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'Culture' as a barrier to service provision and delivery: domestic violence services for minoritized women

Abstract

This paper addresses how domestic violence services to women of African, African-Caribbean, South Asian, Jewish and Irish backgrounds are structured by assumptions about 'culture' which produce barriers to the delivery of domestic violence services. Phoenix's (1987, 'Theories of Gender and Black Families', pp. 50–61 in G. Weiner and M. Arnot (eds) *Gender Under Scrutiny*. London: Hutchinson) discussion of the representation of black women is applied more generally to analyse how discourses of gender and racialization function within accounts of domestic violence service provision. Discourses of both cultural specificity and generality/commonality are shown to intersect to effectively exclude minority ethnic women from such services. Domestic violence emerges as something that can be overlooked or even excused for 'cultural reasons', as a homogenized absence; or alternatively as a pathologized presence, producing heightened visibility of minoritized women both within and outside their communities – since domestic violence brings them and their communities under particular scrutiny. Such configurations also inform discourses of service provision to minoritized women. Finally key implications are identified for service design, delivery and development, including the need for both culturally specific and mainstream provision around domestic violence, and the need to challenge notions of 'cultural privacy' and 'race anxiety' in work with minoritized communities.

Key words: 'race anxiety', racism, intersections between 'race' and 'gender', challenging racialized models of familial violence

Introduction

This paper draws on a recent study¹ of domestic violence service provision to minoritized women (Batsleer et al., 2002) to explore general policy questions about service delivery and design around intersections of gender, class and racialization. After outlining the study, we discuss the extent to which responses to domestic violence emerged as mediated by culturally specific understandings. Drawing on the theme of ‘homogenized absence/pathologized presence’, the second section indicates how discourses of culture and gender function in accounts of working around domestic violence. Rather than presenting dominant (service) and minoritized community responses separately we focus on their intersections, in particular highlighting consequences of the ways both mainstream services (and the dominant culture) and minoritized communities together privilege community membership over women’s abuse and distress. This provides some clues as to why domestic violence experienced by minoritized women is rendered less visible, as something that can be overlooked or even excused for ‘cultural reasons’: a homogenized absence. The next section addresses the converse or corollary of this representation: the heightened visibility of minoritized women both within and outside their communities, and in particular how domestic violence brings them and their communities under particular scrutiny. This pathologized presence indicates further deterrents for minoritized women seeking out service support, alongside preventing services from engaging with them. Developing this analysis, we then discuss how providers accounted for their engagement with minoritized communities around domestic violence issues, ending by highlighting some key general policy implications arising from this work.

The study

The study was an 11-month action research project which generated and analysed accounts from 26 providers associated with, as well as dedicated to, domestic violence services in the Manchester area,² and from 23 self-identified African, African-Caribbean, South Asian, Jewish and Irish survivors of domestic violence – some of whom had used these services.³ The aims were to document pathways into services, to identify service needs and to pilot some innovative service

development interventions (in the form of convening and running survivor support groups). Hence the relatively small numbers of participants functioned as part of an integrated research and intervention project, conducted in partnership with major local organizations. The sampling rationale for survivors and providers was based on the design principle of attempting to include equal representation from all four identified cultural groupings and relevant (local) service providers. Providers were drawn from statutory services (Social Service, police, housing); dedicated domestic violence services (e.g. refuges, outreach projects); and culturally specific voluntary organizations, as well as culturally specific domestic violence services (of which there were only two).⁴ Identifying survivors clearly posed further practical and ethical difficulties. They were primarily recruited via services they were already in contact with (mainly refuges) – hence also ensuring that they were within the ‘safety net’ of service access – or via other networks of survivors. The fact that some – notably the Jewish and Irish women – were identified via personal networks between survivors indicated gaps in provision. Clearly such self-identifications (as South Asian, African-Caribbean, Jewish and Irish) span diversities of experiences, including first and second (at least) generations of migration and significant diversities of cultural (including religious) practices. There are also considerable differences in emigration patterns and rationales for emigration among different generations of Irish women, for example. It is also important to note that our sample of survivors included older as well as younger women. Further details on the design, methodological framework and local context for the study are described elsewhere (Batsleer et al., 2002).

Both in the study and in our account here, we use the term ‘minoritization’ (rather than ‘minority’, or ‘minority ethnic group’) to highlight how groups and communities do not occupy the position of being a minority by virtue of some inherent property (of their culture or religion, for example) but acquire this position as the outcome of a socio-historical process. This approach permits identification and analysis of continuities and differences of positions between women from different minoritized groups – so opening up the black/white divide to generate further inquiry into how specific forms of racism and gender oppression intersect. The focus on minoritization was indicative, rather than exhaustive (since clearly women from other self-identified cultural, national or religious groupings could also have

been included), while definitions of both domestic violence and cultural identifications formed topics for the study.

Despite current policy across health and legal sectors sanctioning much more proactive interventions, the study identified key material barriers to service access for minoritized women. In this paper we analyse more closely how discourses of ‘culture’ appear to marginalize and further exclude women from services. We present extracts from the user and provider accounts of domestic violence services⁵ to indicate how discourses of ‘culture’ figure in explanatory frameworks rationalizing current provision. Our analysis here is oriented to identifying discourses as sets of socio-culturally available assumptions (cf. Burman, 1991; Burman and Parker, 1993; Fairclough, 1992; Parker, 1992, 2002). These discourses are treated as expressed by, but not specific to, the particular agencies or individuals identified; rather they are indications of broader systems of meaning in circulation.⁶ Hence quotations are used to illustrate the range and contested character of the available discourses, or representational frameworks. While clearly some of the issues we address are concerned specifically with the issue of domestic violence provision, we see these as posing in acute form what are general, current and critical issues facing policymakers.

Homogenized absence/pathologized presence

There are key challenges in portraying the needs and positions of the minoritized women in relation to domestic violence provision without reproducing representations of minoritized communities as ‘deficient’. Clearly discussion needs to be situated firmly within the context of structural inequalities based on racism, sexism and class oppression. Just as accounts of domestic violence have moved away from ‘woman-blaming’, so it is important to avoid ‘culture-blaming’ minoritized cultures. Hence in drawing attention to constructions of ‘culture’ and ‘community’, we highlight two related issues: first, the links between gender and class oppression *within* communities as well as, secondly, how a failure to attend to, or challenge, these can perpetuate them.

We draw on Phoenix’s (1987) characterization of the ways black women are represented in social policy and academic discourses as a homogenized absence/pathologized presence, to highlight both the

'ordinary' and the 'extraordinary' features of minoritized women's positions. For while the gross 'extraordinary' barriers (of immigration legislation) demand urgent attention, these are in addition to more 'mundane' issues. Hence minoritized women faced the same obstacles in leaving violent relationships as white or cultural majority women – money, childcare, housing, transport; but each of these issues may also carry culturally specific inflections, exacerbated by racism and class position (Burman and Chantler, in press).

Such representations have material consequences. In terms of service policy and development the typical resource strategy has been to fund either mainstream domestic violence services that are presumed to be generic and therefore accessible, or else culturally specific services. The shift towards neo-liberal forms of governance worldwide has provided significant opportunities to minoritized and marginalized communities to become key players in the design and delivery of services to their own communities (Larner, 2000, 2002). Indeed the voluntary sector has attracted much praise in current British health and social policy documentation in terms of innovative and inclusive practice. Notwithstanding these benefits, the prevailing climate of decentralization and privatization presents some major cause for concern – especially around the consolidation of boundaries drawn around notions of culture, that in particular underestimate gender-specific issues. Hence we move now to consider the roles representations of 'culture', community and religion play in mediating services' perceptions of particular groups of women's needs and experiences in relation to domestic violence.

Domestic violence and the monitoring of minoritized communities

Subtle, but nonetheless powerful, conceptual barriers enter into how services engage with minoritized women. In particular, analysis highlights key ways in which assumptions and expectations, especially mainstream service anxieties about engaging with 'race' or cultural issues, intersect with traditional ways all communities cover up acknowledgement of domestic violence, and so present barriers to appropriate intervention. We propose that such 'race'/cultural anxiety fuels a dynamic of 'cultural privacy' which renders domestic violence

within minoritized communities more invisible, running the corresponding risk of creating further barriers to services.

While women in all cultures and classes have been positioned as representatives of cultural identity and as responsible for its reproduction through household and childrearing responsibilities (Yuval-Davis, 1997), women leaving contexts of domestic violence challenge cultural norms held by both culturally mainstream and specialist services.⁷ These challenges are perhaps easier to avoid than address. While (by definition) all communities employ strategies of internal monitoring or (within an alternative frame) care, this does not fulfil responsibilities for service provision. Accounts from both mainstream services and minoritized communities acknowledged pressures to privilege community membership over women's abuse and distress: '. . . needs as a family comes before an individual's needs. An individual's needs are often neglected . . . it's very important to keep the appearance up with the family and the family together no matter what is going on' (Statutory service). Putting family, community and 'appearances' before individual interests was presented as peculiar to the minoritized groups, rather than being recognized as a dynamic within majority communities too. Organizations reported women being encouraged to stay in violent relationships for the sake of children and family, and that it was the family who would sort out and manage the abusive situation. Such representations intersected with those of domestic violence, of which five varieties could be identified.

First there was the claim that 'it doesn't happen'. Romito (2000) has noted a 'passive' denial by organizations about the existence and prevalence of domestic violence, in the sense that there is a failure to 'see the signs', to probe or ask questions, and to take women's (perhaps cautious or defensive) accounts at face value without considering factors that might constrain them from being more frank. Indeed McLeer and Anwar (1989) reported that if women presenting at Accident and Emergency hospital departments with injuries indicating assault were specifically asked about domestic violence then recordings increased from 6% to 30%. Within our study, the largest regional Accident and Emergency department reported that they did not inquire about domestic violence. Clearly such information is vital for the provision of appropriate health care and onward referral.

There may be even less willingness to acknowledge domestic violence as occurring within minoritized communities.

People don't want to see the domestic violence, they know it's going on, they know it's there. Also the fact that I'm Irish. They didn't want to see it when they didn't want to. They do that with domestic violence, if you're from a minority group they do it even more . . . That invisibility makes you feel like nothing. That may be something that's common with other women, not being seen, it's as though you're nothing. That and the additional abuse, your crime is to come from a minority group, with all its preconceived ideas and prejudices about you, the double hurt that prevents you from accessing services, because you know what people think about you, or you know what some of the myths are because you've grown up with them. (Irish woman)

Secondly, beyond such 'overlooking', some accounts indicated more sinister examples of women failing to be attended to, or only attended to in the pursuit of another agency intervention agenda. Minoritized women often have well-founded expectations, if not actual experiences, of racism from services:

I'd also approached the police and had quite a negative response from them. That was to do with the domestic violence. But as an Irish woman living in England, I'd always been a bit suspicious of approaching the police, at that point in time, because of personal experience with close members of the family . . . They'd had quite horrendous experiences of being detained and things like that, so I was frightened to use the police in that sense. (Irish woman)

An African-Caribbean woman reported approaching a police station to request intervention around domestic violence who responded by checking whether her partner had a criminal record and then sent her back home unaccompanied in the middle of the night. Such reluctance to take reports of domestic violence seriously, or treating it as a pretext to regulate other aspects of minoritized communities can only fuel community anxieties about exposure to further racism. Many similar examples emerged relating to fears of, or actual experiences of, children being taken into care – with corresponding culturally specific meanings as well as all the issues common to majoritized women in this situation.

A third response, 'It doesn't happen to us', was very widespread – engaging class as well as racialized stereotypes in relation to domestic violence. This discourse of disbelief was also present in culturally

specific general services as well as survivors' reports of their families' responses. An Irish woman who had pressed charges when she was in hospital from her injuries, was advised against appearing in court because she was assured that her husband would 'go down' (to jail) for a few months. However, in the context of statutory service involvement, gender-specific and racialized evaluations of credibility also came into play: 'He got away with it 'cos he knew one policeman and I don't know what happened and his statement was changed and that I was as bad as him' (Irish woman). She reported a previous occasion of returning from hospital for treatment for injuries sustained from the violence, and when the social workers came to return her two children they treated her husband's account as more credible than her own:

They come in and they looked and he started crying and getting on his knees, 'I swear to God, I'll never hit her again, I was drunk'. He always blamed it on the drink. 'In fact I want you two ladies to come every day just to make sure that I never put a hand on her again.' And so they fell for it . . . He convinced them and I never seen the social workers [again].

Fourth, there was a familiar discourse of blame. While there is a widespread and widely documented tendency for all women to be positioned as responsible when relationships break down, different strands of blame could be identified, some of which drew upon discourses of culture and community position. Hence women were portrayed as blamed for having elicited the violence:

There was a middle-aged woman there and she got very angry hearing my story, saying it's my fault. 'Because your husband's good, his age is low.' (South Asian woman)

I think the majority of them see all of what is happening now as self inflicted. I have, I don't know, hurt his honour and dignity. (South Asian woman)

And for leaving: "how could you do a thing like that?" . . . "what's wrong with you?" (Jewish woman).

In addition the role of reputation as a method of regulation of women was highlighted. A Jewish interviewee reported how a family member had tried to ruin her reputation by spreading malicious gossip and depicting her as an evil woman for leaving. This relative

had previously abused her, so she did not feel able to return to her familial community of origin.

Beyond familial reputation, women were sometimes blamed for bringing the whole community into disrepute. They spoke of incidences where, rather than supporting them, members within the community told them: 'you have disgraced us' (Jewish woman). Anticipated, as well as actually encountered, responses from the community, as well as family, were indicated as militating against disclosure. 'You keep quiet . . . you don't tell anyone your business' (Irish woman).

Explicitly cultural or racialized explanations for domestic violence also circulated in the accounts. These warranted the overlooking of violence in favour of problematizing culture. As Maynard and Winn (1997: 181) noted: 'Ultimately black women suffer a lack of protection within the community, are particularly isolated in white areas where stereotypical views of black behaviour as "normally" violent abound and may not be protected by the law because of police racism'. Or, we might also add, because of the fear of being seen as racist.

Organizations go oh well it's a cultural thing . . . so racism is institutionalized in a sense and people are so scared that they'll be pulled up for being racist that they actually don't tackle it at all. (Generic domestic violence service)

[Another Irish woman] and I were told that they didn't know why we didn't go back now, because 'your lot' don't believe in divorce and you'll go back to it. If he gets the priest to you, you'll be back in a minute. But I said I wasn't going back. (Irish woman)

You get judged straight away. English people think that we don't have those problems in our community . . . they didn't expect it to be happening because we all look so happy, but behind closed doors a lot goes on. (South Asian woman)

When women have gone to the police, asking for help, when they come and say that it is okay, they wouldn't arrest him or caution him. A lot of men they just get away with it. (African-Caribbean woman)

Clearly all these responses refer only to a limited range of organizational engagements with minoritized women. However, generic organizations did not only report not necessarily addressing issues of

domestic violence, they also indicated a tendency either to ‘treat everyone the same’ or not to address differences at all.

The visibility of minoritized women within and outside communities

Where organizations did highlight the question of gender specificities within minoritized communities, women were sometimes portrayed as responsible, and they and/or their communities pathologized. This corresponds to Phoenix’s description of ‘pathologised presence’. While providers acknowledged that racial, cultural and class stereotypes circulating in relation to domestic violence can produce barriers for minoritized women seeking support around domestic violence, some still framed them as the responsibility of the individual to transcend: ‘The officious nature of local authority puts a lot of people off’ (Statutory service). Or in an interesting – if ambiguous – reference to ‘culture’ as a mediator of response to a key frontline service: ‘The sheer fact we are the police and culturally what that means to some people.’

‘I think going to the white community and asking for help when you’re from a different ethnic race, it’s not easy, we don’t make it easy for people, I wouldn’t want to come in here and ask for help’ (Statutory service). Hence institutionalized racism and sexism could become reframed as a matter of managing service users’ impressions. This puts the onus of responsibility for service approachability back upon minoritized women.

A second concern around heightened presence focused on community compromises of confidentiality and professional advice. In the interviews, many survivors indicated that their preference for professional support from within their communities was offset by a lack of confidence around anonymity and a fear of being recognized and traced. The alternative they faced in disclosing violence to an ‘outside’ mainstream organization was the risk, or actuality, of encountering racism and the worry of bringing their communities into disrepute: ‘We do struggle to link women in with particular resources that they feel safe with’ (Statutory services). A culturally specific domestic violence service commented: ‘Coming from such a small community, confidentiality is a huge issue. Their GP could be their husband’s

cousin and it's very, very difficult.' This same provider later highlighted how class and professional networks within communities could prevent professional intervention over domestic violence:

There have been instances whenever we've gone to access a solicitor for a woman in the X area that no one wants to touch it . . . they won't take Mrs A on as her husband's a well known respected figure within the community . . . if a partner has approached a solicitor 'and if you do decide to take on this case I promise you that you won't get more business from my clients' or whatever. (Culturally specific domestic violence service)

Such accounts underscore the key role of statutory or mainstream services that stand outside intra-community conflicts of interest, as well as safe refuge provision that may be some geographical distance from the women's community of origin. Significantly, approximately half of the survivor accounts indicated either no preference for culturally specific provision, or were unsure – on this basis. This is notwithstanding the fact that we had greater difficulties identifying participants with cultural backgrounds for which there was no culturally specific provision around domestic violence. Indeed in this light the relatively small size of most minoritized communities makes talk of a genuine 'choice' in services difficult.

A third form of 'pathologized presence' could be seen in women's (sometimes well-founded) fears about being found or identified. Our corpus included several accounts of women being followed and caught through community networks. Participants included women who had moved several times, including to different countries, in order to escape abuse; women whose friends and family members had let the abuser re-locate the woman, extending to networks that effectively blocked women's chances of employment within the extended community, and even facilitating the removal of children and the isolating of the woman. While this kind of 'hunting' also happens within majoritized communities, it was often presented as being peculiar to minoritized communities.⁸

While women's fears of being identified and recognized were widely discussed, one culturally specific generic service drew upon these concerns as a rationale for not working explicitly with domestic violence – within either culturally specific or mainstream services: 'I don't feel that Jewish women would access a mainstream support group, I really do, it's taken a lot for them to access our very low key

services, so if you had a group, I don't think they would access it . . . ' (Culturally specific generalist service). But then when asked whether a culturally specific arena for such discussion would be helpful, the community norms of 'keeping it within the family' and community reputation were seen to prohibit culturally specific intervention.

I mean it's kept so secret, even the families that we visit, it's not like known in the community . . . I think women wouldn't want to come to a group to be identified as such . . . They wouldn't want other women, even other women in the same situation to know, because they still have a standing in the community and all those things. (Culturally specific generalist service)

These two perspectives could combine into a representation of minoritized women as unwilling to engage with any kind of service, and this tied in with how agencies' 'specialisms' (discussed above) militated against offering appropriate support. However, indications from women's accounts of trying to access both mainstream and culturally specific domestic violence provisions suggested otherwise.⁹

In particular when organizations spoke of South Asian and Jewish communities they argued that the women ' . . . know that all the community will be against them and people will try and find them' (Statutory service). However, this sense of being identified in undesirable ways also connects with broader contexts of racism outside specific cultural communities. This often militated against being 'counted in' as a minoritized group, where (especially for Jewish and Irish women) 'passing' as white is a possibility:

In my line of work I have to constantly ask women their ethnic origin and the group of women who are most reluctant to give their ethnic origin, believe it or not, are Irish women. They want to know why you want it, what you're going to do with it, and who's going to have access to it. (Irish woman)

Unsurprisingly, discourses of being shunned and losing one's community were in circulation as a key disincentive to disclosing or taking action over domestic violence. Rejection by the community for breaking with 'tradition' and seeking support around domestic violence outside the community was borne out in some of the women's accounts. Some survivors from all of the minoritized groups under investigation indicated that they had found themselves rejected and ostracized from their community:

The centre in which the case conference was being held had a small Kosher cafe in the centre only for the ultra orthodox people and I went in with that woman and we went into this cafe to have a cup of coffee because we were early and everyone got up and walked out. So word had reached the community on the Monday and she had left her home the Thursday previous . . .’ (Culturally specific domestic violence service)

Indeed for many of the survivors it was the loss of this community as well as the fear of isolation and racism within majoritized communities which stopped them moving on. The complexity of community as both a longed-for resource as well as sometimes a site of oppression for women was not always acknowledged by providers.

A key representation structuring provider approaches was the assumption that ‘they look after their own’. Representations of community as monolithic (and separate) bolster the allocation of stereotypical identities to women who identified as South Asian, African, African-Caribbean, Irish and Jewish. In particular Jewish and Muslim religions/cultures were perceived as being closed, and the assumption that these ‘take care of their own’ seemed to work alongside the norms of ‘cultural privacy’ and ‘respect’ to stop organizations from reaching out and engaging with women – thereby perpetuating those (dominant as well as minoritized) cultural norms.

Sometimes it feels as though you enter another sort of reality and people are stuck in this often extended family situation which is abusive and it’s like there are these walls that are around and can almost feel it when you visit that you are in another world. Her real world is one where she is just put down so much that she believes that there is no way out. And you feel it yourself going in there. (Statutory service)

Alongside this an Irish survivor claimed how this structure of ‘looking after one’s own’ intersected with a sense of non-entitlement to services conferred by her minoritized position:

My family background was that, even though I was undergraduate as well as graduate by that time, you didn’t claim, you didn’t do those sort of things, because that was what was expected of the community. They would look after their own: they wouldn’t use benefits, very proud . . . Some of that’s about shame, some of it’s about the attitudes to the Irish . . . seeing my father and mother being ridiculed [because of] their accents. (Irish survivor)

Similarly the worker at another culturally specific domestic violence service discussed professional responses to her organization:

‘Well if they’re from the Jewish community and they are suffering abuse well they will definitely be well looked after, but you know the Jewish community is a very rich community’, you hear that all the time and so constantly I’m repeating myself well actually that’s not true and this woman has actually got nine kids and she doesn’t have finance. (Culturally specific domestic violence service)

Alongside these more subtle forms, there were of course some explicitly racialized representations of gender and community roles. Talk from provider organizations of how ‘religion, society, culture, tradition, all these things play a very important role’ portrayed both Jewish and Muslim communities as prioritizing men over women, and family over women, in contexts of abuse. Domestic violence and women’s perceived subservient roles were portrayed as a normalized part of the culture from which these women came. In assuming that ‘it’s a cultural thing’, providers are sometimes justified in supposing that minoritized groups try to deal with violence within their communities and are reluctant to acknowledge its existence. Indeed the existence of minoritized refugees indicates a range of community responses – from traditional to radical. But traditional assumptions about gender and community roles further confirmed these barriers, with Jewish women seen as family orientated and privileging community and family needs over their own, African-Caribbean women as strong and violent, South Asian women as passive and submissive and Irish women as ‘being used to it’. ‘It’s almost accepted that that’s what happens to women and there is a cultural history of violence with Irish women that’s very difficult to get those women out of the cycle’ (Statutory service).

Organizational perspectives highlighted intra-community stereotypes, including influences of culture, class and family. While Irish Travellers were the cultural group that organizations most readily discussed in terms of a cross-generational ‘culture of violence’,¹⁰ they also considered the impact of this ‘culture’ on the wider Irish community:

[It] impacts on the younger women now, makes it even more difficult for them to remove themselves from the situation if their mother or granny have that within the same household . . . they have seen their mother and even their grandmother abused and they have thought this

is how it has got to be for the sake of the children. (Culturally specific generalist service)

Significantly these racialized stereotypes were both explicitly, and implicitly (in terms of notions of dependency versus independence, for example) drawn upon to warrant not interfering in and not speaking about domestic violence. While survivor accounts from those groups did question and challenge such cultural norms, the ways in which culture, gender and religion were discussed by organizations constructed these as fixed differences, and peculiar to these minoritized communities. What organizations seemed to overlook was how such constructions of community could collude with the oppression of minoritized women.

Current ways provider organizations work with/in minoritized communities

Organizational accounts of providing support for minoritized women could be classified according to four discursive strategies: 'it's all the same'; 'softly, softly'; as mediated by 'cultural privacy' via a discourse of 'cultural respect'; and via discourses of professional specialization. We now outline these.

Prevalent discourses of domestic violence focus on unequal power relations between men and women, as enshrined in culturally sanctioned gender roles. As Radford and Stanko (1996: 68) put it: 'Women, in the tradition of victimology, are often blamed as being inadequate wives or colluding in their own harm and that of their children'. This was indicated within mainstream provider accounts: 'It doesn't matter if you're South Asian, white or whatever, you are fed the same line . . . that it's the nuclear family, it's heterosexual, and it's happy every after, and you've got to live with it' (Generic domestic violence service). Useful as this general explanation is for warding off the abstraction and exoticization of minoritized cultures from general class and gender relations, it still overlooks the particular barriers minoritized women face, both in seeking support and in having their oppression recognized as domestic violence – as where it is not only perpetrated by the husband/male partner¹¹ and where racial abuse features as part of emotional violence.

Secondly, accounts from several culturally specific organizations characterized their approach as working 'softly, softly' to raise or

address issues around domestic violence, also including working with community leaders. Some survivors indicated that this strategy was useful as a non-stigmatizing route for accessing support. Yet survivor accounts referring to the same organizations also claimed there was no arena to speak of domestic violence; indeed that they felt they could not. The organizational rationale put forward for these approaches was twofold: not to ‘scare women off’ (assuming they would be), and not to offend the community. This reflects other accounts of service engagement with minoritized communities as reinforcing intra-community power relations (Sahgal and Yuval-Davis, 1992; Chantler et al., 2001). Significantly such culturally specific voluntary sector organizations may be structurally compromised in their approaches since their funding arises typically from donations from privileged, traditional and usually conservative sectors of their communities.

The third discourse equated notions of cultural respect with (what we have come to describe as) ‘cultural privacy’. Clearly, notions of ‘community’ as mediated by culture and religion give rise to specifically gendered positions. However, not only did survivors imply that organizations, including the police, did not get involved out of ‘respect’ for the culture, but also out of fear of being labelled as racist. As one respondent put this:

Black people, Muslim women that maybe they don’t interfere, this is how things go in our communities. And maybe they are right because there will always be furious resistance and community leaders they would object, say if the Authority interfered. But this is wrong. People cannot avoid doing the right thing fearing that this is too controversial or too much controversy will arise . . . and community leaders . . . men, they just want this to continue and they will make whatever excuses to have this power and it’s purely power and exploitation in my opinion. (African woman)

This respect for women’s (and others’) ‘cultural privacy’ seems, then, to play into the ways women are silenced in their communities, while the unwillingness of organizations to challenge cultural norms works to bolster patriarchal and class-based relations within minoritized communities to make domestic violence more invisible.

However, in the spirit of ‘colouring in the non’ (Charles, 1992) we can identify a fourth discourse concerned with culture, in the sense of ‘specialist roles’ and organizational cultures. For cultures, customs and practices are not specific to minoritized communities, but they also

characterize mainstream organizations – in the public/statutory as well as voluntary sector. Indeed the prevailing culture of compartmentalization of services has given rise to a segmentation of professional roles and specialisms of qualification and activity.

Elaborating this, beyond the explicit assumptions about minoritized cultural practices, three implicit structural and cultural conditions characterized providers' limited interventions in cases of domestic violence: as not expert enough; as 'not in my patch'; and through subscription to discourses of cultural relativism/difference. First, statutory organizations reiterated a sense of not feeling qualified to know what to ask – both in terms of minority cultural practices *and* domestic violence – unless specifically requested. In particular they portrayed themselves as insufficiently expert in terms of 'cultural' expertise: 'I honestly wouldn't like to urm I certainly don't feel myself expert enough in that field to make a comment' (Statutory service). This could be seen to give rise to a culturally undifferentiated or even insensitive response: 'Unfortunately unless somebody actually comes and says what their needs are, it's a bit of a blanket approach' (Statutory service).

Publicly funded bodies have obligations to work with all sections of the community and need to develop the knowledge, skills and values that enable them to counter their lack of expertise, rather than expecting minoritized women to take the lead in this matter. However, culturally specific organizations claimed not to feel qualified to work specifically around domestic violence:

I don't think it would occur to them [i.e. to women accessing this organization] and it's not a specialism of ours and we've never professed it to be. There are other agencies that do it out there better and more resources and have a lot better networks to deal with things like that. (Culturally specific generalist service)

Indeed many culturally specific, but general, services were not perceived to work in the area: 'They don't advertise domestic violence. They advertise mostly special needs, mentally ill, carer . . . and I don't think they have anyone there for domestic violence although there are plenty of workers' (Jewish woman referring to culturally specific generalist service).

This intersection between the 'specialisms' of culture and gender in relation to domestic violence services for minoritized women suggests that service sensitivities – whether around cultural or

professional issues – can produce gaps in the supposed ‘safety net’ of provision. Low intensity culturally specific support organizations and acute generic services cannot be relied upon to cover each other’s supposed specializations; nor can their specialist remit be presumed to be sufficient on either gender or culturally sensitive grounds without an attention to the intersection of both.¹²

Moreover since audits and evaluation systems are designed only to measure particular outcomes and interventions, this poses barriers to service provider involvement, as: a) being ‘outside their area’, or b) as something that would not ‘count’ as an intervention, or even c) as something that someone else does anyway. This is particularly relevant in relation to domestic violence service provision, as it is clear also from broader studies (Hanmer, 1994) that it typically takes a number of attempts before a woman finally (if at all) leaves the violent relationship, and so will require complex inter-relations between services, perhaps over an extended period of time. In this light, Hanmer’s report that it takes black women proportionally significantly more contacts with services before they encounter an appropriate response is relevant.

Contrary to assumptions that minoritized women are trapped by their own culture, we documented four ways by which the current contract culture works to limit agency interventions and break up continuous, ‘joined up’ provision. First, services distinguish between short and long term involvement:

I suppose we only deal with the short term and we hopefully pass the girls [sic] on to the agencies who will deal with the long term and we do referrals to Social Services if we feel there are any other care issues . . .
urm the outreach workers . . . they’re quite a long term support . . . they do help people who suffer domestic violence and they do help them sort of settle and . . . show them how to access all the necessary agencies.
(Statutory service)

A second lens for service interest and involvement concerns interventions directed towards children rather than women: ‘It’s very difficult because we are a child protection agency essentially so we’re coming from the angle of protecting the children . . . so it is linked more with childcare than with the woman’ (Statutory service).

The third form of limiting intervention was indicated via the account of a woman who had sought out support but not gained the response she wanted. In this example, the police focused on

punishing the perpetrator rather than supporting her escape from the violence: 'I went to the police first 'cos I'd been beaten up. And they wasn't no help, they just wanted to lock him up. You know and basically I was saying to them I want to get away, I don't want to . . . you know, I don't want this' (Dual heritage woman).

Finally, outcomes around domestic violence were typically seen as posing specific dilemmas in relation to minoritized communities. For many community organizations their first (and often only) response is to offer mediation, privileging the maintenance of the marriage over women's and children's safety and well-being. But by contrast mainstream organizational approaches contribute to a different, but equally culturally laden, reproach when they ask: 'why doesn't she leave?' A focus on particular cultural practices can work to divert attention from the substantial material, as well as cultural, barriers that prevent or deter women from leaving violence.¹³

Domestic violence and minoritization: the policy conundrum

Developments in health, social service and legal policy over the past 20 years perhaps invite the impression that women-centred service provision has never before been so much on the public agenda, particularly in the health and legal sectors. The Department of Health's Women's Mental Health Strategy – currently under consultation – foregrounds issues of violence and abuse and (although not yet successfully) attempts to indicate structural explanations for women's distress that lie outside medicalized and individualized explanations. Clearly this is welcome news for activists and providers around domestic violence.

However, there is a curious paradox. For at the same time that seemingly unprecedented attention is being paid to questions of familial violence (including the coordinated media services campaign of February 2003 entitled 'Hitting home'), and legal measures developed to address and attempt to prosecute and prevent this (e.g. the Crime and Disorder Act, 1998; Protection from Harassment Act, 1997; Family Law Act, 1996), never before has eligibility for service support been so heavily circumscribed – such that many women are, by virtue of their immigration status, absolutely excluded from all service and welfare support.¹⁴ While there is an indicative, if small,

literature on the vulnerability of culturally specific domestic violence services within general funding movements (Hague and Malos, 1999), current attacks on support to, and entry of, asylum seekers highlight some major contradictions in public and policy discourse around the celebration of cultural diversity, and also impact in direct ways on minoritized women's rates of disclosure of violence. Within our study, just as Irish and Jewish survivors discussed how political events (in Ireland and the Middle East) had affected their willingness to approach services for help, so also the Manchester domestic violence helpline reported reduced rates of contact from Muslim women since 11 September 2001. As feminist analysts have long argued, far from being a family or private matter, domestic violence is intimately connected with broader social structures that implicate all kinds of intersections with class and cultural, as well as gender, relations (Haaken, 2002; Hanmer and Itzin, 2000).

Key conceptual and political challenges for policy development include how to grapple successfully with questions of both the specificities *and* commonalities of minoritized women's positions and needs in ways that do not indulge prevailing stereotypical conceptions – either of disproportionate need for, or equally lack of need for, dedicated services. Developing our previous analysis of services around attempted suicide and self harm for South Asian women (in which domestic violence emerged as a key contributing factor) (Chantler et al., 2001; Burman et al., 2002), our conceptual framework tries to encourage what we call a 'both and' approach to the design and delivery of services: involving both culturally specific services and mainstream services; and both issue-specific services and general services.

The analysis here indicates that failing to provide any one of these four sectors will not only exacerbate the marginalization and exclusion of already vulnerable and marginal groups (such as minority ethnic women facing domestic violence), but also threaten to further mask or obscure those needs by appearing to provide for them. Minoritized women may be reluctant to approach culturally specific services either out of fears of compromises of confidentiality, or because those services fail to provide an appropriate context in which to raise the specific and controversial issue of domestic violence. Equally they may be reluctant to approach mainstream domestic violence agencies for fear of encountering racism, or further fuelling racism towards their particular community by their disclosure.

A first principle guiding our recommendations (see Batsleer et al., 2002) therefore concerns building contexts that broaden responsibility for women's and children's safety, and promoting greater communication between agencies and communities to facilitate reception of this engagement. This extends beyond community education or staff development agendas, to a re-evaluation of the distribution and delivery of services. Our analysis indicated key gaps in existing services that an attention to the intersectionality of 'race', gender and class inequalities would ameliorate.

A second key political and policy context for specialist domestic violence provision concerns sensitivities around 'race', and efforts to challenge institutional racism. State racism, for example through immigration practices, continues unabated in ways that in fact bolster women's abuse within violent relationships or through custody and extradition arrangements, where children have been abducted as a way of attempting to manipulate the woman to return to the abusive relationship.

In this context of gross differentiation between women on the basis of racialized position it would seem somewhat disingenuous to indulge the prevailing climate of what we have called 'race anxiety', in failing to address the specificities of minoritized women's positions in terms of access and delivery of domestic violence services. Indeed, as we have indicated here, the dilemma is more typically resolved by over-emphasizing the role of culture at the expense of analysing its intersections with gender inequalities and relations. There is an urgent need, therefore, to address the specific as well as the general conditions facing minoritized women and children surviving domestic violence, that includes adequately conceptualizing the intersections between culture and gender issues, public order and mental health, and partnership relationships across all sectors.

Notes

1. The project was primarily research-based, funded jointly by the European Social Fund (under the remit of Policy Field 5), Measure 2 (dossier number 91164NW3) and Manchester Metropolitan University between September 2001 and July 2002. We are grateful to the other authors of that report (Janet Batsleer, Hindene Shirley McIntosh, Kamal Pantling and Sam Warner) for their involvement in and contribution to the project, which forms the basis for the analysis developed here.

2. Of the 26 services, face-to-face in-depth interviews were conducted with 13 providers. Inclusion criteria were: 1) being identified as significant stakeholders in domestic violence provision in the area, as indicated by either 2) already participating in domestic inter-agency arenas, or having been identified by other agencies, or 3) having been indicated as an acknowledged but significant link/provider of domestic violence support services within our previous research (Chantler et al., 2001).
3. We did not include women in the immediate circumstances of leaving violent relationships for ethical reasons (as our inquiries might be experienced as too intrusive at this time), while our focus on exploring pathways into services and how successfully these met the woman's needs meant that it was useful to research with women who were some way into the process of accessing services.
4. Within the region studied there were only two culturally specific dedicated domestic violence provisions – a refuge for women of African descent and one for South Asian women (although both accepted women with wider and conjoint cultural-racialized identifications). Since the only Jewish refuge in Europe is in London, we also included some workers and survivors from there too (as a potential or actual provider for Manchester-based Jewish-identified women).
5. Hence we reproduce examples from a range of participants, and – in particular since the study did not set out to explore differences *between* the specific cultural groups under investigation – we draw attention to such differences only where they emerged as indicating key dimensions of the representation of that group. In general there was overwhelming commonality in the accounts generated about and from the four minoritized groups, indicating the relevance of foregrounding the structural position and relations of minoritization rather than specific cultural/community practices.
6. The process of analysis was to work with each corpus of material (provider accounts, survivor accounts, and reflections on the groupwork) separately to identify emergent themes, and then these were each contrasted, according to the usual procedures of elaborating a thematic analysis (e.g. Banister et al., 1994). This then formed the basis of the discursive analysis that is specifically elaborated in this paper.
7. While contexts of migration, displacement and minoritization all tend to intensify the conditions for women's abuse.
8. Indeed survivors' fears of identification have impacted on our presentation of the material in at least two key ways. First, in consultation with survivors we have removed information that could make them identifiable, leading to some loss of specificity and richness of detail in the analysis. Secondly, although we invited participants to tell us how they identified (in relation to cultural heritage, background, migration

history, or structures of racialization), this has posed some dilemmas since some of these self-descriptors in representing women's accounts could compromise their anonymity. We recognize that this may echo more general ways in which services and women themselves are put in the position of having to deny or subordinate aspects of women's identities for purposes of protection.

9. Indeed during the course of the research the organization concerned made links with the culturally specific domestic violence provision, and from this it appears that referrals and more substantial service relationships are now being forged.
10. This was a discourse they proffered rather than one we solicited.
11. Where families are joint rather than nuclear, as in some South Asian households, parents, parents-in-law or siblings may be implicated in the abuse – if not as active perpetrators – but few of our provider accounts acknowledged this.
12. Indeed the very discourse of specialization may turn out to be something of an empty signifier – or else an effect of the economic imperative to identify new service market niches.
13. Of relevance here is the media coverage and response to this project. Radio and magazine reporters and editors have continually asked us why women from minoritized communities stay longer in violent relationships, thus a) presuming that they do, and b) ignoring the proportionally greater material and cultural barriers to accessing support to be able to leave.
14. Women subject to the 'one year rule' (currently being extended to two years) who have uncertain leave to stay in Britain (because their marriage to a British citizen, or with residency rights, has broken up) have 'no recourse to public funds', i.e. their entitlement to welfare benefits or claim on public funds is disallowed. This often places them in a situation of absolute exclusion from all systems of support.

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