violence; and honour killings, where women are murdered in the name of family honour are all forms of violence against women. Taket et al (2003) noted that domestic violence includes emotional, sexual and economic abuse as well as physical violence and the different forms may occur together or on their own.

According to Chaney (2010) domestic violence has been described as battering between partners in a current or former relationship as a result of physical injury, psychological abuse and sexual assault. A wider definition is provided by the United Nations who define violence against women

"as any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life"

(WHO 2016. Fact Sheet No. 239. Accessed on 9th May 2016).

In the UK, the government described domestic violence as

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

(Home Office 2016. Accessed on 9th May 2016).

In September 2012, the government announced that this definition be widened to include those aged 16-17 and included wording to reflect coercive control (Home Office 2012); and in March 2013, the Home Office introduced it across the government (Woodhouse & Dempsey 2016). Over the years, a great deal of effort has been invested in the field of women's wellbeing and the effects of domestic violence both to the individual and their family as these are problems that abound in everyday life from nation to nation and to people of all faith and non-believers.

Stanko (2001), presenting the findings of an innovative methodology in an article suggested that an audit of calls to police over a 24-hour period revealed that it is largely women who contact police about domestic violence.

> *"There are no official national statistics on the number of domestic violence cases brought to the attention of police, although it is estimated that police receive a call every minute about domestic violence"*
>
> *(HMCPSI/HMIC 2004: Page 16).*

This shows that the rate of domestic violence is quite alarming. The information from the Metropolitan police indicated that at every six minutes, a case of domestic violence is reported to them; over 104,000 calls each year, which comprised of 1 in 20 of all notifiable offences (Richards 2004: Page 13). Domestic assaults account for 1 in 3 of all common assaults and 1 in 4 Actual Bodily Harm (ABH) offences reported. One in nine domestic violence cases involves criminal damage and 1 in 20 include theft (Richards 2004).

Reid & Glassier (1997) stated that physicians fail to identify the majority of the domestic violence victims even though they are often the first and only individuals to whom a victim may present. They therefore concluded that education of the medical community to increase physician awareness of domestic violence and available treatment resources are necessary and domestic violence information should be included in formal medical curricula. In response to domestic violence issues, Royal College of General Practitioners developed an online course (Violence Against Women and Children) in 2011 funded by Department of Health (RCGP. Accessed on 9th of May 2016). This course will enable GPs and

other professionals to improve their recognition of and response to women and children suffering from violence (RCGP. Accessed on 9th of May 2016).

For the purpose of this study, the government description of domestic violence will be used:

> *"any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality"*
>
> *(Home Office 2016. Accessed on 9th May 2016)*

1.2) Aims

With knowledge of the various effects of domestic violence and culture on women and their children, the aim of this study is therefore to identify the best strategies in raising awareness of Domestic Violence against Women in the Black Minority Ethnic (BME) Pentecostal Communities in the South of England.

1.3) Objectives of the Study

To collect data from victims of Domestic Violence and Pentecostal leaders in a BME Pentecostal church in the South of England to:

- Explore the perspective of the meaning of Domestic Violence from female victims of domestic violence.

- Identify the barriers to creating an awareness of domestic violence in the Pentecostal community

- create the best strategies by which an effective awareness of domestic violence can be achieved in the Pentecostal community.

1.4) Research Question

What do women understand by the term "Domestic Violence" and what are the factors that maintain its continuance in order to determine what can be done to reduce its occurrence in the BME community?

Chapter Two: Literature Review

2.1) Effects of Domestic Violence

The effect of Domestic Violence on Women is devastating and life changing. According to Cramer and Carter (2002), domestic violence accounts for forty percent of the reasons for homelessness among women.

Most women who are victims, are often injured during these incidents. According to Walby and Allen (2004) the self-completion module of the 2001 British Crime Survey reveals that forty-six percent of women had minor physical injury, twenty percent experienced a moderate physical injury and six percent had severe injuries. Seven women are killed a month by a current or former partner in England and Wales (ONS 2015, Crime Survey Engalnd and Wales 2013 – 2014. London: Office for National Statistics)

Moreover, domestic violence has a detrimental impact on employment. Walby and Allen (2004) also noted that in the last year and among employed women who were victims of domestic violence, twenty one percent took time off work and two percent lost their jobs.

Domestic violence against women may also account for physical and mental issues. The rate of depression, anxiety, psychosomatic conditions, eating problems and sexual dysfunction

are more likely to be high among abused women; also, violence may affect their reproductive health (World Health Organisation, 2000). Walby and Allen (2004) further noted that for thirty one percent of the participants, it resulted in mental or emotional problems.

Flood-Page et al (2003) stated that forty-six percent of all female homicide victims compared with five percent of male homicide victims were killed by current or former partners in 2001/02. They also noted that in total there were one hundred and sixteen women who were killed by current or former partners in 2001/02. By 2015, the number had increased and the record forms the National Office of Statistics showed that seven women were killed a month by a current partner in England and Wales (ONS, 2015). Thomas and Groves (2014) quoting (Lees, 2000) said "Women are at the greatest risk of homicide at the point of separation or after leaving a violent partner" (Thomas & Groves 2014: Page 3)

The Women's Aid (2013) Annual Survey findings on Domestic Violence Services revealed that 9,577 women and 10,117 children were supported during the year through refuge accommodation by responding organisations. The Women's Aid annual survey findings in 2013 also discovered that in the House of Lords Library Notes which were compiled and dated 3rd November 2014, it was recorded that

> *"on the census day (Thursday 27 June 2013) 155 women with 103 children were turned away from the first refuge they approached by responding organisations. Also the Annual survey findings (2013) reported that over 82,000 women and 14,000 children were supported during the year in non-refuge services. According to the findings of the Women's Aid annual survey, it was found that the annual number of women staying in refuge accommodation affected by mental health issues was 47%*

(this has increased by over 10 percentage points since 2012) and one in five children staying in refuge on Thursday 27 June 2013 had to move schools"

(Women's Aid 2013. Accessed on 10th May 2016).

Therefore, it can be deduced from the above that the effect of Domestic Violence is large and devastating and extends through various phases of life. There is a dearth of data on Domestic Violence in the South of England.

2.2) Effects of Domestic Violence on the Children

In relationships where there is domestic violence, children witness about three-quarters of the abusive incidents (Royal College of Psychiatrists, 2004). This includes a total of 750,000 children in the UK per year (Department of Health 2002). In 75% to 90% of incidents of domestic violence, children are in the same or the next room (Hughes, 1992; Abrahams, 1994).

Children who lived with domestic violence are at the risk of behavioural problems and emotional trauma and mental health difficulties in adult life (Morley and Mullender, 1994; Kolbo et al. 1996; Hester et al, 2000, 2007). There is a strong link between child physical abuse and domestic violence; the estimates range between 30% to 60% in families who experience domestic violence (Morley & Mullender, 1994; Edleson, 1999; Hester et al, 2000; Humphreys & Thiara, 2002; Radford and Hester, 2007). Half of the children in families where there is an occurrence of domestic violence have been badly hit or beaten (www.womensaid.org, 2006) and 70% of children living in UK refuges have been abused by their father (Bowker et al. 1998).

Children living in settings where 40-70% of women are being abused are also likely to be directly abused themselves (Stark and Flitcraft, 1996; Bowker et al. 1998). According to Women's Aid (2006), Children living in homes where incidents of domestic violence are occurring are now being considered at risk under the Adoption and Children Act 2002. The legal definition of significant harm to children was extended in January 2005 to include harm suffered from seeing or knowing of the abuse of another, particularly in the home. This therefore includes witnessing domestic violence (SCB 2012). Seventy five percent of children on the "at risk" register in the UK live in households where Domestic Violence occurs (Domestic Violence London 2016).

Women's Aid (2003) noted that even after separating from their abusers, many mothers find it difficult to protect their children from ongoing violence because of the need to comply with contact orders made by their family courts.

Ghasemi (2007) noted that a great deal of research effort has been exerted into the effects of domestic violence on children and adolescents since early studies on this topic emerged in the mid-1980s. Margolin & Gordis (2000) indicated that there is a significant and measurable negative effect on a child's functioning when he/she is exposed to domestic violence. According to Wolfe (2003) these negative effects are connected to emotional and behavioural functioning, social competence, school achievement, cognitive functioning, psychopathology, and general health. Wolfe (2003) also stated that even though some of these effects have been repeated across studies and in line with theoretical and clinical expectations, their interpretation has been clouded by a number of methodological issues. Wolfe et al (2003) pointed out that researchers agreed that developmental harm can result from exposure to domestic violence typifying the process of multifinality of development.

This means that such exposure is part of a group of harm-producing contextual factors (such as child abuse, harsh parenting practices, and other forms of trauma and violence) that interfere with normal development and lead to unpredictable, but generally negative, outcomes in the short- and long-term. Embedded in the literature is the further assumption that exposure to domestic violence creates a negative impact on children's emotional and behavioural adjustment over and above other coexisting factors (i.e it is not merely a confounding variable). Saunders (2003) emphasized this latter point by noting the different types of violence that occur in children's lives.

Some of the effects of the different types of violence upon children were described in a briefing by the Royal College of Psychiatrists (2004). They include anxiety, depression, sleeplessness, nightmares or flashbacks, easily startled, tummy aches, bedwetting, temper tantrums, school problems, behaving like an under-age, aggressiveness, withdrawal, taking overdoses, cutting themselves, eating disorders and low self-esteem. They may also have ambivalent feelings towards both the abuser and the non- abusing parent.

In Women's Aid (2009) research, it is believed that the effects of domestic violence on children are being considered. The Women's Aid also made a reference to the cycle of violence called intergenerational theory; however research findings are inconsistent, and there is no automatic cause and effect relationship. The Women's Aid also stated that

> *"this theory is disempowering and ineffective when working with children. A boy who has witnessed domestic violence does not have to grow up to be an abuser and a girl does not have to become a victim of domestic violence later in life"*

> *(Women's Aid 2009. Accessed on the 10th of May 2016).*

The Women's Aid (2011) is therefore proposing "that educational programmes which focus on healthy relationships, challenging gender inequality, sexual stereotyping and domestic violence should be combined with work on anti-bullying and conflict resolution and made as part of the Personal, Social and Health Education in all schools. These would act as important preventive measures" (Women's Aid 2011. Accessed on the 10th of May 2016)

Emerson (2015: Page 24) confirmed that "when sex education included discussion about gender inequality, it is more effective in terms of outcomes for young people".

2.3) The Psychology of an Abuser

Perpetrators of domestic violence can come from all walks-of-life and can be from any ethnic group, religion, class or neighbourhood. While they may be of any gender, the majority are men (www.womenaid.org, 2006)

According to Women's Aid in 2006, domestic violence is a learned intentional behaviour and not a result of stress, individual pathology, substance use or a 'dysfunctional' relationship. Perpetrators display a different kind of behaviour outside the home than they do in their homes. Sometimes it is difficult to believe that well respected men on the outside are abusing their wives at home. This makes it quite difficult for women trying to get support because they feel no one will believe them. There is no excuse for domestic violence and therefore everyone is responsible for their own behaviour. This means a perpetrator is responsible for their behaviour. Domestic violence is a choice and pattern of behaviour that occurs over time. A perpetrator has just made a choice to use power and control tactics in building his family relationship (William, 2008).

Women's Aid in 2006 noted that perpetrators of domestic violence do not like to take responsibility for their behaviour, they therefore blame their violence on someone or something else, and deny that it took place at all or minimize their behaviour.

Women's Aid in 2006 also noted that within a society, there are certain beliefs underlying abusive attitudes, which make it difficult for victims to get help. These include blaming the victim for the violence, rating the family above the safety of women and Children, tolerating the use of violence, privileging men over women and Children's needs and also treating domestic violence as a private matter.

Dobash & Dobash (2000) noted that the results of their research have shown that violent men respond to their own sexual jealousy and possessiveness; their demands for domestic services; and demonstration of male authority by perpetrating violence. Men's motivations for killing female partners appear to revolve around jealousy and a need to control, especially during the imminent or actual termination of a relationship, and men's motives for non-lethal violence often include intent to intimidate, show who is boss, punish unwanted behaviour and coerce their partner into doing something (Archer 2000, Saunders 2002).

Some men also believe that sex is a type of domestic service which can be demanded (Women's Aid, 2006). Violent men will also justify or ignore their behaviour by reducing the violence and blaming the victim; they may also deny the violence or refuse to talk about it and just expect the victim to move on (Dobash & Dobash, 2000).

However

"*a new criminal offence of coercive or controlling behaviour against an intimate partner or family member came into force on 29 December 2015. The offence was*

created, following consultation, through section 76 of the Serious Crime Act 2015. The maximum penalty for someone found guilty is five years' imprisonment or a fine, or both"

(Woodhouse & Dempsey 2016. Page 8)

Prior to this time

"non-violent coercive behaviour which is a long-term campaign of abuse, may fall outside common assault, which requires the victim to fear the immediate application of unlawful violence"

(Woodhouse & Dempsey 2016. Page 8)

Domestic violence protection orders (DVPOs) have been rolled out across England and Wales from March 2014.

"Under the DVPO scheme, the police and magistrates can, in the immediate aftermath of a domestic violence incident, ban a perpetrator from returning to their home and from having contact with the victim for up to 28 days"

(Woodhouse & Dempsey 2016. Page 10)

2.4) Reasons why Abused Women Stay in an Abusive Relationship

Grovert (2008) prepared a literature review on domestic violence against women focussing on the cycle of violence within abusive relationships, why women so frequently stay in abusive relationships and what is the most helpful in allowing them to leave.

According to Grovert (2008), abusive relationships tend to follow a cyclical pattern. In the first phase of the abuse, abuse can be physical, sexual, or emotional and it comes in form of

verbal insults or accusations (Walker, 1989; Weiss, 2000). After the first episode of physical abuse, a perpetrator may not have to beat his partner to gain or maintain control. The threat of violence may be enough because his partner knows he is capable of following through on his threats (Salber and Taliaferro, 1995). The next stage of abuse is the tension building phase where the victim may feel the need to keep the perpetrator calm. In this phase, the victim feels guilty of being the cause of the abuse and begins to imagine if she were a better partner the abuse would stop. The abuse here may become physical and subtle (Grovert 2008). The third stage is the explosion stage where abuse is no longer subtle and may not come as a shock. Grovert (2008) quoting Weiss (2000) reports that

> *"from women whose partners have attempted to push them from moving cars; brutally raped them, broken their noses, deliberately twisted their legs after painful knee surgery, or otherwise hurt them severely. One woman noted that, as severe as the beatings were, her partner always made sure to leave bruises on her arms, legs, and torso rather than her face, so that the marks could be hidden by clothing"*

> *(Grovert, 2008 Page 7)*

The fourth stage is the making-up stage where the abuser may apologize for the abuse. He may promise that it will never happen again, or blame the abused partner for forcing him to hurt her (Walker, 1989). Other common themes in this stage are the abuser claiming his victim is exaggerating the abuse, or even denying that it ever happened (Grovert, 2008). Often here, the perpetrator apologises profusely and promises to change (Walker 1989; Weiss, 2000;). This apology from the perpetrator brings a relief to the victim and she feels the abuse will stop (Grovert 2008). The final stage is the honeymoon stage (Walker, 1989;

Matthews, 2004; Weiss, 2000). The victim may begin to hope that the abuse has stopped by the promise from the partner that it will never occur again. The perpetrator may give gifts to his partner, treat her kindly for a period ranging anywhere from a few days to several months (Weiss, 2000; Matthews, 2004). Inevitably, the situation will again decline into tension building, explosion, and so on (Grovert 2008).

Grovert (2008) reviewed in her research the reasons why abused women stay in abusive relationships. The major reason Grovert (2008) emphasized is safety. An abused woman may fear retaliation from her perpetrator if she leaves the abusive environment or makes efforts to improve her situation (Turner, 2002). Secondly, women need a form of support in order to leave an abusive relationship. Grovert (2008) noted that women with no support face greater obstacles than those who have. Sullivan et al (1994) reported that Women with limited support from friends, family, or their communities may find it more difficult to leave abusive relationships (Sullivan et.al, 1994). Women who have been supported by families and friends reported that support has been important in allowing them to leave their perpetrators (Bowker, 1983). Close friends and family can provide emotional support in times of stress, which reduces the risk of illness due to stress (Sullivan, et aI., 1994). These friends and family members can also provide safe-places for women and children to stay and store belongings; they may also assist these abused women to rebuild their lives when they leave the abusive relationships (Bowker, 1983).

Grovert (2008) reported that social isolation is associated with domestic violence. Women who are severely abused tend to be extremely socially isolated, thereby having limited or no one to provide the form of support that they need (Levendosky et al, 2004).

Matthew (2004) noted that the perpetrator will often slowly work to isolate the abused partner socially by not allowing her to work, to have a car or to leave the home. The perpetrator may also prevent their partners from maintaining relationships with friends and family, via phone, letters, Internet or community activities, such as church services, as a way of maintaining control (Turner, 2002, Levendosky, et al., 2004). Grovert (2008) explained this to be part of the correlation between lack of social support and severe abuse which limits an abused woman's access to all practical and social resources.

Levendosky et al.(2004) reported that victims tend to have a feeling of shame or guilt which results in an inadequate support and may indirectly influence their inability to leave their abusers. This may result from a lack of public awareness about the causes and effects of domestic violence (Sullivan, 1994; Tumer, 2002, Matthews, 2004,).

Some women grew up to believe that their husbands or male partners are in charge and therefore become hesitant to report abuse (Weiss, 2000; Matthews, 2004). A perpetrator may also be the woman's main source of affection when he is not abusive; this is particularly dangerous when she is socially isolated (Salber & Taliaferro, 1995). Abusive partners have a way of using a woman's children to coerce her into staying in the relationship. He may threaten to harm the children, take them away or physically hurt them in front of their mother in order to maintain control of the mother (Salber & Taliaferro, 1995).The most frequently reported reasons why women stay in abusive relationships are economic reasons. When a woman is cut- off socially and not allowed to work, her partner may be her only means of financial support (Salber & Taliaferro, 1995; Matthews, 2004). Grovert (2008) noted that a 1981 study found that when an abused woman leaves her abuser, there is a fifty percent likelihood that her standard of living will drop below the

poverty line. The women who are most likely to return to the abusive relationship are those who had been married for longer years or with fewer skills and years of work experience (Martin, 1981).

Bornstein (2006) noted that it is imperative to note that the link between economic dependency and abuse are bi-directional. Some women tolerate physical abuse because they depend on the perpetrator economically. Women in violent relationships who are employed may have trouble concentrating at work or be harassed at work by an abusive partner, which may lead to low self-efficacy. The abuse can also affect their work performance to the point where they may lose their jobs thereby resulting in economic dependency on their partners (Wettersten et al., 2004).

The final but somewhat controversial reason that women stay in violent relationships is the theory of learned helplessness (Grovert 2008). This theory of learned helplessness is controversial because some researchers feel it is a theory that takes a stance of blaming the victim (Walker, 1989, McCue, 2008), and implying that she should be able to somehow control what is happening to her. Walker pointed out, though, that learned helplessness is not passivity, but rather a sophisticated set of coping skills (Walker, 1989; McCue, 2008). Abused women may use defence mechanisms such as minimizing, dissociation and denial to cope with their violent relationships (Walker, 1989).

2.5) Indicators of Domestic Violence

Women who suffer from domestic violence are often referred for counselling. As a counsellor, it is necessary to understand the signs or indicators of domestic abuse because it is not likely that a victim will open up immediately to report abuse. There are many signs of an abusive relationship. The most telling sign is fear of your partner. If you feel like you have

to walk on eggshells around your partner—constantly watching what you say and do in order to avoid a blow-up—chances are your relationship is unhealthy and abusive. Other signs that you may be in an abusive relationship include a partner who belittles you or tries to control you, and feelings of self-loathing, helplessness, and desperation (Smith & Segal, 2014). A clear understanding of these signs helps a counsellor in assisting a victim to obtain support ahead of violence escalation.

As a counsellor, there is a need to know and understand the issues of domestic violence, the definition of domestic violence and the various effects of domestic violence on victims and children. There is a need for counsellors to be able to understand and recognise the identity and characteristics of a perpetrator. An abuser can come in many different identities. He may be a dominator and uses Power and Control to dominate women (Craven 2008).

Craven (2008) describes the various identities of an abuser. She mentioned that the abuser has the identity of a bully and uses intimidation to control his partner. He shouts, glares, sulks and fires questions at her without giving her a chance to answer. He abuses emotionally and he controls his partner by telling her she is stupid, ugly and incompetent. He cheats on her and puts her down in front of people and thereby reducing her self-esteem. A perpetrator isolates his partner by sulking when her friends visit; he does not help with the children and makes the woman spend all her time looking after the children. He may even move his partner to remote places to live where no one will be able to give her a helping hand. He treats his partner like a servant and reduces her self-esteem making her do all the menial jobs while he controls and makes all major decisions. Sex may be a form of control by refusing sex, demanding sex from her and even raping her. A perpetrator uses coercion or threats to persuade his partner to stay in the relationship (Craven 2008).

According to Craven (2008), a counsellor must understand the reasoning of a perpetrator and why he behaves in the manner described above. The perpetrator does not question his reasoning. He believes women are owned by men and they should be kept in order; he feels women are inferior to men because men are physically stronger and also, he believes violence is acceptable if there is a reason for it (Craven, 2008).

Craven (2008) affirms the need for a counsellor to be aware that the beliefs of the perpetrator may be reinforced by the society/community. A perpetrator may have been abused in the course of childhood or witnessed his mother tolerate abuse and thereby believes abuse is the only way to deal with women. He may also have been bullied at school and this makes him think abuse is the effective way.

Craven (2008) also described some movies where men use violence to have their way and are treated like heroes thereafter. Some sports like boxing and wrestling give credence to violent behaviours. The belief that women are inferior is supported by some religious institutions, for example where women cannot act as priests (Craven 2008).

A domestic abuse counsellor must be able to assess victims and detect if a victim is at a high risk of harm whose cases should be referred and where to direct referrals (www.caada.org.uk. 2014). She must be aware of the different national organisations that deal with domestic abuse and their works in order to be able to signpost victims in the right direction. Examples of these organisations include: Rape crises and sexual abuse centres, Victim support, Law society, Relate, Refuge, Samaritans, Parents helpline.

The children witnessing or undergoing abuse also need to be supported. The short term and long term effects of domestic abuse need to be understood in order for them to be well

protected. The presence of children increases the wider risks of domestic violence (www.caada.org.uk. 2014). Also, a counsellor needs to be aware of the various measures of ending abuse.

2.6) Measures of Ending Domestic Violence

Over the years, there had been different recommendations to end domestic violence in the United Kingdom. The Women's Aid is the key national charity working to end domestic violence against women and children in the UK. They have done an amount of work in raising awareness against domestic violence and some of their works are mentioned below. In 1998, the Women's Aid charity published "Families without Fear" which contained their Agenda for Action against Domestic Violence. This included recommendations for the development of an effective, multi-agency strategic response to Domestic Violence (www.womensaid.org.uk). The aim of the proposed national strategy against domestic violence was to end violence and abuse in personal relationships. Women's Aid called for a national strategy that must promote the protection of women and children at risk of violence and harm through beneficial changes to law, policy and practice. The prevention of interpersonal and gender based violence should be ensured in the short and long term through public awareness and the education of the children and the general public as well as through an effective legal framework. Effective services to meet the needs of all abused women and children should be developed (Hanmer & Itzin, 2013).

In the Policy Forum of November 2005, Garcia-Morenio et al (2005) indicated that the Millennium Development Goals commit the 191 member states of the United Nations to sustainable, human development and recognize that for social and economic progress, equal rights and opportunities for women and men are critical (Policy Forum, November

2005). Garcia-Morenio et al (2005) also noted that a concrete manifestation of inequality between the sexes is violence against women, which must be addressed (Policy Forum, November 2005)

Garcia-Morenio et al (2005) suggested that policies to prevent this violence should be implemented as part of the agenda for equality, development, public health, and human rights (Policy Forum, November 2005). Garcia-Morenio et al (2005) confirmed that statements and international declarations have called for the eradication of violence against women, however, many agencies, governments, and policy-makers view it as a relatively minor social problem (Policy Forum, November 2005).

The Sustainable Development Goals (SDGs), agreed in 2015 can be viewed as a response to the findings of Gracia-Morenio. These SDGs are a universal call to action to end poverty, protect the planet and ensures all people enjoy peace and prosperity. The SDGs are seventeen in number with one hundred and sixty-nine targets. They focus on building the Millennium Development Goals to complete what these did not achieve.

> *"They seek to realize the human rights of all and to achieve gender equality and the empowerment of all women and girls"*

> *(https://sustainabledevelopment.un.org/post2015. Accessed on the 6th of October 2016).*

Garcia-Morenio et al (2005) noted that tackling the problem requires coordinated action that engages communities and many different sectors including health, education, and justice to challenge the inequities and social norms that give rise to violence and to provide emotional and physical support for victims (Policy Forum, November 2005). Garcia-Morenio

et al (2005) indicated that early intervention, particularly targeting children who witness violence or are abused, is a promising yet underdeveloped area for action(Policy Forum, November 2005). Garcia-Morenio et al (2005) suggested that developing curricula for children and young people to learn emotional and social skills, including nonviolent methods of conflict resolution, could be an important contribution to violence prevention. Barnish (2004) prepared a literature review on Domestic Violence to accompany the HMIP in full thematic inspection of probation supervision of domestic violence perpetrators. According to Barnish, it aims, alongside the inspection report, to contribute to

> *"the development of effective probation and wider criminal justice practice in reducing domestic violence by enhancing knowledge, understanding and awareness of the experiences of victims/survivors, the behaviour of perpetrators, the extent of the harm done by domestic violence, and the effectiveness of interventions to reduce it*

> *(Barnish 2004, Page 5).*

The review focuses on domestic violence perpetrated against partners and ex-partners and largely on male to female violence, consonant with the evidence concerning predominant abuse trends (Barnish 2004, Page 5).

> *"Whilst the review occasionally touches on policy and legal frameworks and wider community responses, its main focus is on the issues which should inform criminal justice practice and the themes most salient for the probation service in working to increase the safety of women and children affected by domestic violence and in holding perpetrators accountable for their actions" (Barnish 2004, Page 5)*

Greenan (2005) prepared a literature review which was commissioned by the National Group in Scotland to address violence against women. The National Group includes representatives from the police, the judiciary, women support organisations and local authorities and was chaired by the Minister for Communities. The aims of the National Strategy to address Domestic Abuse in Scotland are based on prevention of domestic abuse of both women and children; appropriate legal protection for women and children who experience domestic abuse; adequate provision of support services for women and Children. The Strategy also identified key policy and practice areas to be developed and improved for the achievement of these aims (Greenan, 2005). Greenan (2005) noted that the scarcity of research on interventions for black and minority ethnic women, women with disabilities, lesbian women and older women affected by male violence against women is perhaps a reflection of the dearth of services for these groups (Greenan, 2005). The female survivors of male violence need to be involved in developing and designing services that will increase effectiveness and accountability but there are very few examples of how this is achieved in practice (Greenan, 2005)

Matczak, et al (2011) prepared a literature review on domestic violence policies in England and Wales. This report details and focuses on England and its aim is to present the findings from the literature review of policy development and implementation in the last two decades in England. In this report, the development of national measures (legislation and policy) to combat domestic abuse is addressed. The responsibility for providing services to domestic violence victims is divided between a range of government bodies and other

agencies featured in the report. Some of the obstacles in achieving an integrated domestic violence policy in England are highlighted (Matczak, et al. 2011)

Recently, there had been different types of campaigns to raise awareness of domestic violence by Women's Aid (www.womensaid.org.uk). On 1st February 2007 Women's Aid, the national domestic violence charity, launched a national domestic violence awareness campaign to ask everyone to 'act until women and children are safe' (Gurp, 2007) which means everyone should admit domestic abuse is a problem, call it by its name and talk to someone about it (Gurp, 2007). In the campaign, the head and shoulder portraits of famous female faces were used and made up to show the physical effects of domestic violence. Women that have been photographed include Fiona Bruce, Anne-Marie Duff, Anna Friel, Jemma Kidd, Honor Blackman, Fay Ripley, Miquita Oliver and Kate Thornton. On February 14th 2008, Women's Aid also launched a radio advert to raise awareness about domestic violence**.**

In 2011, there were different kinds of campaign for example Women's Aid developed a national campaign where male role models stood up to say that violence against women is unacceptable and asked non-violent men to send out the message that real men do not abuse and control women physically, emotionally, sexually or financially (www.womensaid.org.uk). In August 2012, there was a press release in Cosmopolitan Magazine where Ambassador Gordon Ramsay is joined by Capital FM's Dave Berry and Diversity's Ashley Banjo in a series of images being launched and tagged "real man" (www.womensaid.org.uk). Also in 2012 Women's Aid recorded that the county of Avon and Women's Aid collaborated to organize the Empowering Women Awards (www.womensaid.org.uk). The aim of the collaboration was to celebrate the amazing

achievements and bravery of women who have either been affected by domestic violence themselves, or who are supporting those who have experienced abuse (www.womensaid.org.uk).

From the above, it can be noticed that there is an awareness of domestic violence being raised through the media and different organisations standing against domestic violence throughout the UK. Women's aid offices can be seen in almost all boroughs of UK and have partnered with over five hundred domestic and sexual violence services across the UK (www.womensaid.org.uk). There are services, campaigns and many organisations working together in order to raise awareness. There are free resources like leaflets, flyers and publications on domestic violence all pointing towards ending violence (www.womensaid.org.uk). There are different types of toolkits like Education toolkit, Digital Stalking and Dame toolkit to help professionals in their training and also accredited trainings for all dealing with survivors of domestic violence (www.womensaid.org.uk).

So much has been invested into the subject matter. There is so much awareness going on. However, it appears that there exists a cultural barrier preventing the national awareness from having an impact upon the BME communities. There is further evidence in a Women's Aid briefing (2008) on *"Making Domestic and Sexual Violence a local priority"* (www.womensaid.org, 2008). The report recorded a recent survey of 500 local domestic and sexual violence services, which showed that specialist services for Black, Asian, Minority Ethnic and Refugee (BAMER) women are particularly undervalued (www.womensaid.org, 2008).

2.7) Culture

Culture is about beliefs and the characteristics of a particular community (Razzaque. 2010). Anyone in any community will naturally feel bound to stay within the belief system because that is what constitutes it. Culture has much effect on a person's psychology from the celebration of success to the death of an individual. It has a great influence on the way men and women cope with situations and circumstances, their perception of the world and the way persons perceive themselves as individuals. Their self-image is substantially influenced by their cultural image (Razzaque. 2010).

People who were raised in countries where the state operates through suppression and propaganda, shun openness and can develop a mechanism of emotional suppression that might carry through generations, even when the state changes its modus operandi. In countries blighted with poverty and fear, the same fear and insecurity about the world can continue to pass through family dynamics, even after the family has immigrated away from the region (Razzaque 2010). All this happens because people formulate ideas about themselves and the world around them from their relationship with parents in their earliest years (Razzaque. 2010).

Therefore, in dealing with domestic violence in the BME Pentecostal Community, consideration should be given to the background and the cultural norms of that community. For example, as an insider researcher, the researcher understands that the BME is patriarchal in family structure and therefore, the financial burden of the family naturally rests on the father. Modern historians and sociologists describe a patriarchal society as one where the male is the head of the family unit (Napikoski, 2015). Patriarchy describes a

structure in which men have power over women; a kind of structure where there is a male dominated power structure in organisations and individual relationships (Napikoski, 2015). A Society can also be Patrilineal where lineage can be traced through the paternal ancestry and inheritance is through the male line (Benokraitis, 2011). Feminist theory has expanded the definition of patriarchy to be a systemic bias against women (Napikoski, 2015). However, Anthropologists and feminists have created specifications for female dominated societies to include both matriarchal and matrilineal systems (Garrison, 2014). Garrison (2014) defined matriarchy as a family group or state governed by a woman who is head of a tribe. Garrison (2014) also defined matrilineality as a society where the family lineage is traced through the maternal ancestry and a civil society where inheritance is through the female line. The second wave feminists examined the society in the 1960s and discovered that some societies are Matriarchal, headed by women and female leaders (Napikoski, 2015).

Garrison (2014) cited Mosuo as an example of Matriarchal society. Mosuo is quite close to the border of Tibet in the Yunnan and Sichuan Provinces (Garrison, 2014). The Mosuos live in large households with extended families; their lineage is traced through the female side of the family and property is passed down along the same matriline (Garrison, 2014). The Mosuo women handle business while the men handle politics. Children are also raised in the mother's households and take their name (Garrison, 2014).

In patriarchal society, poverty seems to be a characteristic of many families where the father is not present. Grovert (2008) noted that the standard of living of an abused woman will drop below the poverty line when she leaves her abuser.

b) The Pentecostal Culture

The culture of the BME Pentecostal Community sees marriage as a good thing. Their belief is based on the teachings of the Bible and an individual's belief in the Bible is what makes him/her a part of the society. The Bible commends and encourages marriage in so many ways for example. Hebrews 13:4 states that

> *"Marriage is honourable among all, and the bed undefiled; but fornicators and adulterers God will judge"*

> *(The New King James Version. Page 1494*)

In Malachi 2: 16 it is stated that

> *"For the Lord God of Israel says That He hates divorce, For it covers one's garment with violence".*

> *(The New Kings James Version. Page1191).*

From the above Scripture references it can be seen that divorce is linked to violence and God does not want it. He wants us to live in love. Therefore, no individual should abuse another under any circumstance.

Christian scripture holds a high view of marriage but it never endorses abusive or violent behaviour (Churches Child Protection Advisory Services, 2011). Many people in the BME community depend on the church to meet their spiritual needs, so the church needs to take on the responsibility of eradicating domestic violence in order not to fail the people. BME Church leaders need to be informed and to be in a position to give proper advice to those seeking help. More importantly, the awareness of this issue should be created in order to

avoid it. The God we claim to serve in this community does not want us abused. The Bible states in Jeremiah 29:11 that:

"For I know the thoughts that I think toward you, says the Lord, thoughts of peace and not of evil, to give you a future and a hope"

(The Bible, The New King James, Page 969)

2.8) Cultural Competence and Compassionate Care

Papadpoulos et al (2016) assert that compassion is quite an important concept in healthcare, and in addition, care should be delivered in a culturally competent manner, taking into account the values, culture, and health beliefs of the individual.

Papadopoulos (2006) ascertained that in UK, there are 4.3m (7.53% of total population) people who were born outside the country and school children in London can speak a total of 307 languages; therefore, Diversity is on the increase. Papadopoulos (2006) further explained that one of the most rewarding, exciting and complex challenges for nurses and other healthcare providers worldwide is providing culturally competent care to patients, families and communities and working with culturally diverse colleagues from multiple disciplines. She affirmed that the training of nurses and other healthcare professionals may not adequately equip them to practice in a manner which is both compassionate and culturally competent. There is therefore a move towards Transcultural Health and Social Care, which addresses the need for eliminating health and healthcare inequities of race, migration, refugees and asylum seekers (Papadopoulos, 2006). It combines a compassionate and humanitarian approach with intellectual rigour and with relevant research data on

transcultural nursing gathered from many countries (Papadopoulos, 2006). She explained further that in order to be culturally competent, healthcare providers need to note that culture is not bound by borders, patients and staff take their culture with them wherever they go. One way to build the gap between health care providers and patients and build the bridge between people of different racial strata and status is through cultural competent care, which includes the mind, body and spirit.

Looking at the data provided by this research, many of the participants that took part in this research have lived most of their years outside the UK. This means that as they migrate into UK, they also brought in their culture, which must be valued and taken into consideration when making a care plan for them that ensures that people are treated with dignity, compassion and respect (www.health.org.uk. Accessed on 6th of October 2016).

2.9) Conclusion

From the above literature review, a reader will observe that there is an extensive record on the issues of domestic violence. These records have explored the perspectives of the meaning of domestic violence and the various strategies and initiatives of the government and charities in the prevention and reduction of domestic violence. However, there is a need to explore the BME community in order to identify the barriers that are preventing the national awareness from having an impact on them as noted in 2.6 of this literature review. This research will therefore explore the BME Pentecostal community to identify the barriers to awareness and therefore create the best strategies by which an effective awareness of domestic violence can be achieved in the BME Pentecostal community.

Chapter Three: Research Design and Methods.

3.1) The Theoretical Approach

The foundation of a study includes the way a researcher acquires knowledge, which forms the basis of determining how the research focus has been explored. People generally operate with their senses in order to arrive at a logical conclusion. These senses also depend on their thoughts, ideas, memories and emotions. As human beings we may conclude on the reality of a particular instance when the reasons behind it seems culturally appropriate and we can therefore allow it to promote our lives and goals.

> *"Epistemology is what might represent knowledge or evidence of the entities or social reality that I wish to investigate. Questions about what we regard as knowledge or evidence of things in the social world are epistemological questions"*

> *(Mason 2002, Page 16)*

The epistemology of a researcher is her knowledge of that theory about the principles and rules by which she decides whether and how social phenomena are known and how that knowledge can be demonstrated (Johnson and Duberley, 2000). The design and methods of a research is as good as building a good foundation for a house.

> *"Epistemology is concerned with providing a philosophical grounding for deciding what kinds of knowledge are possible and how we can ensure that they are both adequate and legitimate"*

> *(Crotty 2004, Page 8).*

The epistemology of this research will be about the principles and rules by which the best strategies in the BME Pentecostal communities are discovered and in how this knowledge is demonstrated.

Ontology is defined as "the study of being". It is concerned with "what is", with the nature of existence, with the structure of reality as such" (Crotty 2004 Pg 10). The Ontology of a researcher is the nature of the phenomena or entities or social reality that she wishes to investigate. There is a need for a researcher to think about her research in a fundamental way. Ontology involves asking what she sees as the nature and essence of things in the social world; this helps her to determine her ontological position or perspective. An underlying assumption of this research is the researcher's belief about the world. It is believed within the Pentecostal community that the world was created by God. The Bible is concerned with describing the works and teachings of the one Christian God to mankind. The Bible also dictates to the believers how their lives should be lived within a Christian context. This Christian religious belief is real and fundamental to a perception of the social world in this research.

3.2) The Methodological Approach

According to Crotty (2003), Methodology is the strategy, plan of action, process or design which lies behind the choice and use of particular methods and which links the choice and use of methods to the desired outcomes. The choice of method for this research is that of a Case Study. Yin (1994) defined the Case study as a strategy for doing research that involves an empirical investigation of a particular contemporary phenomenon within its real life context using multiple sources of evidence. According to Robson (2002), the defining characteristics of a case study are concentration on a particular case or a small set of cases.

The case can be virtually anything. A simple single case study may just focus on an individual and more complex, multiple case studies might focus on several of such individual cases (Robson, 2002). Therefore the researcher's focus in this study is on a group of individuals who have experience and knowledge of domestic violence within the BME Pentecostal community in South East of London.

3.3) Research Question

What do women understand by the term "Domestic Violence" and what are the factors that maintain its continuance in order to determine what can be done to reduce its occurrence in the BME community?

This research recognises the fact that Domestic Violence is not confined to women, there are many instances and statistics on Domestic Violence against men. Barnish (2004) recorded that while in general, men are generally far less likely to be victims of domestic violence perpetrated by women this does not mean that there are not some men who are seriously affected. Barnish (2004) says they deserve equal compassion and intervention. Also according to Barnish (2004) and they may face significant obstacles in increasing their safety and recovering from trauma because of disbelieving or stereotyped responses from their families, communities and official agencies (HMCPSI/HMIC: Page 15, 2004)

However, for the purpose of this study, the focus will be upon Domestic Violence against women, which has been recognised as a growing threat within the often hard to reach BME community.

3.4) Data Collection Methods

Qualitative methods of data collection were used in this study. It is very important to use the appropriate method because the results and conclusion of the project are based on the data gathered and the information on how the data is gathered helps any reader to evaluate the validity and reliability of the data (Robson 2011). The qualitative data collection methods used in this study were interviews, focus groups and a questionnaire survey.

All the data collection methods used in this study included a personal section which is often referred to as demographic information. This information included questions such as age, ethnicity, education and gender, marital and employment status. The answers to this personal section increases the chances of analysing the answers according to what are known as explanatory variables, for example age being associated with certain views held by people; ethnicity in this research explains the respondent is part of the BME community.

3.5) Piloting

A pilot study for each data collection method was carried out. There was an interview with one women's leader; a completion of a survey questionnaire with one victim of domestic violence and an interview with two people in a small focus group pilot meeting. All these pilot studies were carried out in a BME Pentecostal Church and the participants were finally included in the main data collection as there were no changes to the methods that were used. This pilot work has helped to establish the content validity of the questionnaires and the interview framework and to improve questions, format and the measuring scales (Creswell. 2003). The pilot study data was included along with the main study data. The changes that were made to the data collection tools were not significant and did not involve any major changes.

3.6) Questionnaire

There are 3 ways of administering questionnaires. They can either be self-completed by respondents or face-to-face with respondent but completed by the researcher or by telephone interview (Robson 2011). A good questionnaire must provide a valid measure of the research question, get the co-operation of respondents and elicit accurate information. The questionnaire in this study was completed face to face with participants and a copy of this research instrument is shown in the appendix. The questions were both open-ended and closed. Both approaches are potentially advantageous to this research. The open-ended questions in this questionnaire have enabled this research to retrieve ample information from the respondents since the researcher was not initially aware of their attitudes, their ability to communicate and their motivation. The respondents were able to give answers in their own way and there was much satisfaction on their faces that they were able to express their own views. (Sarantakos, 2005). The ethical process is explained in content 3.14 under Ethical Issues of this research. Every participant was asked to read the participant information sheet and sign the consent form if they agreed to participate in the research.

The questions were designed to help achieve the goals of the research and in particular to answer the research questions (Robson, 2011). Robson (2011) explained further that a major part in the art and craft of producing a questionnaire is in writing it in such a way that respondents understand what you want from them and are happy to give it to you, while the questions at the same time remain faithful to the research intention. Based on this suggestion, the Researcher ensured the questions were simple and easily understood.

3.7) Focus Groups

According to Bowling (2009) Focus groups are unstructured interviews with small groups of people who interact with each other and the group leader. This study therefore had a title to discuss which was domestic violence and a set of questions which acted as a guide for the researcher to direct the focus groups study. The focus groups method gave each of the participants the opportunity to speak their mind within a group which had had similar experiences. Focus groups can be either homogenous or heterogeneous; but good practice is to achieve homogeneity.

> *"Within-group homogeneity prompts focus groups participants to elaborate stories and themes that help researchers understand how participants structure and organise their social world".*

> *(Hughes and DuMont 2002, Page 258)*

This project therefore adopted the homogenous practice. The focus group is a way of generating large amounts of data which can be difficult to organise and record and transcribe. Each of the Participants went through the Participant Information Sheet and signed the Consent form. The issue of confidentiality was discussed in the Participant sheet. They were all informed that all information that is collected about them during the course of the research will be kept strictly confidential and any information about them which is used will have their name and address removed so that they cannot be recognised from it. Also, they were informed that all data will be stored, analysed and reported in compliance with the Data Protection Legislation of UK.

The Researcher also took time to set boundaries at the beginning of the interview. It was agreed that any information disclosed within the group must not be disclosed outside the group and is purely for the purpose of the group.

Moreover, for the purpose of orderliness, the Researcher made sure that each Participant gave a response to each of the question which helped to control people talking too much and encouraged people who seemed to have no answer. All participants responded to each of the questions. Kitzinger (1994) affirmed that what distinguished the Focus Group from the other methods is the interaction between participants and therefore the Researcher had to make sure the interaction took place.

The Researcher found the Focus group suitable as a main data collection in this study as it complements the other method, the Semi-structured interview. The advantage was the fact that the researcher was able to facilitate discussion, brainstorm a variety of options and to establish a mechanism of opinion formation. She also discovered that the group environment stimulated discussion, increased the motivation to address critical issues, enabled the facilitator to direct discussions towards focal points and issues and also allowed significant points of view to be presented in a real, emotional and summated form (Sarantakos 2005). The researcher included in the interview an introductory comment, the Participant Information Sheet and a consent form which was read and signed before the interview took place. This data collection method involved a group of people who have had similar experiences and so it became easy to address the issue of domestic violence which is quite a sensitive topic. Their similar experiences also gave the opportunity to each of them to give their own view of the topic without being ashamed or have a feeling of being stigmatised. It was such a lively group that the one hour allocated for the group was not

enough; they had so much to talk about. The researcher was therefore able to record many answers from them as possible. The participants were six in number.

In the course of this study, the researcher noticed that many answers from the questionnaire were also replicated in the Focus group. The researcher made use of audio-tapes in collecting data; I had someone who was in charge of the tape to make sure that the tape recorded from the beginning to the end. She had also been a victim of domestic violence before but she agreed to be in charge of the tape because she was a seventh participant; one above the number that the researcher needed. This helps to safeguard the data collection by ensuring that the recorder did not fail in the process. The Researcher acted as the moderator of the group, she was able to generate interest and discussion on the issue of Domestic Violence. As soon as the group came together, she introduced the topic and spoke about the aims and objectives of the focus groups and re-assured them of confidentiality except if it became apparent that there existed a danger of harm or an illegal issue towards the woman and her children which would need to be reported to the police. Apart from the pilot focus group meeting; there was also one focus group meeting.

3.8) Semi-Structured Interviews

This form of interview lies between the structured and the unstructured and it involves the collection of data from respondents through talking to respondents and recording their responses. The Researcher deemed this method fit for purpose because there were valuable clear statements from the church leaders who stand as teachers in this community which could help to identify the best strategies in raising awareness of Domestic Violence against Women in the BME Pentecostal Communities. As suggested by May (2001), even though the questions were specified the researcher went further to probe beyond the answers in a

manner supportive to the aims of standardisation and comparability. The respondents were able to answer more on their own terms than the standardised interview and also provide a structure for comparability over the focused interviews while the researcher was able to clarify and elaborate on the respondent answers. According to Robson (2011), this is used in flexible and multi-strategy designs. The researcher was able to sequence the questions, provide exact wording and also allot time and attention to different topics. The researcher included in the interview an introductory comment, the Participant Information Sheet and a consent form which was read and signed before the interview took place. The questions were quite clear and simple to understand; the researcher also had a set of guide questions to ask in the interviews, a set of associated prompts and closing comments shown in Appendix 2. However, she listened to each participant and used their answers as a lead to asking the next question which made the interview and the answers well co-ordinated.

3.9) Sampling Methods

Sampling is an important aspect of research. The idea of "sample" is linked to population and population in this study refers to all the female adults in Pentecostal churches in the South of England. Also the concept of sampling can include all situations and circumstances within domestic violence (Robson, 2011). The Sampling plans were divided into two. Probability sampling involves random selection while non-probability sampling does not involve random sampling and therefore cannot depend upon the rationale of probability theory (Trochim, 2006). Generally, researchers prefer probability sampling because it is more accurate and more rigorous (Trochim, 2006). The approach to sampling determines whether a research is quantitative or qualitative. Qualitative research relies on large samples, qualitative research relies on small samples which are selected on the basis of

being information-rich (Gray,2013)   This is known as Purposive sampling. Purposive sampling is whereby a selection of those to be surveyed is made according to known characteristics (Punch 2005). Purposive sampling is used when particular people, setting or events are selected because they provide some important information that cannot be provided by other sampling methods (Gray, 2013).

In this study, non-probability samples were used and purposive sampling was adopted. The participants for this research (focus group and questionnaire) were recruited based on the fact that they had experienced domestic violence before and basically were volunteers. Also, the sampled leaders that were interviewed are BME Pentecostal leaders who stand as teachers in this community and also understand the culture of this community very well and had been involved in counselling or confided in by the women who had experienced domestic violence. Some had even experienced domestic violence themselves.

Table 1: Method and Inclusion Criteria of Participants

Method	Gender	Population	Criteria
Questionnaire	Women	6	DV Victim
Focus Groups	Women	6	DV Victim
Semi-Structured Interviews	Women	6	Either Victim, Counselled victim before or Victim Confidant

The population in this study was 18 women and the sampling frame was African women attending BME Pentecostal Churches in South London. The sample comprised of six leaders

from BME Pentecostal Communities and twelve participants who had experienced domestic violence. They were volunteers and self-selecting. The researcher ensured that they understood what the research was about and enlightened them about the purpose and made sure they informed the researcher of their personal consent. The questionnaire survey involved six different women; the focus group involved six other women and the interview involved six women leaders.

As Robson (2011) suggested, the researcher made an early decision about the population and she had enough time to modify the research questions by making them geographically specific in order to make the survey feasible within the resources. This has made the research very adequate. The population finally comprised six leaders from six different churches in London England. The focus group participants and the semi structured questionnaire group participants were from the same church in London. Men have not been included in this study because the research is about an exploration of women's understanding of Domestic Violence in order to identify the best strategies to raise awareness of Domestic Violence in the Pentecostal BME Community in the south of England.

The participants in all the groups had been contacted before the research took place and were all eagerly looking forward to it. All questions had been compiled during the research proposal stage and piloted after ethical approval was granted, so it was easier to move into the research process. The focus group participants and the Interview group participants were audio recorded and the data transcribed by the researcher. The researcher met with each of the participants for the questionnaire and each of them completed the questionnaire in the presence of the researcher. They also had to read and sign the

Participant Information Sheet and a consent form, which was read and signed before completing the questionnaire. The researcher decided to use the three methods as explained in "Triangulation (3.10)" below.

The focus group consisted of six women who almost did not want the discussion to end, such was the cathartic nature of the focused meeting. Myer et al(2011) described it as a safety valve that allows steam to be vented.

It had been difficult getting these people together at a particular time at the initial stage, each of them seemed to have one thing or the other to do every time, as noted by (Gibbs. 1997). When the researcher finally got them together, it was a dynamic process. The time allotted was one hour and yet this was not enough; the conversation ran overtime by thirty minutes. In the Interview, the research process with the leaders was not as easy as envisaged. The researcher had to book an appointment to visit each of them and there was one in particular who kept on cancelling the appointment which was frustrating, however, a convenient date and time was eventually found and the interview took place.

3.10) Reliability and Validity

Reliability and validity are key aspects of all research and meticulous attention to these two aspects can make a difference between good research and bad research (Brink, 1993)

Brink (1993) cautioned all researchers in qualitative studies to be especially sensitive to the issues of reliability and validity. Brink (1993) noted that the term qualitative research is an umbrella term that represents a variety of research approaches which share certain common elements and the methods used are more subjective than in quantitative research and do not include statistical analysis and empirical calculation.

Brink (1993) also explained that Reliability is concerned with the consistency, stability and repeatability of the informant's accounts as well as the investigators' ability to collect and record information accurately. He explained further that this means a research method must be able to yield consistently the same results over repeated testing periods (Brink, 1993)

Brink (1993) mentioned the need for a researcher to become consciously aware of her own behaviours, feelings and responses in relation to the behaviour and experiences of subjects and to confirm the truth as he starts to collect data.

A researcher must be able to persuade her audience including herself that the findings of her enquiry are worth taking account of (Robson, 2002) as this is a qualitative study, which will not be capable of scientific generalisation. However, it may be possible that the findings could be transferable to other similar settings and circumstances (Lincoln & Guba 1985). This transferability has been termed as "naturalistic generalisation" by Stake (2000). In qualitative research, there are often other metrics that can demonstrate quality outcomes for example Validity is concerned with the reality of the findings. It is the accuracy of a result. Sharan et al (2015) affirmed that no one can get it all but researchers ask themselves whether they have captured the range and the different patterns relevant to their topics.

However, unless a measure is reliable, it cannot be valid. Also, while reliability is necessary, it is not sufficient enough to ensure validity (Robson, 2002)

Brink (1993) explained that Validity in research is concerned with the accuracy and truthfulness of scientific findings. A valid study should demonstrate what actually exists and

a valid instrument or measure should actually measure what it is supposed to measure (Brink 1993).

Reissman as cited in Silverman (1993) suggested that at all possible times, students should record conversations on tapes in order to have and be able to present accurate data. He also recommended that students keep a diary or log to analyse decisions and inferences that were made in the course of a research project. According to him, the importance of this practice is to encourage critical self-awareness about how the research was done and the effect of critical decisions made along the way. He also noted that a log helped in the course of writing up the project, recollecting memories and ensuring truthfulness.

Silverman (1993) also suggested other ways to satisfy reliability criteria in qualitative work. He suggested that a research process should be transparent by describing the research strategy and data analysis methods in a very sufficient and detailed manner in the research report. Also, he emphasized that attention should be paid to transparency in writing up the project by making explicit the theoretical stance where the interpretations come from and explaining how this produces specific interpretations and excludes others.

For the purpose of reliability and validity, three different methods of data collection were used as described earlier above. Also, the researcher made use of tape recording for the interviews with the female Pentecostal leaders and she kept a log of notes alongside the focus groups and the questionnaires.

3.11) Triangulation

Triangulations refers to the practice of employing several research tools within the same research design. The procedure allows the researcher to view a particular point in research

from more than one perspective and hence to enrich knowledge and /or test validity (Sarantakos, 2005). Reinharz and Davidman (1992) states that Triangulation, according to a feminist stance is expressing a commitment to thoroughness, a desire to be open-ended and to take risks, as well as increasing the likelihood of obtaining scientific credibility and research utility. Blakie (1998) stated that Triangulation can be applied in every aspect of research and can relate to methods of data collection, the manner in which data are employed, the investigator, the critical stance and the theoretical perspective. Triangulation is a useful way to arrange common data. It strengthens and validates the data collected.

This research has adopted method and person triangulation by collecting 3 batches of data from different groups of people at different hierarchical levels within the study population and through the use of three different methods of data collection which are questionnaire survey, interviews and focus groups (Polit & Beck 2008).

3.12) The Role and Effects of a Practitioner-Researcher

Fox et al (2007) defined a Practitioner researcher as someone who is employed in a professional capacity but who as part of their role, is expected to undertake research.

Robson (2002) defined the practitioner-researcher as someone who is employed in some particular area and is at the same time, involved in carrying out some form of enquiry, which is of relevance to the organisation. Robson (2002) gave an example of a practitioner-researcher in the field of education. A practitioner-researcher here might be a teacher carrying out a study into a way of helping an individual child with a learning difficulty.

Working as a pastoral counsellor to women and families in a BME Pentecostal community makes the researcher a practitioner. The researcher is carrying out a study to seek out the

best strategies in raising awareness of domestic violence in this community. Therefore, the researcher is a practitioner-researcher.

Most professional workers in human services are very busy people and it is being increasingly accepted that enquiry, evaluation and innovation are all part of professional roles (Schon, 1987) but there's lack of energy and time to carry these out. An outsider-researcher works full time undertaking research thereby enhancing her confidence and expertise. Allen-Meares & Lane (1990) claimed that there's a potential synergy between research and practice and their integration is beneficial to both of them.

Robson (2002) found a solution to this. He based his argument on the fact that if research and practice makes a better profession, then time must be created for this. He suggested that one could increase the amount of time available for this activity by reducing the weight of other commitments or alternatively the time for enquiry could be reduced by making a practitioner researcher manage the workload or give her support in terms of research assistance or at consultancy level. Undertaking research requires specific skills and a knowledge of research processes which a researcher will have acquired in her professional roles. Experienced practitioners approach their work with a complex array of concepts, theoretical models, provisional explanations, typical scenarios and an anticipation of likely outcomes, etc (Winter, 1989).

The practitioner-researcher is an insider and there is an insider opportunity involved with research. There is a pre-existing knowledge and experience base about the situation and the people involved. Also, as an insider, her insights and roles will help out in the design of the study, carrying out the data collection and its analysis. Lightowler (2013) affirms that there is evidence which suggests that practitioner research can be a valuable approach for

strengthening the use of research for the individual practitioner undertaking research and potentially for the organisation and perhaps even the sector in which they are based. As an insider, a researcher is faced with the issue of preconception and bias about issues and solutions which an outsider-researcher may be able to avoid. However, as a researcher an insider can use reflexivity and adopt a critical and objective approach towards the data interpretation (Gray 2004). As an insider, there may be more opportunity to implement the outcomes of the study. Costley et al (2010) mentioned that an important aspect of work based research is that it is within the researcher's own work practice. Costley (2010) went further to explain

> *"that the development of individual intelligence requires both social and cultural influences, and the multiple perspectives needed for understanding are provided by context. Situatedness arises from the interplay between agent (you, the researcher), situation (the particular set of circumstances and your position within it), and context (where, when and background)"*

> *(Costley et al., 2010. Page 1)*

An outsider-researcher may have to convince the organisation of the outcome through several levels of organisational hierarchy (Robson, 2002).

In this study, the researcher is an insider because she counsels women and families in the BME Pentecostal community and being an African, she belongs to the community. On the other hand, she is an outsider because she has not experienced domestic violence. Therefore, a very significant advantage of this research is to place the researcher in a more appropriate position to help female victims of domestic violence in the BME Pentecostal

community, and also be proud to contribute to the work of Women's Aid. As an insider researcher, many women have built up confidence in the researcher over time because of the roles she plays in the Pentecostal community. Therefore, women will feel at ease talking to the researcher on this sensitive issue that is hidden in their lives. These women may not feel comfortable speaking to an outsider researcher and may not even see the importance of the research. Overtime, the women were able to build their confidence in the researcher as a pastoral counsellor by the roles she plays in their relationship with her and their community.

The researcher has been promoting and delivering seminars and conferences in the BME Pentecostal Communities for over seven years and so already, has some knowledge of what works in this community. She has knowledge of the subject matter and awareness of domestic violence issues in the BME Pentecostal communities but she hopes to use reflexivity and adopt a critical and objective approach towards the data interpretation.

3.13) Data Analysis

The data in this research has been analysed using Thematic Analysis. According to Braun & Clarke (2013), Thematic Analysis is essentially a method for identifying and analysing patterns in qualitative data.

Bryman (2012) explained that the data analysis stage is concerned with reducing the large corpus of information that the researcher has gathered so that she can make sense of it. One way of doing this is to look for themes.

Luborsky (1994) described the study of themes in the American Psychological Association as a simple chore of reading through notes and transcripts to identify recurrent statements or

behaviours that are then labelled, described, and summarized to portray the person's most frequent experiences or actions.

Braun & Clarke (2013) highlighted the various ways that Thematic Analysis can be used in a wide range of research interests and theoretical perspectives:

- it works with a wide range of research questions including those about people's experiences or understandings and those about the representation and construction of particular phenomena in particular contexts
- it can be used to analyse different types of data including secondary sources such as media to transcripts of focus groups or interviews
- it works with large or small data-sets
- it can be applied to produce data-driven or theory-driven analyses.

(Braun & Clarke, 2006) in their article on "Using thematic analysis in psychology" outlined six phases of thematic analysis which have been adopted by this research:

1) Familiarisation with the data: the researcher must immerse themselves and become intimately familiar with their data; reading the data many times (and listening to audio-recorded data at least once, if relevant) and noting any initial analytic observations. (Braun & Clarke, 2006)

2) Coding: this involves generating pithy labels for important features of the data of relevance to the (broad) research question guiding the analysis. Coding is not simply a method of data reduction but it is also an analytic process which captures both a semantic

and conceptual reading of the data. The researcher codes every data item and ends this phase by collating all their codes and relevant data extracts. (Braun & Clarke, 2006)

3) Searching for themes: A theme is a coherent and meaningful pattern in the data, relevant to the research question. If codes are the bricks and tiles in a brick and tile house, then themes are the walls and roof panels. Searching for themes is a bit like coding your codes to identify similarity in the data. This 'searching' is an active process; themes are not hidden in the data waiting to be discovered by the intreprid researcher, rather the researcher constructs themes. The researcher ends this phase by collating all the coded data relevant to each theme (Braun & Clarke, 2006).

4) Reviewing themes: Involves checking that the themes work in relation to both the coded extracts and the full data-set. The researcher should reflect on whether the themes tell a convincing and compelling story about the data and begin to define the nature of each individual theme, and the relationship between the themes. It may be necessary to collapse two themes together or to split a theme into two or more themes, or to discard the candidate themes altogether and begin again the process of theme development (Braun & Clarke, 2006)

5) Defining and naming themes: Requires the researcher to conduct and write a detailed analysis of each theme. The researcher should know the story the theme is telling and how the theme fit into the overall story about the data. The researcher should be able to identify the essence of each theme and construct a concise, punchy and informative name for each theme.

6) Writing up: Writing is an integral element of the analytic process in Thematic Analysis (and most qualitative research). Writing-up involves weaving together the analytic narrative and (vivid) data extracts to tell the reader a coherent and persuasive story about the data, and contextualising it in relation to existing literature.

Braun & Clarke (2006) further explained that these phases should not be viewed as a linear model; where one cannot proceed to the next phase without correctly completing the prior phase.

Table 2: Summary of the sub themes identified from Research

Surveys	Focus Groups	Interviews
Communication Issues	Public Exposition of Domestic Violence in the Pentecostal Community.	Communication between couples and leaders
Culture	Support network to include counselling by elders	Training for elders in counselling
Ignorance of Help	The formulation of a crisis refuge	Support for Victims

Miles and Huberman (1994) also viewed analysis in case studies as consisting of three concurrent flows of activity: data reduction, data display and conclusion drawing/verification. These three activities in addition to the collecting process form a continuous iterative process. They also suggested that you start to draw conclusions about what things mean from the start of data collection, noting patterns and regularities, positing possible structures and mechanisms which are then firmed up during and after data collection. They also stressed that this process should be accompanied throughout by a

verification process of testing validity and reliability for example asking such questions as "Can you find evidence of confirming it?" OR "Is an explanation plausible?"

For the purpose of this research, the data was analysed manually because of the small sample size. The researcher focused on noting patterns, themes and trends. This research is aimed at answering the following research question which is to identify the best strategies to be adopted in raising awareness of Domestic Violence in the BME Pentecostal Communities in England. The data collected will therefore be used to find the extent to which the question has been answered.

3.14) Ethical Issues

Ethics are rules that distinguish between right or wrong. Ethical norms are learnt in homes, schools, churches or any social setting. Moral development is acquired mostly during childhood, however, human beings naturally learn more as they pass through different stages of growth as their age increases. Resnik (2015) defined ethics as norms for conduct that distinguish between acceptable and unacceptable behaviour.

This research gained ethical approval from the Ethics Committee of the School of Health and Education, Middlesex University. Ethics in research is not just about signing an ethical approval form but maintaining an ethos of care for the research subjects throughout the research process (Costley and Gibbs. 2006).

Kaiser (2009) argued "that by carefully considering the audience for one's research and by re-envisioning the informed consent process, qualitative researchers can avoid confidential dilemmas that might otherwise lead them not to report rich, detailed data".

Therefore, the researcher ensured that the research did not induce any participant to commit any act that would diminish her self-esteem or expose her to physical or mental stress. In this study, none of the participants were exposed to physical harm and should any of the participant becomes distressed, they would be offered counselling from an appropriate qualified person. This was seen as a duty of care to the individual participant.

Kaiser (2009) also mentioned that discussing confidentiality at the outset is necessary for acquiring informed consent and building trust with respondents. However, Kaiser (2009) emphasized the fact that these discussions occur without knowledge of the specific information subsequently shared by the respondent. Therefore, the researcher made sure that all participants were treated fairly, with consideration and with respect. It was imperative for all participants to be duly informed. Therefore the Participant Information Sheet was carefully worded, simple and explanatory. The participants were informed of the aims of the study and the extent of their involvement. Their consent was ascertained at the proposal stage of the research and their informed consent was gained before the research took place. Each of them decided voluntarily without any coercion to be involved and all were fully informed of their choice to withdraw at any stage of the interview should they wish to without incurring any penalty. Corti et al (2000) affirmed that research should be based on participants' freely volunteered informed consent which implies according to Corti et al (2000) a responsibility on the researcher to explain clearly what the research is about and how it will be disseminated. Corti et al (2000) also mentioned that participants should be aware of their right to refuse participation; understand the extent of confidentiality; be aware of the potential uses of their data; perhaps be reminded of their right to re-negotiate consent.

They were assured of their anonymity and the confidentiality of any information they provided in the course of the research. However, they were notified that if the researcher discovered something illegal such as physical violence to children or that the participant's life was at risk, confidentiality would be withdrawn and this will be reported to the police or other appropriate authority. They were also informed that if they experienced any form of psychological trauma as a result of participating in the study they can contact the Samaritans on 116 123 or Women's Aid on 0808 2000 247. They were also informed that the phone numbers are 24 hours Freephone.

The following chapter will discuss the results and findings of the research that emerged from the analysed data. A copy of the ethics approval letter is shown in appendix 1

Chapter Four: Results and Findings

4.1) Characteristics of All Study Participants

The participants in the survey group (n=6) and focus group (n=6) were asked to give details of their socio-demographic characteristics: their age, gender, ethnicity, marital status and occupation. They were also asked which country they spent most of their years and all responded to having spent most of their years in Africa. Eleven of the participants are first degree graduates from Africa while only one is a student and yet to graduate. All of the participants were married and ranged between 35 and 45 years of age.

Housing Manager	Student

Administrator	Nursery Worker
Journalist	Cashier
Lawyer	Care Worker

Table 3: Occupation of both Focus Groups and Survey Participants

Participants in the interview (n=6) were also asked to give their socio-demographic characteristics: their age, gender, ethnicity, marital status and occupation. Three of them were born in UK while three were born in an African state.

All interview participants were either church leaders or the Wife to a Senior Cleric in a BME Pentecostal Parish. All had counselled victims of domestic violence in the past. They were ranged between 40 and 60 years of age.

Table 4: Demographic Data, Names and Status of all the Participants in the three methods of Data Collection.

Method of Data Collection	Names	Age	Occupation	Ethnicity	Marital Status
Questionnaire	Yemi/P1	A	Student	African	Married
Questionnaire	Grace/P2	B	Administrator	African	Married
Questionnaire	Evelyn/P3	B	Cashier	Black British	Married
Questionnaire	Thelma/P4	C	Care Worker	African	Married
Questionnaire	Ade/P5	C	Housing Manager	Black British	Married
Questionnaire	Vivian/P6	C	Journalist	African	Married
Focus Group	Lydia/P1	C	Nursery	Black British	Married

			Worker		
Focus Group	Sandra/P2	B	Administrator	Black British	Married
Focus Group	Abigail/P3	C	Lawyer	Black British	Married
Focus Group	Martha/P4	C	Housing Manager	Black British	Married
Focus Group	Mary/P5	B	Administrator	African	Married
Focus Group	Janet/P6	B	Administrator	Black British	Married
Interview	Frances/L1	B	Mental Health Nurse	Black British	Married
Interview	Judith/L2	C	Housing Benefit officer	Black British	Married
Interview	Jane/L3	C	Clergy	Black British	Married
Interview	Deborah/L4	D	Clergy	Black British	Married
Interview	Dorcas/L5	E	Clergy	Black British	Married
Interview	Tonye/L6	E	Clergy	Black British	Married

P= Participant;   L = Leader

 (All names cited are pseudonyms to protect the identity of participants)

Age Bracket: 30-35 (A); 36-40 (B); 41-45 (C); 46-50 (D); 51-60 (E)

4.2) Questionnaire

There were six participants who completed the questionnaire. They were asked to provide a definition of Domestic Violence. Each of them was able to define the subject and amongst the answers, all forms of Domestic Violence (noted in the definition used for this project)

were identified. The collective answers that were given were "bullying attitude; overpowering women; emotional, financial, physical, sexual, verbal abuse; neglect; bad treatment in the home or the community and the abuse is mostly to women'. Four participants identified 'emotional abuse;' Three participants identified 'physical abuse;' and one participant identified 'verbal abuse'. The questionnaire is shown in Appendix 2.

The participants were asked if they had experienced domestic abuse from their intimate partner before. All claimed to have experienced abuse before. Five participants claimed to have experienced physical abuse from their intimate partner; Five participants claimed to have experienced emotional abuse; Four participants claimed to have experienced verbal abuse, Four participants claimed to have experienced financial abuse and two participants claimed to have experienced sexual abuse. Physical and emotional abuse were the majority of responses given. All the responses are illustrated in the table below

Chart 1: Results from Questionnaire indicating the types of abuse experienced
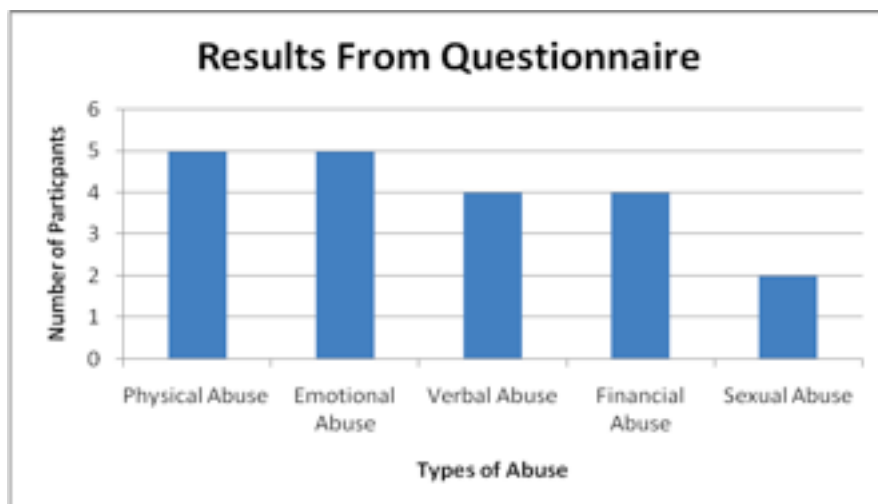
In order to find the cause of why women are abused, the participants were asked if they knew of any reason why they had been abused. Multiple answers were given by each of the

participants and the report is as follows: Four claimed that anger and frustration from their men caused the abuse; Two participants claimed they were ignorant of their rights; Two participants claimed they were ignorant of where to get help; Three participants claimed that their religion calls for a disciplined wife; Two participants claimed it was inability on the part of both of them to resolve issues; One participant claimed it was financial issues; Three participants claimed it was cultural because their belief is to worship man.

Chart 2: Causes of Abuse identified from the Questionnaire
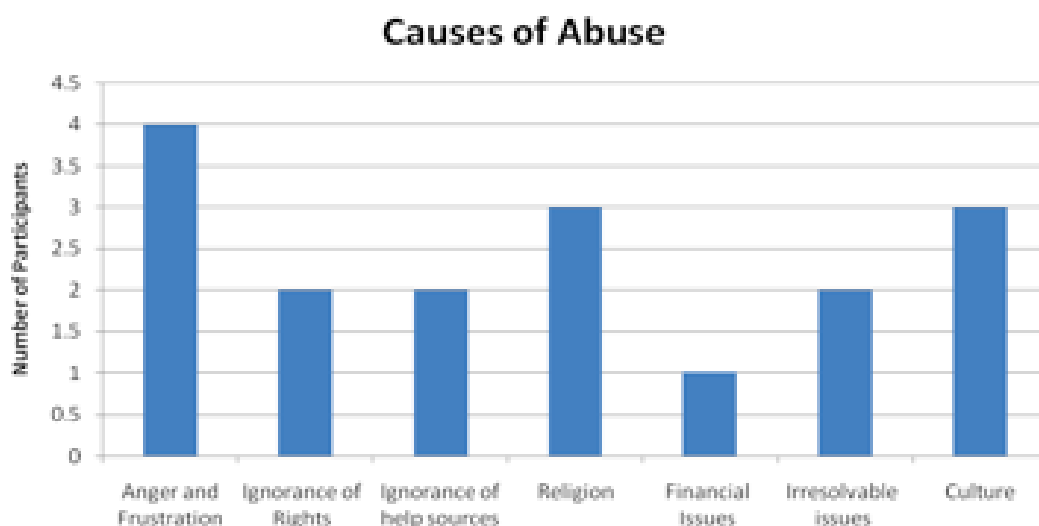
In order to discover if they believed that this violence could be ended, they were asked if they thought abuse can be prevented. Four participants answered "Yes" it can be prevented and two participants answered "No" it could not be prevented. Also, five participants claimed that there is not enough awareness while one participant claimed that there is enough awareness.

The researcher wanted to find out if awareness of domestic violence could end or reduce its occurrence. Four participants believe an awareness of domestic violence would bring about a reduction in the incident of it occurring but not end it and that a new understanding would have to take place in men for it to end. Two participants believed even awareness would not reduce the occurrence of violence.

The participants were asked for the different ways in which they felt awareness could be raised among African Pentecostals and each of them was given the chance to give multiple answers. Their collective answers included: seminars, couple evenings, marriage counselling, workshops, literature, use of drama, support for the abused, conferences and programmes on domestic violence, confidence building sessions, church sermons exploring the effects on the victims, speaking about it from the altar.

In order to determine the best strategy for awareness, each of them were asked which of the ways to raise awareness is best in their view. Their answers included: marriage seminars, couple evenings, Sunday school groups, counselling, teaching equality and confidence building, sermons and talks in church. Four participants mentioned sermons and talks in church as the best ways; one participant added marriage seminars and couples evening; one participant also added support for the abused; another participant added counselling; and another participant added teaching equality and confidence building.

Although the national organisation "Women's Aid" is doing much in raising awareness of domestic violence BME women are not exploring the avenues created by this organisation. The researcher asked them for the reasons why they do not explore the avenues created by

Women's Aid. Five participants talked about fear of the end-result and especially of losing their home:

- **Yemi/P1:** *"They are scared and may be thinking if they go it might cause another trouble for them"*

- **Grace/P2:** *"Fear, a lack of trust,*

- **Evelyn/P3:** *"Fear"*

- **Thelma/P4:** *"Scared to do so"*

- **Vivian/P6:** *"The women don't know how to bring it up. They are afraid of losing their home"*

Two participants talked about stigma and not being understood from their cultural point of view:

- **Yemi/P1:** *"A lack of confidence in the system and alienation from their society"*

- **Ade/P5:** *"Because they feel stigmatised and not well understood from a cultural perspective"*

One participant mentioned that the men are ignorant of domestic violence:

- **Evelyn/P3:** *"The perpetrator (men) are not educated or helped but judged"*

This may account for the major reason why men abuse women because they are not educated on the subject of domestic violence. There should then be a forum where men are trained on how to relate to their wives.

The women were asked for their expectations from their Pentecostal leaders in order to reduce domestic violence. Their answers included: counselling for couples, educating men, educating couples on conflict resolution and anger management, training counsellors on dealing with domestic violence, confidence building for women and provision of shelter.

After all this information was collated three clear sub themes emerged from this set of data.

Sub Theme 1: Communication issues

Four participants mentioned anger and frustrations from the man is the cause of their abuse. This can be categorised as a communication issue between husband and wife. The participant responses include:

- **Yemi/P1:** *"He is not able to manage his anger, feelings and emotions"*

- **Ade/P5:** *"Grievances and anger"*.

Two participants mentioned irresolvable issues as the cause of their abuse. Their responses include:

- **Evelyn/P3:** *"Poor understanding of domestic violence and how to resolve issues"*

There is also the issue of communication between the leaders and couples on the subject of domestic violence. The participants were asked which ways can awareness be raised. Multiple answers were given and they included: seminars, couples evenings, counselling, preaching in church. All the participant responses can be categorised as specific talks to couples on the part of the church.

Sub Theme 2: Culture

Three participants mentioned that Religion was the cause of their abuse

- ***Grace/P2***: *"My man is not contented and lazy and he feels he owns me and I should worship him"*

Three participants also mentioned Culture as the cause of their abuse.

- ***Thelma/P4:*** *"There are cultural or religious excuses by some that a man can discipline his wife"*

One participant stated that Finance is the cause of the abuse

- **Vivian/P6:** *"Frustration due to lack of Funds"*

The participants were also asked why the BME women are not exploring the avenues created by the Women's Aid. The responses of participants to this question were all cultural. The responses include:

- ***Grace/P2***: *"A lack of trust, a lack of confidence in the system and alienation from their society*
- **Thelma/P4:** *"The women don't know how to bring it up. They are afraid of losing their home"*
- ***Ade/P5:*** *"Fear"*
- **Vivian/P6:** *"Because they feel stigmatised and not well understood from a cultural perspective"*

The researcher grouped religion, culture and Finance together under culture for the purpose of this research. This is because the whole research was conducted in the Pentecostal community and therefore every participant is guided by the Pentecostal ethics

for example they have the same doctrines, believe in the Bible and the same mode of prayer.

The BME Pentecostal Communities holds marriage in high esteem because the Bible holds a high view of it.

> *"Marriage should be honoured by all, and the marriage bed kept pure, for God will judge the adulterer and all the sexually immoral"*

> *(The Holy Bible, Hebrews 13:4 NIV).*

All participants in this research are BME and live in a patriarchal culture. The father is the major provider in the home and the absence of a father may mean lack of funds. Also, as a practitioner researcher (Fox et al 2010) defined a Practitioner researcher as someone who is employed in a professional capacity but who as part of their role, is expected to undertake research), the researcher understands that a woman is stigmatised if she loses her marriage while there is no stigma on her husband.

Sub Theme3: Ignorance of Help

The participants were asked if they know the cause of their abuse. Three participants mentioned they were ignorant of their rights:

- **Yemi/P1**: *"I am ignorant of my right"*

It is a shame when a woman does not know her rights because she would not know what to do.

Three participants also mentioned that they were ignorant of the sources of help

- *Evelyn/P3*: *"I never knew I could get help"*

When someone does not have the knowledge of the available help she will not be able to access it.

Also, five participants agreed that there is not enough awareness of domestic violence.

4.3) Focus Groups

There were six participants in the single focus group. Each of them had experienced domestic violence before but in different measures. It was an open forum for all of them to participate and they all contributed enthusiastically. The one hour allotted to this focus group interview seemed not enough for them. One participant claimed to experience domestic violence everyday, two participants claimed to experience it once in a week, two participants experienced it once in a while and one participant claimed to experience it rarely. The commonality of their experience gave all of them the courage to speak openly about their experience and knowledge of the subject matter. The focus group questions are shown in appendix 2

The group was asked for the definition of domestic violence. All types of domestic violence were identified in their collective definition and this included: physical, emotional, financial, sexual, psychological, verbal and mental abuse. This gave the researcher the assurance that they understood what domestic violence means.

In defining the subject of domestic violence, all participants acknowledged that "low self esteem" is a factor in domestic violence.

The group was asked if they thought domestic violence could be stopped. Two participants believed domestic violence cannot be stopped while four participants believed it could be however only if public awareness can be raised.

Everyone in the group however believed that creating awareness could bring about a reduction in the occurrence but will not eradicate it. According to the group, awareness will reduce the incidence of domestic violence.

I recorded the focus group meeting and I later transcribed the information on paper. In the process of highlighting this data, three sub themes emerged as is detailed in Appendix 7.

Sub Theme 1: Public Exposition of Domestic Violence in the Pentecostal Community

The researcher asked them about the different ways successful awareness can be raised. The responses included:

- **Lydia/P1:** *'Support groups, seminars, crisis helpline, campaign'.*

- **Sandra/P2:** *'Leaflets, drama, seminars, counselling, support groups, talk shows, helpline'.*

- **Abigail/P3:** *'Holding counselling sessions, seminars, anonymous question boxes'.*

- **Martha/P4:** *'Seminars, private counselling, support groups, crisis helpline'.*

- **Mary/P5:** *'Flyers, little handouts, seminars, support groups, Christian helpline'.*

- **Janet/P6:** *'Campaign, seminars, helpline'.*

In summary, open discussion on the subject of domestic violence is a method that would allow successful awareness to be raised.

Sub Theme 2: Support network within the BME community to include counselling by elders.

In an attempt to discover the best strategies, the researcher asked the group for the best ways awareness can be raised. They all gave more than one answer. All six participants agreed on counselling to be the best way; four participants agreed on Crises Helpline; three participants agreed on prayer and two participants agreed on question box.

- **Lydia/P1:** *'counselling, prayer and intercessory, anonymous question boxes'*

- **Sandra/P2:** *'Counselling, Christian crisis helpline, prayer'*

- **Abigail/P3:** *'Counselling, crises helpline'*

- **Martha/P4:** *'crisis helpline, private counselling'*

- **Mary/P5**: *'awareness and counselling if couples are willing to come for it, general counselling on domestic violence, anonymous question boxes'*

- **Janet/P6**: *'helpline, seminar, prayer, counselling'*

The researcher probed Lydia/P1 and Mary/P5 on what they meant by question box and it was explained that a question box is suggested to be placed in churches and for people to write anonymous questions which would be answered publicly by the Elders.

- **Lydia/P1:** *"Its just an ordinary empty box to be placed at the back of the church so that if anyone has something to say without wanting to face a leader, she can drop her enquiry there"*

- **Mary/P5** *agreed with Lydia and added that "it's only the leaders that can open it"*

In summary, the strategy that was agreed by all of them and occurred in all statement was the value and the need for counselling.

Chart 3: Best Strategies for reducing abuse from Focus Groups

Best Strategies from Focus Groups
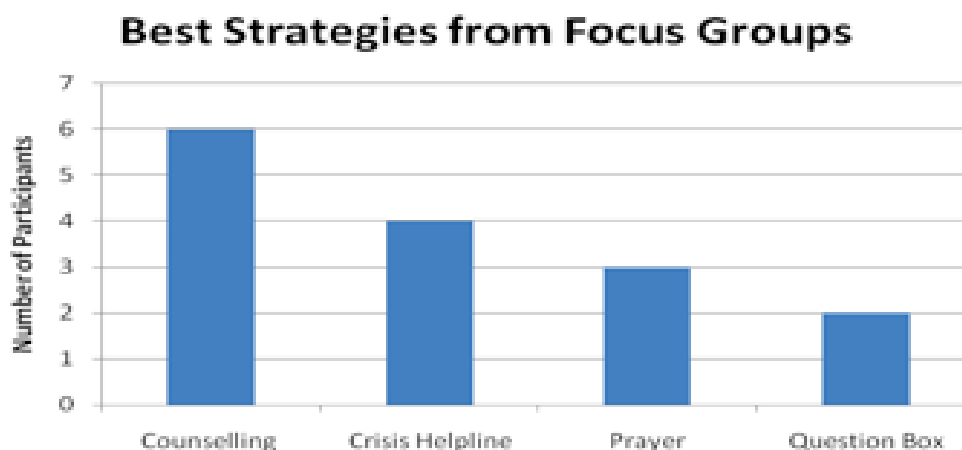
Sub Theme 3: Formulation of a Crisis Refuge

The group was asked what provisions they expect from the leaders in order to reduce domestic violence and they all gave multiple answers. All six participants believed in the provision of a refuge home; four participants believed in prayer and five participants believed in Helpline crises with the use of trained staff.

In conclusion with the focus group, the researcher informed them that most of the things they spoke about in the last paragraph are provided by "Women's Aid" (the key national charity working to end domestic violence against women and children in UK). She wanted to

find out why the specialist services provided are particularly undervalued as evidenced in Women's Aid (2008) literature. Some of their responses included:

- **Abigail/P3:** *'The European culture is very different from BME culture. Divorce is like an abomination to the BME tradition'.*

As an insider-researcher, the researcher understands that the BME culture holds Marriage in high esteem and they run away from everything that will separate a woman from their husband.

- **Mary/P5:** *'we need a place where we can pray and be refreshed by God when separated from the men; while the man is also being counselled and worked upon'.*

The Pentecostal culture of Prayer also needs to be considered when creating a Christian refuge.

- **Martha/P4** *concluded by saying "a temporary and not a permanent separation may be needed just for the couple to sort themselves out; and also the provision of a Christian refuge where children can grow in a Christian environment is what is needed".*

Although the BME Pentecostal culture holds marriage in a very high esteem there is still a need for a woman and her husband to be separated when there is domestic abuse.

4.4) Interviews

The participants were all women and were also leaders in the Pentecostal role. Four of them work as full-time clergy while two have their secular jobs. They have all counselled victims of domestic violence. They were six in number and they were all interviewed separately.

Each of them were asked for their definition of domestic violence and this ensured that they all have a full understanding of the subject matter. Their individual definition was not exactly quoted as the Government definition but had the same overall meaning. Their common answers included the different types of domestic violence which are physical, sexual, psychological, financial and emotional. Some added it involved bullying, controlling coercive behaviour, honour crimes, killings, name calling and some even confirmed that men use Bible references to gain their own way by using them wrongly.

All participants admitted that domestic violence exists in the BME Pentecostal Communities and some confessed that even some leaders suffer it. With the help of the personal assistant to each of the leader, I recorded the interview and I later on transcribed on paper. In the process of highlighting, three sub themes emerged from this set of data as can be observed in Appendix 8.

Sub Theme 1: Communication between couples and leaders

The participants were asked about what things they feel can eradicate domestic violence. All six participants agreed that the crime has to be communicated publically. Pastors should be involved in order for the crime to be included in Sunday sermons; church policies should also include domestic violence; there should be communication between leaders and families; and sufferers should be encouraged to speak openly about it. Moreover, emotional support should be provided to victims and there should be teachings on family relationships and anger management training for men. Some of the leaders' responses included:

- **Dorcas/L5:** *'Create an awareness; educate the community about what domestic violence really is. It's been in the dark (behind closed doors at home). Talking about it*

by the leadership brings it into the open as an issue that is wrong and must be stopped'.

Leaders understand that educating the community about the issue of domestic violence brings the subject matter into the open and more importantly when it comes from the leadership the occurrence of it reduces.

- ***Tonye/L6****: 'Awareness'*

Leaders understand the significance of awareness by talking about the subject matter of domestic violence gives people a caution and then reduces the occurrence.

Sub Theme 2: Training for Elders

Four participants advised that elders should be trained to counsel on the subject because many of them are not trained in handling domestic violence; and two participants advised victim refuge should be made available because sometimes it is expedient that there be a separation between the victim and the man for a while. Some of their responses include:

- ***Deborah/L4:*** *'Raise the awareness and offer education and training to "clergy and laity" to de-mystify domestic abuse'*

This leader understands that leaders need to be trained by professionals in dealing with domestic abuse. Pentecostal leaders understand that domestic abuse needs to be dealt with professionally.

- ***Jane/L3:*** *'I don't think people take the issue seriously and our leaders do not have enough training to deal with this issue. When people tell their friends, friends will*

advise them to report to the leaders and leaders have no training on this and there is the fear of divorce'.

Poor advice would be given by leaders who are untrained.

Sub Theme 3: Support for Victims

Finally the leaders were asked what provisions the Pentecostal leaders should make for the women in order to reduce domestic violence in the community. Their answers included Pre-marital counselling; developing good communication skills, prayers, teaching business and finance skills. The men's ministry should discuss domestic violence and educate men on the consequences of domestic violence to their wives and a Christian refuge for women and children should also be made available. Some of the responses include:

- **Judith/L 2:** *"Premarital Counselling is very important and must not be a crash programme and must include educating singles on the issue of domestic violence".*

Premarital counselling is counselling before marriage. It offers an avenue to create awareness of domestic violence before couples would enter into marriage.

- *Jane/L3: "Provision of Christian refuge for women and children who are being victimised. They don't go to shelter provided by the society because the environment is bad and some are not Christianly like smoking, verbal language being used by some people etc".*

The importance of a Christian refuge in dealing with domestic abuse cannot be overestimated. Some couples need to be separated for a period until their case is fully assessed. The Christian culture needs to be considered while providing a refuge for them.

- ***Deborah/L4:*** *"If necessary, provide financial support or a safe and secure home for people who might need to leave their homes for a while in special cases where life might be threatened".*

A Christian refuge is important in dealing with domestic abuse in the Pentecostal community.

- ***Tonye/L6:*** *'Educate the men about change in culture and perception of the gospel especially when they use the scripture to support themselves'.*

When the Pentecostal leaders are trained, it becomes easy for them to educate the men and teach them how to interpret the scriptures properly.

In order to help the leaders achieve their target in this regard, the researcher asked them how successfully awareness could be raised in the BME Pentecostal communities and if there are actions they would support. The following themes were derived from their responses: education, use of conferences, drama, symposium, posters, survivor stories, counselling, developing good communication skills, teach children about love and train elders in counselling; create a helpline for sufferers.

Also, all the leaders agreed to support all means of raising awareness of the subject matter. Some of their responses include:

- ***Frances/L1:*** *'Yes I will support all form of awareness of domestic violence. I currently serve as lay member of my County Safeguarding Children's Board and domestic abuse is key to safeguarding children'.*

Leaders were aware of the issues of domestic violence in their community and some are already directly or indirectly involved in creating awareness.

- ***Judith/L2:*** *'I can campaign for its awareness and teaching and providing support'.*

Pentecostal leaders were willing to give their support but they needed to know what to do.

- ***Jane/L3:*** *'I will support all forms of awareness because women are suffering silently, they are depressed and some can even think of suicide'.*

Some leaders were aware of the effect of domestic violence and therefore they were willing to give their support to awareness of domestic abuse.

Table 5: Summary of the sub themes identified from within all the data collections

Surveys	Focus Groups	Interviews
Communication Issues	Public Exposition of Domestic Violence in the Pentecostal Community.	Communication between couples and leaders
Culture	Support network to include counselling by elders	Training for elders in counselling
Ignorance of Help	The formulation of a crisis refuge	Support for Victims

4.5) Summary of the Chapter

The sub themes that emerged from all data in Table 6 above can be further concentrated into three main themes. They are:

- Communication between couples and elders
- Training for elders in counselling
- Support for victims

They will all be discussed fully in the next chapter.

Chapter Five: Discussion

This study has revealed from participant feedback a number of issues that are central to identifying the best strategies of raising awareness of domestic violence and curtailing its occurrence in the BME Pentecostal Community. These issues form three major themes from within the data as shown in the previous chapter. This chapter therefore aims to discuss each of them in relation to the findings in this data. The three major themes are:

- Communication between couples and elders
- Training for elders in counselling
- Support for victims

5.1) Communication between couples and elders

From this study, the participants identified that there is communication difficulty between couples and between the elders. Marriage in the BME Community in which this study is

located is a form of partnership; the church elders-couples relationship is also a form of partnership.

Clear communication is therefore very important in all spheres of relationship which includes marriage and church relationships. Sule (2012) asserts that communication forms a core skill of our professional as well as personal life. The ability to communicate your thoughts successfully and effectively improves your career prospects as well as strengthens relationships. Shukla (2011) considers that there is more to communication than just talk and gesture. Listening, understanding and interpreting are as much integral to communication as words - verbal, written or gestured.

In this research, the participants felt that there was no help. The elders in the church stand in the position of authority and should help couples clarify and settle their difficulties. The couples need to be taught conflict resolution techniques for the success of their marriage. Therefore, if the victims find it difficult to approach the elders then there is a communication difficulty here. Many people in the BME community depend on the church to meet their needs, so the church needs to take on the responsibility for eradicating domestic violence in order not to fail the people. African Church leaders need to be informed about domestic violence and to be in a position to give proper advice to those seeking help. This gap in their knowledge makes a case for including education on Domestic Violence in the courses taken by African Church leaders as part of the process of becoming a Pastor.

Communication plays a vital role in relationships as it allows us to share interests, aspirations and concerns, in order to support each other, to organise our lives and make

decisions and to care for our children (Better Health Channel. Fact sheet 2015). Good communication is about the way we talk and listen and about our body language (Better Health Chanel. Fact sheet 2015).

Clear communication in a relationship is vital. No matter how much you understand your partner, you cannot read their mind. Clear communication helps to avoid misunderstandings that may lead to hurt, anger or confusion (Factsheet 2015)

However, Covey (2004) says communication is the most important skill in life and the key to effective interpersonal communication is seeking to understand, and thereafter to be understood. Covey (2004) also mentioned that most people do not listen with the intent to understand; they listen with the intent to reply. They are either speaking or preparing to speak.

Ellis (2013) mentioned that couples who misinterpret or do not listen to each other are at risk of communication breakdown. To the researcher, this therefore means the art of listening and understanding the other person, which cannot be over emphasized in relationships. Ellis (2013) affirmed that marriages cannot be sustained when communication breaks down. Therefore, to the researcher, it means that to have a rich rewarding family relationship, there must be understanding between the two parties. (Adefala, 2009) says men and women are "wired" differently in terms of verbal communication. Research suggests that the average woman speaks nearly three times as many words per day as the average man. 'Women do not struggle with speech, but for 99% of men this is their weakest area' (Adefala, 2009, Page 93).

Eric Berne was a practising psychiatrist in the 1950s. In the course of communicating with his patients, he identified three ego states (Parent, Adult, Child) in each of them (Berne, 2016).

Berne (2016) explained that the parent state represented a substantial collection of recordings in the brain of external events experienced or perceived in approximately the first five years of life. It was called Parent because the majority of the external events experienced by a child are actions of the parent.

Berne (2016) explained the Child state as the recordings in the brain of internal events that are associated with external events the child perceives. This means that there are emotions or feelings accompanying external events that are stored in the Child from childbirth up to the age of approximately 5 years old.

Berne (2016) also explained that in the Adult state data grows out of the child's ability to see what is different to what he or she observed (Parent) or felt (Child). Berne (2016) describes the Adult as mainly concerned with changing stimuli into information, and processing and filing that information based on previous experience.

Communication is not only verbal; nonverbal communication often constitutes a larger percentage of daily interaction. Gestures, body language and eye contacts are all forms of non-verbal communication, which send strong message to another person. It takes more than words to create a fulfilling and strong relationship (Adefala, 2009).

Couples should be able to discuss difficulties concerning their relationship, including children, work, and sex or even household management.

5.2) Training for Elders in counselling.

This is the second of the three major themes revealed by the data in the previous chapter The British Association of Counselling and Psychotherapy defines counselling as a term that covers a range of talking therapies. It is delivered by trained practitioners who work with people over a short or long term to help them bring about effective change or enhance their wellbeing (www.bacp.co.uk. 2008). Stelter (2009) stated that there are three main benefits of counselling which are:

- The primary benefit of counselling is that it gives a person a safe and secure place to talk to another person, and counsellors are trained to be able to listen to and understand anything, no matter how strange or unusual it may seem at first (Stelter 2009).

- It is also very beneficial in that it places a high value on the worth of the individual. The individual is never condemned for seeking counsel and is given support in choosing which method of counselling to use (Stelter 2009).

- The client works with the counsellor to establish reasonable goals that he or she wants to attain from counselling (Stelter 2009).

Counselling is a very emotionally gentle process. In general, counselors are trained to be very emotionally gentle because slight comments or mistakes from them that are perceived by the client as threatening or judgmental can harm the therapeutic relationship (Stelter 2009). From this data analysis, nearly all clergy counsel either with or without counselling skills but the problem as discovered from this study is that only a minority of them are willing to counsel on the topic of Domestic Violence. General Counselling courses do not

usually include topics on domestic violence hence the Elders in the Church do not possess the skills needed to effectively deal with the needs of the community.

In this study all leaders in the BME Pentecostal community have no choice but to counsel because of their position of authority within their religious community. However, four out of the six leaders that were interviewed did not have the knowledge to deal or handle domestic violence as revealed in the details of this research. The four leaders mentioned that many leaders do not have training in dealing with domestic abuse and they identified that leaders need to be trained in dealing with domestic violence issues.

Jane/L3:

> *'I don't think people take the issue seriously and our leaders do not have enough training to deal with this issue. When people tell their friends, friends will advise them to report to the leaders and leaders have no training on this and there is the fear of divorce'.*

The curriculum of the Counselling Course does not include the issues of domestic violence. According to the Counselling Directory (www.counselling-directory.org.uk/abuse. 2014), there are no official rules or regulations that determine the level of training that is needed by an abuse counsellor. However, it is recommended that you check to see if your therapist is experienced in this area. A Diploma level qualification (or equivalent) in abuse counselling or a related topic provides the assurance and the confidence that a counsellor has the

necessary skills. It also confirmed that the counsellor has this type of specialist training as is confirmed by the fact that they belong to a relevant professional organisation representing counsellors dealing with abuse.

Domestic violence is a very sensitive issue. A counsellor needs to be trained to understand the meaning and definition of abuse and its effects on victims and their children. This research discovers that victims find it difficult to talk about it. It is about safeguarding adults and children therefore; there is the need to be aware of the different organizations that deal with domestic violence in order to signpost victims to the relevant organization.

Four participants advised that elders should be trained to counsel on the subject because many of them are not trained in handling domestic violence;

Counsellors dealing with domestic violence would benefit from understanding the Duluth model because it aims to keep perpetrators accountable and safeguard victims. The model can be used in different ways for ending domestic violence in the community (DAIP. 2011)

According to Domestic Abuse Intervention Programmes (DAIP. 2011) a community using the Duluth Model approach is characterised by the following:

- The offender is responsible for his abuse and the victim has no blame (DAIP 2011).

- There are shared policies and procedures for keeping victims safe and offenders accountable across all agencies (DAIP 2011) .

- The experiences and voices of women who are victims take priority in the creation of the policies and procedures (DAIP 2011) .

- The belief that domestic violence is a pattern of actions that is used to intentionally control or dominate an intimate partner and thereby works to change societal

conditions that support men's use of tactics of power and control over women (DAIP 2011).

- Offers change opportunities for perpetrators through court-ordered educational groups (DAIP 2011).

- Improves the community's response to domestic violence through ongoing discussions between criminal and civil justice agencies, community members and victims in order to close gaps (DAIP 2011).

- The Power and Control Wheel is based on the assumption that a perpetrator's purpose of the violence is to exert power and control over the woman (DAIP. 2011).

The Power and Control diagram is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviours. It shows the pattern of actions that a perpetrator uses to intentionally control or dominate his intimate partner which is the reason for the two words "power and control" to be written at the centre of the wheel. A perpetrator systematically uses threats, intimidation and coercion to instil fear in his partner. These behaviours are the spokes of the wheel. Physical and sexual violence holds it all together - this violence is the rim of the wheel (DAIP 2011)

The Duluth Model of Power and Control Wheel Model is illustrated as a Wheel of aspects of Domestic Violence as shown in Fig 1 below. It depicts violence and abuse as intentionally aimed at controlling the partner's actions, and as part of a consistent pattern of behaviour- rather than isolated incidents of abuse, or the cyclical build up of tensions leading to repeated explosions (Women's Aid 2011).

Figure 1: Duluth Model Power and Control Wheel

VIOLENCE

PHYSICAL · SEXUAL

USING COERCION AND THREATS
Making and/or threats to do something to hurt her · threating to leave her, to commit suicide, to report her to welfare · making her drop charges · making her do illegal things.

USING INTIMIDATION
Making her afraid by using looks, actions, gestures · smashing things · destroying her property · abusing pets · displaying weapons.

USING ECONOMY ABUSE
Preventing her from getting or keeping a job · making her ask for money · giving her an allowance · taking her money · not letting her know about or have access to family income.

USING EMOTIONAL ABUSE
Putting her down · making her feel bad about herself · calling her names · making her think she's crazy · play mind games · humiliating her · making her feel guilty.

POWER AND CONTROL

USING MALE PREVILEGE
Treating her like a servant · making all the big decisions · acting like the "master of the castle" · being the one to define men's and women's roles

USING ISOLATION
Controlling what she does, who she sees and talks to, what she reads, where she goes · limiting her outside involvement · using jealousy to justify actions.

USING CHILDREN
Making her feel guilty about the children · using the children to relay messages

MINIMIZING, DENYING AND BLAMING
Making light of the abuse and not taking her concerns about it seriously · saying the abuse didn't happen · shifting responsibility for abusive behavior · saying she caused it.

PHYSICAL · SEXUAL

VIOLENCE

(www.duluthmodel.org. 2014)

In the questionnaire data, the participants were asked for the cause of their abuse. Three participants claimed that their religion calls for a disciplined wife; three participants claimed it was cultural because their belief is to worship man. It can therefore be argued from the research findings that the experience of Domestic Violence for BME (Pentecostal) women is even more delicate as the women may also have to deal with real or perceived discriminatory responses from other professionals and real or perceived cultural ostracism.

According to Women's Aid (2011) the Duluth wheel has enabled thousands of women to identify their partners' abusive behaviour and has helped in confirming to them that they are not to blame when their partners are violent towards them.

Counsellors would benefit from understanding the Equality Wheel (Fig 2). The Equality Wheel is the complete opposite of the Power and Control Wheel (when you compare Figure 1 and Figure 2). According to DAIP (2011), the Equality Wheel was developed in order to describe the expected changes from perpetrators in their attitudes and behaviours. For example, the "emotional abuse" segment on the Power and Control Wheel is contrasted with the "respect" segment on the Equality Wheel. Therefore, the wheels can be used together as a way to identify and explore abuse and to encourage positive changes in attitudes and behaviours (DAIP, 2011)

Figure 2: Equality Wheel (www.lincolnshire.gov.uk/domestic-abuse/2015)
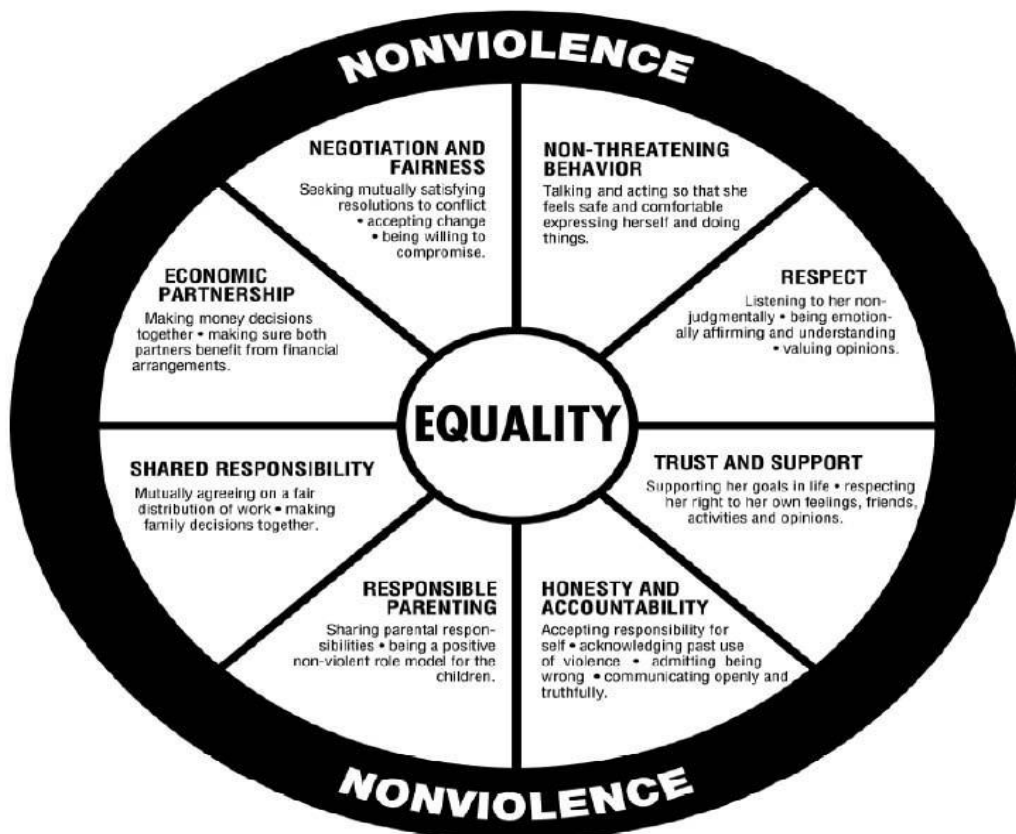
5.3) Support for Victims

The effect of Domestic Violence on Women is devastating and life changing as discussed in chapter two of this study. According to Cramer and Carter (2002) domestic violence accounts for homelessness, Walby and Allen (2004) mentioned that domestic violence accounts for physical injury and also has a detrimental impact on employment and can result in mental or emotional problems.

In the interviews, as with the focus groups, the researcher asked the participants what provisions they expect from the leaders in order to reduce domestic violence and they all gave multiple answers. All six participants believed in the provision of refuge homes; four participants believed in prayer and five participants believed in Helpline crises with the use of trained staff. These three provisions are therefore discussed below.

a) Prayer

Prayer and meditation are health-enhancing techniques that have been used for centuries and more recently they been investigated in the context of more conventional, allopathic medical approaches. These studies, despite methodological limitations, show some promise for the formal application and integration of these techniques into western medical practice. According to Schiffman (2012), prayer is the most widespread therapy in America. Schiffman (2012) mentioned that over eighty five percent of people confronting major illness pray according to a University of Rochester study. He also affirmed that increasingly, there is anecdotal evidence that, prayer works.

The Pentecostal Community stems from Christianity and Prayer, which is fundamental in the Pentecostal community because the Bible says men should always pray and not to give up

(The Holy Bible, Luke 18:1). Being a member of the Pentecostal Community, the researcher understands prayer to be communication between an individual or a group of individuals and God. The belief is that prayer with appropriate application of knowledge on how to prevent domestic violence will help. It is further believed by the Pentecostalists that Jesus taught his followers to talk to God in the same way that he did – as a child speaks to an adoring father. When they pray, Christians sense that they are in the presence of God. They are seeking to come closer to their maker and shaper of the world's destiny. Christians lay themselves open to God revealing their deepest hope, happiness and anxiety for God to direct and change them. (www.christianity.org.uk.2014). Kingsley (2015) mentioned that prayer helps us to find our way when we are lost in the journey. It gives us grace and strength in the valley of rejection and becomes the wing with which we take our flight from the valley (Kingsley, 2015). The researcher attempted to discover the best strategies for awareness raising on Domestic Violence in the focus group; four participants agreed on the power and usefulness of prayer as a response to Domestic Violence.

Oyedepo (1998) mentioned the possibility of receiving direction through prayers; and Munroe (2002) said that prayer has the power to transform lives, change circumstances, and enables peace and perseverance in the midst of trial.

Boelens et al (2009) confirmed that direct contact person-to-person prayer might be useful as an adjunct to standard medical care for patients with depression and anxiety. Findings in Saudi et al (1991) suggest that prayer can be a helpful, direct-action coping mechanism and warrants support by health personnel.

Prayer can involve words, silence, and reading, responding to art, or listening. Christians look for answers to their prayers in a change to their own actions and attitudes, and are overjoyed when the result is something that they recognize to be a miraculous intervention by God. But despite this, it is believed that God undoubtedly registers and responds in some way to all kinds of prayer – even the desperate cry in an emergency of someone who has barely even thought about whether he exists (www.christianity.org.uk. 2014)

In the interview with the focus group (only one focus group was held), the researcher asked what provision they expected from the religious leaders in order to reduce domestic violence. They all gave multiple answers however, four participants believed in prayer. The researcher also asked the six leaders what provisions the Pentecostal leaders should make for the women in order to reduce domestic violence in the community. They all had multiple answers and their answers included prayers.

Prayer is therefore an important ingredient in the life of a Christian individual. Domestic Violence should then be an open objective for prayer meetings and campaign exercise.

b) Victim Refuge

A Refuge is a temporary crisis emergency accommodation, advocacy, outreach and resettlement support to all victims of domestic abuse (www.womensaid.org.uk.2013). Any woman who needs to escape from domestic violence or abuse can go into a refuge at anytime. In order to arrange a refuge, a victim needs to call the Free phone National 24-hour Domestic Violence Helpline on 0808 2000 247 (Women's Aid 2009). Accommodation is not usually booked in advance but a victim can go in from the first day of her call (Women's Aid 2009). Refuge addresses and sometimes telephone numbers are confidential. A victim can decide whether she wants a refuge very close to where she lives or wants it very far but

the refuge will not usually accept victims into their local areas (Women's Aid 2009). Children can also live in the refuge with their mothers (Women's Aid 2009).

When a refuge accommodation has been found for the victim, a member of staff or a volunteer from the organization will discuss how to get there (Women's Aid 2009).

Domestic Violence victims stay in the refuge to achieve a break from violence; some make plans of escape from danger in the future; and some decide to return to their partners. All participants in the focus groups mentioned refuge accommodation and that what they need, is a temporary and not a permanent separation. The participants in the focus group emphasized the need for a godly environment within the Refuge because they will want their children to grow in a Christian environment. According to them, the refuge should be a place where the woman can think and sort herself out as to what it is exactly that she wants to do. They included in their comments that they need a place where they can pray and be freshened by God during the period of separation while the men also go through a period of counselling.

The researcher also found that there are refuge hostels already being provided by Women's Aid and other domestic violence organisations including Shelter and Housing for Women. The participants mentioned that if the Women's Aid support, which is a national organisation campaigning and providing support for victims of domestic violence in UK, really wants to help them, they must take their culture and religion into consideration. They commented that the refuge homes presently are not conducive to them and their children because people smoke and drink alcohol and the women's fear is that their children may leave the refuge worse than they came in. According to the participants, efforts should be

made by Women's Aid to make an adequate provision that is suitable to their culture and religion, which will encourage them to visit and make use of their facilities. This may well be one of the explanations to the evidence in the Women's Aid briefing (2008) on *"Making Domestic and Sexual Violence a priority"*, . From this report based on a recent survey of 500 local domestic and sexual violence services it was shown that specialist services for Black, Asian, Minority Ethnic and Refugee (BAMER) women are particularly undervalued. From these reports and the data collected in this research, the researcher can deduce that there is a necessity for a BME Pentecostal refuge to be in place in the nation for ease of access for this community and that the refuge must provide a Christian environment where the victims and their children can feel safe.

c) Helpline

A personal Helpline can be used by people of all ages who could be vulnerable or at risk in their own home anywhere in the UK. The personal Helpline device is intended to be easy to use**;** it is worn as a pendant and includes a small telecommunication device with a button.

Women can seek help by calling the National Domestic Violence 24 hour service by simply pressing the small the small button on a landline telephone (www.helpline.co.uk. 2013). The Helpline Partnership is the membership body for organisations that provide helpline services in the UK and internationally (www.helpline.org. 2013). In dealing with domestic violence, Women's Aid provides a Helpline as practical support. The Helpline service helps to give women, children and their supporters the confidential support and information they need and to ensure their safety. The information provided includes (www.nationaldomesticviolencehelpline.org.uk. 2016):

- *To refer women (with or without children) to emergency safe accommodation*

- *To provide information about legal, housing or welfare rights and options and referral to relevant services and professions*

- *To carry out online crisis and safety planning*

- *To offer emotional support and (if appropriate) refer to counselling services*

- *to refer women to face-to-face support via community based drop-in or outreach domestic violence services in their locality*

- *To refer callers to the online Survivors Handbook or send them an information pack, with a range of help and information leaflets that are all available in different languages*

- *To make use of Helpline staff who are a source of practical help and information about housing rights and entitlements, information on getting injunctions or reassurance about calling the police.*

<div align="right">(www.nationaldomesticviolencehelpline.org.uk. 2016)</div>

In this research, four Participants from the focus groups mentioned a helpline. They claimed that this gives an opportunity for women to express themselves as soon as possible, which was a point, mentioned in the survey group that women need to come forward and express themselves. The researcher feels that the Helpline facility may reduce the death rate among women experiencing domestic violence if it can be quickly reported. One participant leader stated that "havoc" is going on in marriages to the extent that some men are killing their wives; another participant also stated that some women are suffering silently, they are depressed and some can even think of suicide and that helplines should be provided for incidents to be quickly reported.

In UK, there is a 24- hour National Domestic Violence Free phone Helpline which can be accessed through telephone or by dialing 999. Also, there is an email facility whereby a victim can send an email to helpline@womensaid.org.uk. The service is intended to be responsive, empowering and effective. It provides confidential support and gives the necessary information to women, children and their supporters at the time that they need it. The aim is to keep women and children safe (www.nationaldomesticviolencehelpline.org.uk. 2014). There are translation facilities for callers whose first language is not English, and a service for callers who are deaf or hard of hearing.

In this research, some participants noted they are aware of BME women who are suffering silently, they are depressed and some can even think of suicide, help lines should therefore be adapted more for their cultural needs in order to report their incidents.

Following the above points, the researcher can deduce that the Women's Aid is doing an excellent job with their National Helpline but the BME Pentecostals need consideration in terms of their culture and their faith in the support services that are rendered in order for them to have the confidence to access the services.

This research therefore indicates that there is a potential need for a more culturally relevant domestic violence help and support service. This may not require a new helpline service but could possibly benefit from a more culturally focused promotion of domestic violence help support and training for community helpers for example the leaders. Campinha-Bacote (2007) has defined

"cultural competence as the ongoing process in which the healthcare professional continuously strives to achieve the ability and availability to work effectively within the cultural context of the patient (individual, family, and community)".

Campinha-Bacote (2007)Pg 181

Papadopoulos et al (2004) advised on strategies that local key stakeholders can implement to help ensure their services are culturally competent. This includes recruiting from the communities, faith based approaches to health promotion, cultural competence training, getting advice from experts, advocacy work, involving user groups and working in appropriate venues.

5.4) Reflection on the Research Process and its limitations.

The limitations the researcher encountered when conducting this study were mainly within the sample. As the sample size was small; only consisting of eighteen people the researcher had to use the exact numbers in the analysis rather than percentages. While the research sample size represents a small Pentecostal Community in the South of England, it is unlikely to be proportionate to the entire female population of the Pentecostal community in England and therefore unrepresentative.

Also, the research was time consuming even though the sample size was small. It took the researcher a long time to meet each of the six leaders; their diaries were full and there were times that scheduled appointments had to be re-scheduled. My observation was that they were very interested in the subject of the research because all of them claimed that they had come across instances of domestic violence but they were not really sure how to deal with it. They were quite happy to talk to me and they were quite open in exposing their ignorance of the subject of this research. The researcher felt that each of them were quite

comfortable with the interview because they understood that the interview was only for the purpose of the research and their full names and details would not be divulged in the research. Each of them also showed an enthusiasm towards any movement or campaign in the subject of domestic violence. They are ready to learn and to take part in any Pentecostal movement that will reduce domestic violence. Also, the researcher being a Pentecostal leader and insider researcher was able to engage with the interviewees and put them at their ease.

Bringing the focus group participants together and negotiating a common time among them was also challenging. They were all busy people with work and children.

The intention of the researcher is to take this research further and be able to explore the results and findings in this research. This will give the researcher the opportunity to prove in practice the results and find out the effectiveness of the best strategies proposed by this research. In future, the researcher hopes to use a much larger sample size and to combine both quantitative and qualitative methods in order to avoid the limitations poised by the small sample sized used in this research.

Chapter Six: Conclusion

6.1) Conclusions.

This small research study has therefore aimed to explore the women's understanding of domestic violence in the BME Pentecostal community with the objective of identifying the best strategies to raise awareness of Domestic violence in this community in an area of London UK.

The research question that was posed at the beginning of the research was threefold:

a) What do women victims of domestic violence understand by the term "Domestic Violence"?

b) What are the factors that maintain its continuance?

c) What strategies can be employed to raise awareness and curtail its occurrence in a BME community?

The definition of Domestic Violence adopted by this study is based on the Government statement of 2015 which states that Domestic Violence is:

> *"any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who have been intimate partners or family members regardless of gender or sexuality"*
>
> *(Home Office 2016. Accessed on 9th May 2016).*

Whilst many studies have concentrated on providing important necessary insights into reducing and dealing with women and domestic violence, this study has probed deeper, illuminating the complexities of the BME Pentecostal communities and their non-interaction and under-usage of the facilities provided by the national charities such as Women's Aid in relation to their family health and social-wellbeing. The research has shown how the BME Pentecostal communities cultural beliefs have affected their help-seeking behaviour, which has contributed negatively to their health and social wellbeing. This small research study has therefore aimed to explore the women's understanding of domestic violence in the BME

Pentecostal community with the objective of identifying the best strategies to raise awareness of Domestic Violence in this community in an area of London UK.

The researcher hopes that, as well as providing evidence for strategies for change, the report has enlightened and informed its readers about other BME Pentecostal communities, their culture and beliefs and how others in other small ethnic communities could be helped to bring about a reduction in the incidence of domestic violence in their community. This would be in keeping with the objective of the national charity (Women's Aid) whose prime intention is to bring about a reduction in domestic violence for all women experiencing such violence throughout the UK.

In conclusion, answers to these questions as derived from this research are considered as follows:

The factors that maintained its continuance were culture and beliefs. There was cultural acceptance of such behaviour either because it was seen as a normal method of resolving conflict or as a usual part of rearing a child. Both were risk factors for all types of interpersonal violence (WHO. 2009). There will therefore be a need for cultural competence as proposed by Papadopoulos et al (2006) where effective health care will take into consideration people's cultural beliefs, behaviours and needs.

With this new understanding arrived at, the following strategies will be implemented.

1) To lead SAFE ARMS, an organisation registered and managed by the researcher. It would consist of a team of multi-disciplinary consultants and works in London and its environs. Its aim is to transform relationships between couples and families by raising awareness of

domestic violence, tackling its issues and reducing its effects on survivors. The intention is to empower survivors and train leaders in dealing with domestic violence. It will work with the Media, Care Professionals and other Statutory Organisations in achieving its purpose. All staff involved in the organisation will be from the BME Community.

The vision of SAFE ARMS will be to give hope and restore dignity to women's lives and its mission statement will include:

- Empowering women undergoing pain in relationships

- Helping women to gain back lost confidences

- Helping women to overcome set-backs

- Providing the platform for women to live in love again

- Act as a bridge for a better and smoother relationship

- Finding new ways to more effectively promote and increase relevance of information about domestic violence to the BME Pentecostal community.

2) Communication between couples and elders in the church. All relationships depend on communication and that involves both parties being able to talk openly about domestic violence within marriage. African church elders need to widen their education in order to be able to give proper advice and support to couples about this topic. Training for elders in counselling for the purpose of dealing with domestic violence has to be compulsory and not optional as it is now. The community also needs to provide health promotion in the form of support for victims using the accepted approaches that involve Prayer, Victim Refuge and a Helpline. Community members who deliver health promotion need to be actively involved

in developing health promotion policies, strategies and planning as they are the ones who are the most acutely aware of their clients' needs and the barriers they may face to getting health promotion. Culturally competent health promotion benefits all as it means services are targeted at assessed needs in ways that are sensitive to individuals' beliefs, values and culture (Papadopoulos et al., 1998). This is important for the smooth running and efficacy of health promotion services whether they are statutory or community controlled (Lay et al, 2007).

6.2) Contribution to Practice

The effect of writing this report on the researcher is that the researcher has grown a keen desire to work in partnership with Women's Aid and other community groups that deal with domestic violence and to be a link in achieving the objective of this study through the establishment of Safe Arms. The outcome of this research will be a series of recommendations for change in the domestic violence support service in order to reach the BME Pentecostal community. The key stakeholders for this report are the national charity (Women's Aid) that deals with domestic violence in the UK and the provision of guidance on cultural issues and points for consideration for Domestic Violence sufferers within other BME Pentecostal Communities.

SAFE ARMS will endeavour to include the subject of domestic violence into Pentecostal pre-marital counselling. On a wider level SAFE ARMS will be involved in organising campaigns against domestic violence at both local and national levels using different forms of media resources and in organising seminars and conferences. In addition, SAFE ARMS will be involved in counselling, training Christian elders in dealing with domestic violence issues and possibly managing a helpline for Women's Aid. The findings from this research will also be

disseminated to a wider audience through publication with my research supervisors in an international journal.

6.3) Personal Reflections on the research Process.

I started this research with some basic research skills. Since that time, I have learnt to prioritise the latest publications more than the older ones and my writing skills have improved. I have been able to write and publish my first book titled "Becoming a Cornerstone" (Kingsley 2015) during the course of this study. I have written in journals and magazines (Courage and the Christian Woman 2014; 2015) since the inception of this study. All these stand to benefit me in my career progression.

Prior to this study, I have had some knowledge in conducting qualitative research from my previous study at University of Kent. However, this research study has updated and extended my knowledge of conducting qualitative research. I am able to collect data, analyse the data and to prioritise validity and reliability of the research.

I have appreciated the importance of piloting and triangulation in research and I have gained much knowledge in the use of reliability and validity techniques in qualitative research. The whole research process, which includes the proposal, the secondary data collection, the primary data collection, analysis, results, and findings, discussion and the conclusion have contributed immensely to me as a scholar. I have been able to increase my self-confidence through the process of writing this study and my knowledge of the subject matter has greatly expanded. I hope that this will help me to take forward my intention to bring an end to domestic violence within my community.

I must emphasize the roles and contribution of my Academic Advisors who gave me valuable support and practical advice as to how to deal with issues that arose within the course of this writing. It must also be emphasized that at each of my meetings with them, my enthusiasm for completing this research was always heightened.

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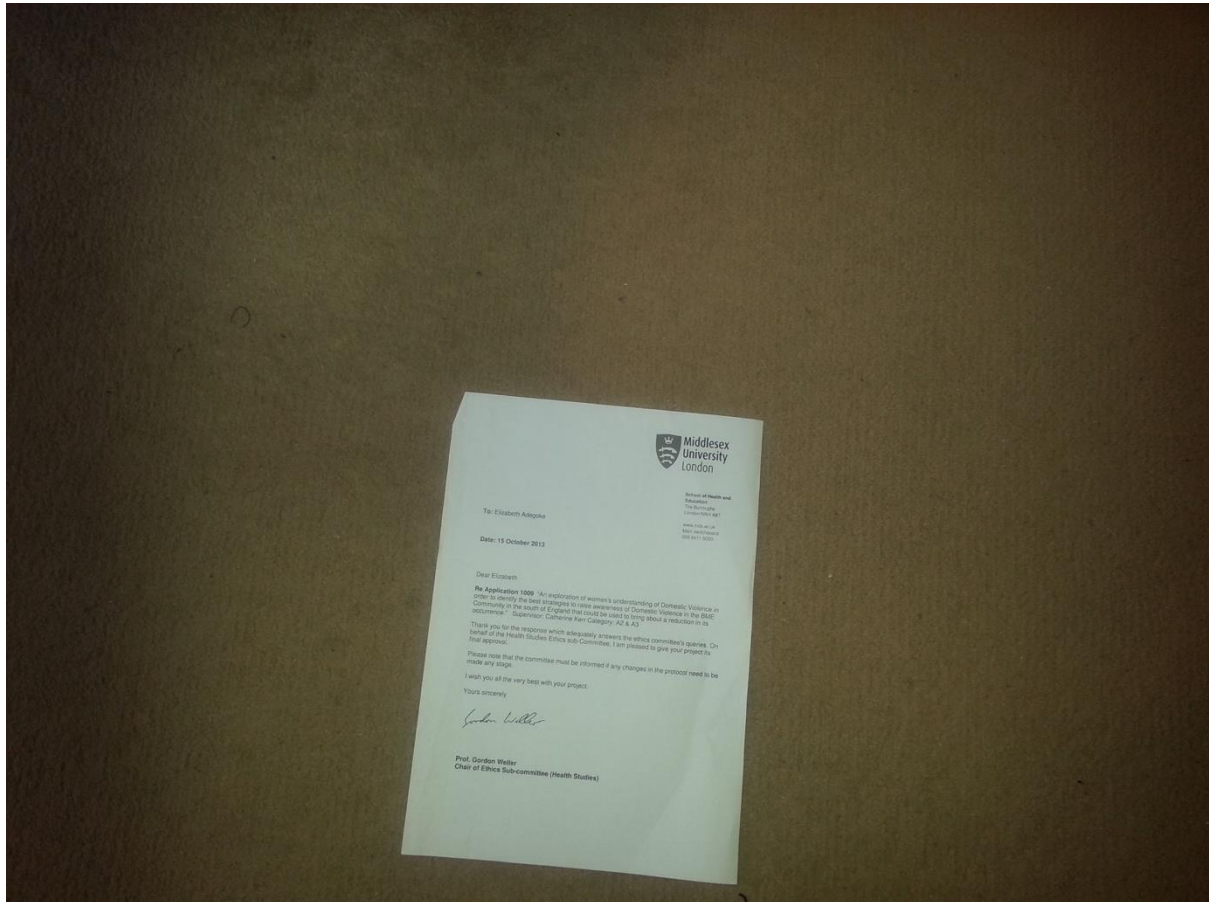
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Appendices

Appendix 1

Appendix 2: Sample Questionnaire

<u>Sample Questionnaire</u>

1) What do you understand by the term Domestic Violence

2) Have you experienced Domestic Violence from your intimate partner before
   a) Yes   b) No
   b) What type?
      a)Physical b)Sexual   c)Financial   d)Verbal e)Emotional
3) Why do you think it happened?

4) Do you think Domestic Violence can be prevented
   a) Yes   b) No
5) Do you think there's enough awareness of domestic violence?

   a)Yes   b) No

6) Do you think awareness will reduce it?

7) In what ways do you think awareness can be raised among African Pentecostals
   a)
   b)
   c)
   d)
   e)

8) In your view, which is the best way?

9) Why do you think BME women is not exploring the avenues created by the Women's Aid

10) What provisions do you think the Pentecostal leaders should make for the women in order to reduce domestic violence in the community?

Sample Guide Questions for Focus group

What does Domestic violence mean?

What are the different types?

How often do you experience it?

Do you think it can be stopped?

How?

Do you think awareness will reduce it?

What ways can successful awareness be raised in this community?

Which ways are the best?

What provisions do you think the Pentecostal leaders should make for the women in order to reduce domestic violence in the community?

Interview Questions for the leaders

Please what do you understand by domestic violence?

Do you think it exists in the Pentecostal BME community?

What are things you feel can eradicate it among BME Pentecostals?

How can we raise successful awareness?

Is it something you would support?

What provisions do you think the Pentecostal leaders should make for the women in order to reduce domestic violence in the community?

Appendix 3

Questionnaire Analysis (with Victim of Domestic Violence)

1) What do you understand by the term Domestic Violence

   bullying attitude;
   overpowering women;
   emotional, financial, physical, sexual, verbal abuse; neglect; bad treatment in the
   home or the community and the abuse is mostly to women'.
   emotional abuse (4)
   physical abuse (3)
   verbal abuse (1).

2) Have you experienced Domestic Violence from your intimate partner before
   a) Yes (6)

   b) What type?

   a)Physical (5) b)Sexual (2) c)Financial (4) d)Verbal (4) e)Emotional (5)

3) Why do you think it happened?

Multiple answers were given by each of the participants and the report is as follows:

   a) **anger and frustration from their men caused the abuse (4);**
   b) **they were ignorant of their rights (2)**
   c) **they were ignorant of where to get help (2)**
   d) **their religion calls for a disciplined wife (3);**
   e) **it was inability on the part of both of them to resolve issues (2);**
   f) **it was financial issues (1);**
   g) **it was cultural because their belief is to worship man (3).**

4) Do you think Domestic Violence can be prevented
   (1) Yes   (4)   b) No (2)

5) Do you think there's enough awareness of domestic violence?

   a)**Yes (1)   b) No (5)**

6) Do you think awareness will reduce it?

awareness of domestic violence would bring about a reduction in the incident of it occurring but
not end it (4)   "that a new understanding would have to take place in men for it to end".

awareness would not reduce the occurrence of violence (2).

7) In what ways do you think awareness can be raised among African Pentecostals

seminars, couple evenings, marriage counselling, workshops, literature, use of drama, support for the abused, conferences and programmes on domestic violence, confidence building sessions, church sermons exploring the effects on the victims, speaking about it from the altar.

8) In your view, which is the best way?

marriage seminars, couple evenings, Sunday school groups, counselling, teaching equality

and confidence building, sermons and talks in church.

sermons and talks in church (4)

marriage seminars and couples evening (1);

support for the abused (1)

counselling (1)

teaching equality and confidence building (1).

9) Why do you think BME women is not exploring the avenues created by the Women's Aid

Fear of end-result and loosing the home (5)

Stigma and not being understood (2)

Ignorance of domestic violence (1)

10) What provisions do you think the Pentecostal leaders should make for the women in order to reduce domestic violence in the community?

counselling for couples, educating men, educating couples on conflict resolution and anger management, training counsellors on dealing with domestic violence, confidence building for women and provision of shelter.

Appendix 4

<u>**FOCUS GROUPS**</u>

What does Domestic Violence mean?

It is the physical, mental, emotional abuse of a spouse, leading to a low esteem and lack of self worth and confidence

This is when someone takes advantage of another and leaves the other in a low self esteem

It is either physical or emotional abuse by a spouse towards another person and makes the other person feel inferior

When a person is made to feel less of a person, downgraded or unworthy

This could mean anything that makes the other person has low self-esteem

Domestic Violence is any action that will take or reduce the self-worth of anyone. It is mainly caused by people close to us

What are the different types?

Physical, emotional, financial and sexual

Financial, emotional, physical, mental, sexual

Physical, sexual, emotional, mental, financial

Sexual, financial, verbal, mental and physical

Mental, emotional, financial, physical, sexual, psychological, verbal

Sexual, financial, emotional, psychological, physical

How often do you experience it?

Once in a while(2)

Everyday (1)

Rarely (1)

Once a week (2)

Do you think it can be stopped?

No, because of our different backgrounds, traditions and values

No, because If you counsel me and I take to your counsel, who counsels or deals with the man? There should be a prog for the man in order to change him. It is always difficult to get access to the man.

Yes, by speaking out, by counselling and prayers

Yes, (depending on the type) by counselling, prayer and speaking out

Yes, by awareness and counselling

Yes, with God's help. By awareness, counselling and prayer

Do you think that awareness will reduce it?

Yes, to an extent, if the individuals involved are willing to identify and act on it.

Yes

Yes, to an extent

Yes, to an extent

Yes, a lot of it

Yes, i think awareness will reduce it. When domestic violence is made known, it can be stopped. Sometime, we don't realise we are experiencing it until we know about it. Knowledge will help to reduce it

What ways can successful awareness be raised in this community?

Support groups, seminars, crisis helpline, campaign

Leaflets, drama, seminars, counselling, support groups, talk shows, helpline

Holding counselling sessions, seminars, anonymous question boxes

Seminars, private counselling, support groups, crisis helpline

Flyers, little handouts, seminars, support group, Christian helpline

Campaign, seminars, helpline

Which ways are the best?

counselling, prayer and intercessory, anonymous question boxes

Counselling, Christian crisis helpline, prayer

Counselling, crises helpline

Crisis helpline, private counselling

Awareness and counselling if couples are willing to come for it, general counselling on domestic violence, anonymous question boxes

Helpline, seminar, prayer, counselling

What provisions do you think the Pentecostal leaders should make for the women in order to reduce domestic violence in the community?

Refuge camps/ homes; prayers

Refuge camps, helpline, prayer support

Seminars, support groups, talk shows, Christian helpline, refuge homes, prayer groups, counselling, campaign.

Provision of Hostel (Refuge camps) for women, trained voluntary staff to pick helpline calls

Crisis helpline, support groups, talk shows, refuge camp, prayer support groups, anonymous question boxes

Refuge homes, helpline, counselling

Many of the answers you have here are being provided by Women's Aid, why then do BME still not visit them?

The European culture is very different from our culture. Divorce is an abomination to the BME tradition.

Their refuge homes are not godly environment and we want our children to grow in a Christian environment. There are smokers etc in their refuge homes.

We need a place where we can pray and be refreshed by God when separated from the men; while the man is also being counselled and worked on.

A temporary and not a permanent separation may be needed just for the two of them to sort themselves out; and also the provision of a christian refuge where Children can grow in a Christian environment is what is needed

I am not ready to leave my husband but I just want him to stop his acts.

I'm not ready to lose my home

Appendix 5

Interview Questions for the leaders

Please what do you understand by domestic violence?

physical, sexual, psychological, financial and emotional. Also involves bullying, controlling coercive behaviour, honour crimes, killings, name calling

Do you think it exists in the Pentecostal BME community?

YES (6)

What are things you feel can eradicate it among BME Pentecostals?

Public communications in form of Sunday sermons; Church policies etc;

communication between leaders and families.

Open communication from victims.

Emotional support should be provided for victims

Teachings on family relationships

Anger management training for men

How can we raise successful awareness?

education, use of conferences, drama, symposium, posters, survivor stories, counselling,

developing good communication skills, teach children about love and train elders in

counselling; create a helpline for sufferers.

Is it something you would support?

Yes(6)

What provisions do you think the Pentecostal leaders should make for the women in order to reduce domestic violence in the community?

Pre-marital counselling; developing good communication skills, prayers, teaching business and finance skills.

The men's ministry should discuss domestic violence and educate men on the consequences of domestic violence to their wives

Christian refuge for women and children should also be made available.

Appendix 6

Appendix
Appendix 6

Questionnaire Analysis:

CROWNE PLAZA
HOTELS & RESORTS

DATE | | (1)

Sub Themes:

ACTION ITEMS

☐ Causes of Abuse

1) Anger & Frustrations (4) ⎱ Communication
2) Irresolvable Issues (2) ⎰

☐

3) Religion (3) ⎫
   Culture (3) ⎬ Culture
   Finance (1) ⎭

☐

IDEAS

☐

Ignorant of their rights (3) ⎫
Ignorant of sources of help (3) ⎬ Sources
Awareness is not enough (5) ⎭

☐

☐ Expectations from Leaders

Counselling for couples, educating men, educating couples on conflict resolution and anger management. Training counsellors, confidence building for women & provision of shelter.

↓

Communication

Issues b/w couples & Pentecostal leaders.

GREAT IDEAS

☐

DOODLES

☐

132

Appendix 6

Questionnaire
Analysis
Cntd.
(2)

DATE | |

ACTION ITEMS

Why BME are
not exploring women's
Aid Avenues.

☐

☐

Lack of trust

Lack of confidence in the system

Alienation from their society

Afraid of losing home.

Fear

Stigma

Cultural Issues.

IDEAS

☐

☐

☐

GREAT IDEAS

☐

DOODLES

☐

Appendix 7

Appendix 7

Focus grp
Analysis
(1)

CROWNE PLAZA
HOTELS & RESORTS

DATE | |

ACTION ITEMS

Hoo successful
awareness can be
raised

☐

☐

IDEAS

☐

☐

☐

GREAT IDEAS

☐

DOODLES

☐

Support groups, Seminars
Crisis helpline Campaign
Leaflets, drama, seminars, Counselling,
Support groups, talkshows, helpline
Holdip counselling sessions, Seminars,
anonymous question boxes
Seminars, private counselling,
Support groups, Christian helpline
Campaign, Seminars, helpline.

Open discussion.
This can be termed Public
Expression of DV in the
Pentecostal Community.

Appendix 7

Focus Group
Analysis Center.

DATE | | (2)

ACTION ITEMS

☐ Best Strategies

☐

☐

IDEAS

☐

☐

☐

GREAT IDEAS

☐ Raising Expectations from Pentecostal Leaders

DOODLES

☐ Why not use women's Aid Avenues.

Counselling, prayer & Intercessory, anonymous question boxes.
Counselling, Christian crisis helpline prayer.
Counselling, crisis helpline.
Crisis helpline, private counselling
Awareness & Counselling if couples are willing to come for it; general Counselling in church; anonymous question boxes.
Helpline, Seminar, prayer, Counselling

Counselling.

Refuge home   } Crisis Refuge.
Prayer
Helpline crisis.
                                    refuge suitable to them

Their European Culture is different from theirs.
We need a place where we can pray & be refreshed by God
A temporary separation & not a permanent separation.

Appendix 8

Appendix 8   Interview Analysis

CROWNE PLAZA
HOTELS & RESORTS

DATE | | (1)

ACTION ITEMS

what can eradicate DV in Pentecostal community.

Public Communication (6).
Sunday sermons, Church policies
Communication b/w leaders & families
Encourage sufferers to communicate openly.
Teachings on family relationships.
Anger management training for men.
Support for Victims.
Educating the community.

IDEAS

Communication b/w Couples & Leaders.

GREAT IDEAS

Need for Training.

Leaders to be trained to handle (4) DV.
Victim refuge (2)
When leaders are trained it becomes easy to educate men & support the victims.

DOODLES

Appendix 8

CROWNE PLAZA
HOTELS & RESORTS

DATE | | Support for Victims.

ACTION ITEMS

☐ What provision the Pentecostal leaders should make to stop

☐ DV.

☐

awareness.

Pre-marital Counselling.
Developing good Communication Skills,
Prayers, Teaching business $
finance Skills.
Men's ministry to discuss dv &
educate men on Consequencies of
dv to their wives.
Christian Refuge for women & Children.

IDEAS

☐

☐

Support for Victims

All leaders are willing (6).

☐

GREAT IDEAS

☐

DOODLES

☐

Approaches
8.   All analysis

DATE | |

ACTION ITEMS

☐ Communication
   issues

☐

☐

IDEAS

☐

☐

☐

GREAT IDEAS

☐

DOODLES

☐

Anger & Frustration (4)
Irressolvable issues (3)

Sub Themes   into   3 Main Items

1) Communication stu couples & elders
Training for elders in counselling
Support for victims.

Appendix 9: The Wheel Model

Adapting the Duluth Model of Power and Control to the BME Community.

COERCION AND THREATS: This is when the perpetrator makes and/or carries out threats to do something to hurt his partner. He threatens to leave her partner, commit suicide, or report her to welfare; he makes her drop charges and makes her do illegal things (DAIP 2011)

INTIMIDATION: The perpetrator makes his partner afraid by using looks, actions, and gestures. He smashes things and destroys her property; he abuses her pets and displays weapons (DAIP 2011)

EMOTIONAL ABUSE: The perpetrator puts his partner down and makes her feel bad about herself. He calls her names and makes her think she's crazy. He plays mind games, humiliates her and makes her feel guilty (DAIP 2011)

ISOLATION: The perpetrator controls what his partner does, who she sees and talks to, what she reads, and where she goes. He limits her outside involvement and uses jealousy to justify actions (DAIP 2011)

MINIMIZING, DENYING, AND BLAMING: The perpetrator makes light of the abuse to his partner and not taking her concerns about it seriously. He denies the abuse didn't happen and shifts responsibility for abusive behaviour to her. (DAIP 2011)

USING CHILDREN: The perpetrator makes his partner feel guilty about the children, uses the children to relay messages and threatens to take the children away (DAIP 2011)

ECONOMIC ABUSE: The perpetrator prevents his partner from getting or keeping a job. He makes her ask for money and gives her an allowance. He takes her money and denies her an access or knowledge to family income (DAIP 2011)

MALE PRIVILEGE: The perpetrator treats his partner like a servant; he makes all the big decisions and acts like the "master of the castle". He is the one to define men's and women's roles (DAIP 2011)

Adapting the Equality Wheel

NEGOTIATION AND FAIRNESS: The husband seeks mutually satisfying resolutions to conflict with his wife; he accepts and he's willing to compromise

NON-THREATENING BEHAVIOR: The husband talks and acts so that the wife feels safe and comfortable expressing herself and doing things

RESPECT: The husband listens to his wife nonjudgmentally; he is emotionally affirming; he is understanding and values her opinions

TRUST AND SUPPORT: The husband supports his wife's goals in life; he respects her right to her own feelings, friends, activities and opinions

HONESTY AND ACCOUNTABILITY: The husband accepts his responsibility for hmself; he acknowledges past use of violence; he admits being wrong; he communicates openly and truthfully.

RESPONSIBLE PARENTING: The husband shares parental responsibilities with his wife and is a positive non-violent role model for the children

SHARED RESPONSIBILITY TRUST AND SUPPORT: The husband mutually agrees on a fair distribution of work and makes family decisions together with his wife.

ECONOMIC PARTNERSHIP: The husband makes financial decisions together with his wife and makes sure both partners benefit from financial arrangements.