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# A qualitative systematic review of published work on disclosure and help-seeking for domestic violence and abuse among women from ethnic minority populations in the UK

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**A Qualitative Systematic Review of Published Work on Disclosure and Help-seeking for Domestic Violence and Abuse among Women from Ethnic Minority Populations in the UK**

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**Abstract**

**Introduction:** Domestic violence and abuse has been recognised as an international public health problem. However, the pervasiveness of the problem is unknown due in part to underreporting, especially among women from ethnic minority populations. In relation to this group, this review seeks to explore: 1) the barriers to disclosure; 2) the facilitators of help-seeking; and 3) self-perceived impacts of domestic violence.

**Design:** We systematically identified published qualitative studies conducted among women from ethnic minority populations in the UK. Data analysis was completed using thematic analysis approach.

**Result:** 562 papers were identified and eight papers from four studies conducted among women from ethnic minority populations in the UK met the inclusion criteria and were reviewed. Barriers to disclosure include: Immigration status, community influences, problems with language and interpretation, and unsupportive attitudes of staff within mainstream services. Facilitators of help-seeking were: escalation of abuse and safety of children. Self-perceived impact of abuse includes: shame, denial, loss of identity and lack of choice.

**Conclusion:** There is an on-going need for staff from domestic violence services to be aware of the complexities within which women from ethnic minority populations experience domestic violence and abuse.

## **Introduction**

Domestic violence or abuse (DVA) is a public health problem affecting more than one third of all women globally (World Health Organization, 2013). It usually takes place between individuals in intimate relationships and/or within the family (Home Office, 2012). DVA has been identified as a risk factor for economic deprivation, social isolation, self-harming, physical and mental health problems, depression, alcohol and drug dependence, and post-traumatic stress disorder (Campbell, 2002; Chew–Graham et al., 2002; Ellsberg M and Heise L., 2005; Ellsberg et al., 2008; Garcia-Moreno et al., 2006; Golding, 1999; Wellock, 2010).

In the literature, domestic violence is often referred to as interpersonal violence, intimate partner violence or spousal abuse (Montalvo-Liendo, 2009). This paper uses the term ‘domestic violence or abuse’, and will make reference to other terms as appropriate.

Globally, the prevalence of DVA is unknown, which may reflect difficulties around disclosure and help-seeking. Estimates from a large WHO multi-country cross sectional survey of 24, 097 women aged 15-49 years showed that DVA is widespread, and varied by cultures and countries (Garcia-Moreno et al., 2006; Ellsberg et al., 2008). The authors reported that between 15-71% of ever-partnered women have experienced DVA. Despite the wide variations in the estimates, which may be due to methodological issues and other personal characteristics of the research participants, findings from the multi-country study ‘confirm the

pervasiveness and high prevalence of violence against women in a wide range of cultural and geographical contexts' (Garcia-Moreno et al., 2006, pg 1268).

In the UK, existing evidence confirms there are no accurate estimates of the prevalence of domestic violence and abuse, which may be due to non-disclosure (Office for National Statistics, 2013; Smith et al., 2012). In particular, limited information exists on the occurrence of domestic violence and abuse among women from ethnic minority (also referred to as Black and Minority Ethnic [BME]) populations. To enhance clarity of terminology, persons belonging to non-White British sub-populations in the UK are broadly categorised as ethnic minorities (Afkhami and Acik-Toprak, 2012).

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

To date, there are no published reviews of these studies. Such a review on barriers and facilitators of help-seeking for domestic violence may be instrumental in providing further insight into the experience of BME women, thereby enhancing national government services, local specialist support services and increased understanding of domestic violence among women from ethnic minority populations.

## **The Review**

### *Aim and Objectives*

The aim of the qualitative systematic review was to summarise evidence from qualitative research on domestic violence and abuse among women from BME groups in the UK. The review was considered necessary to provide the knowledge base of existing qualitative research on domestic violence and abuse among BME women, within the UK context.

The objectives of the review were to explore the:

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

### *Review Methods*

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

As described by Grant and Booth (2009), the qualitative systematic review is a method for integrating findings from qualitative research, which look for themes

across individual qualitative studies. In this type of review, quality assessment is not used as an inclusion or exclusion criteria, and the analysis method is usually thematic analysis.

Since the aim of the review was to summarise existing qualitative research on domestic violence and abuse against BME women, the qualitative systematic review method provided the basis for using thematic analysis to present the themes, as opposed to other methods of synthesis or evaluations. Table 1 below provides the characteristics of the review methods utilised.

**Table 1: Three Extracts from Typology of Reviews by Grant and Booth (2009)**

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

|                     |   |   |  |   |   |
|---------------------|---|---|--|---|---|
| Systematized review | Attempt to include elements of systematic review process while stopping short of systematic review. Typically conducted as postgraduate student assignment. | May or may not include comprehensive searching. | May or may not include quality assessment. | Typically narrative with tabular accompaniment. | What is known; uncertainty around findings; limitations of methodology. |
|---------------------|---|---|--|---|---|

**(Table 1 used with permission)**

### *Search Strategy*

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

### *Inclusion and Exclusion Criteria*

The inclusion criteria were:

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

The exclusion criteria were:

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

### *Data Management*

Database searches were conducted from inception of the databases until February 2013 and searches were updated in November 2014. Search terms were used consistently across all databases, in order to identify the combination of terms that

yielded the most result. In addition, experts in the subject of domestic violence among BME women in the UK were contacted with requests for recommendations of literature. References of retrieved studies were imported into Endnote X4 (bibliographic software).

### *Data Extraction*

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

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

However, the quality of studies was not an inclusion criteria in this review. The decision to avoid quality as inclusion criteria was in consideration of the different

context in which qualitative studies are conducted (Pope et al., 2007). Data extraction rigour was enhanced by continuous discussion within the review team, as OF and SK independently extracted the data, while KL reviewed both sets of extraction for consistency.

### *Thematic Analysis*

The thematic analysis approach to analysing qualitative data by Braun and Clarke (2006) was used to aid thematic identification and summarisation of data from included studies. Thematic analysis approach was considered appropriate for this review for two main reasons. Firstly, the authors sought to descriptively summarise evidence from BME-focused qualitative studies exploring domestic violence against women in the UK. Secondly, it was deemed appropriate to provide themes in accordance with the review objectives, to ensure the review meets its objectives.

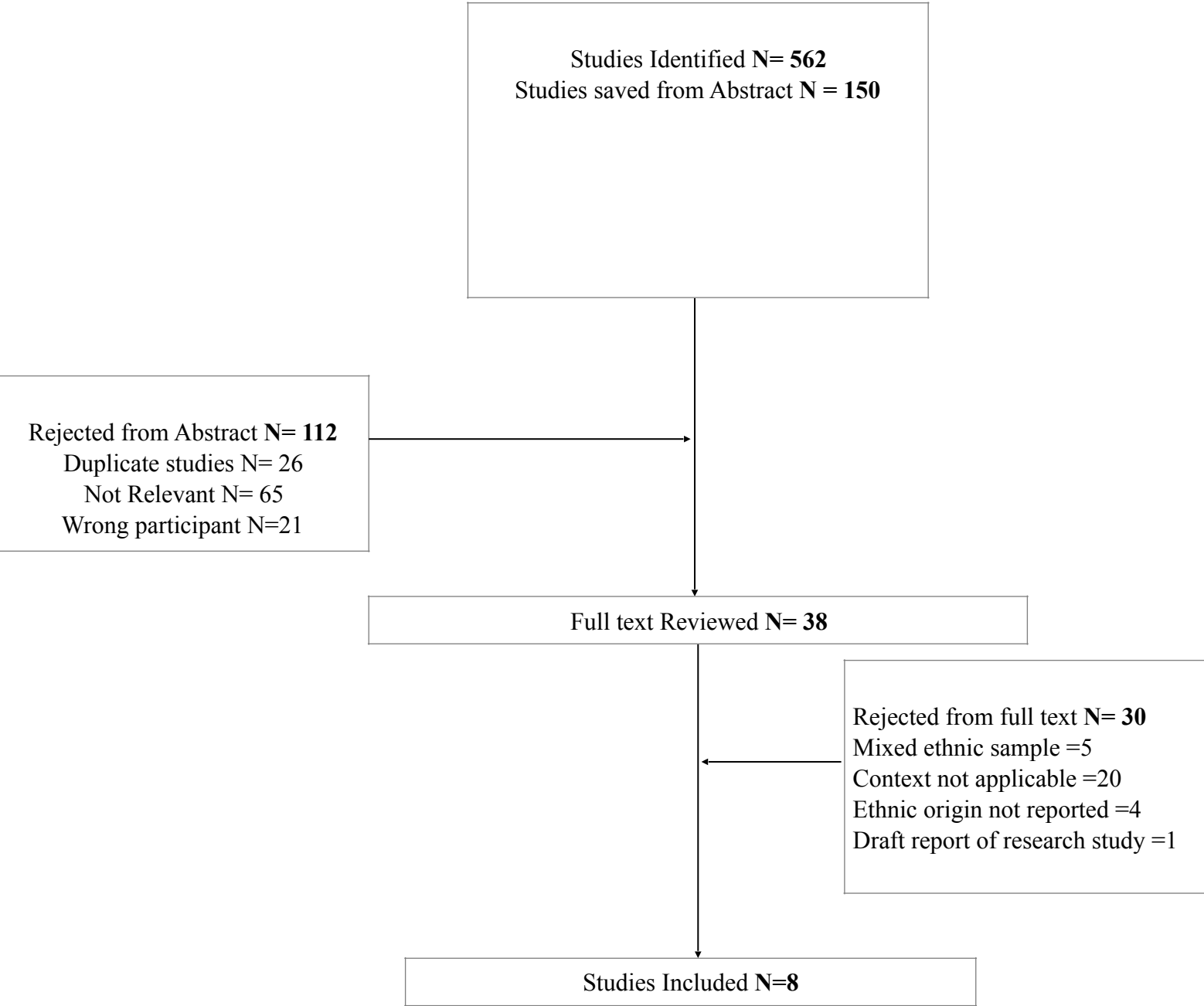
In utilising the thematic analysis approach, all six phases described by Braun and Clarke (2006) were employed. Although transcription was not necessary for this review, the familiarisation process was conducted, as the studies included in the review were read multiple times to facilitate understanding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

## **Result**

### *Search Outcome*

In total, 562 studies were identified. The original search identified 554 studies, while the updated search conducted in November 2014 found further 8 studies (Figure 1).

**Figure 1: Flow Chart of Article Selection**



**Figure 1. Flow chart of article selection**

## Overview of Included studies

In total, eight published papers from four research studies conducted among BME women in the UK were included in the review. Three articles: Burman and Chantler (2005), Burman et al (2004) and Chantler (2006) were from the same study<sup>1</sup> and thus were combined as Burman et al (2004, 2005 and 2006). Similarly, three articles: Anitha (2008), Anitha (2010) and Anitha (2011) were from the same study and thus were combined as Anitha (2008, 2010 and 2011). The combination of these studies was based on the fact that, each of the papers used data from the same study population. The remaining studies were Belur (2008) and Gill (2004). Table 2 below provide a descriptive summary of studies included in the review.

### *Sample size*

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

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

**Table 2: Descriptive Summary of Studies Included in the Review**

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

|            |                    |  |   |
|------------|--------------------|--|---|
| Belur 2008 | 12: South<br>Asian | Contact via South<br>Asian women<br>groups | Semi-structured,<br>face to face<br>individual<br>interviews and<br>observational<br>method |
|------------|--------------------|--|---|

### *Recruitment and Access*

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

### *Data Collection Method*

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

### *Study Quality*

The CASP (Centre for Reviews and Dissemination, 2009) tool used in this review consisted of a set of questions, designed to explore rigour and transparency in the methods and processes employed in the qualitative studies. While quality was not an inclusion criteria for studies in this review, the CASP tool was applied as part of the qualitative systematic review process. Based on the result, the CASP tool assessment revealed a paucity of information to enable us answer the CASP questions satisfactorily when all the papers are considered separately. As presented in Table 3 below, applying the CASP tool to the combined Burman et al and Anitha studies respectively showed a significant strength in the methodological processes involved in the studies.

**Table 3: Quality Appraisal of Review Papers using the CASP Tool**

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

### **Themes from the Review**

The themes from the review are aligned with the three review objectives. This was done to facilitate maximum utilisation of available data, as a result of the limited number of studies in the review. The three themes were: barriers to disclosure; facilitators of help-seeking; and self-perceived impact of abuse include. Table 4 below provides a thematic summary of findings from the review.

**Table 4: Thematic Summary of Findings from Included Studies**

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

|            |  |  |  |
|------------|--|--|--|
| Belur 2008 | <i>Community Influence; immigration status; unsupportive attitudes of staff within mainstream services (Stereotyping).</i> |  |  |
|------------|--|--|--|

**Barriers to Disclosure**

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

*Immigration Status*

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

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

Due to their immigration status, they could not access refuges, receive benefit or have access to appropriate housing. Fear of deportation and dependence on husband

were very common findings in Gill (2004), Belur (2008) and Burman et al (2004, 2005&2006), as a result of immigration status. Participants also identified limited knowledge of their legal entitlement, which was attributed to their immigrant status, as a significant barrier to disclosure and help-seeking (Anitha, 2008, 2010 & 2011, Gill, 2004). *Community Influences*

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

#### *Problems with Language and Interpretation*

Anitha (2008, 2010 & 2011), Belur (2008), and Gill (2004) all identified problems with language and interpretation as a barrier to disclosure. Many of the research participants reported English as a second language, which resulted in lack of communication, especially during distress triggered by domestic violence. Belur (2008) specifically identified problems with interpretation services as these interpreters were often middle-aged Asian men. Belur (2008) highlighted a case where there was a misrepresentation in an interpreter's story of a woman seeking

help from the police, because the male interpreter was withholding information. The likely consequence of this was that, the police did not get the women's true account of the domestic violence incidence, and thus could not support her accordingly.

Although Belur (2008) noted the interpreter was eventually struck off the interpreter's register, this incident may reflect a general problem with interpretation, which is often undetected by people who do not understand the language.

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

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

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

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

Only Anitha (2008, 2010 & 2011) provided information about facilitators of help-seeking. Participants reported that escalation of abuse and safety of children made them approach services for help. Escalation of abuse was described in terms of the

frequency of the physical violence, and the deterioration of the relationship. Six study participants reported being thrown out of their marital home as a result of the escalation of the abuse (Anitha, 2010).

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

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

### **Discussion**

This review has summarised the barriers and facilitators to help-seeking, including self-perceived impact of domestic violence by BME women in the UK as reported in the literature reviewed. Results from the review suggested immigration status, and community influences are significant barriers to disclosure. This result is

supported by evidence from Ahmad et al (2009) and Alaggia et al (2009) on disclosure of domestic violence among immigrant women in Canada. Findings from the work of Ahmad et al (2009) and Alaggia et al (2009) showed that concerns regarding immigration laws are prominent barriers to disclosure and help-seeking.

Similarly, escalation of abuse and safety of children are important factors for help-seeking. While escalation of abuse and concerns about children's safety have been identified as facilitators of help-seeking among BME women in the UK (Anitha, 2010), similar findings have been reported among African-American women in a study by Petersen et al (2005).

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

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

## **Intersectionality: The Influence of Community, Socialisation and Acculturation.**

Evidence from this review showed that, in addition to immigration status, the cultural community influenced the disclosure and help-seeking practices of women with lived experience of domestic violence and abuse. The implication of this is that, many women will seek help from within their immediate community, either through faith-based organisations or social groups. Since, the ecological theory of domestic violence posits that immigrant women experiencing of domestic violence and abuse live within three inter-related social systems (Yoshioka 2008), it can be surmised that, for women socialised within collectivist cultural orientation, the impact of their cultural community characteristics is vital in their help-seeking practices, particularly when resident in cultures different to their culture of socialisation (Yoshioka, 2008; Yoshioka and Choi, 2005).

In their theoretical conception of the intersectionality of influence, Guruge and Khanlou (2004) highlights the importance of cultural socialisation on how immigrant women locate their individuality within their immigration context, and how this affects their acculturation. Thus, within this review, it was deduced that, although study participants are resident in the UK, the intersections of their gender, socialisation, religious beliefs, and the limitations of their immigration status, as a result of the systemic structures influencing their acculturation, significantly affected their disclosure and help-seeking from persons outside their ethnic community groups.

### **Contribution of the Review**

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

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

Thirdly, it highlights that, in addition to immigration status, the ethnic community groups, through faith-based organisations and social groups, significantly influence the disclosure and help-seeking practices of women. This is due to the complexities of the inter-related social structures within which women from ethnic minority groups exist.

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

## Policy and Practice Implications

While the domestic violence policy in the UK (Home Office, 2017) recognises the need to prevent and support for all women and girls, as well as the role of immigration status in domestic violence service utilisation, there are gaps in how the experiences of women from ethnic minority populations are problematised within mainstream discourses. Thus, findings from this study has implications for healthcare professionals, as it may provide insight on why women from ethnic minority populations may be reluctant to take up referral to domestic violence services, as a result of the complexities of their inter-related social systems.

Therefore, it is important that appropriate gender-sensitive policy responses are developed to harness the positive strengths and existing social capital within ethnic minority population communities, as a necessary step towards improving and accommodating the diverse experiences of women with lived experiences of DVA. Building on the role of community groups in disclosure and help-seeking may be instrumental in ensuring more women from ethnic minority populations are empowered to seek appropriate help, and are able to exercise their right to make an informed decision about their life in view of the domestic violence and abuse experience. In addition, it will ensure the leaders of the community groups (and faith-based organisations) are informed about appropriate policies and services, and how to support individuals within their community with lived experience of domestic violence and abuse.

## **Limitation of the Review**

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

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

Therefore, as participants of the included studies could receive statutory support under the domestic violence concession (Home Office, 2013; UK Visas and

Immigration, 2013), findings from these review may not be applicable in its entirety to women who are subject to immigration control.

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

## **Conclusion**

In conclusion, evidence from this review suggested that immigration status, community influences, and escalation of abuse are factors influencing the disclosure and help-seeking practices of women from ethnic minority populations experiencing domestic violence and abuse. Hence there is an on-going need for staff from domestic violence services to be aware of the complexities within which BME women experience domestic violence and abuse. The implication for policy and practice was also highlighted.

Furthermore, the review highlighted a dearth of published work on the broad spectrum of the experience of women from ethnic minority populations. This has implication for the generalisation of findings of this review, and thus identified the need for commission of further research to provide further insight on the diverse experiences of BME women, and their DVA service support needs, particularly if they are subject to immigration control. Hence, there is need for current research to

explore appropriate ways to increase access to domestic violence services for these women.

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