A STUDY OF DOMESTIC VIOLENCE AND THE AFRICAN-CARIBBEAN COMMUNITY IN PRESTON AND SURROUNDING AREAS

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Abstract

This study examines the use of the Preston Domestic Violence Service (PDVS) by the African-Caribbean community in Preston and surrounding areas. It begins with a summary of relevant literature, before presenting research conducted in Preston (2013), which shows how the local African-Caribbean community is reluctant to use the PDVS, but endeavours to seek help in other areas of the community. Additionally, the study reveals that some of the younger generation of African-Caribbean women and men will not tolerate domestic violence and therefore remove themselves from the situation early on in its manifestation. The research also identifies a lack of publicity to promote the service in the surrounding areas of Preston and the need for further research and staff development, suggesting that more specific services should be developed to enable support for those who suffer domestic violence. The study concludes with the recommendation that future research should use a sample group taken from a wider section of the community and that specific questions should address religion, in an attempt to understand its place and importance in the African-Caribbean community.

Keywords: Abuse, African-Caribbean, Domestic Violence, Family, Mental Health.

Introduction

This research project was completed on behalf of the Preston Domestic Violence Service (PDVS). The organisation is keen to find out why members of the African-Caribbean community in Preston and the surrounding areas are not using their service, to identify any educational needs or service gaps, and to address any short-comings regarding publicity. Domestic violence (DV) is a serious problem and in recent years a large amount of emphasis has been put on prevention, protection and justice. Despite the increased knowledge in relation to domestic violence as a crime, within the general population, African-Caribbean women and men remain largely unaware of the services offered (Cho 2011).

Domestic violence

Domestic violence is also known as domestic abuse, battering, family violence, spousal abuse and intimate partner violence (Walby & Allen 2004). It can be described as a pattern of behaviour which

involves the abuse of one partner against another in relationships of marriage, cohabitation, dating and within the family network. Domestic violence can manifest itself in many forms, including: physical aggression, assault, sexual and emotional abuse; it can have an impact on both physical and mental health (Logan et al. 2012), for example, when it includes controlling or domineering behaviour, intimidation or stalking.

The Duluth Model of abuse

There are many theories as to the cause of domestic violence, one of which is the cycle of violence according to the Duluth Model (Duluth 2011).The Duluth Model of domestic violence was pioneered in the early eighties in Duluth, Minnesota, by a number of individuals who called for a different model of social intervention. The theory was extended by the Domestic Abuse Intervention Project who developed the Cycle of Violence, in which they identified a never ending process of abuse and highlighted the fact that, over time, the abuse usually increases in frequency and severity (Duluth 2011). The model is presented as a wheel showing three phases to the cycle. Phase one is a tension which can last from a few minutes to hours, days, weeks or months and can range from minor conflicts to intimidation, coercion and threats. Phase two begins when the abuser decides to choose physical violence. Phase three (known as the honeymoon or the seduction phase) is when some abusers report feeling very relaxed at having released their tension with physical violence. Included in these elements is the use of the 'male privilege'.

Male privilege

The term 'male privilege' is described by Bunch as 'assuming that one has the right to occupy any space or person by whatever means, with or without permission. It is a sense of entitlement that is unique to those who have been raised male in most cultures and is woven into all level of culture' (Bunch 2006, 1). To understand the cycle of abuse it is necessary to understand 'The Fundamental Belief System', which is used to justify control of mothers, sisters and partners, including former partners. It should be pointed out that male violence towards women is a global reality and is really about power and dominance. In addition, socio-cultural norms continue to support belief systems which condone male violence and the belief in the male's right to rule his home and control his family by any means (Lawless 2001). Gender-based violence affects women across race, age and socio-economic status. However, it has been suggested that African-Caribbean communities suffer more greatly than other ethnic groups (Thiara & Gill 2012).

High levels of violence in African-Caribbean societies

Research by the National Society for the Prevention of Cruelty to Children (NSPCC 2012) has identified that African-Caribbean women live with high levels of abuse over long periods, with the majority experiencing daily abuse before separation. The research identified that control and isolation was a feature for all of the women in the study. In addition, women who lacked family and social support or knowledge of services also experienced the fear of abduction and separation from their children. Furthermore, the research established that abuse was under reported and that African-Caribbean women wanted to protect black men from the authorities. Its findings highlighted the need to target the African-Caribbean community, and that better training and a more positive response from professionals is needed (Thiara & Gill 2012).

Culture of reconciliation

The 'culture of reconciliation' is a decision to give the abuser a second chance, keep the family together and away from court, thus putting pressure on those involved to resolve their differences without outside involvement, thereby forcing women and men to ignore the issues for the sake of the children and to make reconciliation. The parties involved may also encounter these views from family, friends, religious authorities and other structural constraints. This can be illustrated in the research of a sample of 8,297 applications for protection of domestic violence in Trinidad in August 1991. The research identified that an average only 39% of those applications resulted in some form of protection. In a later study conducted in 1997 and 1998, over 75% of cases were withdrawn or dismissed (Lazarus-Black 2007).

The culture of reconciliation adds to the challenges of investigating domestic violence in the African-Caribbean community, which in itself is a confrontational exercise, in that there are risks of fuelling racist retrenchment and the risk of being accused of provoking defensive characteristics. This, it is claimed, is due to the dominant society's structural portrayal of this section of society (Hanmer et al. 2000). The perpetuation of power through domination takes various forms (Terborg-Penn 2009). Patricia Hill Collins (2010) has suggested that daily knowledge of ordinary people may operate through hidden information. Elites may discredit these hidden details, but they can be important, in that there is a struggle between opposing individuals, organizations and the control of ordinary people (Collins 2010). This can be illustrated in the case of Judge Clarence Thomas and Anita Hill.

Clarence Thomas, a black U.S. Supreme Court Judge, faced charges, made by Anita Hill in 1991, of alleged sexual harassment. The rhetoric used in his defence was that of the liberal media trying to

discredit a conservative black man and could be construed as structural racism, involving the media and politicians. In addition, the media suggested that Anita Hill and others where deluded, implying that all involved where facing a racial power imbalance (Markowitz 2004). It should be noted that other women who were involved refused to testify, but did address the court in writing. Their letters, however, suggest that they did not consider Judge Clarence's conduct as sexual harassment, thus indicating a difference in the way male conduct towards women is perceived by different groups.

Thomas did not face charges related to harassment. However, the case brought to light the fact that his behaviour was regarded as unacceptable (Zack 2000). It could be suggested that Hill's allegations identified a split view on issues of male conduct and was a historical indicator in the changing definitions of sexual harassment and abuse. Furthermore, it was suggested by other American psychiatrists and psychologists that there were discrepancies in the testimonies and that both parties were either lying or had a distorted memory, or that both were delusional, one of being harassed the other suffering from the delusion of sexual advancements (Bursten 2001), which seems to indicate profound structural racisms.

Research conducted by Bent-Goodley (2009) reveals that there are significant challenges for victims, caused by cultural, social and economic factors that have not been appropriately addressed by domestic violence legislation. This suggests that African-Caribbean women are marginalised by the court, legal system and agencies, in which there are limited culturally based services available (Bent-Goodley 2009). Professional perceptions in general suggest that women lie about their situations, tend to be more independent and less controlled by men. Furthermore, some professional groups claim that, since black families were assumed to be violent, domestic violence tended to be normalised, leaving these women without any support. This clearly demonstrates that many professionals operate on the basis of stereotypes. Significantly, there have been recommendations that future policymaking should be focused on breaking down barriers to services available and awareness for the victims and society at large (Eriksson & Hester 2001).

Mental health

Evidence from the 'Social Studies in Caribbean Schools' (Griffith 1999, cited in Quamina-Alyejina & Braithwaite 2005) shows that in remaining in violent relationships, African-Caribbean women are more prone to develop poor mental health, major depression, post-traumatic stress disorder, alcohol and substance abuse. These findings were compared to women who had never experienced

physical abuse. The occurrence of depression in the women who experienced intimate partner violence was 71% compared to 10% among those who had not. These findings seem to indicate that intimate partner violence, which includes domestic violence, increases the risk of mental health problems (Quamina-Alyejina & Braithwaite 2005).

Effects on society

According to statistics supplied by the Department of Health (2002), women and children are more likely than men to have experienced all types of intimate violence and 54% of UK rapes are committed by a current or former partner. Further statistics reported by the Department of Health suggest that at least 750,000 children a year witness domestic violence and are at an increased risk of behavioural problems, trauma and mental health difficulties, which may occur in childhood and/or later life. In addition, 70% of children living in UK refuges have been abused by their father (statistics cited in Women's Aid Federation of England 2013). In considering these statistics, reports show that childhood exposure to violence has a pronounced effect on later involvement in violent relationships, as a victim or a perpetrator, and confirms that DV is a normal and learned behaviour in the African-Caribbean community (Jewkes 2002). Thus, as Jordan points out:

> The first and most important action that must be taken when a victim of abuse comes forward for help is to ensure that she (or he) and their children are safe. Once you are assured of their safety, it is also important to provide for their basic needs: food, clothing, shelter, and sleep. When this goal is accomplished, one can begin the healing process (Jordan 2005).

Addressing the future: the Imkaan organisation

Imkaan is 'a UK-based, black feminist organisation dedicated to addressing violence against women and girls' (Imkaan 2013). The organisation represents the need for refuge, outreach and advice, specifically to support and enable routes to safety for Black, Asian, and Minority Ethnic & Refugee (BAMER) women. The organisation's research shows that information and service responses are inadequate, especially for those women who are marginalised for reasons of status, such as cultural factors and gender. Thus, Imkaan aims to develop service and planning responses and calls for all public bodies to develop more durable methods for evaluating the impact of strategic responses and support staff development of appropriate service responses for all women and children. Significantly, they have developed a data toolkit, which aims to capture information on the profile of BAMER women and children accessing support services. In addition, and most importantly, the toolkit identifies factors that may prevent the women and men from accessing external help and

support and are needed for development specifically in the African-Caribbean community (Thiara & Roy 2010).

Research study conducted in Preston 2013

Aims and objectives

a) To find out if African-Caribbean men and women are aware of the different forms of domestic violence, and identify any educational needs particularly in respect of cultural differences which could direct service gaps.

b) To ascertain whether this sample is aware of the PDVS and establish reasons why African-Caribbean men and women are not using the DV services available in Preston.

Questionnaire

Using Bryman (2012) for guidance, a questionnaire was produced (see Appendix), directed by a solution focused philosophy in order to build on the strengths of the participants. The questions were custom designed to meet the aims of the study and recognised the need for anti-discriminatory behaviour and practice; hence, service polices of Equal Opportunity, Mental Health, Risk Assessment and a Person-centred approach were utilised (Hogewoning 2012). The questions were worded to be unambiguous and not liable to multiple interpretations.

Participants

A participatory approach was adopted, involving a focus group of volunteers from the local community. The volunteers were first sent an introductory letter, distributed via networking contacts. This letter contained details of the research project, together with a written consent form, which covered the ethical considerations of involvement.

There were ten participants in the study: two men and eight women from three age groups, 20s, 40s and 60s. Negotiated access was made to the sample group and results communicated to the research project.

Methodology

As advocated by Collins (2010), black feminist thought was used in this research because it allows black women's voices to resonate. Furthermore, as Collins (2010) observes, black feminist thought actualises collaboration and enterprise in the understanding of the common themes from a black women's stand point and is important to building intellectual communities. A particular strength of

the 'Black Feminist Methodology' is that it suggests that if the researcher is of another ethnic background the researchers must reflect on how stereotypes are reinforced and they should identify their motivations for entering into this research programme (Few 2007, cited in Love 2009).

Findings

All participants reported evidence of DV either in the immediate family or within the wider social network (Questions 2 and 3, Appendix). However, 50% claimed that they had not suffered DV personally. The types of violence identified (Q.1 & Q.10) were: emotional, financial, physical and verbal abuse.

The length of time during which the abuse continued varied. DV was experienced for more than ten years by the older females, where younger participants removed themselves from the situation quickly (within less than 6 months); other individuals experienced DV for over twelve months before they removed themselves (Q.5 & Q.7)

In answer to the questions relating to help for victims (Qs 7, 8 & 9), 75% sought help from professionals and other authorities and preferred to contact other authorities for support in the future.

When asked: 'Are you aware of Specialist Domestic Violence Services in the Preston area?', 100% of the men were not aware, whilst 100% of women were aware of the service, but they were not using it (responses to Q.8).

Discussion

The findings demonstrate a number of correlations with previous research. Since 100% of the participants had some experience of DV, either directly or indirectly, from a male perpetrator within the family and social network, this highlights the prevalence of the 'male privilege' (Bunch 2006) as a dominant factor, associated with a fundamental belief system in which socio-cultural norms support male violence.

As to the ongoing effects of DV, women who experience DV are more inclined, than women who do not experience violence, to enter into a violent relationship (Jordan 2012). This may explain the prevalence of DV in the female sample and the identification of a mother as a perpetrator, which suggests that these women, together with other members of the family who are perpetrators, may

themselves have been victims of DV. The cycle of abuse appears to be in evidence. This confirms the view that childhood exposure to violence has a pronounced effect on later involvement in violent relationships, either as a victim or a perpetrator, and validates the notion that DV is 'normal' and learned behaviour within the African-Caribbean community (Jewkes 2002).

Although 50% of the participants said that they had no experience of DV themselves, DV was an issue in the wider social environment; thus, indirectly, they experienced DV by association (Goodman & Smyth 2011). However, when analysing the question of help these findings contradict previous research carried out by Thiara and Gill (2012), which found a preference to keep the DV in the family and not subject the perpetrator to the authorities in order to prevent a criminal conviction.

In considering the need to disseminate knowledge of DV, 50% of those sampled had an understanding of the 'crime' of domestic violence and that intervention is needed to prevent further criminal abuse. This kind of understanding is stressed in the work by Patricia Hill Collins that it is 'important to build intellectual communities' (Collins 2010, 12). The findings would seem to support the view that having a deeper understanding of DV and its prevalence is a step in the right direction towards addressing the service gap.

In this study 25% of the participants sought support from other authorities, claiming they had no one else to turn to. This seems to fit with the notion that a key trait in African-Caribbean women is to exhibit independence and self-reliance to ensure their own survival and that of their loved ones (Eriksson & Hester 2001).This is in contrast to the 25% who expressed that they would not seek confidential support, but instead would hold faith in strong regard and who after a long period of time did escape the perpetrator. This indicates a culture of reconciliation, which may be encountered through the views from family, friends, and religious authorities (Lazarus-Black 2007).

The duration of DV experienced by this sample would seem to indicate that DV has an ongoing prominence in family life. The Duluth cycle of violence suggests that DV crosses over into generations, evident in this sample group who were aged between20-60 years, with a female representation of 80% to 20% of male. These statistics show that African-Caribbean women live with high levels of abuse over long periods of time, which also correlates with the research by the NSPCC and confirms the work by Thiara and Gill (2012), that this area of the community needs concentrated development to address the issue of DV and support. The significant length of time that the sample

group suffered DV leads to the issue of mental health, since DV contributes to depression, post-traumatic stress disorder, alcohol and substance abuse disorders in women (Lacey et al. 2013) and, therefore, increases the risk of mental health problems (Quamina-Aiyejina & Braithwaite 2005).

A key aim of this research was to identify why African-Caribbean society in Preston is not using the services available. The responses reveal that, in the majority of cases, help was sought, but not through the PDVS. As this is a key finding, it highlights a contentious consideration to the question: 'where should help and advice be available?'. It should be noted that 50% of the sample did not answer this question. However, 100% of those who did showed the need to have contacts in general practices, hospitals and schools and more advertising on local radio. On further analysis it showed that 75% of the samples are open to private and confidential support, free financial advice and legal support. This seems to suggest that African-Caribbeans regard themselves as marginalised, which is highlighted by Bent Goodly (2009). African-Caribbean women are marginalised by the courts, legal system and agencies because there are limited culturally-based services. In addition, research suggests that organisations should develop more durable methods for the access to service (Thiara & Gill 2012). As the results seem to indicate,more needs to be done for this secton of the community. Service responses are currently inadequate, thus marginalising individuals due to cultural factors (Thiara & Gill 2012).

At the stage of negotiating access, the key contact expressed a number of concerns which needed to be considered. Conflict from the community was a key issue. Furthermore, the key contact expressed that the sample required for the research needed to be independent from the group accessed. This may have been to reduce the risk of fuelling racist retrenchment and reducing the provocation defensive characteristic (Hanmer et al. 2000).

Conclusion and recommendations

This research has identified the need for a more adequate response to the African-Caribbean community in Preston. Furthermore, it shows that the local, domestic network of the African-Caribbean community in Preston bypass the DV service or do not know the service is available, thus validating the need for a further research.

Whilst undertaking this research, it also became evident that the African-Caribbean community do not use these services culturally and, according to black feminists, African-Caribbean men see

women as commodities and their violence towards them is a reassurance of their possession (Burman et al. 2004).

The recommendation is that a larger scale, in-depth survey should be conducted, aimed at probing the issues needed to develop the PDVS in this area. It should consult the African-Caribbean community directly, in order to address the specific cultural differences and needs. Future research should ask the African-Caribbean community *what they would like* from the PDVS service in Preston and *how they would* like to be involved. A concentrated effort is needed to build trust in the community. This could be addressed by commissioning a university researcher from the 'Community, Social Care, Policy and Practice' Undergraduate or Masters Degree programmes. I would also recommend the need to be more proactive in a direct marketing strategy within the local community.

In terms of future research, a mixed method could be applied to a wider selection of the community, thus addressing the need to appreciate the cultural profundity. The ages of the sample should also be more specifically identified, along with levels of education.

Areas for further research should include the role of religion, as religion is very important in this community. It would be advantageous to include a specific question as to how religion affects the community and the ways in which religion could assist those who need to seek help. Furthermore, there should also be an element that measures mental health, to help identify further health and support needs.

Finally, I would suggest that a deeper and wider appreciation of the history of the African-Caribbean people needs to be understood from all levels. Respect and empathy need to be held in the highest regard and social work values need to be at a highly professional level (Chantler, cited in Burman et al. 2004).

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Appendix

Survey Questions

1. Would you say any of these types of abuse be called domestic violence?

- Emotional

- Financial

- Physical

- Verbal

- All of the above

2. Have you ever experienced domestic violence yourself?

- Yes

- No

- Decline

3. Do you know anyone who has suffered from domestic violence?

- Yes

- No

- Decline

4. Was the abuser any of the following?

- Mother

- Father

- Brother/sister

- Relative

- Partner /Husband

- Friend

- Other

- Don't know

5. How long did you/ they experience it for?

- 1 year

- 3 years

- 10 years

- Longer than the above

- Less than the above

- Don't Know

6. What type of Domestic Violence abuse did you/they experience?

- Emotional

- Verbal

- Physical

- Financial

- All of the above

- Sexual

- Forced Marriage

- Honour based

- Don't Know

7. How did you/ they stop the abuse?

- Left the abusive situation

- Told the authorities

- Got help from services available

- Has not stopped it

- Friend

- Other

- Person stopped from babysitting

8. If you feel the abuse is still going on what help have you/they got?

- None

- Family

- Friends

- Services

- Professionals

9. Why did you/they choose this help?

- No one else to turn to

- What to keep it private/in the family

- Unsure of where help is

- Language barrier

- Scared of the abuser and what will happen

- Info available in GP surgery

- Drop in was private and confidential

- Chosen not to get help

- Are you aware of Preston Domestic Violence Service?

10. If you could have outside private and confidential help would you use it?

- Yes

- No

11. If No why?
    - Scared of loosing kids
    - Hope it will stop
    - Financially dependent on the abuser
    - Nowhere to go

12. If there was a safe place to live (private and confidential) with your children would you use it?
    - Yes
    - No

13. If you could get free legal and financial advice (private and confidential) would you use it?
    - Yes
    - No

14. If No to 10 to 13 above briefly explain why

15. Do you / they feel that there is enough information or help and advice in the Preston area?
    - Yes
    - No

16. If No where should help and advice be readily available?

- Doctors
- Specialist Domestic Violence Practitioners
- School
- Colleges
- Universities
- Work
- TV
- Internet
- Group activities
- Church
- Other / pleases state where you think it should be available
- Women's organisations

17. Are you aware of Specialist Domestic Violence Services in the Preston area?

- Yes
- No

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