

Domestic violence attitudes and responses in UK ethnic minority and migrant communities and the role of religious and cultural influences: A qualitative study

Romina Istratii

ri5@soas.ac.uk

SOAS University of London <https://orcid.org/0000-0001-8083-634X>

Natalia Paszkiewicz

SOAS University of London

Aysha Ahmed

University of Bedfordshire

Elsabeth Gezahegn King

Ihit Le Ihitoch Women's Support Group

Parveen Ali

The University of Sheffield, and Doncaster and Bassetlaw Teaching Hospitals, UK

Gene Feder

University of Bristol, Bristol Medical School, UK

Research Article

Keywords: Domestic violence and abuse (DVA), ethnic minorities, migration, United Kingdom, faith communities, religious beliefs, religious mediators, services utilisation, community resources

Posted Date: October 11th, 2024

DOI: <https://doi.org/10.21203/rs.3.rs-5209153/v1>

License:  This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

Additional Declarations: The authors declare potential competing interests as follows: Some of the community-based researchers worked in the sector as practitioners and had previous links to their research participants or their organisations. The implications of these links have been disclosed and discussed in the paper. During this research, Gene Feder was non-executive board member of IRISi, a

voluntary sector DVA agency that delivers a national training and referral programme to general practices and sexual health services in the UK.

Abstract

The current paper presents findings from qualitative research on domestic violence and abuse (DVA) with Christians and Muslims from Ethiopian, Eritrean and Bangladeshi communities in the United Kingdom (UK). The study explored understandings of and attitudes towards DVA and responses that integrated cultural and religious establishments and resources in ethnic minority faith communities. Qualitative research was conducted with the help of community-based researchers. Three researchers conducted 16 interviews and one focus group discussion with eight participants (total n = 24). The study added to the existing evidence on barriers that DVA victims from ethnic minority faith communities face in migration contexts, adding insight into the complex interaction between norms and pressures at country of origin and conditions in the host society, and the role of religious beliefs in this relationship. The study also reinforced the significant role that religious establishments and mediators can play in domestic violence responses, but also their general unpreparedness to do so. Participants proposed that integrating religious institutions and resources in DVA responses would be an effective way forward.

Introduction

Whilst migrant communities do not appear to experience domestic violence and abuse (DVA) more frequently than non-migrant communities, they face migration-specific stresses and vulnerabilities that can contribute to DVA and can serve as a barrier to victims accessing timely support (Du Monte and Forte, 2012; Holtmann and Rickards, 2018; Istratii, 2023). Khelifat's systematic review of qualitative studies globally and primary research in the United Kingdom (UK) reported constrained help-seeking and help-receiving experiences of migrant women affected by DVA due to lack of access and knowledge, immigration status and language barriers, as well as fear of consequences and potentially harmful responses, including breach of confidentiality (Khelifat, 2018). A study with Eritrean asylum-seekers in Israel identified reasons including a victim's legal situation in the host country, co-dependence on a husband's immigration status, economic precarity and a lack of necessary institutional support to exit abusive relationships (Gebreyesus et al., 2018). Similarly, research looking into perspectives on DVA among Ethiopian women in Melbourne enlisted threats of deportation and deliberate social isolation used by abusive partners to silence and control women (Lemma et al., 2023: 719). Other causes may include the continuation and prevalence of patriarchal norms and racist and hostile attitudes towards ethnic minorities (Du Monte and Forte, 2012; Holtmann, 2016, Holtmann and Rickards, 2018). In many migrant ethnic minority communities, DVA may not be openly discussed also due to culture-specific norms reinforcing stigma and shame, coupled with a fear that the community might be labelled as problematic or violent (Du Mont and Forte, 2012; Holtmann, 2016).

As a result of these reasons, combined with gender imbalances and women's dependence on men in many tradition-oriented communities, most cases of DVA in migrant communities will not be formally reported (Holtmann and Rickards, 2018; Pan et al., 2006). Previous studies engaging the Bangladeshi community in the United States (US) for example, demonstrated a lack of acceptance that abuse happens, an attitude that has been associated with an increased number in women's deaths (Bhandari,

2022: 73). DVA victims/survivors[1] may need to turn inwards to manage their abusive situations, including seeking mediation through cultural and religious institutions and by relying on their faith to cope (e.g. Holtmann and Rickards, 2018; Al-Natour et al., 2019; Istratii, 2020). However, cultural and religious standards and expectations, such as around marriage and the conjugal relationship, coupled with community-enforced social norms, can contribute to victims staying in abusive relationships (Istratii, 2020; Le Roux and Pertek, 2023). A study about experiences of Eritrean refugee women in the UK found that religious institutions advised victims of domestic violence to tolerate abusive partners (Tsegay and Tecleberhan, 2023: 11). Often times victims will try to endure abusive situations by seeking recourse to prayer and reading sacred texts as a source of strength and comfort (Aghtaie et al., 2020; Gillum, Sullivan et al., 2006; Raday, 2012; Al-Natour et al., 2019).

A main challenge in overcoming such attitudes is a tendency to frame cultural norms in religious discourse. In her ethnographic study of spousal abuse in the Ethiopian Jewish (Beta Israel) community in Israel, Kacen shed light on a holistic view of life shared by the participants which resulted in a discourse on violence whereby what was deemed cultural was so closely interwoven with faith parameters, that it was impossible to separate those two aspects (Kacen, 2006: 1281). There is sufficient evidence to show that the effects of religious beliefs and faith on DVA attitudes and responses, mediated by its culture-specific embodiments, are not straightforward and can be positive, negative, or neutral depending on the circumstances (Istratii, 2020). Religious beliefs, norms and practices can simultaneously contribute to the normative framework that determines society-wide attitudes associated with the problem and its continuation, whilst serving as a resource that helps survivors in coping, exiting and healing from DVA situations (Nason-Clark et al, 2018; Istratii, 2020; Istratii and Ali, 2023; Le Roux and Pertek, 2023). Additionally, religious teachers and mediators are generally considered to be influential in their communities through their teaching and mediation in situations of family conflict (Le Roux and Loots, 2017; Le Roux and Bowers Du Toit, 2017; Istratii, 2020). However, they are usually not prepared to respond to domestic violence with awareness of safeguarding, trauma-sensitivity and the theological confidence required to challenge inherited or culturally enforced understandings of religious tradition and practice (Istratii and Kalkum, 2023).

Our review of organised DVA services in multicultural societies with large migrant populations, including the UK, showed an increased acknowledgement of clients' religious and cultural backgrounds and sensibilities and a need to develop culturally adapted programmes, but no systematic discussion of how this could be achieved (Istratii et al, 2024). Some studies suggest that DVA services may be challenged to adapt to cultural diversity, proposing that generalist DVA services could incorporate more culturally specific elements in their recruitment strategies and intervention approaches to be more accommodating to diverse clients (see studies in Istratii et al, 2024). One particular study from the UK found the need for 'both and' approach to the design and delivery of services, involving both culturally specific services and generalist services (Burman et al., 2004). Yet, these conversations have tended to focus on cultural diversity and less so on faith sensitivity and religious beliefs per se. The question of how faith-informed resources and religious mediators could be integrated in generic DVA services remains largely unexplored and is not easy to answer given the many ways in which religious parameters

can influence DVA attitudes and experiences, the lack of specialised theological knowledge among providers and the different degrees of preparedness and awareness among religious teachers and mediators.

Against this backdrop, the current study sought to explore experiences and perspectives of members of migrant and ethnic minority faith communities in the UK about the extent to which DVA was a problem in their community and how this has been addressed and by whom. We wanted to better understand the perceived and actual role of religious resources, mediators, and clerics in responding to the problem and to DVA survivors or perpetrators in a more integrated manner. The study was informed by the particular UK policy context and what has come to be known as the 'hostile environment' resulting from a set of measures implemented through the Immigration Acts of 2014 and 2016. These have been associated with women being excluded from accessing domestic violence and other services due to their immigration status (the No Recourse to Public Funds condition for women who migrate as partners on a family visa), or losing their right to remain in the UK if their relationship ended during their first five years of residing in the country (Sedacca, 2024: 75), which could increase women's vulnerability to DVA.

[1] As in our previous paper (Istratii et al., 2024), we use the terms victim/survivor to distinguish between individuals who are in a situation of victimization and those who have managed to exit an abusive situation. We recognise that both victims and survivors can be resilient and actively practise their agency to navigate their respective situations.

Methods

We conducted semi-structured interviews and a focus group discussion (FGD) involving female and male participants. Our qualitative methodology was informed by a decolonial ethos that sought to place more interpretative power in the hands of the communities involved in research, and the recognition that it would not be possible to conduct sufficiently representative research inclusive of all ethnic minorities in the UK. We therefore placed emphasis on achieving a more in-depth and substantive engagement with a few communities based on the research team's cultural, religious, and linguistic experience and knowledge. The study relied on community-based researchers who understood or were part of the communities they worked with, had connections to recruit participants (e.g. through a domestic violence service provider, a community-based organisation or other personal relations), leveraging on the bilingual and/or bicultural knowledge and identities of the research team members. The three researchers were Natalia Paszkiewicz (NP, Eritrean community), Aysha Ahmed (AA, Bangladeshi community) and Elisabeth Gezahegn King (EGK, Ethiopian community). The research was coordinated by lead researcher, Romina Istratii (RI) and was advised by Parveen Ali (PA) and Gene Feder (GF).

Two of the researchers, AA and EGK, were directly recruited from the communities of interest and are themselves of Bangladeshi and Ethiopian origin. Whilst NP is not of Eritrean heritage, she has had close relations with the Eritrean community as a result of previous professional engagements. The main strength of such an approach was the researchers' pre-existing trust with their participants, which was

anticipated to foster higher disclosure rates, especially given the sensitivity of the topic. Additionally, the community-based researchers' contextual understanding of the community's cultural standards, religious traditions and gender norms was a necessary prerequisite to accessing and understanding better the realities of the participants. The knowledge of local languages was anticipated to offer an additional strength, with participants being given the option to share their thoughts in the primary languages spoken also by two of the researchers. On the other hand, being linked to a community and conducting research in a language other than English was anticipated to present challenges that our team had to carefully reckon with throughout the research.

NP and AA conducted their interviews in English as preferred by their research participants, whereas EGK's FGD was carried out in Amharic, which was EGK's and most participants' first language. Participants who spoke Tigrigna were aided by other bilingual participants with translation. EGK, as the only researcher working in another language other than English, had to grapple with issues of linguistic translation, especially around the use of culturally specific concepts. For instance, she reported that the term 'domestic abuse' (as opposed to the term 'violence against women and girls') was difficult to translate in Amharic. Using available terms to translate it could unwittingly reinforce a focus on physical forms of abuse to mitigate this, both EGK and the other researchers encouraged their participants to reflect on their definitions and to actively consider other forms of abuse not normally discussed in the community.

EGK chose to carry out a group discussion as she considered that this could help women to share stories by feeding of each other's accounts. In contrast to the women she engaged in the research, EGK was an educated urban woman from the capital city of Ethiopia who had no first-hand experience of irregular migration to the UK or DVA. These differentials could have deterred some of the women to share more than they might have with someone more similar to them, although this was largely counterbalanced by the trust that existed between EGK and the women's group, which she coordinated.

Similarly, being a member of the British Bangladeshi community allowed AA to build a rapport with her study participants, who agreed to share their work experience with her. Both AA and her Bangladeshi participants were mostly educated professionals. Nonetheless, recruiting professionals from the local authority turned out to be difficult because they were mindful of not (mis)representing the organisations they worked for, even though they were encouraged to share their personal opinions and not those of their organisations. Some participants in the Bangladeshi study reported that they often found themselves wanting to help women from their own community access services but being limited by the need to maintain professional boundaries. Their professional roles meant that they could not openly voice their dissatisfaction with services available to DVA victims and survivors.

In the Eritrean context too, NP's links to the community made this research possible. A complex political history, a high level of mistrust among Eritreans in the diaspora, and the sensitivity of the research topic would have made it extremely difficult for a complete 'outsider' to conduct such research. Whilst NP was limited by her non-Eritrean identity, an 'insider' researcher of Eritrean origin would face similar and

perhaps greater challenges because of deeply entrenched political divisions in this community. Eritreans tend to be outspoken about their political positions and it helped that NP did not have political grievances or alliances in common with her interlocutors, except for a firm belief in human rights and social justice, reflected in her support for Eritrean refugees. This helped to reassure her participants about her genuine concern for the community.

Lastly, it is important to consider that all the researchers were female, with most participants being female (see below). The researchers' gender was certainly important for building the necessary trust with the female participants, without hindering the inclusion of males in the study. However, it is unclear whether employing a male researcher might have led to a better engagement with men or a higher disclosure rates among male participants.

It is important to conclude this section by noting that the research was small-scale and should not be considered representative of the population. While participants themselves made numerous generalising comments about the realities of DVA in their communities, these should not be read as representative of everyone's opinions or experiences. In authoring the paper, efforts were made to communicate findings with this heterogeneity in mind.

Participant recruitment

In total, NP conducted eight interviews with members of the Eritrean communities; AA conducted eight interviews with Bangladeshi participants, and EGK facilitated one FGD that took place over two different days involving six Ethiopian and two Eritrean women. Research participants included men and women in the lay population (n=6), religious leaders serving these communities (n=2), and community members involved in initiatives that supported DVA victims/survivors in culture-sensitive ways (n=16).

In order to recruit professionals of Bangladeshi heritage working with women and children exposed to DVA, AA sought the support of specialist DVA organisations in London working with minority/Bangladeshi women. EGK is the founder of the *Ihit-le-Ihitoch Habesha Women's Support Group* (or, Sister-to-Sister Abyssinian Women's Support Group) and was personally connected to the participants. All the women involved in EGK's study turned out to be survivors of DVA and other forms of violence against women and girls, although they had not been recruited with this criterion in mind and were not asked directly about their DVA experiences. Similarly to AA and EGK, NP also relied on personal networks for recruiting participants for the Eritrean study. Interviewees hailed both from former professional contexts and personal relationships, including long-term friendships that had started in a broad Eritrean activists' network in London. Only three participants (two women and one man) were new to the researcher and were recruited through other participants in the study.

All the participants were based in London at the time of their interviews/FGD. It is important to note that London has a high representation of ethnic minority communities and may feature more culturally

specific services available to DVA victims/survivors than other parts of the UK. Hence the results should not be taken as representative either of the communities of study, or the whole of the UK.

Formal ethical approvals for the research were granted by SOAS University of London. All the research participants were presented with a consent form that they discussed with the community-based researcher prior to providing their written consent. The research sought to be considerate of the participants' busy schedules, which resulted in all interviews and the FGD taking place online.

Definitions of key concepts

In line with our commitment to prioritise participants' understandings and perceptions, we did not articulate a rigid definition of domestic violence but rather explored how participants understood it and how they thought about the influence of religious mediators and faith in experiences of DVA and responses to it in their communities. The community-based researchers encouraged their participants to speak freely and openly around these concepts, exploring how these were understood by the participants and their communities. These encompassed discussions on types of violence and abuse they considered most relevant to them and situations they included or excluded in their definitions, as this could suggest community-wide attitudes about forms of violence that were considered acceptable to speak about and others that were either not understood as DVA or were considered private to the family. The researchers were open to exploring all forms of DVA that the participants considered important, including violence inflicted by extended family members and others in the domestic sphere.

In presenting the results, we have tried to use the general term DVA consistently, although the participants used several terms, including *domestic violence*, *domestic abuse*, and *violence against women and girls* (VAWG). In explaining direct testimonials, we have often replicated the terminological choices of the participants.

Analysis

The transcripts were coded by each researcher under the guidance of RI according to a common list of codes that were agreed collectively. A set of primary codes were generated by the lead researcher based on the research questions. This list was enhanced through an inductive process after the community-based researchers had conducted their interviews, which resulted in the identification of additional themes or issues not captured in the original research question and literature reviews. The community-based researchers had the opportunity to revisit, discuss and refine the list throughout the process of data coding.

Synthesis

Each researcher produced a report that presented their findings under the thematic codes that guided data analysis. The community-based researchers were provided with very general guidelines of what the final reports should include to ensure that the three reports could be subsequently synthesised. To synthesise the results, the research team focused on identifying common threads across the three reports, as well as context-specific findings or distinct themes that emerged from the different research contexts. Numerous meetings were held with the team to start to conceptualise and to identify the contents of the final paper.

A primary synthesis of the findings was compiled by NP with input from the other two community-based researchers. In many cases, NP revisited the transcripts to clarify context and meaning. RI drafted the paper and worked collaboratively with NP to present the findings and contextualise them in the existing literature. The paper was then reviewed by the community-based researchers and advisors (AA, EGK, PA and GF). Throughout the data analysis and synthesis process, the team worked through collective documents online to ensure that every researcher was involved at each level of analysis, synthesis and write-up and could input into the process.

Results

Participants were diverse in terms of their age, years they had been in the UK, professions, and religious affiliations. The average age for the sample was 40. Many participants had been in the UK from their childhood and many others for decades. Of the 24 participants, 15 identified as Muslim, six as Christian Orthodox, two as Jehovah's Witness and one as not religious.

Table 1
Participant demographic characteristics

Participant number	Sex*	Age	Country of birth	Years in the UK	Profession	Religious affiliation
P1	Female	43	Eritrea	22 years	NGO worker	None
P2	Male	31	Eritrea	8 years	NGO worker	Muslim
P3	Male	45	Eritrea	25 years	Religious leader	Muslim
P4	Female	49	Eritrea	25 years	Health worker	Muslim
P5	Female	61	Eritrea	30 years	Health worker	Muslim
P6	Female	47	Eritrea	30 years	NGO worker	Orthodox Christian
P7	Female	53	Eritrea	32 years	Social care worker	Muslim
P8	Female	58	Eritrea	35 years	Community worker	Muslim
P9	Female	51	Bangladesh	From early childhood	Religious leader	Muslim
P10	Female	55	Bangladesh	From early childhood	Local authority	Muslim
P11	Male	Not declared	Bangladesh	From early childhood	Local authority	Muslim
P12	Female	49	Bangladesh	From early childhood	Local authority	Muslim
P13	Female	28	Bangladesh	From early childhood	DV organisation	Muslim
P14	Female	31	Bangladesh	From early childhood	Local authority	Muslim
P15	Female	45	Bangladesh	From early childhood	DV organisation	Muslim
P16	Female	32	Bangladesh	6 years	DV organisation	Muslim
P17	Female	27	Ethiopia	4	Support worker	Jehovah's Witness
P18	Female	23	Ethiopia	6	Full time mother	Orthodox Christian
P19	Female	29	Ethiopia	8	Full time mother	Orthodox Christian

Participant number	Sex*	Age	Country of birth	Years in the UK	Profession	Religious affiliation
P20	Female	24	Ethiopia	5	Full time mother	Orthodox Christian
P21	Female	35	Ethiopia	4.5	Full time mother	Muslim
P22	Female	23	Ethiopia	3	Full time mother	Orthodox Christian
P23	Female	24	Eritrea	7	Full time mother	Orthodox Christian
P24	Female	63	Eritrea	8	Support worker	Jehovah's Witness

*Participants were not asked to self-identify their gender, hence only sex is mentioned.

Understandings of DVA focused on physical violence.

In all the study contexts, definitions of DVA revolved around physical violence. For most participants, DVA extended beyond intimate partner violence to encompass the mistreatment of women by other family members, particularly mothers-in-law. The level of awareness of DVA among the study participants seemed to be a function of numerous factors, including their exposure to women's rights language, relevant legislation in the UK, as well as socio-culturally enforced gendered norms that seemed to cut across the Bangladeshi, Eritrean and Ethiopian communities. Many participants explained that their understanding had changed and had improved over time because of their stay in the UK.

In the Bangladeshi community, there was a diversity in the language used to talk about DVA experiences, but there was also a notion that abuse was taking place only when there was evidence of physical harm, as highlighted in the account below:

Majority of the time people are focused on (physical abuse), and it is easier for them to deal with it if a woman has a bruise. It's easier to say, ok you are a victim of domestic abuse. If she is experiencing sexual abuse for example, would she go to an imam and say look my husband is sexually abusing me. No, she wouldn't. (Bangladeshi study participant)

The general perception among the Bangladeshi participants was that other forms of DVA that were not evident or were less visible tended to be understated in the community.

Within the Eritrean study context, numerous research participants admitted that they had to educate themselves on DVA after arriving in the UK, whilst a few interlocutors, including men and women, said that DVA was not a problem as they had not met women subjected to physical violence. In this study cluster too, perceptions about domestic violence related to visible cases of physical violence and the participants' own awareness of specific examples in their surroundings. Similar ideas were expressed

within the Ethiopian study cluster, as illustrated in the following account: “I have learned in this country, some women don’t even know [that] they are being abused.” (Ethiopian study participant).

Within the Eritrean and Ethiopian study contexts, participants explained that traditional gender roles ascribed to women were constructed around the notion of perseverance or endurance, with many proverbs and sayings promoting women’s submission and justifying a ‘machismo’ type of masculinity, a term that some research participants themselves used. In some cases, such attitudes were reinforced by religious figures, as illustrated in the following account:

When they tell their family members [about abuse], they are told that they should be patient and endure it as it's just the way it should be. Some go to their priests seeking for advice and they will get advice to endure the situation. (Ethiopian study participant)

A Bangladeshi research participant also described women’s submission to men as a community-wide norm:

Yes, I do think it is a big problem in our community, and how do I define it, it's so culturally, you know, ingrained that it's the norm, normal behaviour to treat women in a degrading manner, in a manner where she has to perform some duties (physical and sexual), and it's expected of her. Just there now, it's not seen as a misuse of cultural or religious norms. It's just natural, and it's expected, and she expects it too, as well as her family and he (husband) and her family; it seems to be like from my experience that it's like you would do, it's unusual if it doesn't happen. (Bangladeshi study participant)

Participants explained that often adults had witnessed it as children in their families, and this tended to contribute to its normalisation. Since their parents had perpetuated such behaviours and norms, asking for their support when such situations arose in their own adult relationships was believed to be futile. One participant said:

(...) That this is how man behaves and so I just sort of accept it, and so it's also, you know if there is any kind of instances where perhaps a woman in that situation goes back to say in a most likely to say to her mum and says you know this is what's happening in my relationship with my husband, if the mum has been subjected to those kind[s] of treatment the likelihood of mum then just saying, it's nothing unusual you've seen how your dad treats me and so that's how men are, so just accept it just bear it, and that's the thing some women accept. (Bangladeshi study participant)

Ethiopian participants also reported that certain forms of verbal and psychological abuse, such as intimidation, belittling and financial control were normalised. Some participants saw men as victims-turned-victimisers, who had been socialised in an abusive environment and had unhealed trauma, as the account below illustrates:

It's because of the culture - I don't think they are aware that they are being violent. I think it's because of their upbringing and the trauma experienced before they came to the UK or what they have been through when they migrate to the UK. The men themselves need a lot of therapeutic support. When they grow up,

they might have experienced domestic abuse within their family or in their neighbourhood and they think it's how you should treat women. (Ethiopian study participant)

Participants also explained that many Ethiopian and Eritrean men arrived in the UK via treacherous routes, crossing into Europe through the Sahara Desert, Libya, and the Mediterranean Sea, and may have been subjected to human rights violations. They believed that such abuses added to other unhealed trauma to manifest as violent behaviour towards their intimate partners, as the following account illustrates:

It could also be the psychological trauma that affect[s] them during the journey. We hear a lot of horrific stories [about] what happens in Libya: both men and women are raped, their kidney forcefully stolen and all sorts of stories. (...) I think they displace their anger and frustrations on their wives and girlfriends. Some people take out their anger by kicking their dogs, or on the door, I think that's why they are like that. Because they have a lot of anger, sadness and misery bottled up inside. I didn't read any research but that's what I think. (Ethiopian study participant)

Eritrean participants agreed that financial problems and disputes were a major cause of DVA. For example, a woman might wish to send money back home to her relatives, and her husband might object, leading to disagreement, conflict, and even physical violence. Additionally, while both female and male refugees are entitled to asylum and welfare benefits, participants reported cases where men exercised control over the family income, disempowering women and creating family tensions. Other study participants explained that family reunions and arranged marriages between UK-based Eritrean men and Eritrean women wishing to escape from refugee camps and urban displacement in East Africa could also result in significant power imbalances between spouses, as well as unmet expectations and increased stress among women arriving to and living in an unfamiliar environment. A detailed account is provided below:

So, the man had settled and adjusted and knows about the system. The woman comes as a guest. She's under the control of the man. So that's more hurdles for the woman, the man would say 'I brought you here and now you're suing me' type of thing, but also knowing how to go and get help. You know that they go by years and years without knowing anything, because they're grateful that the man had brought them here and you know, he's just the Almighty basically. He didn't bring them just to benefit the woman, but to benefit him as well. Even in the community, you get that extra respect if you bring your wife here. So, for her to go on and accuse him of abuse, wow, no way. (Eritrean study participant)

Overall, the participants from the three study contexts all expressed a nuanced understanding of the causes of DVA that included systemic, intergenerational and migration-related trauma affecting both women and men. While many of the causes were related to gender inequalities and harmful gender norms that were socio-culturally reinforced, men were generally seen as being under-served by the same gendered system that trapped them in toxic masculinities.

Multiple perpetrators within the extended family

In most accounts, participants identified multiple perpetrators within extended family settings. This was particularly prevalent in multigenerational families living in the UK and emerged as a recurrent issue in the Bangladeshi community. Even in cases where relatives are not physically present in the UK, they could still have an impact on the life of the married couple. This was also reported for the Eritrean community, which participants presented as a closely knit transnational community. One explained:

The news travels back home, so their families back home would be another barrier [to reporting a perpetrator]. So, if a woman does anything, the man will definitely tell his family and her family, and then it would be, why are you reporting your husband to the authorities, so there's a community issue, and a culture issue here. It's local, it's national, people in the UK know each other, the community is very interconnected. Whatever happens in London will be known to someone who lives in Birmingham, Sheffield, or Leeds. So, you have this blame and shame aspect as well. (Eritrean study participant)

Since news travels back home quickly, pressure is quickly exerted on women by relatives overseas to act in a socially ascribed manner. These pressure systems were reported to reinforce society-wide ideas that women are at fault when problems arise and are responsible of 'fixing' problems, and the general stigma associated with separation, contributing to a general silence about DVA.

In the Ethiopian context, participants discussed how mothers-in-law had direct influence on the marriage dynamics and their sons, and how this could lead to wives' emotional abuse by their husbands. Husbands would often compare wives to their own mothers, praising their mothers for having been 'perfect women' and raising their children effectively despite a plethora of hardships that they had experienced back in Ethiopia. Their mothers' hardships were often juxtaposed to their wives' improved conditions in the UK, who were blamed for failing in their roles as wives and mothers. One participant described the following incident:

I used to have severe morning sickness when I had my first baby and he used to tell me that I should stop complaining because his mother had a tough life and was much stronger: 'but you don't have a busy day, you spend most of your time sleeping. Why are you complaining? My mother used to wake up at 5 am to make breakfast for us then go to work, and then come back at lunch time to prepare meal for us. You don't do a quarter of what she is been through.' (Ethiopian study participant)

Such comparisons often contributed to fostering antagonism or even resentment towards mothers-in-law and became the cause of arguments between spouses. Comparisons could also be made between sons and fathers by mothers-in-law to silence women into submission, as in the case below:

For example, I bought [an] Ethiopian traditional dress and wanted us all to have a professional picture. But he kept postponing it because as you know, he doesn't like spending money and how he controlled all the expenses. But she (husband's mother) said to me that 'you can live with him peacefully; he is much better compared with his dad'. Usually, couples compare themselves with other peer couples, but my competition was with his parents. It felt impossible. (Ethiopian study participant)

In the Bangladeshi community, participants spoke about a hierarchical relationship between wives and other women in the family depending on their relationship to the husband, with older women, and especially mothers-in-law, occupying a more powerful position. Participants explained that daughters-in-law were often subjected to controlling behaviour by mothers-in-law, which could contribute to a complex system of dominance and some women's multilayered oppression within the larger family., as the account below shows:

So, one of the things I've seen there is not only domestic violence in all its forms, from the spouse, but it can happen from the extended family members, like brother-in-law, sister-in-law's mother father-in-law's.
(Bangladeshi study participant)

Participants believed that this complex nexus of power relationships was rarely considered or understood by DVA service providers, which was believed to limit the latter's ability to effectively support wives abused by husbands.

Division between the private and the public sphere and notions of shame and honour

In all the study contexts explored in this paper, participants articulated that DVA was treated as a private family matter. All these communities upheld a strong belief that if a woman spoke about her experience of DVA, she was not a 'good' woman, wife or mother, and that she did not perform her social role properly. The following account is one of many that were reported to the researchers:

For example, if a woman is a victim, is most likely you know in most cases would be a woman who's been the victim, perhaps, you know she would speak to somebody older who could maybe talk to her husband or something like that. But they definitely wouldn't want these to come out and go to a sort of organisation or if there is any kind of help organised, like domestic violence helpline or something, they would not be alerting them to. They will still consider that this is a private matter. (Bangladeshi study participant)

Furthermore, participants explained that women who did speak out faced the risk of further abuse from other family members and the wider community. In most cases, a conversation about DVA would be considered an intrusion into a family's private life and women would have no option but to remain silent and to devise their own strategies for managing abusive situations within the family. The study participants' accounts suggested that people in the community who were aware of DVA cases would be hesitant to intervene, in some cases following an explicit request from the victim not to do so.

In the Eritrean community, for example, participants presented a picture whereby everyone exerted considerable effort to keep family issues private. As a result of society-wide gender imbalances, when things went wrong people narrowed down on women's and not on men's actions, with women being seen as disobedient and as bringing shame if they spoke about DVA outside of the family circle. A participant explained:

And culturally we think that family... that no one should speak about the family, you know. It's forbidden, it's [a] shame to speak about what happens in the family, whether the couple, or the family unit, you don't talk about it outside home. So, this being secretive... which is again, common in many communities, not to single out any community, whether it's Muslim or Christian. (Eritrean study participant)

An Ethiopian participant also explained that taking formal action against a perpetrator was considered a taboo and that she herself had faced stigma and social ostracism when she decided to leave her abusive husband. Another Ethiopian participant recounted that those experiencing DVA would be criticised in their Orthodox Church congregation if they pursued legal avenues to deal with perpetrators. One woman affected by DVA had been advised to manage the problem amicably, and to forgive her abusive partner as a good Christian should do.

Expectations about prioritising family values (as opposed to individual needs or desires), and notions of shame and honour continued to be predicated on women's behaviour, respectively. According to the study participants, upholding the reputation of the family was the sole responsibility of a dignified woman, who was expected to sacrifice her own dreams and desires for the greater needs of the family.

In the Bangladeshi community, participants' accounts also revealed a widely upheld belief that if DVA occurred there was something wrong with the woman and that if she spoke out, she behaved inappropriately:

And there's such a stigma, you know, around it, you know as I said before, I think it's such an expected thing, you know, it's just it's the norm, and if you kind of speak out its kind of like there's something attached, it becomes something that is attached to the woman where she is kind of misbehaving, or there must be something wrong with her (Bangladeshi study participant).

In some cases, the expectation for women to endure DVA situations was coupled with a belief that Allah would reward their patience and endurance. Participants' accounts also suggested the existence of a wider belief in the community that not talking about the abuse would eventually result in the problem disappearing.

In the case where DVA victims mustered the courage to seek help within religious establishments, they would often be advised to work on their marriage despite the abuse continuing. The same often occurred when clerics mediated in response to DVA or other marital problems. Research participants in the Ethiopian and Eritrean cluster explained that whilst both Christian and Muslim religious leaders and elders in their communities often mediated to reprimand a violent husband, the onus still tended to be placed on the wife to endure her situation. In many cases, participants reported that abusive men acted innocent and did not follow through with the agreed corrective actions, evidencing the limited power of religious mediation to change human behaviour. The account below is illustrative:

Especially if his family has a status in the community, there is no point going to the faith leaders. They tell him off, counsel him but men like that have narcissist behaviour so he pretends as if he is good. He

says 'I haven't done anything wrong, it's her who did something wrong; it won't happen again' but the abuse didn't stop all her life. But my mother ran away to the city leaving him behind. That's when the abuse stopped. (Ethiopian study participant)

And in spite of what were often lengthy mediation processes, abusive situations could escalate, putting the life of a woman and her children in danger:

[...] after years of abuse and years of mediation by family members, local community leaders or religious leaders, priests, or sheikhs, they fail to resolve the issues and then it goes out of hand. [...] The priests and sheikhs try to solve the problem by keeping the family together, but then children get involved, the man who is abusive towards his wife is in the majority of cases also abusive towards his children, and children will go to school with bruises, and things escalate from there, for example. (Eritrean study participant)

Overall, participants presented a picture of a community-wide tolerance of DVA, which traditional mediation processes and approaches did not eschew. These deeply ingrained gender expectations and double standards were described as different from the UK's statutory environment and gender equality standards. While in the home country the expectation for female victims was to endure quietly, such response and coping mechanisms were complicated by a very different statutory system in the host society. One of the participants recounted a story of a young Eritrean woman who came to the UK to marry an older man who turned out to be violent. Her story, told by a study participant below, helps to illustrate tensions between gender standards at home and the UK's statutory environment, especially in relation to safeguarding children in abusive households:

She is very young, and she came with a child from back home, a child from another relationship. This man was violent towards this child. (...) And I happened to know this man in the community. He was one of the violent men, known in the community. So, I went to him and said, in this country it's like this. And I said to this woman, this man is hot tempered, how do you manage his temper? And she told me, when he becomes fire, I become water. And I said, if you put too much fire in the water, the water also boils. And I left. And a few months later she had a nervous breakdown, she was admitted to hospital, the children were taken away to foster care. Can you imagine? So, the water can also boil. I will never forget it. This is what the society expects from women culturally. (Eritrean study participant)

Interactions with the UK statutory and cultural environment clearly impacted community-upheld gender norms, which merits further research.

Male-dominated religious establishments as a barrier for women seeking help.

When study participants were asked to share their thoughts on the response of religious institutions to DVA in their communities, they tended to present these as male-dominated and as less accessible to women. Since they were comprised or led by men, women hesitated to approach them when faced with

DVA and to share their experiences with men in these establishments, as the two accounts below suggest:

So, he is an imam and he is a man and in some respect this is a big barrier for them (women) doesn't help the fact that most of their community leaders are men, which is quite disproportionate, actually because then you know, the issues come into that, talking to a men about abuse. (Bangladeshi study participant)

Some women who come to report DV are scared of the men themselves. They try to avoid men. (Eritrean study participant)

Speaking about the traditional Eritrean Orthodox community context, a research participant felt that there was a general sense and understanding in the community that the believers and the priests of the Tewahedo Orthodox Church had a mostly public relationship (which applied to both men and women), and that encounters between the two groups happened only on special occasions, which hindered communication of intimate problems. They explained:

The relationship with a priest is quite formal, very rigid. Unless you have a christening or wedding to plan, you wouldn't approach a priest. If you do, it's like, oh I spoke to a priest today, it's a big deal kind of thing. You don't have an interaction with [a] priest apart from that. [...] It's like, it's almost like they're closer to God. So, you don't approach them unless you have a very good reason. And domestic violence is not considered a good reason. (Eritrean study participant)

Similarly, approaching a religious establishment would not be easy for a Bangladeshi Muslim woman. Mosques were described as male-dominated spaces where women's voices were not listened to. Similar issues were raised by Ethiopian participants in situations where abusive husbands happened to be serving in the Church as priests. Consequently, many women would seek solace in their faith, prayer, and spiritual life, rather than turn to a religious establishment. In the Eritrean and Ethiopian communities, and to a certain extent also in the Bangladeshi community, community elders were also reported to have considerable influence on the family life, typically being invited to mediate marital conflict and situations of DVA. Those structures were described as more informal, but they were perceived to be equally male dominated. Some of the Eritrean respondents saw it as an intrinsic barrier stopping women from seeking help. Even if women asked for support, this was often described as futile because the majority of the mediators were male and did not understand women's predicaments. The two accounts below illustrate the issues:

Of course, I don't expect anything else, most mediators are men, so it's not surprising that they can't resolve those issues. Most, if not all community leaders and religious leaders are men. And they fail to resolve a problem and things escalate. Or women give up and decide to live like they used to. (Eritrean study participant)

When you approach elders/priests or the sheik (imam), even if she was physically abused no one encourages you to go to the law. Even if the woman wants to seek help, they discourage her and silence her. The mediation usually ends up with the woman to be patient and forgiving and he would never do it again. Every time it happens, they tell him he will get better. It's a taboo to tell her to go to court.
(Ethiopian study participant)

While not all religious mediators responded in the same way, the perception that they also adhered to the same cultural standards and expectations as the rest of the population in the community was strong in all study contexts. In addition, women affected by DVA could not easily divulge such experiences to religious mediators as they were all male and were anticipated not to understand a woman's experiences.

Keeping the family together and marriage as an institution ordained by God.

Cultural expectations fixated on women's endurance when dealing with an aggressive or abusive intimate partner made it harder for women to openly challenge perpetrators. Participants' accounts suggested that women's silence could be reinforced by emphasis being placed on faith-based conceptualisations of marriage as ordained by God. The community often deployed these understandings to reinforce culturally accepted social norms that limited women's options. The accounts below are illustrative:

Well, there are many factors, so you know in [...] our culture where faith is a big thing where, you know marital relationships are conducted under faith-based oath. Yeah, so that's a sacred matrimonial relationship, which requires spiritual and religious leaders to advocate a break or authorise a divorce, professional and also the faith-based element that requires before even get[ting] to that stage of you know, separation, right? (Bangladeshi study participant)

Because marriage is ordained by God so it's very very hard psychologically, mentally to contemplate breaking that. (Eritrean study participant)

Many Eritrean participants felt that religious teachers and mediators, either Muslim or Christian, were reluctant to advise divorce since this is not a formal religious teaching and because the clergy saw the continuation of marriage as a priority, as the following account suggests:

I would say religious leaders play a big role. Sometimes they would suggest a divorce when there's no point in pursuing a relationship, but most of the time they are driven by the fact that they want to preserve the family. So, it might be a very subtle factor that affects the mediation process. So, they are doing their best to come to terms with the situation, to make some arrangements so that a relationship could be saved. (Eritrean study participant)

In all research contexts, divorce was perceived to be sinful and socially unacceptable. Therefore, if a woman had enough courage to reach out to her priest or imam for help, it is highly likely that she would be advised to try to work out a solution together with her husband. Several participants recognised,

however, that clerics were there to support the preservation of marriage and did not find this response strange. An Ethiopian participant, for example, explained:

In our faith (Ethiopian Orthodox), I don't expect the priests to encourage divorce or separation because marriage is holy and respectful. It is very difficult for them to advise separation; they might have to support them, but I don't expect them to tell the couple to get divorced or separate. If I go to the church seeking help, I expect them to give us spiritual advice and discipline to help the relationship get better, not to tell us about separation. (Ethiopian study participant)

It should be stressed that these were the experiences of our research participants and should not be generalised. Other studies from the Ethiopian rural context, for example, have found that priests may not interfere with divorces if separation is inevitable, although they will not advise it directly (Istratii, 2020). It could be that in the diaspora context, priests' responses may be even more orientated toward preserving marriage as the primary unit of the community abroad, although this would require further research. It may also be considered that in the UK, the role of religious leader is not typically a full-time job, which would restrict their involvement with the community and the family in general.

Regarding help-seeking barriers, Ethiopian study participants also proposed that abused women did not want to leave an abusive relationship because they feared that their children would grow up without a father. A participant recounted a story from her congregation about a woman experiencing domestic violence who refused to leave her husband when advised by peers because she did not want her children to blame her for family breakdown when they became older. The pressure to keep the family together because of children was also present in the Bangladeshi community, as illustrated below:

So, they would much rather be making the marriage work for the sake of the children is what you always hear. I've got to stay in this relationship, I don't want to be the single parent, I don't want people to know I've got my husband out, so those kind of elements and social pressures and shame comes into effect when people are kind of trying to deal with issues.. (Bangladeshi study participant)

Bangladeshi study participants also generally believed that women's rights in Islam were often misrepresented by the religious leaders and mosque establishments. Mosques could contribute to the culturally accepted norms about men's violence against women, maintaining male domination when domestic violence was disclosed. The study suggested that women's voices were seldom present within religious injunctions related to marriage, divorce and leaving a violent relationship. Similar to the Eritrean and Ethiopian communities, Bangladeshi study participants agreed that the focus of religious leaders had been on keeping the family together.

Distrust of social services in the host country

Research participants from all study clusters believed that their compatriots did not trust social services, which were commonly regarded as 'taking children away' and 'destroying families.' One participant explained:

[I] guess you know there is also fear, there is a shame. So, the fear would be if they've got children then, you know, the intervention from the organisation, would that lead to sort of social care coming in and, you know, taking their children away. There is a fear in that, and also you know there is an element of shame, which is very real fear for them. (Bangladeshi study participant)

To minimise this risk, women who experienced abuse but did not seek direct DVA support, instead mentioning children's problems at school or health issues when communicating with health practitioners.

The accounts of Eritrean participants suggested that the welfare and asylum systems in the UK could also reinforce power imbalances between men and women due to social housing and welfare benefits being under the name of the husband. Even when a couple arrived together to the UK and claimed asylum together, they would not typically share equal rights as the norm would be for the husband to appear as the main applicant:

People come here and they don't know the system, they are used to a specific way of life. In that system, a man is a breadwinner, and a woman looks after their family, there is no other income. But here you have a completely different system. There is a possibility of a woman working as well, and that's where the shift is happening. Also, if it is a family reunion, a man arrives here and then brings his wife, she wouldn't necessarily have access to public funds. She would have no recourse to public funds and technically, she's dependent on a man. And that gives a man full control and power. And that makes a relationship very toxic, in terms of power imbalance (Eritrean study participant).

Ethiopian and Eritrean study participants additionally explained that there were women in their communities that had been married only in church whose relationship status was not recognised as legal in the UK. There was also a fear of deportations among newly arrived women being manipulated by their abusive partners who had been in the UK longer. One of the Ethiopian participants explained that her former husband used to threaten her that he will contact the Home Office should she report him, and that she will be deported to Ethiopia without her UK-born children. Since she was new to the country, with limited English language skills and isolated from the community, she had assumed that this was true.

Perceptions about formal services not fully addressing the needs of women from diverse migrant communities.

Participants' accounts overall suggested a perceived lack of services that were accessible to women where they could feel understood. The analysis so far should have evidenced that women's cultural identities were intertwined with their religious backgrounds and their faith, and hence there was a need for services that considered and could respond to the conditions of women from diverse religio-cultural backgrounds.

The women who participated in the women's focus group were not aware of any specific services for the Ethiopian and Eritrean communities. Although they reported the existence of an Ethiopian community

centre based in North London and a small charity called 'Women Empowerment Group' based in West London, they did not know of any dedicated domestic violence service targeted to these communities. They also mentioned that the Ethiopian community centre employed one paid staff, and that one volunteer had been active in the Orthodox Church and had made regular contact with the *Ihit-le-Ihitoch* women's group to seek advice or refer women who are experiencing domestic abuse.

According to Bangladeshi study participants, the service provision landscape for their community in the UK has also been patchy, particularly when tackling DVA incidents and homicides that often remained hidden and forgotten. Racial discrimination, Islamophobia and a lack of cultural understanding were mentioned as barriers in accessing mainstream services by Bangladeshi women. The study participants reported that staff employed in statutory services struggled to understand Bangladeshi women's reluctance to report abuse as perpetrators' power of retribution generated fears for the victims.

Gaps in and needs for community responses.

In considering better responses to DVA, participants agreed that there was a need for speaking openly about the problem and improving awareness of VAWG and DVA laws within the community, among both women and men. They also spoke about the importance of working through religious leaders and clerics, as a way of reaching the wider community, as illustrated in the examples below:

Yeah, I think, you know, definitely, we need to really be talking about it [domestic abuse] more. We need to talk about this as an issue. This should not be one of many things which are just either brushed under the carpet or, you know, seen still as a taboo. We don't talk about it, so that's the first thing we did need to do, is talk about and we can say this is an issue. Here, you know that subject needs to be open, that needs to be talked about, and the places that we need to talk about are places like mosques.

(Bangladeshi study participant)

I think it's always good to raise awareness, as I said. Violence against women, the root cause of it is power imbalance, patriarchy and all that. They need to understand that. It's only through educating that we can address those issues. One, we educate those religious leaders and the whole community. That might help to reduce incidents of violence. (Eritrean study participant)

When people first come to the UK, they get orientations. Maybe they should support religious leaders to go and teach them about this. Education should be given not only on faith-related issues but other practical areas too. They may not change everybody's heart, but they can influence many of them.

(Ethiopian study participant)

Participants' accounts suggested that religious mediators and teachers, if effectively trained, could contribute to the prevention of DVA. Many believed that clerics and religious scholars need to be trained to understand the extent of the problem in their communities and its impact on families and to be equipped to speak about abuse as part of their sermons and regular teaching.

For example, participants noted that each Ethiopian Orthodox Church has a *sebeke gubae*, an office that supports administrative work in the church, where they could train 2–3 people as a team to respond to DVA. The team could make referrals and could collaborate with organisations providing practical support, including shelters or refuges. The mosques are also well placed to offer a wealth of Islamic guidance and serve as advocates for the rights of women within the faith. Participants noted that the responsibilities of both men and women within the family unit and their equal contribution to its harmony within Islam were rarely spoken about. The majority of imams they encountered served as mediators without much training or support. They believed that improving knowledge of Islamic practice could enhance understanding of the faith that assist also in the prevention of VAWG.

Many study participants proposed that religious mediators and teachers needed to be trained on safeguarding issues, trauma and the impact of DVA and victim safety so that they might provide better advice and support women affected by DVA. Participants believed that faith leaders should take seriously all forms of domestic abuse, not only physical harm, consider the risks to women's and children's lives and wellbeing, and act promptly where needed, instead of encouraging women to deal with the issue as a private matter.

An Ethiopian participant stated that religious figures should be 'just like schoolteachers and health professionals,' who should take action against DVA. As an example of good practice, a family committee was reported to have existed at the Eritrean mosque in London for few years. The imam who was interviewed for the study was trained in family therapy and held a degree in counselling. The mosque he belongs to has been proactive in the sense of encouraging people to come forward if they need help, and taking initiatives internally, such as discussing marriage problems during Friday sermons and holding lectures and seminars on resolving family conflicts.

Discussion

The findings of this study echo and extend the existing evidence. Despite the diverse religio-cultural backgrounds of the Ethiopian, Eritrean and Bangladeshi participants of this study, the studies showed a cross-cultural tendency among victims and those around them to be secretive about DVA. They all pointed to the role of society-wide gender norms in deterring victims from taking formal action against perpetrators or exiting abusive situations. Legal and economic precarities, limited knowledge of UK laws and patriarchal family norms placing more authority in men's hands were believed by participants to contribute to women's dependence and vulnerability to DVA. We found that DVA victims/survivors have to navigate deeply rooted and influential society-of-origin social norms and religious expectations around marriage, the conjugal relationship, and the family dynamics, which continue to have a stronghold in the migration context and circumscribe their options.

Our findings also deepen our understanding of why members of migrant communities, especially from very different religious and cultural backgrounds to those of the host society, do not make full use of DVA services: they may not feel understood and supported in a manner that addresses their culture-specific

circumstances (Holtmann and Rickards, 2018; Istratii et al., 2024). Our findings contribute additional insight into the ways in which socio-cultural norms and standards upheld in home societies carry into host societies. All the participants reported that women affected by DVA were reluctant to report it because they feared that this would bring collective shame. This echoes research by Gill (2004) emphasising the inhibitive force of cultural norms around shame and honour, and studies that have proposed that overcoming shame as a DVA victim is a prerequisite to acknowledging the guilt of a perpetrator (Saul, 1972; Yamawaki et al., 2012). These deeply ingrained norms may, in fact, worsen women's conditions in interaction with a very different DVA response system and statutory environment in the UK, as illustrated in the case of the woman whose children were allegedly taken away following her breakdown due to an abusive marriage.

Research participants also spoke about the influential role of religious leaders and clerics, but also the shortcomings of religious teachers and mediators in teaching about DVA and supporting victims. They proposed that clerics would need to build knowledge about DVA, trauma-sensitive counselling and safeguarding to be able to effectively assist victims and to signpost them to specialist support. Participants also identified the opportunity to respond to DVA through religious establishments. Such findings are consistent with recommendations presented in a study by Sullivan et al. (2005: 936) with Ethiopian DVA survivors, in which participants suggested using religious fora to tackle DVA in the community. Bangladeshi research participants, in turn, stressed the need for teaching with clarity about women's rights in Islam, but presented reservations about how religious teaching is conveyed to and embodied in the community, which echoes Salkic's (2015: 8) comment on Islamic religious leaders as influential figures in the community's day-to-day lives.

The current study clearly demonstrates the limited preparedness that most clerics, regardless of faith tradition, have when dealing with DVA and the important work that would need to be done to raise awareness within religious institutions and to develop a more structured response to DVA in migrant faith communities. Such work would require widespread community engagement to explore and improve understanding about the gendered and patriarchal underpinnings of standards, expectations and norms around marriage, the conjugal relationship, and the family. The interconnections with religious tradition and individual understandings and embodiments of one's religious tradition could be applied to identify effective and acceptable strategies for improving attitudes about and responses to DVA in the community.

All the communities involved in the research identified the need to collaborate with the wider community to stop normalising abuse and tolerating DVA for the sake of maintaining the marriage.

Recommendations put forth by Bangladeshi study participants echoed the importance of engaging professionals from the same community to reverse the existing distrust of statutory organisations. Participants agreed that extensive awareness-raising campaigns would be needed to educate people on how domestic violence endangers women's lives, impacts on children's mental health, and damages the community in general. For this to happen effectively, there would need to be more collaboration between secular and religious stakeholders responding to DVA.

Bangladeshi participants also suggested involving female Islamic counsellors and advocated for couple counselling sessions based on the Islamic Hadith and Sunnah traditions to address the knowledge gaps in the community around women's and men's responsibilities within a marriage and the wider family setting. Eritrean interlocutors, in turn, suggested community workshops under the name of family life where religious leaders would be invited to speak and draw on religious texts to reinforce the message that domestic abuse in all its forms is unacceptable, stressing that women have a right to leave abusive relationships. Such meetings would need to be planned with consideration given to women's care responsibilities and/or risks if they are existing in abusive relationships.

References

1. Aghtaie N, Mulvihill N, Abrahams H, Hester M (2020) Defining and Enabling 'Justice' for victims/survivors of Domestic Violence and Abuse: The review of Practitioners working with Muslim, Jewish and Catholic Faiths. *Relig Gend* 10(2):155–182
2. Al-Natour A, Al-Ostaz SM, Morris EJ (2019) Marital violence during war conflict: the lived experience of Syrian refugee women. *J Transcult Nurs* 30(1):32–38
3. Bhandari S (2022) Addressing Gender-Based Violence in South Asia: Facilitators and Barriers to Addressing Domestic Violence among South Asian Women in the U.S. *South Asian J Law Policy Social Res* 1(2):1–36
4. Burman E, Smailes SL, Chantler K (2004) Culture' as a barrier to service provision and delivery: domestic violence services for minoritized women. *Crit Soc Policy* 24(3):332–357
5. Du Monte J, Forte T (2012) An exploratory study on the consequences and contextual factors of intimate partner violence among immigrant and Canadian-born women. *BMJ Open* 2:e001728
6. Gebreyesus T, Sultan Z, Ghebregziabher HM, Tol WA, Winch PJ, Davidovitch N, Surkan PJ (2018) Life on the Margins: The Experiences of Sexual Violence and Exploitation among Eritrean Asylum-Seeking Women in Israel. *BMC Women's Health* 18(135):1–11. <https://doi.org/10.1186/s12905-018-0624-y>
7. Gill A (2004) Voicing the silent fear: South Asian women's experiences of domestic violence. *Howard J* 43(5):465–483
8. Gillum T, Sullivan C, Bybee D (2006) The Importance of Spirituality in the Lives of Domestic Violence Survivors. *J Violence Against Women* 12(3):240–250
9. Holtmann C (2016) Christian and Muslim immigrant women in the Canadian maritimes: considering their strengths and vulnerabilities in responding to domestic violence. *Stud Religion/Sciences Religieuses* 45(3):397–414
10. Holtmann C, Rickards T (2018) Domestic/intimate partner violence in the lives of immigrant women: a New Brunswick response. *Can J Public Health = Revue Canadienne de Santé Publique* 109(3):294–302
11. Istratii R (2020) Adapting gender and development to local religious contexts: A decolonial approach to domestic violence in Ethiopia. Routledge. <https://doi.org/10.4324/9781003006992>

12. Istratii R (2023) Domestic violence, religion, and migration. In: Rowlands A, Fiddian-Qasmiyeh E (eds) *The Oxford Handbook of Religion and Contemporary Migration*. Oxford Academic
13. Istratii R, Ali P (2023) A scoping review on the role of religion in the experience of IPV and faith-based responses in community and counseling settings. *J Psychol Theol* 51(2):141–173
14. Istratii R, Kalkum B (2023) Leveraging the potential of religious teachings and grassroots religious teachers and clerics to combat intimate partner violence in international development contexts. Policy Brief. Project DIdI/██████. SOAS University of London
15. Istratii R, Ali P, Feder G (2024) Integration of religious beliefs and faith-based resources in domestic violence services to migrant and ethnic minority communities: A scoping review. *Violence: Int J* 0(0). <https://doi.org/10.1177/26330024241246810>
16. Kacen L (2006) Spousal abuse among immigrants from Ethiopia in Israel. *J Marriage Family* 68(5):1276–1290
17. Khelaifat N (2018) Seen but seldom heard: The healthcare experiences and needs of migrant women affected by domestic violence and abuse. <https://research-information.bris.ac.uk/en/studentTheses/seen-but-seldom-heard>
18. Lemma HM, Spark C, Cuthbert D (2023) Like pouring fuel on a fire': Perspectives on family and domestic violence among Ethiopian women in Melbourne. *J Sociol* 59(3):716–732
19. Le Roux E, Bowers Du Toit NF (2017) Men and women in partnership: Mobilizing faith communities to address gender-based violence. *Diaconia* 8(1):23–37
20. Le Roux E, Loots L (2017) The unhealthy divide: How the secular-faith binary potentially limits GBV prevention and response. *Dev Pract* 27(5):733–744. <https://doi.org/10.1080/09614524.2017.1327023>
21. Le Roux E, Pertek SM (2023) *On the Significance of Religion in Violence against Women and Girls*. Routledge, Oxon
22. Nason-Clark N, Fisher-Townsend B, Holtmann C, McMullin S (2018) *Religion and intimate partner violence: Understanding the challenges and proposing solutions*. Oxford University Press
23. Pan A, Daley S, Rivera LM et al (2006) Understanding the role of culture in domestic violence: the Ahimsa project for safe families. *J Immigr Minor Health* 8(1):35–43
24. Raday F (2012) Sacralising the patriarchal family in the monotheistic religions: 'To no form of religion is woman indebted for one impulse of freedom'. *Int J Law Context* 8(2):211–230
25. Salkic M (2015) *Combatting Intimate Partner Violence (IPV) in Islam: Muslim Religious Leaders as the Bridge between Misinterpretation and Resolution*. Walsh. WGS 4559
26. Saul LJ (1972) Personal and social psychopathology and the primary prevention of violence. *Am J Psychiatry* 128(12):1578–1581
27. Sedacca N (2024) Migrant Work, Gender and the Hostile Environment: A Human Rights Analysis. *Industrial Law J* 53(1):63–93

28. Sullivan M, Senturia K, Negash T, Shiu-Thornton S, Giday B (2005) For Us It Is Like Living in the Dark': Ethiopian Women's Experiences with Domestic Violence. *J Interpers Violence* 20(8):922–940
29. Tsegay SM, Tecleberhan S (2023) Violence against women: Experiences of Eritrean Refugee Women in Britain. *Violence Against Women* ? 1–24
30. Yamawaki N, Ochoa-Shipp M, Pulsipher C, Harlos A, Swindler S (2012) Perceptions of domestic violence The effects of domestic violence myths, victim's relationship with her abuser, and the decision to return to her abuser. *J Interpers Violence* 27(16): 3195–3212