Iranian Immigrant Women's Experiences of Domestic Violence: An Interpretative

Phenomenological Analysis

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A thesis submitted in partial fulfilment of the requirements of the University of the West

of England, Bristol, for the degree of Professional Doctorate in Counselling Psychology

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Abstract

Domestic violence is a major social health problem. Intimate partner violence is one of the most common forms of violence against women worldwide. Domestic violence against groups of immigrant women in heterosexual relationships has been explored; however, there is limited research about female Iranian immigrant survivors of domestic violence or their experiences of counselling services in the UK. This qualitative study was conducted to gain an in-depth understanding of Iranian immigrant women's experiences of domestic violence within their heterosexual relationships. These women's perceptions, as well as their experiences of counselling and support services in the UK, were explored. A purposeful sample of six Iranian immigrant women was selected and data was gathered via semi-structured face-to-face interviews. Interviews were analysed using interpretative phenomenological analysis (IPA). Five themes were extracted from the data: You can be abused in different ways; Impact of violence on women: hopeless and helpless; Impact of domestic violence on women's relationships: judged and guilty; the Cultural experience of being a female victim of domestic violence; and Using the legal system and counselling services before and after immigration. It was found that the women experienced physical, psychological, emotional, sexual and financial violence. They detailed a growing sense of confidence in their ability to make important life decisions as well as a change in their perspectives on gender roles. Participants also perceived stigma around counselling due to their culture. Therapy was helpful on some levels, but deeply unhelpful on others, as participants felt they were being blamed or pathologised for cultural reasons. Group therapy was found to be more helpful as it was based on psychoeducation and exploring healthy relationships, which made participants feel believed and accepted. Participants recommended group therapy with appropriate Iranian cultural knowledge as potentially helpful for this population of women.

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<u>Introduction</u>

In this thesis, the findings of a qualitative phenomenological analysis of the domestic violence experiences of Iranian immigrant women living in the UK are reported. Domestic violence against women is a major social issue and violation of women's human rights (Kaur & Garg, 2008; World Health Organization [WHO], 2013). It is also a major risk factor for mental health problems, with potentially far-reaching consequences for women's psychological and emotional well-being (Krantaz & Garcia-Moreno, 2005; WHO, 2013). Levendosky and Graham-Bermann (2001) argued that "battered women experience increased levels of depression, lower self-esteem, and higher levels of psychological distress when compared with nonbattered women" (pp. 171-172). Likewise, Sagar and Hans (2018) acknowledge that domestic violence is associated with depression and suicidal thoughts. Domestic violence can affect women of all ages, ethnic backgrounds, and socioeconomic statuses (WHO, 2010). However, women with lower socioeconomic statuses and poor educational backgrounds are more likely to become victims of domestic violence (Rasoulian et al., 2014).

According to Lehmer and Allen (2009), "Research on domestic violence emerged in the United States during the early 1970s in the context of the civil rights, anti-war, Black liberation, and feminist movements" (p. 1). Proponents of the feminist movement considered violence against women as a personal, social, and political phenomenon (Bograd, 1988; Schechter, 1982), positioning it within the context of a gender hierarchy which privileges men's interests over women's (Schneider, 2008). As with much early feminist work, domestic violence researchers have often failed to consider intersections of race and gender

(Sokoloff & Dupont, 2005). Hall (2014, 2015) argued that the "Feminist movement advocacy for battered women in the 1970s and 1980s was dominated by white middle and upper-class women and tended to focus on patriarchy as the root and often the sole cause of violence against women" (p. 1). However, feminists of colour, including Black feminists, have argued that global structures of economic and social inequality are also important factors in domestic violence against women (Hall, 2014, 2015).

Until recently, domestic violence researchers have not focused on immigrant women. This is an important omission as it has been found immigrant women are particularly vulnerable to domestic violence (Raj & Silverman, 2002). Indeed, there is limited research concerning the health of immigrant women in general (Delara, 2016; Diaz et al., 2017; Dobash, Dobash, Wilson, & Daly, 1992; Raj & Silverman, 2002) and of Iranian immigrant women in particular (Dastigerdi, Oslan, & Ogilvie, 2012; Shisheghar, Gholizadeh, DiGiacomo, & Davidson, 2015). Considering that immigrant women are particularly vulnerable to domestic violence, there is a need to focus on selected populations (Aroian, 2001). Developing culturally appropriate, effective interventions requires a detailed understanding of the dynamics of cultural norms and immigration status, as well as the phenomenon of domestic violence (Alvarez, Lameiras-Fernandez, Holliday, Sabri, & Campbell, 2018). The present study is important as it can determine specific health issues related to domestic violence against Iranian immigrant women in the UK. Additionally, Iranian immigrant women's experiences of interventions can help determine effective Iranian-specific-interventions to meet the unique needs of this population.

Part 1: Literature Review

In the following literature review, I will start by defining domestic violence. I will then provide a general overview of the prevalence and effects of domestic violence against women. A specific discussion of the literature on immigrant women will be followed by a discussion of the literature on Iranian immigrant women's experiences of domestic violence. Finally, I will outline the aims of the study and consider the relevance of this research to counselling psychology.

1.1. Defining domestic violence

There is no shared definition of domestic violence within feminism, amongst practitioners and policymakers, or in research (Burzawa & Buzawa, 2003; Harne & Radford, 2008). However, the use of a standard, consistent definition is a crucial factor in ensuring that data is collected systematically; this improves the compatibility of health-related events reported from different sources of data, such as comparison between geographic areas or over time (Karakurt, Whiting, Van Esch, Bolen, & Calabrese, 2016). A clear and widely used definition of domestic violence would also shape our responses to this phenomenon (Barnish, 2004). In other words, a community response to domestic violence against women would be shaped by an understanding of whether it is conceptualised as an intra-family confliction or a criminal violation of rights (Visaria, Mitra, Poonacha, & Punday, 1999). Despite these advantages, finding a commonly accepted definition for domestic violence has proven challenging (Hinton, 2020; Plichta, 2004). Therefore, the precise definition of domestic violence remains elusive, since some cultural and social norms accept violence, whilst others condemn it (Oxtoby, 2012). Subsequently, explanations for causes and reliable estimates of national prevalences of domestic violence against women are difficult to confirm (Krohn, Lizotte, & Hall, 2009). The lack of a generally accepted definition of domestic violence has affected this review of the international (including Iranian) and national (UK) literature (Ely

& Wodarksi, 2004). According to Ely and Wodarksi, "most national and international researchers rely on a composite drawn from a variety of sources including clinical samples and official statistics generated from private and government agencies" (2004, p. 85). Consequently, no single source of information documenting the true prevalence of domestic violence, or types of violence, can be found when reviewing literature conducted in different culture and countries (Rada, 2014). According to Ruiz-Pérez, Plazaola-Castaño, and Vives-Cases (2007), "from a research point of view, attempts have been made to solve this problem by focusing on measuring behaviour and specific acts, and their effects on women's physical, sexual and emotional wellbeing" (p. 27). In the current research, an attempt was made to address the elusive, varying definition of domestic violence by obtaining rich and comprehensive data about Iranian immigrant women's narratives, without defining the phenomenon.

The British Home Office (2013) stated that: "domestic violence is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or above, who are, or have been, intimate partners or family members, regardless of gender and sexuality" (p. 2). This can be considered an inclusive definition, as it includes physical violence and also "highlight[s] the importance of recognising coercive control as a complex pattern of overlapping and repeated abuse perpetrated within a context of power and control" (Home Office, 2013, p. 2). According to the Home Office (2013), "Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victims" (p. 2). Additionally, "The definition of coercive control recognises that patterns of behaviour and separate instances of control can add up to violence – including instances of intimidation, isolation, depriving victims of their financial independence and regulating their everyday behaviour" (Home Office, 2012, p. 1).

The government definition of domestic violence includes acts in both private and public life (Jamal, 2017). Moreover, multiple possibilities are acknowledged (such as an abused woman being in a relationship with a husband or boyfriend) and all acts which constitute violence are included (Hogan, 2016). Hence, this definition includes Female Genital Mutilation (FGM), forced marriage, and 'honour-based' violence (Home Office, 2013). Such behaviours are recognised as criminal offences as they violate an individual's human rights (Home Office, 2015). Importantly, the government definition illustrates that this legislation is not specific to men or women, and also recognises domestic violence in same-sex relationships (Home Office, 2015).

The terms 'domestic violence' and 'intimate partner violence' are used interchangeably to describe abusive behaviour from one person towards another within a relationship (LIoyd, 2018). However, the term domestic violence is used in many countries since it not only refers to partner violence but also includes violence from another member of a household (WHO, 2012). Given that there is a governmental definition of domestic violence, I adopt this term predominately in this literature review.

1.2. Prevalence of domestic violence against women

Since the 1970s, feminists have successfully changed the perception of domestic violence from something private or a family issue to a widespread public concern (Harne & Radford, 2008). Domestic violence against women is now globally recognised as a serious public health problem (Dobash & Dobash, 2004; Hame & Rodford, 2008; Kaur & Garg, 2008; Kishor & Johnson, 2004; Klugman, 2017; WHO, 2002).

Since 1970, feminists activists, researchers, policymakers, and practitioners have attempted to determine the prevalence of domestic violence against women (Harne & Radford, 2008). One complicating factor is the different perceptions of what constitutes domestic violence, with cultural norms playing a role in individual understandings (WHO,

2005). Some women may not be aware that what is happening to them is domestic violence (Rakovec-Felser, 2014; Wally & Allen, 2004). Cultural and social norms have a direct impact on individual behaviour, including tolerating violence as a normal method of resolving conflicts (WHO, 2009).

Scholars have attempted to determine the prevalence of domestic violence against women. George et al. (2016) conducted a cross-sectional study on the prevalence of domestic violence among 310 married women in India. They found that 60% of participants reported some form of domestic violence, 51.3% reported psychological violence, 40% reported physical violence, and 13.5% reported sexual violence. Alangea et al. (2018) examined the prevalence of domestic violence among 2000 participants in Ghana, utilising a population-based survey. They found that 34% of participants had experienced domestic violence in the past year, while 21% reported physical or sexual violence. Some 7.4% reported economic abuse (such as being denied access to financial resources) and 24.6% reported emotional abuse in the past year. Yohannes et al. (2019) surveyed 299 pregnant women in Ethiopia. They found that physical violence was the most common form of abuse (44%), followed by psychological (39.1%) and sexual (23.7%) violence. Additionally, LaBore, Ahmed, Rizwan-Ur-Rashid, and Ahmed (2019) examined the prevalence of domestic violence against women in Pakistan. They examined data from the 2012-2013 Demographic and Health Survey, which included a large sample of Pakistani women. Some 20% of women reported physical violence and 28% emotional violence from their male partner.

Authors of a WHO (2012) multi-country study collected data on domestic violence from more than 24,000 women in Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand and Tanzania. Between four and 75% of women reported experiencing some kind of domestic violence from their male partners, while between six and 59% of women experienced sexual violence from a male partner. Such

cross-sectional variability suggests that cultural norms may influence how women understand domestic violence. For example, in patriarchal societies such as Pakistan (Chauhan, 2014), traditional beliefs place men in control and women in submissive, vulnerable positions (Haj-Yahia, 2005; Sultana, 2011). A central component of patriarchal societies is that men have a right to exercise their power to 'discipline' women (WHO, 2009). Such a perspective has been linked to the legitimisation of violence against women (Do, Weiss, & Pollack, 2013; Sultana, 2011). Additionally, women's beliefs that they are responsible for keeping the family together, that divorce is shameful, and that reporting domestic violence is disrespectful as it brings shame to their communities (WHO, 2009) may result in less acknowledgement of domestic violence from male partners. Therefore, cultural and social norms have a direct effect on findings about the prevalence of domestic violence against women (Brown, 2004; Heise & Fulu, 2014).

Additionally, according to authors of population-based studies conducted in the USA and Canada (e.g. Daoud et al., 2012; Peek-Asa et al., 2005; Stockman, Hayashi, & Campbell, 2015), the lifetime prevalence of domestic violence against women is between 25-30%. In a systematic review, WHO (2013) reported that "intimate partner violence […] is a global public health problem of epidemic proportion" (p. 5). Despite this, there is a consistent agreement that domestic violence against women is under-reported (WHO, 2005), yet no country can claim to be free of it (Berry, 2000; Daoud et al., 2012; Khan, 2000).

1.2.1. The prevalence of domestic violence in the UK

Domestic violence against women remains one of the most serious criminal justice problems in the UK (Skinner, Hester, & Malos, 2013). Despite advanced awareness, domestic violence is a key factor that prevents women from engaging as full and equal citizens in UK society (Fahmy & Williamson, 2018; Sen & Kelly, 2007). Domestic violence may have adverse physical and psychological effects (which will be discussed in more detail

at the later stage) on abused women and may decrease their ability to work; they may take more sick leave, or even leave employment (Trade Union Congress [TUC], 2014).

Osborne, Lau, and Britton (2012) have argued that previous and current self-reporting figures from the Crime Survey for England and Wales (previously called the British Crime Survey) demonstrate that domestic violence is one of the most common crimes in the UK. The Crime Survey for England and Wales (CSEW), which is conducted by Kantar Public on behalf of the Office for National Statistics (ONS, 2015), has been used to measure crime since 1982. Participants are invited to complete a computerised self-report about the crimes they have experienced in the previous year (Povey, Coleman, Kaiza, Hoare, & Jansson, 2008). According to the latest CSEW survey, 26.3% of women aged 16-59 have experienced domestic violence, including partner abuse, family abuse, stalking, and sexual assault (ONS, 2018). Additionally, 20% of women had experienced some type of sexual assault since the age of 16, which is equivalent to an estimated 3.4 million victims (ONS, 2017).

Walby (2005) argued that there is a disadvantage to population surveys. She stated that CSEW data can never be representative of all women who have experienced domestic violence as they only include those individuals who are permanent residents in a household (Walby, 2005). Therefore, CSEW is unlikely to include hard-to-reach populations such as refugees or homeless people (Walby et al., 2016). Thus, CSEW findings tend to under-represent the prevalence of domestic violence against women in the UK.

Additionally, several scholars have attempted to examine the frequency of domestic violence against women within health care services in the UK. For example, Richardson et al. (2002) used a cross-sectional design to explore the prevalence of domestic violence among women attending general practice surgeries in Hackney. They found that 41% of women had experienced physical violence from a male partner. Boyle and Todd (2003) investigated the rate of domestic violence against women in a UK emergency department. The lifetime

prevalence of domestic violence against women from a male partner was 22.4%. In a more recent study, Dhariawan, Tariq, Scourse, and Coyne (2013) examined the rate of domestic violence in women living with HIV who were attending an inner-city UK clinic. Some 52% of participants reported having experienced domestic violence, including physical, sexual and emotional violence, at some point in their lifetime.

1.2.2. The prevalence of domestic violence in Iran

There is no reliable data about domestic violence against women in Iran as Iranian women tend not to go to legal authorities for many reasons, including fear of being deserted by their family or separated from their children (Hajinsari, Gheshlagh, Syehmiri, Moafi, & Farajzadeh, 2016). Women's unwillingness to report incidents of violence is reinforced by the fact that domestic violence against women is considered a private issue which is shameful to discuss in public. Therefore, abused Iranian women are encouraged by relatives (Pournaghash-Tehrani, 2010) to manage incidents of violence within the family (Ahmadi, Soleimani, Jalali, & Yousefnezhad, 2016).

Crucially, in Iran, the prevalence of physical and psychological violence against women by their male partner is estimated to be high (Rasoulian et al., 2017). Zarei, Rasolabadi, Gharibi, and Seidi (2017) examined the prevalence of domestic violence against married women, using data gathered in 2015 from health centres in Sanandaj. The study included 700 married women who had been referred to five different health centres. The authors found that all the women in the study had been subjected to violence at least once. A total of 9.6% had been subjected to physical violence, 42.2% to verbal and psychological violence, 52.4% to sexual violence and 53.4% to economic violence. Similarly, substantial studies carried out in Iran indicate a high level of domestic violence against women by their male partners (Jahromi, Jamali, Koshkaki, & Javadpour, 2016; Rasoulian et al., 2014; Vameghi, Feizzadeh, Mirabzadeh, & Feizzadeh, 2010).

In Iran, most research conducted on women's experiences of domestic violence is limited to data from counselling centres and forensic evidence (Nasrabadi, Abbasi, & Mehrdad, 2015). For example, Sasani, Taherkhani, Naji, and Salehi (2015) examined Iranian women's experience of domestic violence by interviewing 23 Iranian women aged between 17 and 58. They found that emotional violence – mostly being humiliated by their male partner – was more prominent than physical violence. Additionally, Taherkhani, Negharandeh, Simbr, and Ahmadi (2014) revealed that emotional violence was the most common type of violence towards abused women in Iran. This study included 11 married women selected from two health centres in Tehran who were between 22 and 72 years old. The authors acknowledged that further research would be beneficial to health care professionals, helping them to recognise, address, and uncover emotional abuse against women (Sasani et al., 2015).

Recently, Afkhamzadeh, Azadi, Ziaeei, and Mohamadi (2019) also examined the prevalence of domestic violence against women and its related factors in Sanandaj, west of Iran. In this cross-sectional study from 2016, the sample consisted of 360 women who had self-referred to two educational hospitals in Sanandaj. The prevalence of "any type of violence" in the past year was 71%, while the prevalence of emotional, sexual, and physical violence was 62.2%, 48.7%, and 49.9% respectively. This prevalence is both high and alarming. Moazen, Salehi, Soroush, Vardanjani, and Zarrinhaghighi (2019) carried out a population-based survey from February 1st to May 30th, 2018 in Shiraz, Iran. In this study, recently separated or divorced as well as currently married women who had visited healthcare centres were interviewed. The authors used the World Health Organization (WHO) standard domestic violence questionnaire to measure domestic violence. The overall prevalence of mental, physical, and sexual domestic violence was 54.5%, 52%, 18.2%, and 14% respectively. It was found that more than half of the married women in southwestern Iran

were experiencing domestic violence, with mental and psychological violence as the most common types.

A comparison of Afkhamzadeh et al. (2019) and Moazen et al.'s (2019) studies illustrates that both emotional and psychological violence have been found to be the most prevalent types of domestic violence. Other researchers have also reported that emotional and psychological violence were the most common among Iranian women (e.g. Nagizadeh, Mirghafourvand, & Mohammadirad, 2021; Nasrabadi et al., 2015; Taherkhani et al., 2014). When asking why more cases of emotional violence are reported by Iranian women in these studies, it is important to consider Iranian culture. Iranian women are expected to follow the norm; keeping their family's honour and not disclosing any problems to outsiders (Naghavi, Amani, Bagheri, & De Mol, 2019). This can become more complicated when the problem is relevant to sexual issues, as talking about sex is taboo within Iranian culture (Amini & McCormack, 2020; Naghavi et al., 2019). Hence, as Afkhamzadeh et al. (2019) and Moazen et al. (2019) indicate, it could be that Iranian women find it easier to report emotional violence than sexual violence. This may explain why the prevalence of emotional violence is higher than sexual violence in both studies.

Consistent with the above studies, Naghizadeh, Mirghfourvand, and Mohammadirad (2021) examined the prevalence of domestic violence against pregnant women during the Covid-19 pandemic. Some 250 pregnant women who had attended an obstetrics clinic of 29-Bahman Hospital, Tabriz city completed the WHO standard questionnaire about domestic violence. The authors found that 35.2% of women had experienced domestic violence. The most common violence reported was emotional (32.8%), followed by sexual (12.4%), and physical (4.8%). This demonstrates that pregnancy does not prevent domestic violence against women. Further, it seems that pregnant women experienced less physical violence than sexual violence, which is inconsistent with the findings mentioned above (Afkhamzadeh

et al., 2019; Moazen et al., 2019). This suggests that women are less likely to experience physical violence during pregnancy. However, there is conflicting evidence regarding whether physical violence increases or decreases during pregnancy (WHO, 2011).

Naghizadeh et al. (2021) also highlighted the women's low quality of life during the Covid-19 pandemic. Similarly, Malathesh, Das, and Chatterjee (2020) reported that acts of violence against women have increased globally during the lockdown to prevent the transmission of the virus. This implies that incidences of violence against women in Iran may also have increased during this period (Pirnia, Pirnia, & Pitnia, 2020), emphasising the importance of further research to highlight the prevalence of violence against women in the country.

1.2.3. Prevalence of domestic violence in immigrant communities in the West

There is no evidence to confirm that the prevalence of domestic violence against immigrant women is higher than for non-immigrant women in a host country (Goncalves & Matos, 2016; Menjivar & Salcido, 2002). However, it is likely that incidences of domestic violence amongst immigrant women are under-reported (Amudo-Doruntes & Arenas-Arroyo, 2019). Immigrant women might perceive stigma around talking about violence or may be afraid of bringing shame to the family and community by going against societal norms (Daoud et al., 2012). Femi-Ajao, Kendal, and Lovell (2018) examined Nigerian women's experiences of domestic violence by interviewing 16 such women resident in the UK. These women preferred to seek help by sharing their experiences with their ethnic community, including leaders and faith-based organisations. Similarly, Zakar, Zakar, Faist, and Kraemer (2012) demonstrated that abused immigrant women seek support from their ethnic community or family members but avoid obtaining support from formal care-providing organisations. Given that cultural norms contribute to abused immigrant women's decisions to avoid using legal care-providing organisations, immigrant women are considered

particularly vulnerable to domestic violence (Goncalves & Matos, 2016; Kwong, 2002; Menjivar & Salido, 2012; Zakar et al., 2012).

Interest in studying domestic violence among immigrant women has increased (Goncalves & Matos, 2016; Hurwitz, Gupta, Liu, Silverman, & Raj, 2006). However, current information on the prevalence of domestic violence against immigrant women is far from conclusive (Alvarez, Larmeiras-Frenandez, Holiday, Sabri, & Campbell, 2018; Menjivar & Salcid, 2002). In practice, few scholars have examined the prevalence of domestic violence against immigrant women (Lacey & Mouzon, 2016). The most recent study was conducted by Chang, Shen, and Takeuchi (2009). They found that Asian American women living in the US experienced less domestic violence than women from the general US population. There are limited population-based studies on the prevalence of domestic violence against women from other immigrant communities (Sabri, Simonet, & Campbell, 2018), including Iranian immigrant women in the UK. The present study is an attempt to fill this gap by exploring Iranian immigrant women's experiences and sense-making about domestic violence in the UK.

I will now consider the literature on the physical and psychological effects of domestic violence.

1.3. Effects of domestic violence on women

Domestic violence has a profound impact on the physical, psychological, and emotional well-being of women (Campbell, 2002). Plichta (2004) noted that "The relationship of domestic violence to physical health is complex" (p. 1300). The health consequences of physical violence can be immediate and acute (such as bruises, burns and bites), long term and more serious (such as disability) or fatal (WHO, 2012). The adverse effects of domestic violence on women's physical health can persist long after the violence has stopped (Dillon, Hussain, Loxton, & Rahman, 2013; WHO, 2012). Such ailments are

difficult to diagnose as they have no medical cause (Coronel & Silva, 2018; WHO, 2012).

These are recognised as 'functional disorders' or 'stress-related conditions' (WHO, 2012, p.

5) and include various chronic pain syndromes, exacerbation of asthma, irritable bowel

syndrome, and gastrointestinal symptoms (Alandor, Heimer, Svardsudd, Agreus, 2008; Dilon

et al., 2012; Plichta, 2004, WHO, 2012). Additionally, there is the possibility of traumatic

brain injuries. The level of risk for such injury is related to the severity of the violence as well

as the length of time women are exposed to it (Jackson, Philip, Nuttall, & Diller, 2002;

Monahan & O'Leary, 1999). Ruiz-Perez, Plazaola-Castano, and Río-Lozano (2007) reported

that women who have experienced domestic violence might use health services more

frequently than nonbattered women as they may develop a chronic disease, such as digestion

problems. Additionally, these women are likely to spend more days in bed as a result of

violence (Ruiz-Perez, Plazaola-Castano, & Río-Lozano, 2007).

Women who experience physical abuse are also likely to experience psychological

abuse (O'Leary, 1999; Parcerelli, West, Binienda, & Cogan, 2005). These women are also

more likely to suffer from fear and anxiety, depression, psychosis, mood disorders, post-

traumatic stress disorder (PTSD), substance misuse, sleep disturbances, social dysfunctional

behaviour, suicidal thoughts, and low self-esteem (Brewer, Roy, & Smith, 2010; Campbell,

2002; Cascardi, Langhinrichsen, & Vivian, 1992; Follingstad, Wright, Lloyd, & Sebastian,

1991; Karakurt, Smith, & Whiting, 2014). According to Campbell (2002), women with PTSD

might use drugs or alcohol to calm or cope with their symptoms, which include intrusion,

avoidance, and hyperarousal. Additionally, domestic violence can also have medium- to long-

term negative psychological impacts on abused women (Flury, Ngbery, & Riecher-Rosslers,

2010). Indeed, the adverse psychological impact on abused women may make them prone to

repeat an abusive relationship and, therefore, repeat victimisation, which can further put them

at risk of serious psychological health problems such as suicidal behaviour (Howard, Trevillion, & Agnew-Davies, 2010).

Feelings of shame (Hutchins & Sinah, 2013) combined with low self-esteem and a sense of inadequacy and degradation (Orzek, Rokach, & Chin, 2009) may leave abused women at risk of devaluating their identity (Hague, Mullender, & Aris, 2003). Women who experience domestic violence are likely to experience self-doubt (Madhani et al., 2015). These women are also prone to feeling confused, numb, and passive, as well as experiencing a loss of dignity and identity and a loss of trust in others (Campbell, & Halstead, 1997). Women's sense of self can be diminished or destroyed within an abusive relationship (Farrel, 1996; Landenburger, 1989; Loring, 1994; Moss, Pitula & Rakovec-Feler, 2014). Thus, abused women might view themselves as unintelligent individuals who are unworthy of love, potentially leading them to live in isolation and have difficulty trusting other men (Ansara & Hindin, 2011).

I will now review existing studies to explore the specific experiences of immigrant women experiencing domestic violence.

1.4. Immigrant women's experiences of domestic violence

Domestic violence against immigrant women has become a key research concern over the past decade (Gennari, Giuliani, & Accordin, 2017; Raj & Silverman, 2002, 2007; Reina, Maldonado, & Loham, 2014). Many researchers have focused on the difficulties in addressing domestic violence against women in various racial and ethnic groups, rather than researching the experiences of these women directly (Ahmed, Abdelrahman, Adeh, AI-Omer, & Mohamed, 2016; Chang et al., 2010; Chaze & Medhekar, 2017; Menjivar & Salcido, 2002). Despite this, some phenomenological scholars have explored the direct experiences of abused immigrant women. Souto et al. (2016) examined experiences of domestic violence among 10 immigrant Portuguese-speaking women living in Greater

Toronto. They found that participants suffered physical injuries, sexual abuse, verbal abuse, and emotional abuse, including blaming and humiliation. Most of these participants had suffered in silence in the hope of keeping the family together and meeting cultural expectations.

Similarly, Somasekhar (2016) used thematic analysis to examine Indian immigrant women's experiences of domestic violence in New Zealand. Data were collected in two phases. The first involved interviews with key informants (such as health professionals) in India and New Zealand. The second involved four case studies of Indian Immigrant women who were originally from Punjab and who had experienced domestic violence. Findings were consistent with Souto et al. (2016), with patriarchal beliefs and male partners' sense of entitlement positioned as the main reasons why Indian immigrant women experienced physical, emotional, and economic violence. Participants felt lonely; their partners isolated them to control them. Overall, it was concluded that Indian immigrant women experience different challenges to women from their host country due to cultural pressures on them to act as a 'good wife' (that is, following gender-role norms and family expectations) and keep the family together. Thus, Indian immigrant women tolerate violence to avoid the feeling of bringing shame to their family and being rejected by their community. This study provided an intense, specific example of a phenomenon within a particular context (Krusenvik, 2016). Additionally, other phenomenological authors have indicated that immigrant women experience physical, sexual, economic, and psychological violence (Ahmadzai, 2014; Alvarez & Fedock, 2018; Kyriakakis, Dawson, & Edmond, 2012).

Migration may empower women (Ghosh, 2009; Rohwerder, 2016), allowing them to become members of a new society (Delara, 2016), and develop new selves (Eraz, Adelman & Gregory, 2009; Paloma, Garcia, Ramirez, & de la Mata, 2010). Ahmad, Raj, Detrovic, Erickson, and Stewart (2013) examined potential changes in sense of self for 11 abused South

Asian immigrant women following a move to Canada. All participants discussed positive changes in their psychological state; they talked about developing self-actualisation, self-esteem, and confidence as well as a positive future outlook. In particular, women stated that being in Canada helped them increase awareness of their potential abilities, autonomy and freedom. Some developed a sense of belonging to Canadian society.

Similarly, Alvarez, Lameiras-Fernandez, Holiday, Sabri, and Campbell (2018) explored 30 Latina and Caribbean immigrant women's experiences of domestic violence in the United States. They found that some participants experienced more violence from their male partners after migration. However, participants also developed self-esteem and confidence after being exposed to opportunities in the US.

I will now review Iranian immigrant women's experiences of domestic violence.

1.5. Iranian context

Iran is a non-Arabic country in the Middle East (Shirpak, Rafaie, Maticka-Tyndale, & Chinichian, 2007) which is also known as Persia or the Islamic Republic of Iran (Hovespian-Bearce, 2015). In 1979, the Islamic Revolution replaced the Shah's regime (Talattof, 2004), leading to considerable social and political changes (Winn, 2016). The constitution in Iran acknowledges equality for men and women (Tizro, 2011). However, the UK Home Office (2018) has acknowledged that the Iranian government does not enforce this. Instead, Iran's law is based on Islamic Sharia law, which treats men and women differently (p. 5). Hence, Iran can be considered a male-dominant society (Mohammadi, 2007) in which the laws do not represent or protect women (Shojaei, Samsu, & Asayeseh, 2010).

Iranian laws give women subordinate status to men (Home Office, 2018), thus privileging men (Tucker, 2008). Such laws restrict and control women in many aspects of their lives, including educational choices and professional opportunities (Afshar, 2005; Beck, 1998; Esfandiari, 1997; Moghissi, 2016), as well as reinforcing male control over women in

their family (Moghissi, 2016). These laws require women to wear dark, concealing uniforms

known as the hijab (Hamzehei, 2014) and to control many of their social activities in areas

such as sport (Mohammadi, 2007). These restrictions are reinforced by adding discriminatory

features to criminal codes and failing to plan supportive laws to protect women, including

domestic violence victims (Rahmdel, 2018; Rahpaymalizehee, Fallahi, & Kojouri, 2015).

According to Sadeghi and Isari (2013), there are prevailing cultural beliefs in Iran that

emphasise preserving marriage; there is a dominant cultural belief that divorce is against

children's welfare. Therefore, individuals, particularly women, who do not follow these

beliefs damage their family's reputation as well as their own (Arianfar, Zamanshoar, Rasouli,

& Yusefzadeh, 2020). In Iran, women are reluctant to report violence because of the risk of

judgment around divorce; thus, a sense of shame about divorce is persistent among Iranian

women (Nikparvar, Stith, Myers-Bowman, Akbarzadeh, & Daneshpour, 2017).

Domestic violence against women threatens women's lives; therefore, prevention

should be high on the agenda of constitutional law, civil law, and national policies

(Nasrabadi, Abbasi, & Mehrdad, 2015). However, Rahpaymaelizehee et al. (2015) argued

that "there is no clear law concerning the prevention of violence against women in Iran; the

authorities fail to uphold the status of women in society" (p. 327).

1.6. Socio-political, legal and historical aspects of Iranian culture

An analysis of the available research on Iranian women's political, social, and

economical positions throughout history can increase our understanding of women's current

position in Iran. According to Shojaei, Samsu, & Asayesh (2010), until 1906, the Iranian

government was considered monarchic, meaning that both men and women had little chance

to make policy or participate in political decisions. In this period, Iranian women's activities

and presence in the political and social domains were insignificant (Higgins, 1985; Shojaei et

al., 2010). During the Qajar period, women were denied professions; having children and

undertaking household tasks were considered their primary tasks (Sedghi, 2007). However, education was thought to be the core of elite women's access to power (Mottaghi, 2015). During this period, female activists started to form organisations criticising the dominant patriarchal culture and the denial of women's right to vote (Mahdi, 2001, 2004). The emphasis on women's right to education continued in 1925 when Reza Khan (the first Pahlavi Era) came into power (Shojaei et al., 2010). In the name of modernisation, Khan abolished veils and encouraged women to wear Western dresses and attend classes at the University of Tehran (Shirazi, 2019).

Although women now had more freedom to attend public places and have a profession, their political rights, such as voting, were still denied (Tafreshi, 2010). This continued until 1963, in the Mohammad Reza Pahlavi Era, when women were allowed to vote, be educated at a higher level, study abroad, and work in a civil area, such as the police force (Shojaei et al., 2010; Tamer, 2010). Importantly, a change in family protection law meant that the family court had the power to grant divorces and safeguard girls by raising the age of marriage to 18 (Bakhshizadeh, 2018). Women's opportunities for studying abroad and undertaking professions in nursing and teaching were enhanced with government funding (Paidar, 1997). Additionally, "the state continued to increase the number of women in executive positions, enhance their opportunities in the public arena, and appoint women as judges – a practice condemned by Shia theologians" (Mahdi, 2001, 2004, p. 443).

However, during this time, various women's organisations were merged by the government, meaning they had full control of women's activities (Sansarian, 1982). While women had more social freedom, they continued to be limited in many areas (Mahdi, 2001, 2004), such as their choice of dress and education (Mottaghi, 2015). Iranian women's participation in all social activities, including politics, was influenced by a male-dominated culture (Moinfar, 2011). Women who were appointed to managerial positions had no

opportunity to make independent decisions such as important political decisions (Langford, 2018). Mahdi (2001, 2004) pointed out that "opposition to male decisions was not tolerated, especially on political issues" (p.433). In the 1970s, the Islamic movement became popular among Iranian people, claiming that the political, social, and economical aspects of Pahlavi's government were profoundly influenced by America. Proponents of this movement suggested that constructing a government based on Islam was the only way for Iran to move towards cultural independence (Agtaie, 2015, 2017; Sadeghi, 2007).

In 1979, after the establishment of the Sharie-based law of the Islamic republic, Iranian women's political and social rights were once again lost due to dramatic changes in the criminal system (Mahmoudi, 2019). Believing that the only way to achieve cultural independence was by redefining gender relations and controlling women's sexuality, the republic of Iran started to construct an Islamic model of modernity (Aghtaie, 2015, 2017). This had serious consequences for Iranian women's political, social, and private lives. Supreme leader Ayatollah Khomeini dismissed the Family Protection Law of 1967, intending to construct new laws about gender and sexuality (Halper, 2007). As a result, any laws and policies in both the public and domestic domains came under the direct control of the clerics, who furthered the extent of gender discrimination in favour of men (Tohidi, 2016). Female and male activists argued that some Iranian laws encouraged domestic violence towards women, preventing them from leaving abusive relationships (Barlow & Akbarzadeh, 2008). For example, some feminists argued that certain articles in the civil code, such as article 1105, in which the husband is designated the head of the household, encourage women to believe they are inferior to men and unable to make independent decisions (Aghtaie, 2015, 2017). Additionally, Tizro (2013) argues that certain interpretations of verses in the Quran (the central religious text of Islam), such as Surah 24, verse 33, which is commonly used in marriage ceremonies and contracts, are contributing factors to violence against women.

Now, 40 years into the Islamic Republic of Iran, there is no law to acknowledge and criminalise domestic violence against women in the country (Rahpaymaelizehee et al., 2015). However, "women in Iran have managed to maintain a foothold in the realms of politics, the media, education, and public life at large. Over the past three decades the Iranian parliament (Majlis) has consistently included some women members" (Barlow & Akbarzadeh, 2008, p. 23).

Despite many economic and social advances (such as attending university, although women cannot study certain subjects such as social science or engineering), women continue to be discriminated against in the various aspects of the legal system, including criminal responsibility, and are excluded from serving in many political and government positions (Casefire Centre for Civilian Rights, 2019). This implies that "women's status and rights in contemporary Iran, and thereby the trajectory of Iranian women's activism and feminist movements, seem paradoxical and complicated" (Tohidi, 2016, p. 1). For example, although women have achieved good standards in research and education, they have not progressed in other areas such as employment, their position in the family as a wife, or political positions (Janghorban, Taghipour, Roudsari, & Abbasi, 2014; Tohidi, 2016). Additionally, although by law, there is no restriction on Iranian women's access to high positions in the government, meaning that Iranian women should be able to actively participate in decision- and policy-making, in reality, Iranian women face many obstacles such as the resistance of male politicians (Moinifar, 2011).

These paradoxes illustrate the complicated position of Iranian women, reinforcing the idea that Iranian women's experiences in general should be studied. Moreover, these paradoxes illustrate that Iranian immigrant women's experiences are also worth exploring. The complicated position of Iranian women indicates that Iranian immigrant women's experiences are likely to differ from those of other immigrant women. Therefore, more

research into specifically Iranian immigrants, rather than immigrant women in general, is needed. In Iran, although traditional gender roles are enforced by law, gender inequality is under pressure in the private domain due to forces such as women's high achievement in education and the experience of modern life via the internet (Tizro, 2013).

1.7. Iranian immigrant women's experiences of domestic violence

Iranian immigrant women may face a moral dilemma when they move to Western countries as they are moving from a country in which domestic violence is a silent epidemic (Adineh, Almasi, Rad, Zareban, & Moghadam, 2016; Grimmer & Tribe, 2001; Home Office, 2017) to societies which send the message that domestic violence should not be tolerated (Graca, 2017). Nonetheless, many Iranian immigrant women tend to endure domestic violence for fear of being judged by their family and community (Akhavan, 2006; Moghissi, 1999). Iranian immigrant women, like other immigrant women, may experience physical violence including being kicked and slapped, emotional violence including humiliation and criticism, being forced to have sexual intercourse, and being restricted from attending social events or language classes (Ghaleiha, 2018).

Few recently authors have explored the experiences of Iranian immigrant women, with most studies in this area dating from the late 1990s or early 2010s. Guruge, Roche, and Catallo (2012) used survey data to explore physical and mental health trends among 60 women from Iranian and Sri Lanka Tamil communities living in Canada. They found that participants experienced physical, emotional, and sexual violence. These authors also found that participants experienced psychological violence more often than other types of violence from a male partner. There is a need for more research into Iranian immigrant women's experiences of domestic violence (Shishegar, Gholizadeh, DiGiacomo, & Davidson, 2015).

Although some authors suggest that Iranian immigrant women's sense-of-self may change after moving to a Western country (Alavi, 2014; Darvishpour, 2002; Khosravi, 2009;

Mahdi, 2001,2004), these studies have been conducted to examine acculturation in the Iranian community in general, without considering domestic violence specifically (Farsimadan, 2011; Shishegar et al., 2015). It can be argued that abused Iranian immigrant women may re-examine their understanding of Iranian cultural gender expectations and their sense of identity after moving to the UK, and so develop autonomy, self-respect, and confidence, becoming empowered. These emotional improvements can be seen as the first step that encourages Iranian immigrant women to take control of their lives and make informed decisions.

1.7. Research aims

- To explore the experiences of Iranian immigrant women who have been subjected to domestic violence within heterosexual relationships.

- To explore these women's experiences of therapeutic interventions and other support designed for women who have experienced domestic violence.

- To explore how women's sense-making may have changed following a move to the UK.

In the next section, I detail the contribution of the present study to counselling psychology.

1.7.1. Contribution to Counselling Psychology

One of the key concepts and differentiating principles of counselling psychologists is their concern with how people attend to unique experiences (Woolfe et al., 2010). Additionally, counselling psychologists seek to empower individuals through exercising the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society (Division of Counselling Psychology, 2017). In the current study, I address the unique, detailed accounts of abused Iranian immigrant women who have undergone therapeutic interventions. Dudley, McCloskey, and Kustorn (2008) argued that health care professionals and psychologists often lack knowledge of domestic violence and may, therefore, intervene

ineffectively. This may have serious consequences, as the adverse psychological and emotional effects on abused women experience can be diagnosed as pathology and may meet the criteria for mental health diagnosis (Condino, Tanzilli, Spranza, & Lingiardi, 2016; Gleason, 1993). Hence, this research can contribute to one of the core problems faced by Iranian immigrant women (that is, anti-discriminatory practice), fulfilling counselling psychologists' professional identity by offering psychotherapeutic interventions as opposed to pathologising the issues facing this group. As such, counselling psychologists will be encouraged to remain person-centred rather than disorder- or problem-centred and to stay open-minded while recognising that many difficulties are too personal to be easily categorised and addressed using standard interventions (Ashley, 2010). This will be achieved by focusing on participants' subjective experiences and so maintaining and following humanistic principles. Considering the insufficient research with this group, further research will help to develop population-based, specific interventions (Orlans & Van Scoyoc, 2009). The use of the current findings can thus support counselling psychologists in fulfilling their duty to society.

Given that counselling psychologists seek to engage with subjectivity (an individual's opinion or perspective) and intersubjectivity (the sharing of the subjective state by two or more individuals; Division of Counselling Psychology, 2017), it has been argued that the discipline has incorporated phenomenological models of practice into traditional scientific psychology (Division of Counselling Psychology, 2017; Woolfe, Strawbridge, Douglas, & Dryden, 2010). Counselling psychologists are involved in research-led practice, in which they engage with first-person accounts (Strawbridge & Woolfe, 2001). Thus, counselling psychologists integrate available research with clinical knowledge in the context of individuals' cultural norms. This is recognised as 'evidence-based practice' (Kratochwill & Schernoff, 2003). The purpose of the present study is to contribute new knowledge

regarding domestic violence from the perspectives of abused Iranian immigrant women in the context of specific Iranian cultural norms; hence, there is potential to reduce tension for psychologists by producing data on this population while these psychologists are engaged in subjective views of their clients.

At the heart of counselling psychology is the ethos of social justice (Toporek, Gerstein, Faud, & Roysircar, 2006). This is about promoting a society which values diversity and provides equal opportunities to all people as well as ensuring that equal allocations of resources and services are available (Bhugra, 2004, 2016). Counselling psychologists express their commitment to social justice by empowering clients to confront oppression, marginalisation, discrimination, injustice, and their oppressors (Fouad, Gerstein, & Toporek, 2006). Additionally, social justice is described as an action taken by a researcher or counsellor, external to clients or participants, to control or act on behalf of the client or participant group (Toporek & Liu, 2001). This study can support counselling psychologists to exercise their commitment to social justice by encouraging abused Iranian immigrant women to be engaged in making informed decisions that best reflect their needs and interests in the UK. Additionally, the findings of this study will be presented to key stakeholders such as Iranian community leaders, who can use them to intervene at the Iranian community level.

Furthermore, all interactions between clients and health care professionals, including counselling psychologists, should be considered multicultural (Pedersen, 1991) as it is recognised that we all carry personal cultural identities (Ho, 1995; Launikari & Puukari, 2005). Subsequently, counselling psychologists must act as competent professionals by demonstrating awareness of the cultural diversity and race of their clients; indeed, multicultural competency is a fundamental element of ethical professional practices (Fouad et al., 2006). Multiculturalism is about social justice, cultural democracy, and equality (Sue et al., 1998, p. 5). Developing multicultural counselling is an on-going process (Tomlinson-

Clarke, 2013). Through the current study, I encourage counsellors to examine the effect of privilege, power, and oppression on this marginalised group by being aware of their biases as well as Iranian immigrant women's biases and prejudices. I also encourage counselling psychologists to examine how socio-political elements (such as poverty, stereotyping, and gender self-identity) may affect the self-esteem and self-concept of Iranian immigrant women.

1.8. Reflexivity

As an insider researcher, I share a culture and history with the participants in this study. I am also an Iranian immigrant woman who witnessed domestic violence in her childhood and experienced domestic violence in her marriage. According to Saidin and Yaacob (2016), "insider researchers always have a passion about the topic they have been working on, meaning that they would commit themselves into the research despite all the obstacles" (p. 850). In contrast, according to Simmel (1950), a researcher can only be objective if they are an outsider. This is because, "insiders may be blindsided by some issues in their research as they do not consider certain issues as important as outsiders would see them, meaning that they might not be as alert to the information compared to those who are outsider researchers" (Saidin & Yaacob, 2016, p. 850).

To increase transparency and credibility, it was essential to reflect on my experiences when listening to the women's narratives. As an insider researcher, I felt re-traumatised by listening to their experiences of domestic violence. However, I overcame this by seeking professional help from other counsellors and taking a research break. This illustrates my passion and commitment to this research and these women, who gave their time to talk about their experiences.

Additionally, my familiarity with Iranian culture gave me three advantages. Firstly, after self-reflection, being an insider researcher helped me to offer my empathy and listen

carefully to the participants. Secondly, I could establish and maintain a rich social interaction with the participants. Thirdly, I was able to extract rich data from the participants as I could relate to them well. In brief, my personal and educational background regarding domestic violence added to my depth of understanding of the participants' feelings and thought processes. Additionally, my use of a reflexive journal and member checking as well as constant deep engagement with the analytic process with the help of my supervisor demonstrates my commitment to the research. These activities made me vigilant to other possible interpretations of the participants' narratives.

The process of member-checking involved sending the transcripts to the participants via email, asking them to amend any mistakes that had been made or to add any information they had forgotten about during the interview. The participants had enough time to read and amend the transcripts and send them back to me via email. The feedback suggested that they felt valued and heard during this process, making them feel believed and accepted. At the same time, their appreciation of this process suggested that they felt empowered, as they were breaking their silence about a sensitive topic. Moreover, their responses (via email) suggested that they felt they were contributing to social justice, suggesting that domestic violence is a real phenomenon that exists in Iranian culture. The participants confirmed that they were happy that the transcripts were an accurate record of their conversation with me. While all the participants were happy with their transcripts, one asked me to change the information relating to her age gap between her and her older brother.

Before the interviews, participants expressed that they were pleased to share their accounts with an Iranian immigrant woman. They expressed that they felt safe and valued as they could ask any questions before, during, and after the interview without fear of being judged or held responsible for what they had experienced. All participants expressed that, during the interview, they felt heard, rather than being silenced; a new response to their

experiences from an Iranian woman. Participants added that having their experiences listened to and acknowledged by an Iranian woman gave them hope that there might be others from their culture who would not silence them or reinforce their feelings of shame. It appeared to me that, for these participants, the interview was a healing process in which they felt heard and valued, and their stories were believed without any negative judgement. This was reinforced by my commitment to pay attention to every sentence of their accounts.

During the research interviews, especially the first one, I noticed that listening to the participants was a challenging task for me as a researcher. I was surprised by the fact that I was simultaneously working with my clients, who had the same background, without any difficulty. After a while, I noticed that, as a counsellor, I could intervene to empower my clients, whilst as a researcher, I could not intervene to provide empathy for the participants, which led to feelings of distress and dissatisfaction. Increasing my knowledge about the different roles of 'counsellor' and 'qualitative researcher', made me realise that while the relationships formed in the interviews were therapeutic, they differed from therapeutic relationships. For example, according to Wolcott (1994), the process of conducting qualitative research has similar qualities to the therapeutic process; both counsellors and researchers aim to empower individuals. The interviews gave voice to the Iranian immigrant women, who were from a less powerful population. The participants' voices continued to be heard throughout data analysis as I asked them to examine the accuracy of their transcripts to increase the credibility and trustworthiness of the study findings. "This view is incredibly closely aligned with the therapy goal of helping others to act from their own power" (Bourdeau, 2000, p. 8; Shamai, 2003).

Given that I used to work with a vulnerable population, with the expectation to respond with care and concern, I had to shift my mindset from viewing myself as an expert, willing to intervene, to treating the participants as experts with regards to their lived-

experience. This implies that I was involved in a hermeneutic process, rather than just

processing information and responding based on my theoretical knowledge of the counselling

process. In other words, I became, "one of 'not-knowing', which means that the therapist's

understanding of a client's situation is not limited by pre-determined theoretical points of

view or prior experiences" (Nelson, Onwuegbuzie, Wines, & Frels, 2013, p. 1).

      In the following section, I will address several methodological principles. I will start

by introducing the research design, including my ontological and epistemological position. I

will then introduce the chosen methodology and discuss the theoretical underpinning of this

approach and the rationale for choosing this method. Finally, the exact procedures for

recruiting participants, as well as the steps followed to analyse the data, will be outlined.

Part 2: Overview of the method

2.1. Research design

Qualitative research methods are appropriate for answering questions about

perspective, meaning, and experience from the perspective of the research participant

(Hammurberg, Kirkman, & Lacy, 2016; Morrow, 2007). By employing qualitative methods

in this study, I could gather information regarding Iranian immigrant women's experiences of

domestic violence. This is in line with McLeod (2011), who acknowledged that "qualitative

research represents a form of narrative knowing grounded in everyday experience that has the

potential to make a significant and necessary contribution to the evidence base for

counselling and psychotherapy" (p. 15). Thus, I could concentrate on the experiences of

domestic violence against women in Iranian social and cultural contexts (Collican, 2009).

Furthermore, the use of qualitative research offers possibilities for enhancing my

commitment to promoting social justice and equality as well as empowering abused Iranian

women (O'Connor & O'Neill, 2004), thus honouring their strengths, needs, and values

(Denzin, 2010; Fessinger & Morrow, 2013). Equally important, qualitative research

rebalances the power within researcher/researched relationships by allowing the researcher to

use different strategies, including revealing some aspects of their identity and story so that

interviews are a more reciprocal experience, or by allowing participants to read and edit the

transcripts before they are analysed (Blackstone, 2012; McLeod, 2011; O'Connor & O'Neill,

2004;).

A phenomenological approach was utilised to explore the views and lived experiences

of abused Iranian immigrant women (Smith, Flowers, & Larkin, 2009). The fundamental aim

of phenomenological research is to give a detailed explanation of the lived experiences of a

person or group, around a specific phenomenon, as well as the meanings they attach to their

experiences (Christensen, Johnson, & Turner, 2011). Thus, it is important to access rich,

detailed accounts (Smith et al., 2009). I accessed such accounts through qualitative interviews.

2.2. Philosophical foundations of the current study

The present study is based on a critical realist paradigm. Proponents of critical realism, developed by Bhaskar, see reality as layered into three domains: empirical, actual, and real (Maxwell, 2012; Walsh & Evans, 2013). The empirical domain is what we experience (directly or indirectly), while the actual domain refers to what is going on yet may not be observable (Wynn & Williams, 2012). According to Sayer (2000), the real domain has two important characteristics: that it exists, whether or not we know about it (Berging, Wells, & Owen, 2008, p. 171), and that its structures (such as family/or social structures) have power and can produce events in the world (Roberts, 2014). Danermark et al. (2002) acknowledged that "a feature of reality is that there is an ontological gap between what we experience and understand, what really happens, and – most important – the deep dimension where the mechanisms are (real domain) which produce the events" (p. 39).

It can be argued that the use of realist ontology provides an opportunity to explore domestic violence among Iranian immigrant women within the domain of the real as well as to discover the mechanism that may be producing such phenomena (Berging et al., 2008). Critical realists also outline that a world exists independently of our theories and understanding (Maxwell, 2012); hence, all human inquiries are context-dependent, with no possibility of finding one correct explanation for a phenomenon within the different domains of reality (Pilgrim, 2014). In this study, I am not proposing to produce an objective, 'true' account of Iranian immigrant women's experiences of domestic violence. Instead, I propose that although the data from Iranian Immigrant women will tell us something about what is going on in the real world, it will not do so in a self-explanatory fashion. Considering the three layers of reality, I argue that the data must be interpreted to increase our knowledge of

the underlying structures which generate domestic violence among Iranian immigrant women

in the UK (Willig, 2001, 2013).

Given that critical realism is context-dependent, I will adopt a contextualist

perspective to explore Iranian immigrant women's experiences of domestic violence. The

critical realist seeks to explore the domain of reality based on participants' experiences and

interpretations of a particular phenomenon in a particular context (Bergin et al., 2008).

Contextualists emphasise the context in which an action or utterance occurs and, more

importantly, highlight that these actions or utterances can only be understood in relation to

their context (Pynn, 2016). Additionally, the use of contextualism results in a deep, personal

account of the phenomenon under study, meaning emphasis is placed on the

participant/researcher interaction as it assumed that reality can only be (partially) accessed

through participants' language (Zeman, 2017). As a result, contextualists acknowledge that

all knowledge is local and personal and can only be accessible within the cultural and

historical context (Herbert & Padovani, 2014). Therefore, the main aim of this study is to

explore how Iranian immigrant women make sense of their experiences in their particular

historical, cultural, and social context.

2.3. Interpretative Phenomenological Analysis (IPA)

IPA, developed by Jonathan A Smith in the mid-1990s (Smith, 1994, 1996), is used

increasingly by psychological researchers in the UK and around the world (Smith, 2004,

2011; Smith & Eatough, 2019). IPA is based on three philosophical areas: phenomenology,

hermeneutics, and idiography (Smith et al., 2009). Understanding how these factors fit

together (Charlick, Pincombe, McKellar, & Field, 2016) enables an understanding of the

focus of IPA and, therefore, how it can be employed to enhance understanding of Iranian

immigrant women's experiences of domestic violence.

2.3.1. Phenomenology

Phenomenology is a philosophical study of 'being' (Larkin & Thompson, 2011; Smith, 2006; Tuffour, 2017) that has been developed by many individuals, including Husserl and Heidegger (Langdridge, 2007, 2008). While phenomenologists have different ideas, they share an interest in considering what the experience of being human is like, "especially in terms of the things which matter to us, and which constitute our lived world" (Smith et al., 2009). The use of phenomenological philosophy gives psychologists access to valuable ideas about how to examine lived experience (Koopman, 2015; Smith et al., 2009). According to proponents of phenomenology philosophy, the principles of natural science are not a good model for studying human experience as participants can relate intentionally to objects in the world, which differs from cause and effect relationships (Giorgi, 2005). Phenomenological philosophers acknowledge a shift of focus away from the nature of the 'thing' and toward consciousness, meaning that human scientists need to shift attention from things and nature to human beings and their world (Davidsen, 2013; Giorgi, 2005; Langdridge, 2007, 2008).

Husserl is considered the founder of phenomenological philosophy (Langdridge, 2007, 2008). Husserl saw experiences, as perceived by individuals, as valuable objects of human science (Lopez & Willis, 2004). Husserl proposed that to understand phenomena fully we must return to 'the things themselves' (Langdridge, 2007, 2008). "The 'thing' he is referring to, then, is the experiential content of consciousness" (Smith et al., 2009, p. 12).

Husserl aimed to examine the human consciousness of a given phenomenon as fully as possible. To do this, he proposed 'phenomenological reduction' (Giorgi, 2005). This is the idea that past knowledge about a phenomenon should be put aside (Langdridge, 2007, 2008). The researchers must hold their beliefs and biases throughout the research (Tufford & Newman, 2012), a process known as bracketing. IPA research follows 'back to the things themselves' as Husserl suggests, meaning that researchers carefully explore an experience in the way it happens to the participants (Finlay, 2002, 2011; Smith et al, 2009). However,

Husserl's theory that human experience can be examined by setting aside the past knowledge has been dismissed as simplistic and unachievable (Spinnelli, 2005).

Heidegger (1927/62) developed a more existential approach to phenomenology (Smith et al., 2009). Heidegger proposed that people and their activities are always 'in the world' and, therefore, how they interpret and attach meaning to their activities is informed by context (Smith et al., 2009). Heidegger introduced the concept of 'dasein' to illustrate how our 'being-in-the-world' stands in relation to other individuals (Smith & Osborn, 2007, 2015). He argued that individuals cannot suspend prior assumptions and expectations to achieve 'epoche' or complete bracketing and so take a 'God's eye view' on experience (Langdridge, 2007, 2008). Heidegger used the term 'lifeworld' to explain that human realities are influenced by their world; humans cannot separate themselves from the world (Lopez & Willis, 2004). The lesson IPA researchers can take from Heidegger's work is that our 'being-in-the-world' is always 'in-relation-to something' (Eatough & Smith, 2006, 2017). Thus, IPA researchers can note that pure human subjectivity is not the focus of a phenomenological study, "but rather, the interpretation of people's meaning-making activities is central to phenomenological inquiry in psychology" (Smith et al., 2009, p. 18).

Merleau-Ponty, the philosopher of body and embodiment, introduced the phenomena of perception (Toadvine, 2018). Merleau-Ponty emphasised that our body shapes our knowledge about the world (Smith et al., 2009) and is involved in the history, tradition and worlds of others (Nascimento, Filardi, Abath, & Ramalho-de-Oliveira, 2018). Merleau-Ponty argued that it is the body, not consciousness, which understands its world; hence, bodies are lived experience (O'Loughlin, 1995; Nascimento et al., 2018). Merleau-Ponty offers IPA researchers the view that "we are, first of all, body-subject" (Larkin, Eatough, & Osborn, 2011, p. 8); therefore, "we can never really 'know' others but only in terms of their physicality in their embodiment" (Skea & Cert, 2016, p. 1136).

Sartre, a French philosopher, proposed a new vision of consciousness and way of understanding arising from his interest in what it is to be human (Crowell, 2004; Flynn, 2011; Franchi, n.d.). Sartre proposed that, "we are always becoming ourselves, and that the self is not a pre-existing unity to be discovered, but rather an ongoing project to be unfurled" (Smith et al., 2009, p. 13). He introduced the concept of 'nothingness', emphasising that to understand who we are and how we see the world, both that which is absent and that which is present are equally important (Kovacs, 2006; Webber, 2006). Thus, by considering the presence and absence of our relationships with others, we can better understand our experiences at a personal and social level (Gusman, 2017; Rowlands, 2011). Sartre's work offers IPA researchers a clear glimpse of "what a phenomenological analysis of the human condition can look like" (Smith et al., 2009, p. 20).

2.3.2. Hermeneutics

The second feature of IPA is hermeneutics (Smith et al., 2009), defined as the practice and theory of interpretation of texts (Finlay, 2002, 2011; Rennie, 1999). Three key hermeneutic theorists are Schleiermacher, Heidegger, and Gadamer (Larkin, Watts, & Clifton, 2006; Moran, 2000; Smith et al., 2009). Schleiermacher proposed that interpretation involved grammatical and psychological interpretation (Moran, 2000; Smith et al., 2009). Grammatical interpretation is about objective textual meaning, while psychological interpretation refers to the subjective individuality of the author (Smith, 2004, 2011). Schleiermacher argued that the aim of interpretation was not to follow mechanical rules but instead to understand the writer (Smith et al., 2009). He believed we could gain an understanding of an author better than the author themselves through detailed analysis (Eatough & Smith, 2006, 2017; Smith et al., 2009). In the context of IPA, this does not mean that our analysis is more 'true' than the accounts of research participants, but instead that it

might provide meaningful insights which go beyond participants' explicit claims (Smith, 2004, 2011), perhaps by connecting to psychological theories (Smith et al., 2009).

Heidegger united his understanding of phenomenology with the theory of hermeneutics (Cassidy, Reynolds, Naylor, & De Souza, 2011; Eatough & Smith, 2006, 2017). He acknowledged that human existence is bound up in the world of people, things, language, and relationships (Larkins, Watts, & Clifton, 2006). Therefore, all enquiry starts from the enquirer's perspective or fore-conception, which can be an obstacle to interpretation (Laverty, 2003; Willig, 2013). As a result, rather than bracketing the fore-conception prior to an enquiry, IPA researchers are encouraged to use their fore-conception to gain advanced understanding of a phenomenon but to acknowledge that those fore-conceptions may not come to their attention until actual work has started through interviews or analysis (Cassidy et al., 2011; Charlick, Pincombe, Mckellar, & Filelder, 2016; Larkin et al., 2006). Therefore, IPA researchers are invited to adopt a "sensitive and responsive" approach to data collection and analysis so that their fore-conceptions can be adjusted (Cassidy et al., 2011, p. 266). For IPA researchers, phenomenology involves hermeneutics; that is, what is captured of another's experience will always be provisional because researchers, however hard they try, cannot completely separate themselves from their own experiences (Larkin et al., 2006).

Gadamer (1990), like Heidegger, outlined that an understanding of a phenomenon assumes elements of fore-conceptions and interpretation (Moran, 2000). Gadamer "reemphasised that live experience of the interpreter is both a way into the text as well as a hindrance to understanding the text" (Cassidy et al., 2011, p. 266). In this context, "making sense of a respondent's accounts requires IPA researchers to engage in close interpretation" (Tuffour, 2017, p. 4); sometimes IPA researchers can identify their fore-conceptions in advance, and sometimes pre-conceptions will emerge through interpretation. Either way,

"there is a dialogue between what we bring to the text, and what the text brings to us" (Smith et al., 2009, p. 26).

The hermeneutic circle and double hermeneutic are two essential features of IPA. The former refers to the idea that to understand the part, the researcher looks to the whole and vice versa (LeVasseur, 2003; Paterson & Higgs, 2005). For example, the word becomes clear when it is considered in the context of the whole sentence, while the meaning of the sentence depends on the meaning of the individual word (Boell & Cecez-Kecmanovic, 2010). The latter refers to the idea that the researcher is making sense of the participant, who is making sense of a phenomenon (Shinebourne, 2011; Smith & Osborn, 2007, 2015). Hermeneutics underpin this study as I will attempt to draw on human resources to make sense of domestic violence, while I have only access to participants' experiences through what they report and my prior experience (Smith et al., 2009).

IPA researchers also operate a double hermeneutic by adopting two interpretative positions: the hermeneutics of 'empathy' and 'suspicion' (Davidsen, 2013; Eatough & Smith, 2006, 2017). The former is an attempt to understand the participants' experiences in their terms, while use of the latter employs theoretical approaches such as psychoanalysis to guide interpretation and investigate what may be hidden (Willig, 2001, 2013). The hermeneutics of suspicion may not be compatible with this research as they involve imposing a theory on the data; instead, any connection to psychological theories will be considered after analysis is complete. Smith et al. (2009) added that IPA researchers combine hermeneutics of empathy with the hermeneutics of 'questioning'. Hence, IPA researchers must understand the participant's view and not only 'stand in their shoes' but also 'stand alongside' them (Smith et al., 2009, p. 36); this will help IPA researchers to question, analyse and make sense of participants words (Larkin, et al., 2006; Smith & Osborn, 2007, 2015). This task will be followed throughout the research process, starting from the interviews.

2.3.3. Idiography

IPA is idiographic, meaning it is concerned with the experience of a particular individual in a particular context (Eatough & Smith, 2006, 2017). Smith et al. (2009) argued that IPA researchers commit themselves to the particular through two operations: systematic, detailed analysis, and a commitment to understanding how a particular individual understands a particular phenomenon. The idiographic nature of IPA can offer researchers a unique perspective since experience is uniquely embodied and situated (Smith et al., 2009). The idiographic commitment of this study will be reflected in the write up by including individual transcript extracts to identify the particular experiences of each participant. This idiographic commitment means that I will attempt to understand each case before moving to the next (Cassidy et al., 2011). I will also attempt to put aside the findings of each case by bracketing (as much as possible), thus maintaining sensitivity to each participant's life story (Smith et al., 2009; Smith & Osborn, 2007, 2015).

2.3.4. The rationale for selecting IPA

Researchers using phenomenological methods aim to uncover the meaning of an individual's experiences of a particular phenomenon (Eatough & Smith, 2006, 2017). I adopted a phenomenological position to explore the domestic violence experiences of particular individuals; that is, Iranian immigrant women. Through IPA, I aim to connect to the core principles of phenomenology by encouraging participants to tell their story in their words (Smith et al., 2009; Smith & Osborn, 2007, 2015) and by paying attention to a detailed examination of participants' "lifeworld" (Cassidy et al., 2011, p. 3). An advantage of IPA is that instead of focusing on a pre-existing theoretical preconceptions, I can focus on accounts of lived experience (Smith & Osborn, 2007, 2015). This may be a common characteristic among other phenomenological studies; however, a key feature to distinguish IPA from other approaches is its epistemological position (Eatough & Smith, 2006, 2017). Proponents of IPA

assume that participants try to interpret their experiences in a form that makes sense to them (Brocki & Wearden, 2006). At the same time, it is recognised that research is a dynamic process which involves a double hermeneutic process (Willig, 2001, 2013). The researcher tries to make sense of the participants, who try to make sense of a particular phenomenon (Smith et al., 2009; Smith & Osborn, 2007, 2015). Thus, IPA can help me focus primarily on Iranian immigrant women's experiences of domestic violence, making sense of this phenomenon as participants make sense of their experiences. Additionally, the double hermeneutic feature of IPA is consistent with my critical realist position. The use of the double hermeneutic emphasises that the domestic violence experiences cannot be directly accessed; data will need interpretation. This will result in partial knowledge about the generative mechanisms of domestic violence among Iranian immigrant women in the UK.

The use of IPA acknowledges the importance of researchers' pre-assumptions and invites them to adopt a reflexive attitude throughout their study (Smith, 2004, 2011; Smith et al., 2009). Reflexivity is the process in which researchers reflect on their values and beliefs and how these beliefs and values may shape research outcomes (Shaw, 2010). Considering that I have adopted a contextualist epistemology, IPA will support me to be sensitive to my pre-assumptions, as far as possible, and to adopt a reflexive attitude throughout the study. Keeping a reflexive research journal will also help me do this.

IPA is useful for examining emotionally laden topics (Finlay, 2002, 2011; Smith & Osborn, 2007, 2015) such as domestic violence. The use of IPA provides researchers with a framework to 'give voice' to participants by listening to their concerns and interpreting their 'sense-making', relating those concerns to psychological concepts (Larkin et al., 2011).

IPA may be considered the most appropriate methodology for this study for various reasons. It is popular within health psychology and other areas of applied psychology (Reid, Flowers, & Larkin, 2005). According to Reid et al. (2005), "IPA is particularly suitable when

researching 'unexplored territory', that is, an area which has previously lacked a thorough investigation" (p. 23). I argue that IPA seems particularly pertinent as investigations into Iranian immigrant women's experiences of domestic violence appear scarce. IPA allows me to be open to meaningful and unexpected psychological issues which may arise during analysis (Brocki & Wearden, 2006; Reid et al., 2005; van Manen, 1990). Although understanding the philosophical foundations of the method was challenging, the decision to select IPA was not difficult.

2.4. Method

2.4.1. Participants and sampling

Smith and Osborn (2007, 2015) argued that qualitative researchers should select samples purposively, to offer insight into the experience under study. A purposive sample represents a perspective rather than a population (Smith et al., 2009). Researchers employing this method are encouraged to find a fairly homogenous sample for whom the research questions will be meaningful. Smith et al. (2009) added that "the analyst should provide a rich, transparent and contextualised analysis of participants' accounts" (p. 51). This enables readers to evaluate the transferability of the research to individuals in more or less similar contexts (Polit & Beck, 2010).

I, therefore, adopted purposive sampling. The inclusion criteria were: that participants were over the age of 18; born in Iran; fluent in English; had direct experience of domestic violence in Iran; were not in an abusive relationship anymore; and were in therapy, attending an organisation which provides counselling for women who have experienced domestic violence. Thus, homogeneity was achieved. Potential participants who were still in an abusive relationship were excluded. I was concerned about the ethics of interviewing women currently in abusive relationships in case their partners found out they were talking about the relationship to an interviewer (Seedat, Pienaar, Williams & Stein, 2004).

Due to IPA's commitment to idiography, six participants were recruited. It is important to examine fewer participants' experiences at a greater depth, rather than producing knowledge based on a shallow analysis of many accounts (Alase, 2017; Hefferon & Gil-Rodriguez, 2001). The sample provided the opportunity for in-depth analysis of participants' experiences (Brocki & Wearden, 2006; Hefferon & Gil-Rodriguez, 2001; Reid et al., 2005). Smith et al. (2009) stated that trainee professional doctorate research usually involves between four and ten interviews. A sample of six enabled me to conduct in-depth interviews. Participant demographic information is in Table 1.

Table 1

Participant Demographic Profile

Participant (Pseudonym)	Age	Marital status	Number of children	Social class	Husband's (perpetrator) nationality	Where abuse took place and how long ago	Date of immigration and type of immigrant
Ziba	42	Single	3	Middle class	Iranian	Iran & UK; throughout the marriage	Feb 2012; indefinite leave to remain
Parastoo	39	In relationship	2	Working class	Iranian	Iran & UK; throughout the marriage	Sep 2002; citizen residence
Hasti	37	Single	3	Middle class	Iranian	Iran & UK; throughout the marriage	July 2007; indefinite leave to remain
Mastaneh	30	Single	1	Middle class	Iranian	Iran & UK; throughout the marriage	June 2000; indefinite leave to remain
Shahin	45	In relationship	2	Middle class	Iranian	Iran & UK; throughout the marriage	August 2001; indefinite leave to remain
Zohreh	29	In relationship	1	Middle class	Iranian	Iran & UK; throughout the marriage	Oct 2000; indefinite leave to remain

2.4.2. Data collection methods

There are various methods of data collection in qualitative research, including observation, focus groups, and interviews (Bengtsson, 2016). According to Gill, Stewart, Treasure, and Chadwick (2008), "interviews are most appropriate when little is already known about a particular phenomenon or where detailed insights are required from individual participants" (p. 292). Gill et al. (2008) added that interviews are particularly appropriate when participants do not wish to talk about sensitive issues within a group. Given that participants were required to provide detailed accounts of their experiences of domestic violence, a sensitive phenomenon, I chose to conduct semi-structured interviews.

There are three main types of research interview: structured, unstructured, and semi-structured (Doody & Noonan, 2013). In this study, data were collected using semi-structured interviews. Considering that IPA requires 'rich' data (Smith et al., 2009), this method appeared more appropriate; in practice, it granted an opportunity for participants to speak freely, and to reflect on their ideas (Braun & Clarke, 2013; Fox, 2009; Jamshed, 2014). Furthermore, Stuckey (2013) explained that semi-structured interviews are flexible, allowing researchers to probe and ask unplanned questions to clarify any complex answers. In practice, this method allowed me to clarify any misunderstandings during the interview. I recorded the interviews and transcribed them, noting non-verbal utterances (such as erm or mm) or laughing. This style of transcription is called 'orthographic' or 'verbatim'. In this study, the orthographic notation system, introduced by Braun and Clarke (2013), was employed.

2.4.3 Materials

The interview questions were generated based on a range of topics. The interview schedule consisted of open-ended questions and probes, starting with less sensitive and direct questions. The most important task in the opening phase of an interview is to get participants

used to talking (Smith et al., 2009 p. 64). Questions were kept clear and direct to avoid leading participants to specific answers. Questions that were asked include "Can you tell me how you feel/felt about coming to the UK?" and "Can you tell me about your experiences of seeking counselling and support?" See Appendix E for the full interview schedule. Interviews lasted approximately 60-90 minutes.

The interviews were conducted in English for two reasons. According to Bashiruddin (2013), converting data from one language to another requires accuracy and proficiency in both languages. At the same time, Van Nes, Abma, Jonsson, and Degg (2010) argued that "translation is also an interpretative act, hence, meanings may get lost in the translation process" (p. 313). Considering that my writing in Iranian and Farsi was not fluent, it was essential to carry out the research in English to avoid losing any meaning associated with the participants' experiences. This enabled me, as a researcher, to capture rich data based on the participants' subjective experiences, increasing the trustworthiness of the current study (Birbili, 2000).

2.4.4. Procedure

The research was advertised at a charity that provides counselling for abused women from different ethnic groups, including Iranian women. I started recruitment by sending an email to the director of the organisation. I arranged several meetings with charity staff to gain their support. I then contacted potential participants. This included placing invitation letters in the therapists' waiting room and handing out information sheets to women who appeared interested. Support from the organisation ensured that I placed no undue pressure on the women to take part.

The participant information sheet (see Appendix F) was shared with the directors and team leaders of the charity. They gave the sheet to participants, thus familiarising them with the content of the study while they attended the charity to see their counsellors. Before

conducting any interviews, I met each participant at least once to explain the study in more depth. The meeting also gave participants an informal opportunity to meet me as a researcher for the first time in a non-threatening environment and to ask any questions they might have had. The meetings allowed me to develop a rapport with participants and to arrange a suitable date and time for the interview. Participants received a consent form (see Appendix G) during these initial meetings.

2.5. Data Analysis

Data analysis was carried out by following six phases set out by Smith et al. (2009). Phase one was immersion in the data (Smith et al., 2009). This was done by reading and re-reading the transcripts separately, and by listening to the audio-recordings. Phase two was writing initial notes about the semantic and linguistic features of the data (Smith et al., 2009). During this stage, I used the right-hand margin of the transcript to comment on interesting or important data, as well as comments on similarities, differences, and contradictions (Smith & Osborn, 2003). These comments were descriptive (that is, face value), linguistic (such as noting pauses, laughter, and metaphors), and conceptual (focusing on participants' overarching understanding of domestic violence).

During phase three, I returned to the beginning of the transcript and used the left-hand margin to transform the initial notes into concise phrases or emerging themes, aiming to "capture the essential quality of what was found in the transcript" (Smith & Osborn, 2003, p. 68). During this phase, I attempted to identify the subordinate/emerging themes without excluding or selecting any extracts.

Phase four involved establishing a set of themes within the transcript (Smith et al., 2009). All emergent themes were written down in chronological order so that I could make sense of the connections between them. I then re-arranged the themes in a more analytical or

theoretical order (Smith &Osborn, 2003), a process known as clustering (Smith et al., 1997).

In this study, some of the themes formed clusters that shared meanings or references (Smith,

2011). Some, however, emerged as superordinate concepts. Moreover, the connections

between emergent themes were checked by ensuring the connection worked for the original

source; the data (Smith & Osborn, 2003). This helped me to make sense of what the

participant said while also allowing me to check my sense-making against the data (Smith &

Osborn, 2003). This stage also involved producing a table of themes. I allocated a name to

each cluster to capture its essence or concept. An identifier was allocated to each subordinate

theme, allowing me to organise the analysis by mentioning the key words from a particular

extract with a page number. Importantly, some themes were dropped as they could not fit

with other themes or were not sufficiently supported by the data.

Phase five involved repeating the process for subsequent cases. Smith and Osborn

(2003) proposed that it is essential to do justice to each participant by paying attention to the

particularities of each case. This was done by systematically following the steps mentioned

above. Finally, phase six involved looking for patterns across cases (Smith et al., 2009). At

this stage, I laid out all tables of themes for each participant and looked for connections

between themes across the cases. I aimed to respect and recognise how participants' accounts

were similar and different (Smith & Osborn, 2003). The final result was a table of

superordinate and subordinate themes for the group.

This illustrates that analysis moved from a descriptive to a more interpretative level as

I shifted my attention from each participant to a shared understanding of domestic violence

(Smith et al., 2009). Equally important was movement between the part and the whole of the

transcripts, stressing that analysis was a cyclical process, rather than a linear one.

2.6. Quality in qualitative research

There is widespread interest in the application of quality criteria to qualitative research; however, there is considerable debate over how qualitative research should be assessed (Mays & Pope, 2000) as the criteria which applies to quantitative research are not appropriate (Kitto, Chetes, and Gabich, 2008, p. 243).

For the purpose of this study, four quality principles introduced by Yardley (2000, 2008) were followed. Yardley's (2000, 2008) first principle is sensitivity to context, which was met by being sensitive to participants' perspectives and needs. As a counsellor with experience of working with survivors of domestic violence, I was able to be sensitive to participants' needs throughout the research. Equally important, sensitivity to participants' perspectives was maintained by asking open-ended questions that encouraged participants to express their thoughts, while sensitivity to the data was achieved by being open to alternative interpretations.

Yardley's (2000, 2008) second principle is commitment and rigour. This was followed by an in-depth engagement with the topic throughout data collection and analysis. I employed my counselling skills to encourage the participants to share their stories. I also worked with supervisors to review my methodological competence and skills, ensuring that I was fully involved with the topic. The engagement included skipping any material that could cause emotional stress to the participants or taking a break to resolve emotional issues that could have prevented my full involvement in the research.

Yardley's third quality principle (2000, 2008) is transparency and coherence. This can be demonstrated by providing a detailed account of how data were collected and analysed. As such, I have provided a detailed account of how participants were selected, how interviews were conducted, and how the resulting data were analysed. I have also presented transcript extracts in the findings section to allow the reader to judge the adequacy of my interpretations (Yardley, 2000, 2008).

Finally, Yardley (2000, 2008) added that quality in research is partially dependent on whether the findings are important or have an impact on the community for whom the results were relevant. The main aim of this study will be achieved if it informs readers, particularly healthcare professionals, of anything important relevant to effective counselling interventions among this population of women. However, the most important result of this study is that it has provided a platform for Iranian immigrant women who have experienced domestic violence to voice their concerns, empowering them to be heard (Ashby, 2011).

In addition to the above criteria, I also employed the creditability and trustworthiness criteria (Tracy & Hindrichs, 2017) by engaging participants or other stakeholders. This was achieved through member-checking.

2.6.1. Member-checking

Member-checking is a technique for exploring the trustworthiness of data obtained from participants (Birt, Scott, Cavers, Campbell, & Walter, 2016). It involves returning the data to participants so they can comment on their authenticity and trustworthiness (Braun & Clarke, 2013). Thus, participants can check, clarify, approve, edit, or delete their words from the transcripts (Carlson, 2010). In this study, member-checking was followed by providing a hard copy or emailing transcripts to participants. Participants could review, clarify, edit or add any comments they felt it was important to mention but had forgotten during the interview. All participants actively checked their interview transcripts via email.

2.7. Ethical considerations

Sullivan and Cain (2004) argued that survivors of domestic violence should be heard in research; however, this should not occur without adequate attention to ethical issues, mainly safety and confidentiality. Disclosing women's experiences of domestic violence may

expose them to risk of retaliation by an abusive partner or family members (Ellsberg, Heise, Pena, Agurto, & Winkvist, 2001, p. 3) or re-victimise participants (WHO, 2001).

Ethical approval for this research was attained from the University of the West of England, Faculty Research Ethics Committee (FREC; see Appendix B). This study follows the British Psychological Society (BPS; 2014) Code of Human Ethics. To meet BPS (2014) principles, each participant had access to an information sheet before their interview. Thus, participants read the aims of the study before participation. Following the recommendation of WHO (2009), measures were put in place to maintain confidentiality, including changing all names and identifying references in the transcriptions.

Regarding the Data Protection Act (1998), participants were informed that the data, including the audio recording, might be archived by UWE. Also, participants were advised of their right to withdraw from the study at any time, even during the interview. However, they were informed that the data would be kept for analysis if they withdrew after the interview. Due to the sensitivity of the topic, it was likely that there may be an immediate or delayed psychological impact on the mental health of anyone involved, including participants and researcher (McCosker, Barnard, & Gerber, 2001). I discussed protecting the participants with the director and team leaders and arranged to have a trained counsellor accompany me to protect the participants if necessary. Participants were advised that they could have psychological help in a separate room if they required it. Details of some related organisations were given to the participants after the interviews. Furthermore, I was in personal therapy, with the aim of avoiding potential risks to my emotional and psychological well-being throughout this research study.

Braun and Clarke (2013) proposed that ethical principles regarding safety involve where, when and how research takes place. Hence, the interviews were conducted in the charity because this was a private setting where it was unlikely that we would be interrupted.

More importantly, as a counsellor, I could terminate or change the subject of discussion if an interview was interrupted by anyone, including the charity staff.

2.8. Reflexive statement

Reflexivity refers to the researcher's reflection upon how their values, beliefs, experiences, political learning, social identity and broader aims in life (Willing, 2008) may influence their research procedure, data interpretation, and conclusions (Collican, 2009). Reflexivity in a research context refers to the process of critically reflecting on the knowledge we produce and our role in producing that knowledge (Braun & Clarke, 2013, p. 37). As a female Iranian immigrant woman, I shared group identity and commonalities (Adam, 2012) with most of the participants. Therefore, I occupied multiple 'insider' positions (Unluer, 2012). Underwood, Satterthwaite and Barrett (2010) argue that gender, race or ethnicity, age, and occupation (Berger, 2013) can impact data collection, analysis, and conclusions. Braun and Clarke (2013) recommend keeping a reflexive journal throughout the research. I found this helped me consider the impact of social elements and personal experiences during the research process.

My initial journal notes were related to my interest in domestic violence against immigrant women. As a counsellor, I have worked with abused women from different backgrounds. During my practice, I have noticed that immigrant, and especially Iranian, women have difficulty recognising that what they were experiencing could be considered domestic violence. Most importantly, I have noticed that the majority of Iranian immigrant women face many psychological stresses that might prevent them from taking action even after establishing awareness of their rights in the UK.

It was during my practice that I decided to explore Iranian immigrant women's experiences of domestic violence. I was interested to explore whether their understanding of

this phenomenon changed following a move to the UK. I was curious about what specific psychological issues abused Iranian immigrant women might encounter. After years of being in practice, I felt that some of these women were not satisfied with the outcomes of counselling. This was the starting point for this thesis.

Additionally, it was important for me to pay attention to the impact of my cultural background in my reflexive journal. I was aware that Iranian culture involves particular perspectives of domestic violence. My notes particularly targeted my judgments and assumptions regarding my views on traditional gender roles in Iranian culture, and how these might relate to the treatment of women who experience domestic violence.

I believe this helped me in two ways. Firstly, it helped me to relate to the participants and understand their accounts as they related to Iranian culture. I believe sharing a cultural background helped me establish a better rapport with participants by enabling me to listen actively and to be engaged and vigilant during the interviews. Secondly, keeping a reflexive journal helped me highlight my pre-assumptions and expectations, encouraging me to encounter and challenge my core beliefs and biases towards the Iranian community. This helped make it possible for me to develop new themes based on new understandings. The following example from my reflexive journal illustrates my position as an insider researcher.

2.8.1. Example of reflexive journal

This reflection was written following the interview with the first participant. After this interview, I recorded my personal and premature assumptions about the legal system in Iran:

I was surprised to notice that I had premature assumptions about the legal system in Iran. There was enough time to reflect on my experience of conducting this interview before conducting the rest of the interviews. This first participant provided a detailed account of her experiences of domestic violence, and she was very open to talking

about the story of her life. However, at the time, I was aware that I probed some

questions in a way that was directive; this was further reinforced when transcribing

the interview, which brought back the feelings of frustration, anxiety, and

disappointment at what I could have missed during the interview. For example,

during the interview with Ziba (the first participant), I asked:

Me: How did the police react? Were they helpful at all?

Ziba: Um-hm yes, I called them because I was so scared and they came and talked to

my husband. I felt safe you know (...) at least for a short period of time.

Me: Mm-mm, so they helped you did they talk to you about your options?

Ziba: No, they (.) just ((cough)) told me to contact them whenever I felt unsafe.

Reflecting on this experience, I can identify my premature assumptions about the

legal system in Iran. These are directive questions, assuming the police do not

provide any sort of protection for abused Iranian women.

As I wrote the reflexive journal, I became aware of my assumptions and biases about

the UK and Iranian legal systems. I realised that I had assumed that there was no legal

protection for abused women in Iran, internalising that abused women are protected fully,

especially by the police, in the UK. I expected the participant to share my opinion and was

disappointed when she did not. Following a review of the transcript, I increased my

knowledge about the legal system in Iran regarding the protection of abused women and their

children. Consequently, I was extra vigilant in listening to future participants' accounts and

avoiding directive probes; a key skill to prevent the likelihood of some possible answers over

others (Fox, 2000).

Part 3: Results

Participants were all Iranian immigrant women who had experienced domestic violence in Iran and the UK. Demographic information is given in Table 1. Table 2 illustrates the structure of the themes found. Some minor changes have been made to improve readability when presenting extracts from the transcripts. These include omitting minor hesitations and utterances such as 'ohm'. Note that three dots at the beginning or end of each extract indicate that the participant was talking before or after the extract, while three dots within brackets are used when a section of the extract, such as interviewer interjections, has been omitted.

Table 2

Super-Ordinate and Sub-Themes

Super-Ordinate Themes	Sub-Ordinate Themes
Super-Ordinate Theme 3.1: **You can be abused in different ways**	3.1.1. Physical violence *"He used to slap me."* 3.1.2. Psychological and emotional violence *"He used to humiliate me in front of others."* 3.1.3. Other forms of domestic violence *"I had to ask for money for small things."*
Super-Ordinate Theme 3.2: **Impact of domestic violence on women: hopeless and helpless**	3.2.1. Impact on psychological wellbeing *"I was hopeless and helpless."* 3.2.2. Impact on women's identity and sense of self *"I didn't like the person who was in the mirror."*
Super-Ordinate Theme 3.3: **Impact of domestic violence on women's relationships: judged and guilty**	3.3.1. Relationship with family *"My family only judge me harshly."* 3.3.2. Relationship with the Iranian community *"I avoid Iranian people completely."*
Super-Ordinate Theme 3.4: **The cultural experience of being a female victim of domestic violence**	3.4.1. Cultural pressure to keep the family together: a failed woman *"Being a woman means to care about your children and husband's needs all the time."* 3.4.2. Human rights and self-acceptance as a woman in Iran and the UK *"In Iran, I was treated like dirt, but here [in the UK] I feel I am being treated like others."* 3.4.3. Living with 'new' self in a new cultural context *"I'm independent now."*

Super-Ordinate Theme 3.5: **Using the legal system and counselling services before and after immigration**	3.5.1. This is a family matter *"In Iran, the police said 'we cannot help', but here the police took my angry partner away."* 3.5.2. Using counselling services in the UK *"The sessions don't help with my anger about why I have been treated differently as a woman."*

Super-Ordinate Theme 3.1: You can be abused in different ways

The findings suggested that all participants had been subjected to different types of violence by their former partners. These included physical and psychological abuse. Some reported being forced to have sexual intercourse, while others had been made financially dependent on their partners.

Sub-Ordinate Theme 3.1.1. Physical violence. "He used to slap me."

Physical violence towards the participants included being slapped, kicked, punched, pushed, having their faces spat on, having objects thrown at them, and being beaten up. Parastoo reported:

I used to live in fear that he is going to be angry again (…) and make comments about me my children and then slap me and kick me humiliate me in front of his mother. One time he kicked me so hard. I was pregnant but I lost the baby. I know it was because of the kicking.

Parastoo experienced two types of physical violence – slapping and kicking – and believes she experienced a miscarriage as a result. The words 'make comments' suggest she

was also exposed to verbal violence prior to physical violence. One might think that Parastoo's account is immeasurably sad, evoking helplessness, powerlessness, and loss. The words 'I used to live in fear' and 'be angry again' suggest she was living in constant fear of verbal and physical violence. Experiencing physical violence in front of others was painful for Parastoo as this led to humiliation and shame.

Zohreh explained a similar trajectory of abuse:

He used to physically attack me insult me (…) he used to tell me what to wear, what to cook every day, and if the dinner was not ready on time he used to slap me: once he threw a plate towards me, and it cut my face and broke my nose, but nobody helped me. I couldn't say that to anyone. I was so ashamed.

Zohreh's account echoes Parastoo's, as she was subjected to domestic violence more than once; there is also a shared experience of shame. The physical violence towards Zoreh included being slapped and having a plate thrown at her, causing serious injury to her face and nose. This extract suggests an overwhelming situation, as Zohreh was not able to protect herself, and nobody helped her after she was subjected to serious bodily injury. Her experience of physical violence led to a loss of self-honour and respect.

Hasti talked about being hospitalised several times as a result of physical violence:

He was so angry, and he put me in hospital several times. He used to follow me upstairs and drag me downstairs, and because of that I have knee pain and suffer from long-term damage to my knees.

Severe physical violence at the hands of a male partner is evident here. Hasti, like Parastoo, described witnessing her husband's anger, which escalated to severe physical violence. Her words 'He used to follow me upstairs and drag me downstairs' suggest that this act was repeated. Perhaps Hasti felt she had no power over the situation and could not protect herself, no matter how hard she tried to escape, such as by running upstairs. It appeared that the impact of physical violence continued after ending the abusive relationship, as she suffered chronic pain.

Ziba, meanwhile, described a sense of shock caused by the start of physical violence:

…Yes he used to hit me physically. He started to slap me on the day we got married, do you believe that? When he did it I was so in shock as if as if it was happening to someone else.

Ziba's words might illustrate that she experienced physical violence more than once. Ziba suggested that this was unexpected, causing her a sense of depersonalisation. Her words 'do you believe that' illustrate shock as the result of being exposed to physical violence on such an important day.

Like Ziba, Shahin talked about her experience of physical violence:

One day when he became angry he kicked me, broke lots of plates and TV yes. I was so shocked but from that day he started to beat me any time even in front of his friends. I was in shock in the beginning, but I started to be emotionally numb. I had no

emotion it helped me to not feeling pain and shame. I didn't invite anyone because he used to beat me up in front of them.

In this extract, it appeared that Shahin distanced herself from her painful experience of physical violence, which included being kicked and beaten up. Similar to Parastoo's feelings about being attacked in front of mother-in-law, Shahin's use of the words 'in front of his friends' suggests she found it more shameful to experience physical violence in front of others. Her words 'one day' and 'from that day' suggest that Shahin experienced physical violence more frequently over time.

Finally, Mastaneh described how physical violence was followed by emotional and verbal violence:

In the beginning, he used to buy nice things for me and then after a month or two he changed. He was making any excuse to be angry. He didn't hit me, but one day I said to him 'why have you been late' and suddenly he slapped me. I was so in shock. I couldn't believe it was him doing it and I just cried. In the beginning, he used to shout then he had become physically violent. It was too much for me you know, and then he started to beat me nearly every day. He started to make fun of me and telling me 'you can't live without me' and I believed him, after a while he used to beat me humiliate me calling me names throwing things at me.

Mastaneh described violence which escalated gradually, from being shouted at to being slapped (that is, a change in the form of violence) to being beaten up most days (that is, a change in the frequency of violence). It appeared that Mastaneh, like Shahin and Ziba, felt

shocked and confused when she experienced physical violence for the first time; she seemed

to suggest that she did not know how to feel, what to do, or how to make sense of the

situation. Her words 'he started to make fun of me' and 'you can't live without me and I

believed him' suggest Mastaneh was humiliated and devalued before experiencing physical

violence, leading to a lack of confidence.

Sub-Ordinate Theme 3.1.2. Psychological and emotional violence. "He used to humiliate
me in front of others."

Participants described psychological and emotional violence as having harmed their

confidence, self-worth and self-esteem. The most common types of psychological and

emotional violence included constant control, criticising, humiliating and belittling,

especially in front of others. Shahin said:

I just used to listen to him criticising me (…) he started to humiliate me: the way I

was walking, the way I was talking, and when we were with friends he used to finish

my sentences and humiliate me in front of others. I was so withdrawn, so unhappy. I

was hopeless, helpless and so ashamed.

Shahin described a consistent pattern of abuse; she was undermined, in front of

others, by her partner's overtly manipulative behaviour. Shahin suggests the abuse targeted

her self-esteem and self-worth, making her feel powerless and trapped. Her use of 'ashamed'

suggests that she blames herself for the violence, leaving her isolated.

Ziba was criticised for her physical appearance:

He used to call me ugly. I started to hide from people. I started to think I am ugly. I am worthless; people don't want to see me.

Ziba described being humiliated by her partner, leaving her feeling unattractive, unwanted, and bad about herself. She internalised the idea of being ugly, making her feel that no one wanted to see her. A sense of low-self-worth and a loss of confidence come across here.

For Hasti, psychological violence included the threat that she would be killed and buried in an isolated place where no one could find her body:

He used to say: 'I would kill you with a knife, put you in a grave, and nobody would find you' (…) I think I expect not to live in fear anymore.

This extract reveals that Hasti had been threatened with a specific weapon – a knife – which would be used to kill her. This level of detail suggests that Hasti's partner had visualised a plan, increasing the possibility of this event occurring. Hasti's words 'I expect not to live in fear anymore' suggest that she expected to die, which that would at least end her fear. The words 'put you in a grave' and 'nobody can find you' suggest a frightening, graphic image of how isolated her body would be after her death. Hasti added:

At the moment, I feel so scared to go out, when it is dark even I pull the curtains because I think he would find me and kill me.

This illustrates that these graphic images continued to cause fear even after her separation. Similarly, Zohreh was threatened with death, with her partner providing a frightening image of her being trapped in their burning flat:

He started to threaten me: telling me he is going to kill me and my child. He used to threaten me that he is going to burn the flat.

Zohreh coped by being submissive:

So the only way I could see I can cope was to do whatever he wanted.

In this account, it was implied that Zohreh felt overwhelmed and powerless; being passive was the only way to prevent the frightening images from becoming reality.

Parastoo described manipulative behaviour and being accused of having an affair:

In the beginning, he was affectionate and caring, but when we got married, after a year, he changed. (…) He became more jealous more possessive: kept accusing me of having several affairs. I was thinking he is maybe insecure and felt so sorry for him. I

believed I could change him by spending time with him but that made me being

isolated myself (…). I left twice but every time he would cry and I felt sorry for him

and took him back. He was so manipulative; nice in the beginning to encourage you to

give him another chance and then aggressive to keep you.

It appears that although Parastoo's language potentially distanced her from the

manipulation – switching from 'I' to 'you' – she confirmed that she was controlled by her

partner's tactics. Her use of the word 'nice' suggests that she felt deceived by her partner,

thus giving him another chance and the opportunity to use direct violence at a later stage.

Finally, Mastaneh described a sense of isolation, saying:

I was so lonely. He made sure I had no one to talk to.

Mastaneh was aware that isolating her was a way for her abusive partner to control her.

Sub-Ordinate Theme 3.1.3. Other forms of domestic violence. "I had to ask for money

for small things."

Some participants reported other types of controlling behaviours, including being

forced to have sex and not being given enough money to buy essential goods for themselves

or their children.

Three participants reported being forced to have sexual intercourse. For some, this

happened once, whereas for others, it happened repeatedly. Parastoo explained:

…here, once he had forced me to have sex, but it was so difficult to prove this (…) I think if I could prove these he would be in prison.

The extract demonstrates that Parastoo was forced to have sexual intercourse once. By the time of the interview, she was aware of her rights and knew that forcing someone to have sex against their wishes had legal consequences for the perpetrator if it could be proven in the UK. This is not consistent with Iranian culture, where it has been suggested that women are held responsible for meeting their husbands' sexual needs and there are no consequences for rape in marriage (Janghorban et al., 2015).

Hasti, meanwhile, experienced sexual violence more often:

…He used to have sex with me when I wasn't ready. I remember I was on my period. I told him I can't do it, and he said 'be quiet I will do it right now' and I couldn't even shout (…) I was frozen.

Hasti's words 'he said be quiet' and 'I couldn't shout' suggest powerlessness; it appears that she experienced temporary paralysis, leaving her frozen and unable to shout. Hasti's memory of her husband words 'I will do it right now' suggest a perception that her body was used as an object without any concern for her personality or dignity.

Some women reported being made financially dependent on their partner. Ziba explained:

… I thought I couldn't manage without him. I used to pay for our bills but he made me to believe that I cannot survive without him. I believed him for twelve years that I couldn't live without him financially (…) I had to ask for money.

In this extract, it is suggested that Ziba felt trapped in her relationship as the result of being manipulated to think that she could not manage financially by herself. Her use of the words 'he made me to believe' suggests that she was manipulated to feel dependent financially, even though she was paying for the essentials. Ziba's tone ('I had to ask for money') suggests low self-esteem and confidence as a result of being controlled financially.

Parastoo reported that she had never been involved in making financial decisions and always had to ask for money, meaning she had difficulty meeting her children's needs:

He never asked me about what I like or how to invest money I mean he never discussed financial thing and I had to ask him to give me money I was always short of money I couldn't even buy things for my children. I was so ashamed (…) I was so unhappy (…) fearful of future because I did not know how he spends our money and I had no money for my children this was so hard to accept.

Parastoo's words 'hard to accept' suggest that she had no option but to accept this level of financial violence. However, she was still 'ashamed', suggesting self-blame. It appeared that she felt ashamed and scared that she could not buy things for her children or

have financial security. Parastoo, like Ziba, reported asking for money from her partner. This implies that Parastoo was made to feel less valued and deserving of respect through an abusive tactic used to dismantle equality within the relationship.

It appeared that Hasti's partner used money to exercise his power within their relationship, even though Hasti was employed and earning money:

I was working and I had to give all my money to them [he and his mother] and ask for money for small things. I used to ask 'why should I have to asked for my own money' and he and his mother slapped me when I asked this question and I stopped even talking.

Like Ziba and Parastoo, Hasti had to ask for money. A sense of powerlessness comes across here; it seemed the fact that the violence also came from Hasti's partner's mother added to the extreme low self-worth she experienced in her marriage. Her words 'I stopped talking' suggest she was silenced after being slapped by her mother-in-law for asking for her own money. This incident was so important that it stopped Hasti talking.

Super-Ordinate Theme 3.2: Impact of domestic violence on women: hopeless and helpless

The findings suggested that all participants' lives were impacted as a result of domestic violence. This theme splits into two sub-themes: Impact on psychological wellbeing and Impact on women's identity and sense of self.

Sub-Ordinate Theme 3.2.1. Impact on psychological wellbeing. "I was hopeless and helpless."

All participants reported that their psychological well-being had been affected by domestic violence. Zoreh described feeling depressed:

…I thought it was my fault. I thought I don't do things properly and he gets frustrated. I tried very hard, but then I noticed even when I do things as he wants he gets angry (…) I used to be a very happy woman but I had become so depressed because of his behaviour. I didn't want to care about my clothes or do makeup. I wanted to stay in my room all the time (…) I had no energy.

Zohreh's words 'I used to be a very happy woman' and 'I had become depressed because of his behaviour' suggest she experienced depression after domestic violence. She reported symptoms of depression; losing interest in looking after herself and suffering from tiredness. Her use of the words 'I didn't want to care about my clothes' suggest that Zohreh may have been able to care about her physical appearance, but she had chosen otherwise, retaining a level of control in her abusive relationship. However, these words also suggest that she was so low that she did not even want to care, a level beyond just not caring. It seems that Zohreh had difficulty connecting with people, further indicating depression.

Several participants who felt depressed either developed suicidal thoughts or attempted to commit suicide.

Ziba: I attempted to kill myself three times, but every time he took me to hospital. I guess he wanted me to be alive to make me suffer.

Hasti: I used a scarf to kill myself, but I remembered my children and didn't do it.

Mastaneh: I started to think about killing myself. I was so scared. I tried to kill myself four times can you see these marks on my wrist? I cut my wrist and slept on the bed once hoping I would die. The second time, I went to my room and I took fifty tablets of anti-depressants but again I didn't die I was so desperate.

These participants' accounts suggested that they felt hopeless and powerless whilst in their abusive relationships. Ziba and Mastaneh repeatedly tried to kill themselves, illustrating the severe level of their depression and desperation. Ziba's words' wanted me alive' and 'make me suffer' are striking. It appeared that, in Ziba's mind, her husband took her to hospital each time to have another opportunity to make her life painful; this suggested that she didn't consider this a caring act but instead assumed he did this so he could continue to exercise his power within their relationship.

Experiencing domestic violence led to a serious consideration of suicide for Hasti also, who had a means of ending her life (a scarf) in mind. It appeared that she attempted to put her ideas into action but did not end her life because of her children. Hasti's phrase 'I used a scarf to kill myself' is striking as it sounds she perceived the attempt as successful, suggesting the level of hopelessness and emotional pain she was suffering.

Parastoo reported being diagnosed with mental health issues including PTSD and depression after attending counselling sessions:

It has helped me to realise that I am suffering from trauma and depression.

She added:

…I freeze when someone raises his voice, I am not quick enough to respond to danger, and defend myself. My counsellor says I have been traumatised and is natural to feel like this.

Parastoo's narrative suggests a perception that she suffers from PTSD; she freezes when she senses danger, such as from a raised voice. One wonders if this refers to all types of raised voice, or a specific type, such as an angry voice; her use of the word 'his', as opposed to 'their' or 'her', suggest that hearing a man raising his voice is triggering, reminding her of her abusive relationship with her husband. It appeared that experiencing domestic violence had a severe impact on Parastoo's psychological well-being, which continued long after the experience ended.

Shahin and Hasti reported experiencing anxiety. Shahin said:

I used to be angry and anxious all the time. It was so bad I couldn't start a task. I couldn't apply for a job…

The account suggested that experiencing domestic violence caused Shahin to suffer from severe anxiety; she felt on edge all the time. It also appeared that she had difficulty focusing.

Hasti, similarly, reported anxiety:

… I just wanted to be safe (…) I'm so anxious (…) because I think the world and people in it are dangerous.

Hasti's use of the present tense suggests that her sense of safety continues to be impacted by her abusive relationship. It also appeared that the relationship shaped her worldview in a specific, predictable way. This might suggest that she developed biased attention, meaning she generalised her abusive experience to the wider world and perceived others as a threat.

Sub-Ordinate Theme 3.2.2. Impact on women's identity and sense of self. "I didn't like the person who was in the mirror."

The findings of the study suggested that all participants took their role as caring partners and mothers seriously during their abusive relationships. However, this appeared to come at a cost. Zohreh reported:

… I used to listen to his problems and how he had been treated badly by his father. I had become his counsellor. It was so strange. I knew he is not normal (…) I couldn't watch myself in the mirror. I didn't like the person who was in the mirror. I had no

confidence I had difficulty to trust myself to make a decision about a simple thing. I

couldn't even decide what to wear or what to cook.

Zohreh's use of the word 'counsellor' is important as it describes how she felt in her

abusive relationship; perhaps she was emotionally supporting her 'not normal' partner. It

appeared that Zohreh felt she had taken on a role as a supportive person, listening to her

abusive partner while he unloaded. Zohreh's use of language suggested that she knew this

was not how a marriage should be. Her words 'I couldn't watch myself in the mirror' are

important as they might imply that taking this role within the abusive relationship led to

difficulty integrating her identity into a unified whole; it appeared that she experienced an

identity split. This might highlight Zoreh's awareness of the impact of domestic violence. Her

identity became fragile; her words 'I didn't like' suggest self-hate.

Shahin, like Zohreh, coped by concentrating on caring for her children and abusive

partner:

I stayed at home and just looked after the children (…) I tried to listen to his problems

to help him and do whatever he wanted, so he wouldn't get angry (…) after a while I

didn't know who really I am. I was dressing like he wanted. I was walking talking like

he wanted. I didn't know exactly who I was anymore. I wasn't a person anymore. I

was like one of his belongings.

Shahin's language 'belongings' and 'wasn't a person' suggests a sense of being objectified. Shahin, like Zohreh, stated that her identity as a woman had become less important to her, leading her to only focus on her abusive husband and children's needs. A sense of sacrifice arises. Her words 'I didn't know who I was' suggested a lost sense of self.

Parastoo, like Zohreh and Shahin, talked about her caring role:

I tried to give him love pay attention to him, so he could give love to my children but nothing happened. I used to spend so much time listening to his problems, especially here that we had no one. He used to tell me all his problems and I was more than a wife to him. I was his friend. (…) I felt so worthless and felt so trapped. I had no hope for future and lost my self-confidence I used to feel so much shame and feeling I am not an important person…

In this account, it is implied that Parastoo adopted a caring role towards her husband. Like Zohreh, Parastoo paid attention to her husband's emotional needs; despite being a wife and a friend at the same time, she did not get anything in return. It seems that Parastoo's abusive husband may have pulled the attention and spotlight onto himself in their unhealthy, toxic relationship. Further, her words 'he give love to my children' suggest that she performed this caring role to ensure her children were loved by their dad, without mentioning her needs. This suggested that she was in the background, suffering from low confidence and self-worth. Parastoo's word 'ashamed' is important as it suggests that she felt inadequate, unimportant, undeserving, or not good enough within this unhealthy relationship.

Similarly, Mastaneh reported low self-worth and confidence:

As a woman I felt worthless (…) I felt I've no value (…) I felt I had no value. I lost my self-respect and confidence and used to (…) I was so ashamed and wanted to change myself so he would like me. His values were my values. I had no opinion about anything (…) I had no control in life and all I was thinking about to be what he wants, to do what he wants. I became nobody. After a while I had no emotions (…) it was like even when he was beating me he was hitting someone else. It was so strange feeling.

In this account, it is implied that experiencing domestic violence impacted Mastaneh's self-worth and self-esteem. Like Parastoo, Mastaneh described a sense of shame; it seemed that she felt there was something wrong with her as a woman. It appeared that Mastaneh perceived her feelings of low self-esteem and shame to have led her to become increasingly dependent on her abusive partner. Like Shahin, Mastaneh's words 'I had no opinion' and 'I became nobody' suggest a fragmented sense of self and lack of agency; a strong sense of being objectified and dehumanised come across here. Further, Mastaneh's repetitive language depicts a sense of dissociation and depersonalisation.

Ziba described the impact of domestic violence on her identity after ending the relationship:

I am not only responsible for making dinner, cleaning the house like Iran. I am also

able to make decision about other things like which school they go: something that he

used to not even discuss with me you know (…) now I am a manager at work. I

believe in my abilities I am independent and my children enjoy spending time with

me (…) yes no to be honest, I cannot trust men I don't want to live with anyone. I

want to concentrate on myself and my children. I have spent enough time to please

others. I do not know what a healthy relationship is. I forget about my own needs and

and people take advantage of it.

The above narrative suggested that Ziba constructed a new identity as an independent

worker, illustrating her attempt to rebuild herself. However, her words 'take advantage'

suggest that once the relationship ended, her identity as a woman remained fragile. It seemed

that she was unable to meet her needs within a relationship – her words 'please others' stress

this, suggesting she is aware that others may take advantage of her caring acts.

Like Ziba, Hasti appeared to prioritise her role as a mother. However, it seemed that

she had not yet been able to construct a new identity:

…I didn't have that chance or better to say that power in Iran. I am so proud of that as

a mum you know. I would like to have a caring relationship but I can't have it. I'm

different from others. I'm living in another planet and nobody can help me.

Hasti appeared to feel satisfied as she talked about rebuilding her children's lives; however, it seemed that she had been so negatively affected by domestic violence that she had no hope for her future. It is possible that despite Hasti's pride as a mum, she continued to feel inadequate. Her words 'different from others' highlight a lack of belonging, even after ending the abusive relationship. Further, her phrase 'living in another planet' is a powerful statement, suggesting feelings of being isolated, cut off and beyond hope.

Super-Ordinate Theme 3.3: Impact of domestic violence on women's relationships: judged and guilty

All participants talked about the effect of domestic violence on their relationships. This theme splits into two sub-themes: Relationship with family and Relationship with the Iranian community.

Sub-Ordinate Theme 3.3.1. Relationship with family. "My family only judge me harshly."

All participants, apart from Parastoo, reported feeling detached from their family as the result of being judged. Further, all participants talked about shame and stigma as the result of being divorced. It appeared that they also perceived that their families felt ashamed as a result of their marital status. Zohreh said:

My family think because they have tolerated it I should have done the same: I should have stayed with him. All my family have been like this. My aunt used to be beaten up by her husband and used to tell me that's how it is. She stayed with him until he died and she was so unhappy. Her children were so unhappy, but they see me as a family breaker because I have done differently. I can't even tell some of them I am a divorced woman because they think I have brought shame on the family. I have lost

all the past relationships, even my own family, because they made me feel as a bad woman. I think what I am doing is so brave. It is so easy to go along with other people standing for your right is not easy. I will be with people who accept me as I am and avoid those who make me feel bad about myself.

Zohreh suggested that she does not feel part of her family; she finds it difficult to be honest about ending her abusive relationship for fear of judgement. Her language suggested her awareness that, unlike her family, she did not tolerate abuse, making her different. Her words 'brought shame on the family' and 'I cannot even tell some of them' indicated that Zohreh feels that some of her family had internalised feelings of shame and stigma regarding her position as a divorced woman, making it impossible for her to talk about it to them.

Zohreh's use of the words 'lost all the relationships even my own family' and 'it is easy to go along with other people' suggested that she feels her family had a choice to treat her differently but instead chose the easy option of conforming with others. As a result, she felt that ending her relationship with them was her best option.

It seemed that Ziba, like Zohreh, was unable to talk about her divorce with her immediate family:

I haven't told many members of my families in Iran I am divorced. My uncles and their daughters don't know this because if they know they think bad about me (…) I can imagine they say 'what she is living there by herself so can do whatever she wants'. This means I am not a good woman and spend time with different men you see that's all they think about. I hate it. That is disgusting (…) they think women like

me just think about themselves and divorce their husband so they can do whatever

they want. My old friends and family are the same. They think I have shamed them

because I live on my own and a good woman doesn't live by herself (…) I feel so

much anger inside. It is so unfair.

Ziba described that being unfairly judged impacted her ability to feel close to her

family. It appeared that there was a sense here that 'not a good woman' would divorce her

husband on purpose; Ziba's words 'women like me' suggests that she perceived her family

saw her differently from other women because of her marital status, assuming a lack of

loyalty to the father of her children. Ziba's anger may be related to her perception that her

family and friends had internalised shame, disapproval, and perhaps stigma about divorce and

so have treated her unfairly, making her feel angry and frustrated as a result of her

relationship with them. One might wonder whether Ziba's account may suggest that Ziba felt

frustrated with her family and her culture, since families share a culture and uphold specific

values.

Like Zohreh and Ziba, several participants talked about their families' response to

their divorce. They also talked about their families' response to the fact that they had

contacted the police. Shahin said:

…None of us wants to go back. Yes if I go back they start to tell me: 'why you called

the police you should have talked to him, your children need their dad, you are the

reason they have no dad, you have brought shame to our family, you are now a

divorced woman, how can we look at the neighbours now, we have no Aberoo'

Shahin's narrative suggested an internal conversation with her family, suggesting her discomfort over hearing what they think about her life as a divorced woman and her difficulty relating to them. The extract suggests that she avoids being physically close to her family. Her use of the word 'us' rather than 'I' is important as this demonstrates that her children are also not willing to live in the same country as the rest of their family. This suggests that Shahin and her children are one team, and the rest of the family are an opposing team. Like Zohreh and Ziba, Shahin suggests that, in her view, her family had internalised shame and stigma of divorce, which became a driving force in how they treated her. Shahin's view of the stigma her family attach to being divorced is highlighted by the word 'Aberoo' (conformity to social prestige) and 'how can we look at the neighbours'. It seemed that Shahin felt her family disapproved of her position as a divorced woman due to a lack of conformity. It is possible that Shahin also perceived that her family expected her to keep the violence secret; this suggests that talking openly about domestic violence is a taboo which Shahin had breached by calling the police. It is also possible that Shahin, like Ziba, felt frustrated with her culture as families share culture.

Mastaneh stated that she would like to be left alone by her parents:

Even here my parents don't leave me alone. They keep telling me 'why did you call the police? Why you have done this now? Other people think bad about us, we have no Aberoo'. I'm fed up of this. They do care about what other people think. They don't think about how I am living. We live only once. They wanted me to stay with an

angry man for the rest of my life (…) you see they've forced me to marry someone, and I bring shame on the family.

Mastaneh described frustration and anger with her family as she felt they cared about what others think more than her quality of life. Her words 'bring shame' and 'forced me' suggest that she felt her family shifted the blame on her. Like Shahin, Mastaneh appeared to report that her family internalised the stigma attached to calling the police with the word 'Aberoo'. It seemed that Mastaneh felt that her family were ashamed as, by reporting her husband to the police, she did not conform. Her frustration suggests that she perceived her family to have ignored her needs by criticising her disclosure to the police; she perceived that, for her family, any discussion of domestic violence was taboo, meaning it should be kept within the family. Her words 'we only live once' might illustrate why she had gone against their wishes and changed her life; she won't get a second chance. Note she switched from 'I' to 'we', suggesting she thought that her whole family, as well as herself, should aim for a good quality of life. Mastaneh's use of the words ' my parents don't even leave me alone here' and 'I am fed up with this' suggested that she is frustrated at her family and the way they relate to her, rather than being angry towards Iranian culture.

Hasti reported being rejected by her family:

Nobody wants to know me. My brother even has told me that if I go back he would kill me himself because I have brought shame to the family they (…) criticise me for calling the police and they aren't happy at all that I can stay here free. They only care

about other people and how they think about our family. Now, I am a divorced and

having a divorced woman in the family is shameful…

Hasti's words 'nobody wants to know me' suggest that she is willing to have a

relationship with her family; however, she had been shunned by everyone and threatened by

her brother. This might suggest that Hasti, like others, perceived that her family saw her

marital status as a source of shame. Like Shahin and Mastaneh, Hasti felt that her family

cared more about others than her as they criticised her for calling the police. It appears that

Hasti felt that her family thought it more important to keep the violence secret than to care for

her.

Sub-Ordinate Theme 3.3.2. Relationship with the Iranian community. "I avoid Iranian

people completely."

All participants reported an unwillingness to communicate with and relate to the

Iranian community. Hasti said:

…I feel so trapped in my community and I avoid them (…) I've no Iranian friend and

avoid going anywhere that Iranian people are. Even if I noticed that they are Iranian

people around me I stop talking in Persian because I know they would start asking

questions about my past and that's painful.

Having settled in the UK, it appeared that Hasti preferred not to communicate with

Iranian people as she felt trapped when forced to talk about her past. Her account suggested

that she adopted the strategy of not talking in Persian to prevent any Iranian people getting close to her.

It appeared that Parastoo, like Hasti, felt disconnected from the Iranian community as a result of being judged:

No, I wouldn't like to be judged and I think Iranian communities just judge you. If they know that I've called the police, I'll be seen as a selfish woman who has broken a family but in reality I was a victim and I feel they put me in a position I have to defend myself and I don't like that. Why should I defend myself for something that somebody else has done you know? I have done nothing wrong.

Parastoo's account suggested that she did not feel accepted by the Iranian community because of her past, meaning she avoided Iranian people. Parastoo's words 'if they know that I've called the police' suggest that calling the police is forbidden, indicating that only selfish women would do such a thing in the Iranian community. Parastoo's language is striking– broken sounds violent – the violence is perceived to be committed by her, whereas it was actually committed by her husband. Note that she had to defend herself from the community, as she once had to defend herself from her husband. It seemed that, in Parastoo's view, the violence shifted from the marriage to the community.

Ziba, like Parastoo and Hasti, felt judged by the Iranian community and could not be herself with them:

…I don't think I want to have anything to do with Iranian people, sad to say but I can't be myself with them. I mean I have to pretend to be someone who I am not. I have to tell them I have a partner (…) at least here you can live without fear, fear of what others think about you because you haven't kept the family together or you are a divorced woman. You are a person here (…) I don't have one (partner) and I don't say a lie just to be accepted, accepted by who? People who did hurt me, who humiliate me, who degrade me to the point I couldn't choose a dress for myself. I am feeling sad but I don't feel as part of Iranian community. I mean I want to be accepted as I am I want to be around people who respect me.

Ziba described dissociation from the Iranian community. Her repetition of the word 'sad' suggests she wished to be close to them but could not be, as they rejected her due to her situation. Note she switched from past tense ('people who did hurt me') to present ('humiliate me, degrade me'), suggesting that Ziba generalised this to the whole Iranian community. Ziba's account suggested that she perceived being a single woman as shameful and felt she needed to pretend to be married in front of the Iranian community– an unpleasant and unacceptable task for her.

Shahin, like Ziba, stressed that she had no intention of having relationships with Iranian people for now:

I don't think I can relate to Iranian people. You know, when you are with other people you want them to feel good about themselves and they make you feel good about

yourself. With Iranian people I feel bad about myself. I feel I am a selfish person

because I have called the police. I feel I am a family breaker and I am the reason that

my children are not with their real dad.

Like Parastoo, Shahin's language is striking; her use of the words 'I feel I am a family

breaker' suggest that she felt she had committed a violent act. This suggested that Shahin had

internalised the view that some Iranian people have of divorced women, making her feel bad

about herself when she is in contact with them. Her language indicates self-criticism and guilt

over calling the police and failing to keep the family together. Shahin perceived calling the

police as forbidden – something only a selfish person would do. Shahin saw the Iranian

community as having similar thoughts about women who called the police, suggesting she

avoided Iranian people to stop feeling bad about herself.

In contrast, Zohreh saw herself as different from others in the Iranian community:

I don't feel comfortable with them. It is not nice to talk with people you know they

are thinking you are not doing what you are expected to do. I feel so different from

them and I rather to be happy living with my partner and child. I just avoid them and

that makes me a stronger person. I feel good that I can stand up and do something

good for myself. If they don't accept me, then I don't accept what they say too.

Zohreh's language might reflect empowerment. Her use of the words 'avoid them'

and 'stronger person' suggest that being part of the Iranian community made her feel

powerless. It appeared that Zohreh was aware of how Iranian people might think about women in her situation. Hence, she chose to avoid them; a strategy which increased her self-value and confidence. Her use of the words 'I don't accept what they say' suggests that she has not internalised the gender-based expectations of the Iranian community.

Mastaneh, unlike other participants, expressed anger towards the Iranian community after being shunned by them for being different:

Iranian especially women as soon as they find out I'm a single divorced woman they don't want to know me anymore. They cut the relationship. They think perhaps I'm going to be friendly with their husband. They judge me before they know me. If they are a man they just think I would have bad influence on their wives because I have called the police without even asking the reason why I did that. I feel angry because again I feel alone abandoned by my own community you see…

Mastaneh's account reflects a sense of being re-victimised by the Iranian community, making her feel powerless and rejected. Mastaneh would like to have relationships with Iranian people, but cannot because of her past. She reported being rejected more by Iranian women than men. It appeared that Mastaneh perceived that the opinions about her changed because she had called the police, which is not acceptable within the Iranian community.

Superordinate Theme 3.4: The cultural experience of being a female victim of domestic violence

The findings of the study suggested that all six participants were aware of the possible disadvantages of being a woman in Iranian culture and described feeling under pressure to keep the family together as well as being stigmatised due to their status as divorced women. It also seemed that cultural beliefs defined and impacted their experiences of female victimisation. All participants reported the opportunity to develop a new understanding of themselves as women in their new host country. This theme splits into three sub-themes: Cultural pressure to keep the family together; Human rights and self-acceptance as a woman in Iran and the UK; and Living with new 'self' in a new cultural context.

Sub-Ordinate Theme 3.4.1. Cultural pressure to keep the family together: a failed woman. "Being a woman means to care about your children and husband's needs all the time."

All participants appeared to believe that they needed to accept a caring role towards their family to keep that family together. This was felt to align with Iranian views on gender roles and remained the case regardless of their husbands' abusive behaviour. Ziba explained:

> Women have a duty to meet their husband's need. That is what I think, or what I have learnt. I don't know, but in Iran they teach girls that a good woman doesn't ask for sex first, and just do it when the husband wants it. I couldn't say no because it was one of my jobs, but I never enjoyed it. I mean how can you? When they insult you (…) If the husband is nice to the children not the woman, I think she should wait until children are older, and as a woman it is important to make sure they have food clean house and a kind father. That is the duty of a woman I think.

Ziba's account suggested a sense of being concerned with family loyalty and preserving her marriage. Ziba was influenced by the expectation that she would satisfy her

partner's needs, especially sexual needs, to ensure he was happy in their relationship and so that her children could live with their father. Her use of words 'that is what I think, or what I have learnt' make one wonder if this way of thinking comes from her, or if it was embedded onto her; the words might suggest that she had started to realise that this attitude is an external way of thinking about family life. A sense of sacrifice comes across here; Ziba's words 'how can you when they insult you' suggest that she engaged in sexual activity with her husband even though she could not enjoy it as a result of his verbal violence, which evoked a sense of humiliation. Note that Ziba used 'you' instead of 'I' when she talked about sex, which may indicate that she was creating distance from her experiences, demonstrating depersonalisation. Her discussion of meeting her partner's sexual needs is striking, suggesting the pressure she felt, perceiving sex as one of her 'duties'. Ziba's use of the words 'I couldn't say no' and 'it was one of my jobs' illustrate that she felt she had no option but to follow what was expected of her as a woman. This double lack of agency suggests she had no influence on her relationship, but felt passive and hopeless. Additionally, Ziba considered her children's lives without her, emphasising that a woman has a duty to fulfil a caring role and provide a kind father for children; Ziba might have perceived that not only it was her duty to do what her husband wanted, it was also her duty to make him kind to the children, suggesting that she took responsibility for both of their actions.

Hasti said:

In Iran, when a woman gets married they should stay in that marriage and if the marriage fails it's the woman's fault and other men they think they can have sex with them because they don't have a husband. It's a shame for the family. So I've brought shame to the family. Why? Because I'm a divorced woman and haven't kept the

family together and my children don't have a father because of me. I feel we as

women we're always a victim. Whatever we do we're guilty.

Hasti described how women are held responsible for keeping the family together,

linking this to how men view divorced women in Iranian culture. She implied that men

perceive divorced women, or perhaps single women, as available for sexual relationships, but

one wonders if the women have a choice in this. She also described the pressure on women to

remain married, partly to keep the family together and partly to avoid the stigma of divorce.

Hasti's language (that is, questioning and answering) might illustrate her perception of

herself, in line with Iranian culture, as a failed woman who brought shame on the family and

is responsible for the failed marriage. Switching from 'I' to 'we' in the final sentences

suggests that she considered all Iranian women victims, including herself. Her words

'whatever we do we are guilty' suggest it felt impossible to be accepted or valued as a

woman within Iranian cultural standards. This also suggests internal conflict. It appeared that

Hasti wanted to be accepted and valued by her family but felt this is unlikely due to Iranian

cultural values. A sense of hopelessness comes across this extract.

Zohreh described confusion and feeling like a failure due to the woman's

responsibility for holding an Iranian family together:

… It's the culture you know. In Iran, people see a divorced woman as a failed person.

They think the woman hasn't been successful to keep the family together. Sometimes

I feel I am the reason my [child] can't see [real dad] and that hurts sometimes. I feel I

should have tried harder. I should have talked to my ex-husband more try to keep the

family together for my [child's] sake. Yes, is not easy. I have conflicting feelings

because I know I have done the right thing but at the same time I wish we could still

be a family. That's not easy.

Note that Zohreh repeats 'it is not easy'. She found it difficult to stay in the

relationship yet also had difficulty facing the consequences of ending the relationship. Zohreh

may have internalised Iranian cultural values about family life and, therefore, held herself

responsible for her child not having her dad around. Zohreh appeared to hint at a tension

between the fact that she left her husband and her feelings about having done so; a sense of

self-doubt arises. One wonders if her conflicting feelings only came from her cultural

background (that is, pressure to keep the family together) or if they are a combination of

cultural background and feeling responsible for her child, who lives without her real dad.

Continuing the theme of a cultural pressure to keep the family together, several

participants used similar narratives when talking about cultural values around family.

Parastoo: To be honest, I think as a family we are a failure and part of me feels

responsible for that. Part of me knows I had to do this I had to protect myself and my

children but part of me feels that nobody is going to love my children like their dad

and that hurts.

Mastaneh: As a woman part of me feels they are right. You see the reason: I should

have been able to make our marriage work, but the other part of me knows it was not

healthy for me.

Shahin: You see part of me feel guilty because sometimes I think my partner is not their real dad and sometimes when they introduce themselves they are not sure to say stepdad or dad.

It appeared that these three participants felt pressure to hold the family together, regardless of their partners' abusive behaviour. Their narratives suggested that they had internalised Iranian culture regarding family structure. Note that both Mastaneh and Shahin used the words 'part of me', suggesting a sense of self-division and self-doubt over ending their abusive relationships. Additionally, in contrast with other women, it seemed that Parastoo perceived all her family members ('we') as failures following the marriage breakdown, rather than just herself. This suggests that Parastoo focused on her family's welfare and needs as a whole, suggesting an awareness of her partner's responsibility for their failing marriage.

Sub-Ordinate Theme 3.4.2. Human rights and self-acceptance as a woman in Iran and the UK. "In Iran, I was treated like dirt, but here [in the UK] I feel I am being treated like others."

All participants reported that they experienced domestic violence because of their gender. Zohreh said:

I have rights here and I live like a human but in Iran I had no right because I was a woman. Yes, the main factor I left was violence and the main factor I have stayed here is violence…

It seemed that Zohreh decided to leave her country because of domestic violence and her lack of rights as a woman. Zohreh's use of the word human is strong; in Iran, there is no chance for her to live a life free of violence because her rights have been breached, whereas in the UK, she has access to human rights. Her words 'I live like human here' suggested a sense of being dehumanised in Iran. It appeared that Zohreh portrayed a world where individuals are treated differently based on their gender; men have all the rights, and women are disadvantaged.

Hasti, like Zohreh, talked about how she felt as a woman after moving to the UK:

Coming to the UK, I think at least it helped me to realise I have rights as a human being. Something that's very new.

It seemed that Hasti, like Zohreh, did not feel she had rights in Iran. However, perhaps moving to the UK enabled her to realise she is entitled to human rights because she is a human being, regardless of her gender. Hasti's words 'something that's very new' reveal that she was accustomed to being denied equality in Iran, and only became aware of inequality and her previous disadvantages after moving to the UK.

It appeared that Parastoo felt that being a woman was the main reason she had no support when she experienced domestic violence:

I hated that I was a woman. Being a woman meant I had no help. I was treated like

dirt. I felt so worthless and felt so trapped.

A sense of self-hate as a result of gender comes across here. Note that Parastoo felt

trapped. Her narrative suggested that she saw being a woman as a disadvantage which caused

her to experience domestic violence and so feel worthless. Parastoo's word 'dirt' is strong

and powerful; she has no chance of being respected and valued as a woman. A sense of

worthlessness as the result of being treated like a nuisance comes across here. Like Zohreh,

Parastoo's use of language suggested a sense of being dehumanised by her abusive partner.

Her account evokes an overwhelming sense of being trapped and hopeless as a woman in her

own country.

Similarly, Shahin said that coming to the UK was a starting point for the realisation

that she had been denied human rights in Iran:

I feel valued. I feel people listen to me. They hear me. They see me. I am like others. I

mean I am being treated like others, and I have learnt so much. I mean when I was in

Iran I used to think being treated badly, I mean if your husband hits you, or criticise

you is normal. It is part of family life, but when I came here and I saw other women

(…) I know now it isn't normal to live like that violence is not part of family life.

Shahin felt valued, seen and heard by others in the UK, suggesting she was invisible

to others when she experienced domestic violence in Iran. She then explained that she felt she

is like others because she is treated like others, regardless of her gender. It appeared that for Shahin, coming to the UK was a learning curve which forced her to reconsider her views about family life. Perhaps she had internalised domestic violence, accepting it as a normal part of family life. Her account suggested that coming to the UK helped her to realise that this is not the case.

Mastaneh also argued that coming to the UK enabled her to experience a new life as a woman:

I'm so happy I came here. Life is different for women in Iran, you know. You are expected to do whatever your parents tell you to do, even they tell you what topic you study at university (…) I don't think girls have any choices.

It appeared that coming to the UK was positive for Mastaneh, as she gained the freedom to decide about what to do with her life, something that was not possible in Iran due to her gender. Mastaneh's account suggested that, in her view, girls and women are told what to do and have no options; her use of the present tense in 'I don't think girls have any choices' indicated that she continues to think this, suggesting an internal conflict. It appeared that, on one hand, she recognised her new rights, but on the other, it was hard for her to accept them. It also seemed that the lack of freedom included every aspect of her life, from making decisions about what topic to study to the person she could marry:

You see my dad didn't give me any choice. I had to marry a man that I knew he wasn't normal (…) when I came here I learnt that forcing someone to get married to

someone they don't want to even your own child is wrong, and if police find out you will be in trouble.

After coming to the UK, it seemed that Mastaneh realised that forcing someone to get married is a crime, suggesting she is aware she has been victimised by her father. Mastaneh's account suggested that, in her view, women in Iran are passive, obeying and following what they are expected to do. Hence, it is easy to see that moving to the UK and being exposed to different treatment might encourage a woman to reconsider her position as an obedient individual.

Finally, Parastoo used a metaphor to describe feeling trapped:

Coming here I learnt I don't have to live in fear. I am happier now: I have rights like others. I felt like I am the fly which is in a spider's web and at least the fly is luckier because spider eats the fly in one go but I was destroyed little by little that's exactly how I was feeling.

It appeared that being a woman in Iran who was subjected to domestic violence destroyed Parastoo gradually. Her account suggested that coming to her host country enabled her to realise her human rights and live like others. Her use of the metaphor 'I felt like I am the fly in a spider web' suggests that she felt trapped in a lonely, dark place where all hope was lost; no matter how hard she fought or wriggled, she could not break free from feelings of powerlessness and hopelessness.

Sub-Ordinate Theme 3.4.3. Living with 'new' self in a new cultural context. "I'm independent now"

All participants described growing confidence in their ability to make important decisions about their lives as well as a change in their perspectives on gender roles after moving to the UK. Shahin said:

Oh words cannot say how I feel. I feel people listen to me. They don't say wait they don't say 'it is your fault'. I feel safe and I think I am free to make decisions about life: important decisions.

Shahin's phrase 'cannot say' suggests she felt a high level of gratitude and appreciation; Shahin felt safe and valued enough to make decisions for herself. Her language suggests that this is the first time she felt safe and free to talk, be listened to and make important decisions without being criticised. One wonders whether 'they' refers to her family and friends, partner, or wider society.

Zohreh talked about sharing household duties with her new partner:

When I came here I made a lot of friends who were living with their partners and and I noticed they are much happier because they do everything together (…) when we met I told him we share everything. If I do cleaning I expect you to cook and he was happy about it. I don't think it is fair when two people are working one of them comes

home and just relax and the other one and we know is the woman do all the work at home too. I work outside and I get tired like him yes of course I expect him to help.

It appeared that Zohreh reviewed her understanding of gender roles after observing her friends' lifestyles, and therefore, she developed a new way of thinking about family life and sharing household duties. Perhaps for Zoreh, being fair meant sharing responsibilities around the house. Her use of the words 'we know is the woman' suggested that in Zohreh's world, only women are treated unfairly, working outside and doing the housework after coming home.

Parastoo talked about her expectation that she will be respected and make important decisions with her new partner:

…I'm learning to respect myself and care about myself as a woman. I didn't have this opportunity in Iran because being a woman means just to care about others otherwise you aren't a good woman. You are a selfish woman. Yes I am in a relationship. I should say it took me a while to trust someone else but at last I did. Yes, my expectations have changed. I expect him to respect me, listening to me and value my opinion making sure both of us make decision including financial decision. I expect him to support me to reach my goals and I also provide these things for him. I believe in equality.

Parastoo's account suggested that after moving to the UK, she started to develop a sense of self-respect, establishing a relationship with a new partner. It was also implied that Parastoo had been under pressure in Iran to avoid caring for herself so she would not be seen as selfish. It appeared that equality in a relationship, which consists of making important decisions together, had become important for her. This narrative also suggested her ability to trust her partner.

In contrast, Ziba could not establish a new relationship due to a lack of trust:

… No to be honest I cannot trust men. I don't want to live with anyone. I want to concentrate on myself and my children. I have spent enough time to please others. I am not interested in a relationship with a man at all. I do not know what a healthy relationship is. I forget about my own needs and people take advantage of it. I need to I need to learn how to care about myself if I am in a relationship you know. (…) here, I feel my ideas are important as others I don't feel hopeless and helpless. I feel people see me and listen. I respect myself. I do enjoy life. Although we don't have much money but I believe in my abilities. I am independent.

Ziba's account suggested that she saw herself as an independent woman whose ideas were valued by others in the UK. However, it could also be that she had difficulty being independent and trusting in a relationship; therefore, she avoided relationships to protect the independence and self-care she developed in her host country. Her phrase 'I don't know what a healthy relationship is' is striking as it suggests Ziba's high level of self-awareness. It also

suggests the damage caused by domestic violence has continued even after the end of the relationship.

Mastaneh, meanwhile, referred to her expectation that she would be helped in household duties and raising children by her partner:

I can see the differences between Iranian people and British people. I think Iranian people don't have a healthy relationship because men always are more important than women and women always do less outside. I don't want that. I want more than this (…) I expect my partner to help me to raise the children to help me to keep the house clean and cook sometimes. You see I work as well. It's too much for one person to do all the things at home but you know when the children are small, I'd like to stay at home and look after them until they're three years old and I expect my partner to look after us financially. You see, I think women are better at looking after babies. I think that's something that women should do yes.

It appeared that coming to the UK changed Mastaneh's ideas about traditional gender roles. Her use of the active statements 'I don't want that, I want more than this' illustrated confidence, suggesting a sense of self-agency, mirroring the sense of control she developed over her role in a family and how she wanted her life to be. It seemed that she sought partnership in household duties. However, her account suggested that she still thought that certain things, such as looking after babies, were women's roles.

Finally, Hasti felt that her expectations of her partner had changed slowly; she focused on respect and feeling safe in a relationship:

I came here, people started to treat me differently and I felt important. I felt what I say counts. I became a person with opinions (…) yes I think without realising I know there are some little changes in my expectations. I won't commit myself but I know I shouldn't be treated the way I've been treated before because I am a woman. I think I expect not living in fear and physically feel safe.

It seemed that although Hasti felt valued, it was still difficult for her to trust others and establish a relationship. Perhaps her expectations changed, albeit slowly, almost without her realising. It appeared that that emotional security and being treated with respect were important parts of a relationship for Hasti; expectations which developed after moving to the UK. Her words 'I became a person with opinions' suggest Hasti's identity had been minimised and devalued in Iran; a sense of passivity arises. Also, this statement might imply that Hasti developed a sense of empowerment and entitlement after moving to the UK.

Super-Ordinate Theme 3.5: Using the legal system and counselling services before and after immigration

All participants talked about their experiences of using the UK legal system, while some reported using the legal system in Iran. Participants all also talked about using UK counselling services. This theme splits into two sub-themes: This is a family matter in Iran but I called the police in the UK and Using the counselling service in the UK.

Sub-Ordinate Theme 3.5.1. This is a family matter. "In Iran, the police said 'we cannot help', but here the police took my angry partner away."

Five participants talked about their experiences with the police in Iran. Hasti said:

…I called the police and do you know what they said to me? They said 'don't call us again this is family problem. This isn't our job. Listen to your husband and be a good wife' that's what they said.

Hasti's words 'this is a family problem' suggest that the police response reflects the cultural framing of domestic violence in Iran. Hasti's questioning tone indicates her shock as a result of this response. Her repetition of 'that's what they said' might imply difficulty believing what she heard; her expectations were not met by the Iranian police.

Similarly, Mastaneh felt unsupported by the police:

I phoned the police when my husband hit me and I was in a very bad state, but they said, 'why have you called us this isn't our business, he's your husband this is a family issue'. They didn't even let me to finish my sentences, exactly like my parents. I felt so humiliated and so scared.

Like Hasti, Mastaneh's phrase 'this is a family issue' suggests that the police response mirrored the cultural framing of domestic violence in Iran. It seems Mastaneh felt silenced by police, reminding her of her parents' responses; one wonders if she was talking about her childhood, or this was how her parents speak to her about the issue now. A sense of being belittled arises. The words 'I felt so humiliated, and so scared' suggest that the police response made Mastaneh feel inferior and powerless.

Shahin reported a similar experience:

I called the police once and they said, 'this is a family problem and we cannot help'. How can you feel safe like that? I used to feel so hopeless. I had no confidence to stand up to him. He was physically stronger than me much much stronger and nobody tried to help me.

Shahin's report, like those of Hasti and Mastaneh, suggests that the police response reflects the cultural framing of domestic violence in Iran. Shahin phrased her narrative as a question, using 'you' rather than 'I'; perhaps she was inviting others to imagine her situation. A lack of agency might arise as a result of Shahin's helplessness, as she compared her physical strength to that of her husband.

Zohreh, like others, felt let down by the police in Iran, although she related this to her gender:

I called police myself. They don't even let you say what has happened to you. They don't take women and their problems seriously. You can imagine when you have been kicked slapped you are in so much pain and don't feel safe and want police to protect you. They turn you down because you are a woman. How makes you feel? You feel so worthless, so insecure physically and emotionally.

Zohreh's account, like Mastaneh's, suggested that she felt silenced by the Iranian police; she described a sense of not being heard. Note Zohreh switched from 'I' to 'you', suggesting a sense of dissociation, enabling her to cope with the stress. Zohreh, like Shahin, may be inviting others to imagine her experience: this might help her feel less alone. Zohreh's phrase 'you feel so worthless' is important as it evokes desperation and hopelessness. It appears that Zohreh felt insignificant and unworthy of police protection because of her gender.

In contrast, Ziba felt satisfied after calling the police:

In Iran, yes I called them [police] because I was so scared and they came and talked to my husband. I felt safe, you know for a day. It was such a nice feeling (…) yes, when police came they told me 'he is your husband. Next time don't call us. This is a family problem. Go to your family to sort it out' I knew that they are not going to help me anymore (…) I couldn't live with him (...) I decided to leave Iran.

It appeared that Ziba may have felt safe and protected by police, although this was temporary. However, during the same incident, the police response changed from wanting to help to telling her not to bother them – one wonders why this change occurred. Ziba's phrase 'I knew they are not going to help anymore' suggests that she felt disappointed and that there was no point expecting any support from the Iranian police after this incident. Like other participants, Ziba's phrase 'this is a family problem' suggests that the police response reflects the cultural framing of domestic violence in Iran.

In contrast, all participants had positive experiences of the UK police. Parastoo said:

I think the police is very good (…) They took my angry partner away and he was not

allowed to come near us for 28 days. They encouraged me to press charges. I felt safe

for the first time in my life. I felt someone is listening to me.

Parastoo's account suggested that she felt listened to and seen by the UK police,

rather than being silenced or made to feel invisible; she felt supported, safe and valued by the

police response. Parastoo's phrase 'I felt safe for the first time' is powerful, suggesting how

long she had been living in fear.

Echoing Parastoo, Hasti said:

They [police] were so understanding and helped me to press charges. The first time in

my life I feel there are people who listen to me and they care about me. I felt

important. I felt what I say counts.

Similar to Parastoo, Hasti's narrative suggested that she felt listened to and seen by

the UK police. Her use of the present tense suggests that these positive feelings lasted,

suggesting a maintained positive image of the police in the UK. Like Parastoo, Hasti's phrase

'the first time in my life I feel there are people who listen to me' is important as it suggests

how deeply ingrained the violence towards her had been.

Mastaneh reported being treated with dignity by the UK police:

They [police] were so kind to me. I was in pain emotionally physically you know, and
it was the first time I saw that other people do respond to my pain. I felt important. I
felt I am a human being, you see. I felt other people are realising I am in pain, and are
helping me to get justice done. That's was huge. I hadn't experienced this before.

It seemed that Mastaneh felt she had never been offered empathy before. Her phrase
'I felt other people are realising I am in pain' is striking as it suggested that she feels she had
been invisible to others. This powerful extract suggested a change in Mastaneh's identity as a
result of the police response. Mastaneh's account, like those of other participants, suggested
that she perceived she had been valued, respected and treated with dignity by the police, a
response she had not experienced before.

Similarly, Shahin reported feeling safe as a result of the police response:

They [police] just made notes, listened to me and arrested him the same day. He
couldn't come near our flat any longer we changed our address and he is out of the
picture now. Oh words cannot say how I feel safe, and I think I am free to make
decisions.

It appeared that Shahin also felt listened to and seen by the UK police, rather than
being silenced or made to feel invisible. Her account suggested that she felt supported, safe

and valued. In particular, Shahin's phrase 'oh words cannot say how I feel safe' suggested the level of her appreciation of the UK police response.

Sub-Ordinate Theme 3.5.2. Using counselling services in the UK. "The sessions don't help with my anger about why I have been treated differently as a woman."

The findings suggested that all participants perceived stigma around counselling due to their culture, which was internalised to a greater or lesser extent. Participants also suggested that they found individual therapy helpful on some levels, but deeply unhelpful on others. Furthermore, participants' narratives seemed to suggest that therapists were perceived as being unable or unwilling to see the women's problems within the wider (Iranian) culture, meaning they felt blamed or pathologised for a cultural issue. It seemed that in contrast, group therapy was more helpful.

All participants talked about the challenge of overcoming the stigma and shame attached to therapy sessions. Ziba used pejorative language to describe people who attend counselling:

…I was ashamed to go to the centre because I was thinking to myself they think I am mad and when they see me they say 'here is the crazy woman' (…) in Iran, you know only mad people go to see therapist.

Ziba's phrase 'only mad people go to see therapist' is meaningful as it might reflect how she perceived counselling to be viewed in Iran; perhaps therapy is for people who are untouchable ('mad') in some way. This might explain the source of Ziba's core beliefs when she says, 'here is the crazy woman'; it appears that Ziba feels only people with serious mental

health issues (those who are 'mental') go to counselling. The extract suggests that stigma around counselling exists in Iranian culture, and Ziba has internalised it, making it harder for her to be compassionate about herself in this situation.

Similarly, Parastoo reported stigma around counselling, using pejorative language:

(…) I started to go to counselling without telling anyone. I used to say I am going shopping making excuses you know, but still cannot say to Iranian friends where I go because (…) they would think there is something seriously wrong with me like I am going mental and cannot be trusted.

It appeared that Parastoo felt unable to tell others about her therapy sessions, suggesting a stigma attached to counselling and being classified as an individual with mental health issues. Her words 'cannot be trusted' suggest this classification has consequences which include her friends being unable to trust her. Parastoo used slightly pejorative language when she says, 'like I am going mental'. This perhaps suggested that Parastoo had internalised the stigma around counselling. Like Ziba, Parastoo's language suggested she had bought into the cultural notion that counselling is for people who are 'mad' – which will make it harder for her also to have compassion for herself.

In contrast, while Hasti saw counselling as undesirable, she used sympathetic language:

To be honest, I was thinking that counselling sessions are for very sick or is for

people who are sick. That's how people see therapists in Iran. Then, my friend took

me (…) and I started to see a counsellor. I still hide it from everyone you know.

It appeared that Hasti had also internalised how Iranian culture views individuals who

attend counselling. Her use of the word 'sick' is important. Perhaps Hasti saw people who

attend counselling as unwell. This suggested that while Hasti still saw counselling as

undesirable, she had more compassion for the people who need it – and therefore perhaps for

herself as well.

Mastaneh described the same challenges over attending counselling:

You see it is unfortunate. Iranian people, only people who are mentally ill go to

counselling. For me, wasn't easy to decide, but I knew it was a must because I knew

I've lots of problems and had no sense of self-worth.

The above narrative suggested that similar to others, Mastaneh had difficulty going to

counselling, despite feeling she had issues to resolve. The words 'unfortunate' and 'mentally

ill' might reflect her awareness of the stigma attached to using counselling services in the

Iranian community.

Echoing the above participants, Shahin described attending counselling, especially in

the beginning, as difficult:

It was so hard to go to counselling sessions in the beginning. But, I knew I need help. I used to listen to a Persian counselling radio, and I knew I have a lot of problems but Iranian culture makes it so difficult. You know, in our culture if people are depressed or of any member of family is depressed they just hide it because they think other people think they are mad.

Shahin specifically discussed how Iranian culture responds to those with mental health issues, suggesting difficulty seeking help for herself. Her use of the word 'hide' might highlight her views about how Iranian people perceive depression; as something shameful, that must be hidden.

Finally, Zohreh also talked about her perception of how Iranian people view an individual who seeks help from a counsellor:

Unfortunately in Iran, people think only crazy people go to see counsellors (…) it is very shameful to say I am under medication or I see a therapist. I don't want any Iranian to know I am under medication or see a therapist each week because I know they think I am a mad woman (…) they judge me. That's why I haven't told my partner I see a counsellor, nobody knows.

Zohreh's narrative seemed to suggest that although she regretted how people view those who attend counselling or use medication, she attended her sessions weekly. However,

it appeared that she was exceptionally mindful to hide the sessions from Iranian people. Her phrase 'they think I am a mad woman' might illustrate her perception of how she would be perceived by them, while her use of language suggested that like other participants (apart from Hasti), Zohreh saw people who attend counselling as 'mad', suggesting that she had also internalised this Iranian stigma.

It appeared that hand in hand with this stigmatisation around attending counselling came a sense of being blamed or pathologised by the counsellor. Parastoo said:

She [counsellor] helps me a lot to improve my self-confidence and personal issues. I'm a bit disappointed. Sometimes the counsellor seems she doesn't understand that how it feels when people treat you unfairly. I'm not the issue, the problem is outside. How our culture is. I feel sometimes she forgets that.

This account implied that while Parastoo viewed sessions as helpful on one level, her expectations were not met by the therapist's approach. In other words, it seemed that Parastoo may have perceived that the counselling sessions boosted her confidence and self-esteem, thus managing her emotional difficulties. However, her use of the word 'disappointed' suggested her expectations were not met by the therapist's approach. Her language – 'the problem is outside', 'culture', and 'unfairly' – suggests that Parastoo wanted to work on her problem in a wider context, considering social justice and the effect of injustice on her as an individual, something that was not happening in the present.

Like Parastoo, Hasti described counselling as helpful on a personal level, but deeply unhelpful on another level:

…Counselling helped me to change my expectations. I know I shouldn't live in fear and should physically feel safe and my needs should not being ignored because I am a woman (…) I have no hope because every counsellor I've seen they just concentrate on me and ask me about why I'm thinking like this, but this isn't about me this is about what's happening outside. The problem isn't me, is outside: the injustice, the different treatment between men and women. How could it be my problem? But they concentrate on me and say: I'm depressed. I'm this. I'm that. I have difficulty with injustice, yes and I've been treated so unfairly because of being a woman a girl. They make me feel like there's something wrong with me (…) Instead of that maybe they can talk about injustice instead of labelling my problem.

The extract might imply that Hasti had developed a sense of self-respect as a result of attending counselling sessions. Hasti, like Parastoo, said 'the problem is outside'. Her phrase 'I am this, I am that' suggested frustration as a result of being labelled by her counsellors. It seemed that Hasti had lost faith in the UK counselling system. It appeared that she attributed her present psychological issues to being treated unfairly due to her gender, evidenced by the phrase 'different treatment between men and women'. Her tone suggested she was questioning her counsellors' approach as well as expressing frustration over the failure to consider her problems in a wider cultural context. Her use of the words 'every counsellor' is important, suggesting that this experience had happened more than once – maybe many times.

Mastaneh reported a similar experience:

I remember I used to talk about physical problems saying to my counsellor 'I've pain in my chest', but she was so patient with me and gradually she encouraged me to talk about my emotions. You see, counselling sessions help me to understand how to deal with my emotions (…) that's definitely the case, yes but it doesn't help me to deal with my anger towards so much difference between men and women ohm or why I'm being treated differently as a woman. I haven't heard once she confirms that: yes, it's Iranian culture you see.

Mastaneh appeared to imply that she felt the counselling sessions helped her at a personal level. Her words 'pain in my chest' illustrated that was easier to talk about physical than emotional pain. However, she went on to describe an unmet expectation that her counsellor should be able to relate to her anger over being treated differently within Iranian culture due to gender.

Similarly, Ziba described counselling as helpful on one hand, yet also reinforcing her husband's manipulation, which seems extreme:

Counselling has helped me to face depression, anxiety, and fear. Sometimes the counsellor gives me homework to do – right they help me to work on the way I think. The problem is sometimes it makes me doubt coming to the sessions because the

worksheet is about me, how to control the issues, but I haven't caused the issues. Why

she (therapist) asks me to concentrate on the way I am thinking. Are you with me ?

The problem is outside not inside me. Sometimes, I feel anger towards the therapists

because of this. I think she is telling me the problem is inside you and that's why

exactly my husband made me to believe

The above extract suggested that while Ziba viewed the counselling as helpful on a

personal level, her phrase 'my culture has caused it' suggested she felt the counsellor had

failed to see her problems in a wider, cultural perspective. The words 'my culture' are

interesting as they suggest an attachment to where she comes from. A sense of being blamed

as a result of the counsellor's technique might come across. It seemed that Ziba was unsure

about continuing her counselling as a result of experiencing anger at being manipulated,

which could be regarded as triggering her feelings about the abusive relationship. These

could be transference feelings.

It appeared that, unlike participants who felt that their counsellors were unable to see

their problems as being the result of culture, Shahin described an inability to relate to other

Iranian people. Like others, Shahin saw counselling as positive at a personal level:

(…) I had a lot to say, but I didn't know how to say it to a stranger, you know. So, I

started to talk about physical pain but after a while I trusted my therapist and started

to talk about my problems. (…) it certainly helps me to have a better relationship with

myself, with my children, and my new partner, but not with Iranian people. I have

difficulty to be with Iranian people. I don't trust them (…) I was so depressed and was

under medication but now I don't need them. I have learned skills to manage my

negative feelings.

It appeared that Shahin, like Mastaneh, found that talking about physical problems

was easier than talking about emotional issues; her repetition of the word 'trust' suggested

that this was an important factor for her when establishing relationships. Like others,

Shahin's account suggested that she found counselling helpful at a personal level (that is,

managing her depression without medication) but not in a wider context (that is, relating to

Iranian people).

In contrast, Zohreh described counselling as positive on different levels:

We talk about the culture and how people just follow it without questioning it. I know

it isn't my fault that I can't have Iranian friends. It's the culture you know. Iranian

people, especially women see a divorced woman as a failed person. They think the

woman hasn't been successful to keep the family together and if they know that you

attend counselling sessions they really judge you and see you as a mad woman. They

even pity the abusive men. Talking about these things with my counsellor makes me

feel I am not alone and it is not my fault. I don't feel as a crazy person or a failed

person.

Zohreh's account suggested that, unlike others, counselling had helped her to have a

better understanding of Iranian culture and to review women's positions in general, rather

than focusing purely on her. It seemed the counselling helped her reach a level of self-acceptance within Iranian culture, evidenced by the phrase 'don't feel as a crazy', although she has still difficulty relating to Iranian people. It seemed that this feeling of acceptance was not something other participants experienced, as their difficulties had not been considered within Iranian culture.

Along with individual therapy, four participants had attended group therapy. It appeared that these sessions were a way for Ziba to review her perspective on domestic violence:

Group sessions give me understanding about domestic violence and what it really is. They help me rationally to think about different kind of abuse and help myself and others if they happen to us, to protect and avoid toxic relationship. They are about awareness you know. I have started to help other survivors and act as a volunteer advocator

The above extract suggested that attending group sessions was meaningful for Ziba, changing her view of what is considered domestic violence. The sessions appeared to give Ziba the strength and motivation to give something back to the community as a volunteer.

It appeared that Parastoo, like Ziba, talked about group sessions as a source of knowledge:

I think coming to the counselling and workshops where we explore self-care and control wheel has helped me a lot to realise what actually violence is. I am still working on it and try to make sure my children have a better understanding as they get older.

Parastoo's reference to the 'control wheel' is interesting as it suggested she had started to use academic terms to describe types of violence. Her tone and use of the words 'I am still working on it' suggested a motivation to raise her awareness about different types of domestic violence. It seemed that she also wanted to impart her new knowledge to her children.

It seemed that Hasti, like Ziba and Parastoo, found group sessions important for changing her mind about domestic violence:

My friend took me to group sessions and then it was there that I changed my mind about what really domestic violence is and started to see a counsellor (…) attending the group sessions helps me to feel I am part of the group: something that is so missing in my life. I have never felt I'm part of a group (…) I feel that I'm not the only one who feels this and also I feel that I'm not the only one who feels this way and there are other people outside there who are like me and that makes me feel that I'm not crazy and I'm not making this up.

Hasti's language might illustrate that she gained a different understanding of domestic violence. It appeared that attending group sessions provided an opportunity for all these participants to change their views. It could be that knowing other people experience the same thing is important, helping Hasti and others to avoid labelling themselves. Her account suggested that she felt believed and validated as a result of the group.

Mastaneh also talked about the positive aspects of being part of a group:

Group sessions help us to put the problem outside of ourselves and have better understanding of our problems we are having here. In group sessions we can talk but we are from different countries you see. It would be great if the sessions let us to attend for different group of people. I mean a group for Iranian or a group for Indian.

Mastaneh's use of 'us' instead of 'I' suggested that she felt part of the group, mirroring her awareness that she was not the only person who had experienced domestic violence and suffered from its consequences. It seemed that she perceived that being with other Iranian people helped her to face her problems more effectively. It also seemed that she would find it easier to discuss her issues with a group of people who share a culture. At the same time, her account might indicate that she would like to exercise her ability to connect and understand her problems within a group of Iranian people, something she found hard outside of therapy. Mastaneh's account seemed to suggest that while she wanted to connect with other Iranian women who had (crucially) had the same experience as her, others avoided Iranian women – suggesting that perhaps they felt they would not understand their perceptions or would judge them.

Part 4: Discussion

The purpose of this study was to achieve a rich, in-depth understanding of the lived domestic violence experiences of Iranian immigrant women. Semi-structured interviews were employed to gather data, which was analysed using interpretative phenomenological analysis (IPA). The six participants experienced domestic violence within their heterosexual relationships. Five themes were extracted from the data: You can be abused in different ways; Impact of violence on women: hopeless and helpless; Impact of domestic violence on women's relationships: judged and guilty; the Cultural experience of being a female victim of domestic violence; and Using the legal system and counselling services before and after immigration. Interpretations of participants' lived experience should be placed in the wider context of the existing literature (Smith et al., 2009). In this section, I will link each theme to the existing literature. I will then explore the limitations of this research for counselling psychologists and other health professionals. Finally, I will suggest possible avenues for future research relating to this topic.

4.1. You can be abused in different ways

An insight into the nature of the violence that the Iranian immigrant women experienced within their heterosexual relationships is given in this study. Frequently, results are in line with current evidence on the types of physical and psychological violence that abused women experience. Participants reported experiencing prolonged and sustained violence from their male partners. This included physical, psychological and emotional, sexual, and financial violence. Physical and psychological violence were particularly salient. These findings demonstrate that domestic violence against Iranian immigrant women exists.

Consistent with several scholars (Krantz & Garcia-Moreno, 2005; Rada 2014; Tukahebwa, 2019; WHO, 2011) who have positioned domestic violence into categories, all

participants in this study reported being subjected to severe physical violence, including being slapped, kicked, pushed, having their faces spat on, having objects thrown at them, and being beaten up. Congruent with other findings (Ali, Dhingra, & McGrand, 2016; Semaheng & Mengistie, 2015), participants had been victims of physical violence more than once from the beginning of their relationships.

In line with results presented in the literature review (Morgan & Chadwick, 2009), some women reported being exposed to physical violence more frequently over time. A sense of shame was common, leading participants to feel responsible for the violence as well as feeling inadequate and less valued as a result of it. This appears to mirror Watson's (2009) study, in which participants spoke of shame, self-blame and embarrassment as a result of being subjected to physical violence; these participants could not talk about their experiences of domestic violence with their friends. Further, Tonsing and Barn (2016) found that many participants tolerated violence as shame prevented them from disclosing it to others. Shame seems relevant to the experiences of the current participants. When Shahin described being humiliated after experiencing physical violence in front of others, as well as her attempt to emotionally numb herself from the violence, we can see that she deeply experienced shame within her relationship. Perhaps Shahin's experience of shame in front of others and her coping response complements Tonsing and Bran's (2016) study – experiencing shame can extend to dissociation and emotional distancing, depending on the intensity of the emotion.

In line with existing research (Souto at al., 2016), participants occasionally reported that physical violence escalated gradually. Reports included witnessing their partners being angry and hospitalising them, as well as long-term health consequences. For example, Hasti reported long-term knee pain as a result of the physical violence within her marriage.

Parastoo reported that she had experienced a miscarriage as the result of her partner's physical abuse. This led to a sense of loss, helplessness, and powerlessness. Tukahebwa

(2019) also found that one participant feared for her life as a result of experiencing several miscarriages. Her intense feelings were unbearable, so the participant had to seek help. Others have also attributed miscarriages to domestic violence and, as a result, felt more vulnerable in their abusive relationships (Bacchus, Mezey, and Bewley, 2006). Parastoo tried to understand why she had a miscarriage. Previous studies (e.g. Nur, 2014; Richardson et al., 2002) into whether there is an association between domestic violence and miscarriage have been inconclusive. However, Parastoo's attribution of her miscarriage to domestic violence is echoed in a recent review of the relationship between domestic violence and perinatal health outcomes (Pastor-Moreno, Ruiz-Pérez, Henares-Montiel, & Petrova, 2020), in which one of the most reported outcomes was a miscarriage.

All participants were victims of psychological and emotional violence, including control, criticism, humiliation and belittling, especially in front of others. It appeared that this harmed their confidence, self-worth and self-esteem; some felt isolated, and others felt trapped within their relationships. This mirrors Loke, Wan, and Hayter's (2012) study, in which participants described low self-esteem as a result of psychological violence. Further to this, in a previous IPA study on female victims of domestic violence (Gonzalez, 2010), participants described isolation and fear as well as an impact on their self-esteem and self-worth. Both Mastaneh and Shahin seemed to feel lonely, whilst Mastaneh appeared to feel that isolating her was a way for her partner to control her. This aligns with Ahmadzai's (2015) study, in which one participant talked about how her abusive husband attacked her sense of self-worth and isolated her from others to control her. Therefore, the idea that isolation and attacking women's self-worth make women powerless is strengthened by the current study. It is suggested that mental health professionals, such as counselling psychologists, should concentrate on women's self-esteem and self-worth within a supportive environment.

Echoing the reports of participants in Naghavi, Amani, Bagheri, and De Mol's (2019) study, two participants in the current study reported being threatened with death, with their partners providing graphic details of how they would carry this out. Zohreh seemed to feel she could only cope with this by being more submissive, behaviour which is echoed in a previous qualitative study on female victims of domestic violence (Cordero, 2014). Those participants revealed that being passive was an active process which took mental energy as they had to be attuned to their partner' behaviour to choose methods for coping. Participants in another qualitative study (Oliveria, Viegas, Santos, Silveria, & Elias, 2015) reported that living with fear led them to modify their relationships and ways of being. These participants felt nervous and afraid all the time; feelings of threat and fear evoked attitudes of subordination and numbness. It can be suggested that women may feel cornered as a result of living in constant fear, and so may have to act passively to survive within their abusive relationships.

Consistent with existing literature (Delara, 2016; Gondolf, Heckert, & Kimmel, 2002; Schumacher & Leonard, 2005), all participants reported that physical violence followed psychological and emotional violence. Participants appeared to feel powerless, hopeless, and vulnerable within their abusive relationships. This mirrors Walker's (1984) cycle of violence, in which phase one of the cycle is relevant to tension building, which can involve being criticised or threatened, while phase two involves abuse such as verbal or physical violence. Finally, in the third stage, the abuser apologises and demonstrates charming, loving behaviour towards their partner. Mirroring this, Zohreh reported that her partner's tactics manipulated her to return to their abusive relationship. The author of one narrative analysis study (Hannan, 2015) found that participants felt manipulated and controlled by their abusive partners and maintained a hyper-aroused state through intense focus and detachment.

Guruge et al. (2012) found that immigrant women reported being forced to have sexual intercourse. Similarly, two participants were subjected to sexual violence once or throughout their marriage. It appeared that being exposed to sexual violence over time made Hasti feel that her body was used as an object, without any concern for her personality or dignity. Similarly, it seemed that Ziba perceived having a sexual relationship as a duty within her marriage. Ziba's sense of duty is reflected in a qualitative study about Iranian women's experiences of domestic violence (Sasania et al., 2015). In that study, many participants reported being forced to have sex as an obligation to their husbands. Some stated that when they were engaged in sexual behaviour, they had to be obedient to their husbands and did not consider their own state of mind. Perhaps Hasti's sense of being objectified could add to Sasania et al.'s (2015) analysis in terms of how sexual violence can be experienced: sexually abused women may feel being reduced to objects through denial of personality and humanity. Further research into women's experiences of sexual violence would be beneficial.

Another striking feature of sexual violence in this study was Parastoo's awareness that rape has legal consequences: "I think if I could prove it he would be in prison". This finding is inconsistent with Iranian cultural beliefs, where it has been suggested that women are held responsible for meeting their husband's sexual needs, meaning there are no consequences for rape in marriage (Aghtaie, 2015, 2017). Various qualitative researchers exploring female victimisation (Maasoumi, Taket, & Zarei, 2018; Pakseresht, Jafarzadeh-Kenarsari, & Atrkar Roushan, 2016) have found that cultural norms play a formative role in shaping Iranian women's sexual perceptions of the duty-orientated aspect of marital sexual activities, mirroring Ziba's perception. As Janghorban et al. (2015) argued, "the unspoken nature of sexuality in Iranian culture has led to a lack of national studies on the topic" (p. 1). It appears that there is a need to explore how Iranian women make sense of the laws around sex in marriage.

Several participants in the current study spoke of being made financially dependent on their partner. Some qualitative researchers (Kian, 2017; Sanders, 2015) have also found that female victims of domestic violence had no control over household money and felt financially dependent on their partners. In these studies, women described the role financial dependence played in their decision about whether or not to leave an abusive partner. While the emotional impact of financial violence on women was not explored in these studies, authors of one narrative analysis study (Shams, Kianfard, Parhizkar, & Mousavizadeh, 2017) found that women who believed they were financially dependent on their husbands felt they did not have the power to protect themselves from other types of violence from their partners. This seems relevant to the experiences of the current participants. When Parastoo mentioned that she had no option but to accept her situation, or when Hasti talked about the distress she experienced following financial and physical violence from both her partner and his mother, we can see that the participants experienced negative emotions as a result of financial violence. Thus, findings from this study could strengthen and complement the growing picture of the emotional aspect of financial violence for women.

4.2. Impact of domestic violence on women: hopeless and helpless

All participants described how their lives were impacted as a result of domestic violence. Some demonstrated an explicit awareness of how their psychological well-being had been negatively impacted. For example, Parastoo and Shahin reported experiencing PTSD and anxiety as a result of domestic violence. However, others did not use explicit language, such as Zoreh's use of the phrase 'did not want to care' to describe depression; the experience of depression only emerged through my interpretation. Zohreh's lack of interest in looking after her physical appearance and her avoidance of other people suggested that she was so low she did not even want to care about herself; a level beyond just not caring. In

contrast, Parastoo suggested that her psychological reaction of freezing when she heard a man raising his voice was related to PTSD.

These findings align with those in which a strong association between exposure to intimate partner violence and incidents of mental illness, including depression and anxiety, was reported (Ferrari et al., 2014; Mahase, 2019). Many users of domestic violence services experience high levels of depression, anxiety, and especially PTSD (Ferrari et al., 2014). Further to this, several participants talked about developing suicidal thoughts. Several authors (Gulliver & Fanslow, 2013; Humphreys & Thiara, 2003) have reported that the experience of domestic violence is associated with an increased risk of suicidal thoughts. In the current study, participants spoke of severe emotional distress that often fitted symptoms associated with depression, PTSD, and self-harm. It seemed that they also experienced self-hate, hopelessness, powerlessness, flashbacks, panic attacks, high anxiety, hyper-vigilance, and suicidal thoughts. Therefore, this study contributes an array of examples that demonstrate how individuals uniquely experience severe emotional distress following domestic violence.

Participants' accounts suggested that taking their roles as caring mothers and partners seriously had negatively impacted their identity. This is in line with Crawford et al.'s (2009) study, where abused women felt their identity as a woman had become less important to them. They also felt unable to recognise the impact on themselves and reported that their identity became fragile. It seemed that participants in the current study described their caring role as a way of coping, although it meant they felt less important and valued within their relationships. Furthermore, through taking the caring role seriously, some participants in the current study appeared to feel objectified, while others felt ashamed, inadequate, and unimportant within their relationships. For example, Shahin experienced a loss of self and a sense of being objectified: "I wasn't a person anymore; I was like one of his belongings".

Perhaps this added to Crawford et al.'s (2009) study; women might also feel objectified as a result of ignoring their needs within their abusive relationships.

Interestingly, each participant demonstrated how taking the role of a caring partner might have impacted their identity. For example, Zohreh described feelings of self-fragmentation, saying: "I didn't like the person who was in the mirror". Earlier authors (Both, Favaretto, & Freitas, 2019; Dorahy, Lewis & Wolfe, 2007; Spiegel, 2008) also found that violence made it difficult to maintain a sense of identity. Both et al. (2019) interviewed ten women victims of domestic violence who had had medical examinations for legal purposes. It was found that "constant violence causes changes in the structural functioning and psychological conflict of the victims: difficulties in mentalization, instability in relationships, emotional dependence, abandonment of her own life for her partners, and difficulty in having a sense of identity" (Both et al., 2019, p. 1). Thus, the findings of this current study add depth to the 'self-fragmentation' concept and expand upon previous literature, suggesting that domestic violence may have a serious impact on abused women's identity.

4.3. Impact of domestic violence on women's relationships: judged and guilty

The current study appears to be the first of its kind; a qualitative exploration of Iranian immigrant women and their relationships within a domestic violence context. Authors of several studies (Kavas, 2010; Küçükşen, 2016; Mendoza, Tolba, & Saleh, 2019) have discussed how marital status impacts women's family relationships (Gedik, 2015). However, these studies were not carried out in the context of domestic violence. The picture of divorced immigrant women painted by the literature often involves shame and stigma (Fairfox, 2014; Gennari et al., 2017; Ting & Panchanadeswaran, 2009; Tukahebwa, 2019).

The findings of the current study suggested that all participants felt detached from their family as a result of being judged. Moreover, they discussed shame and stigma

associated with being a divorced woman. It appeared that the participants also perceived that their families were ashamed of them as a result of their marital status. Additionally, it seemed that participants felt unsupported, as their families cared more about prestige within the Iranian community than their needs; perhaps participants perceived that their families felt that calling the police and disclosing the violence had disgraced them in the eyes of the community. For example, Mastaneh appeared to feel frustrated that her family seemed to care more about their 'Aberoo' (conformity to social prestige) than her needs. This mirrors the experiences of participants in Tizro's study of abused, divorced women in Iran (2013), in which some described how their lives changed for worse as soon as they got divorced, while others felt emotionally distant from their unsupportive families. Similarly, Pirak, Negarandeh, and Khakbazan (2019) found that most Iranian divorced women described stigma around divorce as a fundamental problem in adjusting to life after divorce and reported regret after divorce. Divorce is deemed a social disgrace in Iran, where women are judged harshly for failing their marriages (Hashemi, 2020).

Previous authors have focused on the stigma around disclosing the violence to the police as a barrier to help-seeking. Participants in Bahrami, Shokrallahi, Kohan, Momeni, and Rivaz's (2016) study described the consequences of using the police in Iran; however, their emotional experience was not explored in this study. Therefore, the current study provides deeper insight and understanding of how Iranian immigrant women may feel as a result of disclosing the violence to the police, including being judged harshly by their family.

All participants talked about their unwillingness to communicate with and relate to the Iranian community. For example, Hasti withdrew from social situations to avoid being judged as selfish for calling the police. Participants in the current study appeared to utilise implicit forms of emotional distancing as protection from the pain of being judged. It appeared that participants saw Iranian people as having adopted traditional beliefs concerning how women

should behave within a family, without consideration of their abusive relationships. Perhaps one of the strongest representations of this was Ziba's pretence that she was married in front of the Iranian community. This seems relevant to Pirak et al.'s study (2019), where participants described hiding their divorce to maintain their safety. In the current study, participants felt re-victimised by Iranian people and felt that avoiding them was the only way to protect themselves. For example, it seemed that Parastoo felt she had to defend herself from the Iranian community, as she once had to defend herself from her husband; the violence had shifted from marriage to the community. In contrast, it appeared that Shahin experienced self-directed anger and criticism when in contact with Iranian people, who made feel selfish, since calling the police was forbidden.

It appears that Iranian immigrant women may avoid the Iranian community due to feelings of being re-victimised or may experience negative self-directed emotions such as guilt when in contact with Iranian people. Given the limited research on the experiences of divorced Iranian immigrant women, the idiographic nature of this IPA study is useful for explaining these individual differences.

4.4. The cultural experience of being a female victim of domestic violence

Authors of several studies on female victims of domestic violence have highlighted that a woman's identity may be specifically based on her role as a wife or mother (Ayyub, 2000; Midlarsky, Venkataramani-Kothari, & Plante, 2006; Thiara & Gill, 2012). Similarly, all participants in this current study seemed to perceive that they needed to adopt a caring role to keep their family together, regardless of their husband's abusive behaviour. The findings of the current study also suggested that all participants felt responsible for the welfare of their offspring and felt this was influenced by staying with the children's fathers. Additionally, all participants, apart from Parastoo, seemed to experience a sense of failure as the result of their marriages ending.

The analysis indicated that traditional beliefs held by Iranian women about marriage, family and social expectations could impact participants' responses to domestic violence. For example, Ziba said: "If the husband is nice to the children not the woman, I think she should wait [to leave her husband] until children are older". Zohreh seemed to face the same dilemma. This appears consistent with Rahbari and Mahmudabadi's (2017) argument that in the patriarchal society of Iran, women are expected to accept their caring role and adapt themselves to societies' standards and expectations. Moreover, this seems relevant to Dekel and Andipatin's (2016) suggestion that "families that are different from this heteronormative norm, such as single-parent families, are positioned as deviant or unfavourable for the well-being of children" (p. 5).

Sabri et al. (2018) conducted a narrative analysis among a diverse group of South Asian immigrant women survivors of domestic violence in the United States. The authors found that participants responsible for remaining in their marriage regardless of experiencing domestic violence; they felt they would put their family's reputation at risk if they got divorced. These participants (Sabri et al., 2018) also felt obliged to accept a caring role towards their partner and children and stated that having their children's father around was essential for their welfare. Mastaneh and Ziba also felt a pressure to hold the family together, regardless of their partners' abusive behaviour. Indeed, this pressure continued even after separation. Hasti said: "I have brought shame on the family", suggesting she perceives herself in line with Iranian culture feeling responsible for a failed marriage. This mirrors Ahmed's (2009) statement that "culture is relevant in perpetuating domestic violence because it is one of the culprits that create the conditions that initiate, foster and maintain domestic violence" (p. 27). It has been suggested that men are considered to be superior to women in Iran (Ansari & Martin, 2002; Rahbari & Mahbudabadi, 2017). Therefore, Iranian culture may foster and maintain domestic violence against women through a shared belief in discourses that

"legitimise inequality and exploitation and violence" (Tizro, 2013, p. 1). Various authors who see cultural beliefs as maintaining violence against women have challenged cultural discourses and beliefs that perpetuate domestic violence against women (Oxtoby, 2012; Pan et al., 2006; Shankar, Das, & Atwal, 2013). Considering the limited research on domestic violence within the Iranian immigrant community, further research on how to develop culturally appropriate interventions for this population would be beneficial.

Domestic violence was discussed by participants in the current study in relation to gender within Iranian culture. It appeared that all participants believed that they experienced domestic violence because of their gender. Additionally, participants seemed to feel dominated by a submissive-discriminated culture whilst their human rights were denied. For example, when Hasti said: "in the UK, I have rights as a human being – something that is new to me", we can see that she only experienced these rights when she moved to the UK. This mirrors the mainstream narratives which portray violence against women as something that happens in societies where women are dominated by men (Bettman, 2009; Carter, 2015) and where such violence is accepted as normal behaviour (Tartakovsky & Mezhibovsky, 2012).

Additionally, it seemed that some women in the current study experienced self-hate, while others found it difficult to accept a 'self' and identity in light of their unwanted gender. For example, when Parastoo said: "I hated that I was a woman – being a woman meant I had no help, I was treated like dirt", we can see that she was dehumanised and trapped by her abusive partner, illustrating how overwhelming things were. The findings of the current study suggested that she perceived that she was treated differently because of her gender, leading her to struggle to accept her 'self' and gender. Bharani (2013) argues that "domestic violence undermines the value of a woman as an individual and denies her the dignity of a human being" (p. 1). The current study provides phenomenological examples of loss of dignity and

value as a result of domestic violence, illustrating the lived experiences of female victims of domestic violence within the Iranian culture.

Bhugra (2004, 2016) argued that "when people migrate from one culture to another they carry their knowledge and experiences of distress with them; however, on settling down in the new culture, their cultural identity is likely to change" (p. 1). It seemed that coming to the UK allowed participants to realise that their human rights had been violated in Iran, where men had all the rights and women were in an inferior position. It appeared that some felt that they had understood their human rights, while others may have felt they had access to their rights in the UK. The findings of the current study also suggested that participants perceived domestic violence as a violation of their rights. In contrast, Aghtaie (2015, 2017) found that Iranian women perceived violence against women as denying the opportunity for equal personhood; however, the country of residence (Iran or UK) did not impact on their attitudes. Examples from the current study illustrate that Iranian women might change their perceptions of rights as a result of living in a Western country. This is a novel finding which provides contrasting evidence to that found by Aghtaie (2015, 2017).

Various authors have highlighted that experiencing the culture of the host population, exposure to a variety of people and ideologies, and the transitional way of life may loosen migrants' attachment to some historical and cultural values (Williams, Thornton, & Young-DeMarco, 2014). Mastaneh, in particular, seemed to have developed confidence in her ability to make important life decisions; moving to the UK gave her a new outlook on traditional gender roles in terms of domestic work. This mirrors the experiences of participants in Darvishpour's (2002) study of Iranian women living in Sweden. Most of those participants felt a sense of personal authority, learnt how to tackle problems and took responsibilities that used to belong to men after moving.

4.5. Using the legal system and counselling services before and after immigration

The findings of the current study suggested that all participants felt unsupported by the police in Iran. It appeared that one had a positive experience with the police; however, this was temporary. In contrast, it seemed that all participants felt supported by and had a positive experience of the police in the UK. Additionally, it seemed that all participants perceived a level of stigma around counselling due to their culture, which was internalised to a greater or lesser extent. Individual therapy was helpful on some levels, but deeply unhelpful on others, while group therapy was helpful.

As the findings of the current study suggest, participants felt silenced as a result of the police response in Iran, as well as feeling hopeless, devalued, unsafe, invisible, and disappointed. Abused women's lack of support from the Iranian police is reflected in findings from Bahrami, Shokrollahi, Kohan, Momeni, and Rivaz (2015). These authors reported that some women attempted to stop their partner's violent behaviour by going to the police; however, in most cases, the abusive partners were bailed out by their families. While that study is useful for exploring Iranian women's experiences of the police in Iran, deeper insight into and understanding of how a lack of support from the police can lead to feeling invisible, unheard, and alone is provided by the current study. Although researchers have highlighted female victimisation in Iran, there is still no criminal policy which involves intervention, and the Iranian community has many legal and judicial shortcoming and gaps in this area (Babei, 2018).

In contrast, it seemed that participants had positive experiences with the police in the UK. Many commented on a sense of safety following the police response. Previous authors have also found that female victims of domestic violence felt supported by the UK police (Bond, 2015; Ghafourian & Easteal, 2019; Sabri, Bhandari, & Shah, 2018). In contrast, authors of a relatively recent qualitative study found that abused immigrant women from countries including Afghanistan and Yemen felt unsupported by the UK police (Mulvihill,

Gangoli, Gill, & Hester, 2018). While the majority of immigrant women were happy with the initial police response, fewer were happy with their experience overall; participants described receiving either no or little contact after the initial report. In the current study, it seemed that police officers informed participants of their options, including the right to press charges and move to safe accommodation. It seems that consistent support from the police, both during and after the initial report of violence, plays an important role in reassuring women so that they can make informed decisions about their lives.

Participants talked about the emotional challenges of overcoming the stigma attached to individual and group therapy sessions. It appeared that participants feared being considered "mad", "mental", and "crazy" as a result of attending counselling. These findings mirror those of Derr (2015), who argued that although immigrants might need to use mental health services as much or more than non-immigrants, immigrants from Asia, Latin America, and Africa use these services less than non-immigrants. Various other authors have reported shame and stigma around mental health issues and counselling (Schmied, Black, Naidoo, Dahlen, & Liampattong, 2017; Tobin, Napoli, & Beck, 2018); however, these scholars have not considered the experiences of abused women. Similar to the current findings, Momeni and Parvizy (2016) found that all participants, who were selected from three psychiatric centres in Tehran, experienced the consequences of stigma as a fear of stigma, self-blame, avoiding psychiatric treatment, and relapse. Therefore, the current study strengthens the growing picture of shame and stigma around mental health issues and counselling in the context of domestic violence against women (Ovestreet & Quinn, 2013). It is suggested that counsellors should consider the level of stigma and shame that immigrant abused women may experience when attending counselling.

It appeared that all participants (apart from Hasti) experienced positive aspects of individual counselling. It also seemed that participants felt they had more understanding of

themselves and more ways to manage their emotions following counselling. Ziba said, "counselling has helped me to face depression, anxiety, and fear". Both Hasti and Mastaneh mentioned that counselling sessions had helped them boost their self-respect and confidence. This complements Proby's (2017) study, where abused Polish immigrant women reported that counselling helped them feel empowered and could help prevent further abuse.

Two participants in the current study appeared to feel it was easier to talk to the counsellor about physical than emotional pain. Mastaneh discussed being encouraged by her counsellor to talk about her emotional pain gradually. It seemed that Shahin found it hard to trust her counsellor at first, so she chose to talk about physical, rather than emotional, pain. This complements Farsimadan's (2011) suggestion that when Iranian immigrants see a Western therapist, they are more likely to talk about physical than psychological problems. Although Farsimadan's (2011) argument is a useful overview of how Iranian immigrants may interact with their therapists, deeper insight into how shame and stigma around mental illness and counselling can promote talking about physical pain instead of emotional issues is provided in the current study.

The findings of the current study suggested that all participants, apart from Zohreh, felt that the counsellors focused on their mental health instead of their abuse experiences in the context of their culture. These experiences mirror those of participants in Kasturirangan and Williams' study of immigrant abused of women (2003), where one participant felt that counselling was not culturally appropriate and that the counsellor did not grasp the importance of family in her life. This mirrors Mastaneh's experience: "I haven't heard once she (counsellor) confirms that: yes, it's Iranian culture". Similarly, three participants in a phenomenological study about immigrant women's perspectives on counselling (Crabtree-Nelson, 2010) felt it was important that their counsellor was either bicultural or passed a level of cultural competence that allowed them to feel understood.

The findings of the current study appear to align with participants' perceptions in Ghazi-Moghadam's (2009) study of attitudes to counselling among Iranian people in the US. Those participants suggested that therapists need to either share or have an understanding of Iranian culture; they also indicated that therapists must be aware that Iranian clients are not comfortable disclosing domestic violence as they are protective of family privacy. Talking therapy is not common in Iran, since it is reported back Iranian people prefer to share their problems with friends and family (Pournaghash-Tehrani, 2010). However, we know from the current study that family might not listen or might stigmatise Iranian abused women for talking about those problems, leaving such women vulnerable. According to Milani, Leschied, and Rodger (2018), culturally-informed therapists must explore the cultural and social forces that shape women's experiences. There is a lack of understanding of the true impact of counselling on immigrant women. Therefore, further investigation would be beneficial.

All participants apart from Zoreh appeared to report feeling pathologised by their counsellor. Sweeny et al. (2019) conducted a review of 13 qualitative studies with people aged 16 and above, including women from minority groups living in the UK, who had been assessed for psychological therapy. They found that some women felt pathologised as a result of being asked about their psychiatric details, or because they felt the therapists focused on their mental health instead of the difficulties they were experiencing. Furthermore, findings from the current study are relevant to the experiences of participants in McHattie's (2011) study, where abused women from different backgrounds placed value on counsellors who named abuse issues. In other words, women perceived counselling as helpful when their symptoms were normalised with non-pathologising language. In accordance, Taghva et al. (2017) argued that discussion of psychological health is taboo in Iranian society. Through a close engagement with the words of participants from a particular population, the current

findings may add to the existing research. It is suggested that the counsellors' lack of understanding about gender inequality in Iran, the reinforcement of traditional gender roles in the Iranian legal system and, more importantly, the tension between traditional roles and modern social life in a new country among Iranian women and their level of education (Tizro, 2013) may lead women to feeling pathologised by being labelled with medical terms such as depression or anxiety. However, further qualitative research exploring immigrant abused women's sense of being pathologised by counselling services is warranted.

However, it seemed that while most participants found individual counselling sessions unhelpful at some level, some found group sessions helpful. It appeared that attending group sessions gave some participants a new perspective on domestic violence. It also seemed that Ziba used this perspective to raise awareness among other abused women. These experiences align with findings from Fathi, Renner, and Juen (2015), who found that Iranian immigrants in Austria with major depression benefited more from group than individual cognitive behavioural therapy. Participants felt that by being in contact with people from their socio-cultural background, they were motivated to modify their acculturation attitudes.

According to Bunn, Goesel, Kent, and Ray (2015), "While the literature does provide a compelling conceptual rationale for using group treatment, the empirical literature is in fact very limited at this time, and needs to be strengthened in order to build confidence in outcomes across contexts and survivors" (p. 45). Various authors have explored whether individual and group therapy are equally effective (Condino et al., 2016; Echeburua, Sarasua, & Zubizarreta, 2013; Stalker & Fry, 1999) in the context of domestic violence. However, it is not possible to draw any clear conclusion from this earlier research. According to Farsimadan (2011), "for Iranian clients, adopting a directive therapeutic approach involving problem-solving strategies, rather than 'non-directive or analytical exploratory approaches', has been suggested" (p. 286). It seems that group therapy is one strategy that can be used to provide a

directive therapeutic approach for abused Iranian women as this enables an exploration of the impact of domestic violence within a group, rather than exploring the impact of domestic violence on themselves within individual counselling sessions.

The current finding that group therapy was effective for female Iranian immigrant survivors of domestic violence in the UK is novel. It seemed that participants felt they were provided with an opportunity to be educated without having to disclose their experience of domestic violence. Perhaps they also felt accepted, believed, and validated when they heard that others were suffering from the consequences of domestic violence. Therefore, it would seem beneficial for healthcare professionals to address the needs of Iranian immigrant women by offering them group therapy. This is particularly important since this group may have difficulty talking about psychological issues arising from domestic violence. They find it unfavourable to be labelled depressed or anxious, which could create resistance (Farsimadan, 2011). As such, they might need, as Mastaneh suggested, to be among a group of Iranian women, or to be among women with different cultural backgrounds, as other participants suggested. This may help such women feel understood without being pathologised or judged.

4.6. Implications for counselling psychology

The findings from this study have important implications for counselling psychologists and other mental health practitioners. Participants highlighted that being a victim of domestic violence negatively impacted on their physical and psychological well-being. Therefore, counselling psychologists and other mental health practitioners should be aware that abused Iranian immigrant women, similar to other abused women, are likely to suffer from the adverse impact of being a victim of domestic violence.

High levels of stigma around mental health issues were found in these Iranian immigrant women. Bury and Strauss (2006) argued that "counselling psychology privileges

respect for the personal, subjective experience of the client over and above notions of diagnosis, assessment and treatment" (p. 113). Hence, it is recommended that practitioners value their clients' subjective experiences. In other words, counselling psychologists and mental health practitioners should avoid psychiatric assessments and associated labels (such as depression and anxiety) that go with the concept of mental illness for this group. Potential options for meeting this task were revealed by analysis of the participants' narratives. Participants felt frustrated, disappointed, blamed, and/or pathologised by their counsellors. They suggested that culturally relevant interventions would help them feel believed and accepted. Thus, counselling psychologists and mental health practitioners must learn about the cultures of any client group they might work with; this will help them to provide a safe environment for their clients to explore their experiences of domestic violence without feeling pathologised or blamed.

The work of NHS England is founded on evidence-based interventions, which include clinical and medical interventions (McCartney & Finnikin, 2019). This implies that NHS practitioners may redirect clients from their experiences by using technical language such as depression (Cromby, Harper, & Reavey, 2013; Rogers & Pilgram, 2005), excluding any account of the client's social, political, and financial contexts, as well as other factors such as gender and social class (Woolfe et al., 2010). Based on the current study, this technical language is a source of feeling pathologised. Hence, the current inadequate NHS psychological interventions can be improved by considering clients' experiences as well as their social, political, and financial contexts. Particular attention should be paid to language and terminology, which are "important in relation to service users and their experiences of distress because of the widespread discrimination to which such people are subject" (Cromby et al., p. 7). Therefore, "alternative approaches to diagnostic classification and destigmatisation programs" are suggested" (Read & Harper, 2020, p. 1).

The power threat meaning framework (PTMF), introduced by Johnstone and colleagues, may be an alternative to the current intervention within NHS settings (Johnstone & Boyle, 2018). The PTMF is an over-arching structure for identifying patterns in emotional distress, unusual experiences and troubling behaviour which can be used as an alternative to psychiatric diagnosis and classification (Johnstone & Boyle, 2018, p. 5). This model suggests alternative language (such as emotional distress versus disorder) and acknowledges the importance of social, political, and relational contexts (Johnstone & Boyle, 2018). Thus, the PTMF is in line with the women's narratives in the current study. According to Read and Harper (2019), PTFM provides an opportunity for healthcare professionals to work within individuals' political, social, and financial contexts, enabling them to have a sense of agency as well as to develop meanings and personal narratives about what they have experienced.

The high levels of shame within the Iranian women's accounts suggested that this powerful emotion is another important factor that needs particular attention when providing treatment for these women. According to Gilbert and Procter (2006), shame affects our ability to reveal painful information, meaning we adopt various defence mechanisms such as denial and avoidance. Therefore, addressing shame is important as it "can act as an invisible barrier to the adequate delivery of healthcare" (Gilbert & Procter, 2006, p. 259). The women's shame was related to various areas: attending counselling, being a victim of domestic violence, mental health issues, talking about emotional difficulties, and carrying the shame that their families felt as a result of their status as divorced women and disclosure of the violence to the police. Survivors of abuse are especially prone to shame as they might hold themselves responsible for the abuse (Parker, 2015). In such cases, clients may benefit from externalising the blame onto the abuser (Greenberg & Iwakabe, 2011). This deserved shift in blame (which helps to construct a new self rather than destroying others) can be followed by sadness or anger; sadness encourages clients to seek support, while anger

encourages clients to think about their lives free of shame (Greenberg & Iwakabe, 2011).

Therefore, counselling psychologists and mental health practitioners must be sensitive to this

level of shame among Iranian women and should consider how to support women to

externalise blame, empowering them to manage their self-critical behaviour.

The women highlighted a need to feel heard, seen, and believed. However, several

had difficulty engaging in individual therapy sessions to explore their deep psychological

pain; it was easier for these women to talk about their physical pain. Therefore, counselling

psychologists and mental health practitioners should consider delivering group sessions, as

the women in this study suggested. Such group sessions should include individuals who share

a culture or have some level of understanding of the cultures which differ from that of the

host country. According to Tangney and Dearing (2011), group therapy can be viewed as a

powerful context for mental health practitioners to address and resolve shame-based issues

regarding women's experience of domestic violence; group sessions can help these women to

normalise their sense of shame, as they see other women facing the same issues.

4.7. Limitations of the current study and suggestion for future research

Despite its useful findings, this study has limitations. Interviewing was limited to

women who were attending a clinical setting, meaning the sample was purposive, not

representative. Participants were perhaps over-represented by those with experience of

attending counselling sessions or group therapy and, therefore, could be considered a clinical

sample. Considering that participants were selected based on their willingness to articulate

their experiences in a clinical setting, it can be suggested that their accounts may tell us more

about how they talk about their experiences of domestic violence within a particular context,

rather than the experience itself (Willig, 2001, 2013). Further to this, Willig (2001, 2013)

suggested that "the availability of a particular way of talking about an issue also provides the

categories of experience, and that, as a result, language precedes and therefore shapes the experience" (p. 63).

A key aim of proponents of IPA is to contribute to psychology by comparing findings to existing literature (Smith, 2004). Moreover, according to Charlick, Pincombe, McKellar, and Fielder (2016), "by capturing context specific situations, IPA allows broad-based knowledge to be contextualized within a social and cultural context, producing relevant findings" (p. 205). Subsequently, although the aim of this study was not to generalise the findings, their transferability may be taken into consideration. In other words, other Iranian immigrant women might have similar experiences to the participants; however, the findings of this current study is emerged from active listening to the participants' narratives, providing detailed insight into their experiences with regards to domestic violence phenomenon. Therefore, it is essential to consider the transferability of the findings within the specific context and situation of the participants (Charlick et al., 2016).

Additionally, the participants' native language was Persian, while the interviews were conducted in English. Some participants took longer to produce descriptions than others, suggesting that they may not have been able to speak English well enough to capture their experiences of domestic violence. According to Willig (2001, 2013), the inclusion of participants who are not able to use language in the sophisticated manner required by IPA may limit findings. The use of IPA requires participants who can verbalise and articulate their experience in a way that provides enough detailed material for an interpretive analysis (Willig, 2001, 2013). However, all participants were able to recall their experiences in vivid detail, although some needed more time to find the right English words. Indeed, a lack of language may capture an important aspect of Iranian abused immigrant women's experiences; UK counsellors may face difficulties with language during their clinical work with these women.

According to the Native American Centre for Excellence (NACE, 2010), some researchers have failed to conduct research respectfully as they are not sensitive to participants' narratives and fail to portray the native culture. Hence, conducting research in native participants' language can prevent unnecessary translation, meaning accounts can be presented in a comprehensive, transparent manner (Van Nes et al., 2010). However, considering that the participants in this study were fluent in English (this was an inclusion criterion) and that they preferred to avoid Iranian people, I believe that it was the right choice to use English in the interviews. The participants' experiences were represented more accurately in English as, during the interviews, I helped them talk about the details of their experiences, reassuring them about their ability to be understood beyond their English grammar or pronunciation skills. This was reflected in their feedback, as they expressed their appreciation for telling their stories in English, helping them to feel part of a community in the host country. Conducting research in English prevented the possibility of losing any data in translation and ensured that participants' narratives were presented accurately.

According to Manstead (2018), social class differences may directly impact individuals' cognitions and feelings, such that working-class individuals are less likely to benefit from educational and occupational opportunities for improving their financial circumstances. Manstead (2018) also states that middle-class individuals are more likely to have access to psychological resources and may have, therefore, developed stronger ideas or beliefs about the extent to which they can alter their personal and social lives. In comparison, working class people are less likely to have access to psychological materials and, as a result, might have developed weaker beliefs about their ability to alter their personal and social outcomes. Participants in this study (see Table 1, p. 43) were mostly middle-class, with a stable immigrant status, suggesting that working-class women with an unstable immigrant status were less likely to be recruited. However, Menjivar and Salcido (2002) acknowledge

that, even in the absence of education and host-country language, some female immigrants manage to access services by networking with their own communities. There was one working-class participant in the current study, suggesting that women from different social classes were able to access the current charity for support. It is also important to note that the participants in the current study had obtained their immigration status after being in the UK for several years. Therefore, discussing women with undocumented immigrant status is beyond the scope of this study. However, it should be stressed that the participants' narratives illustrated that they sought protection from the police and had since attended counselling sessions while they had no immigrant status independent from their abusive partners. This suggests that these women's attempts to get support and engage in research such as the current study was unconnected to their social class or immigrant status. While this is evidence that immigrant status did not matter, there was only one working-class woman in the sample, suggesting that other working-class women might have felt they could not access the study or the charity.

As mentioned before, domestic violence was not defined in this study. Considering that what constitutes violence is influenced by culture and might constantly change as a result of being exposed to new values and social norms (Krug, Mercy, Dahlberg, & Zwi, 2002), the women in this study had a choice about whether to participate based on their judgements and perceptions of whether they had been in an abusive relationship. At the same time, according to Fraga (2016), participants' perceptions of violence may have direct links to other factors, including their culture, how the questions are asked, and the setting in which data are collected. With these factors in mind, it can be suggested that potential participants might have been excluded from the study simply because they did not recognise that they had been subject to domestic violence. However, "a broad definition of abuse in the Home Office won't be effective in preventing, minimising or responding to perpetrators, unless it has

meaning for real people - unless this definition equips people to spot and challenge abuse" (Parker, 2015, p. 6). At the same time, it can be suggested that the data and findings captured in this study depended on the participants' recognition of their involvement in the different types of violence they experienced. I argue that this is in line with the aim and epistemology of the present study; that of capturing participants' subjective perceptions. Additionally, many research factors have been shown to influence the quality of participants' responses. These include interviewer characteristics, the quality of the interview questions, and the setting in which the data are collected (Fraga, 2016). I argue that my shared gender and cultural background with the participants, the quality of the interview questions, conducting research in a safe organisation where participants were attending counselling sessions, and respecting their perceptions of the definition of domestic violence provided the opportunity for them to provide detailed and rich data based on what violence really means to them.

Further, I limited myself to exploring important themes to meet the aims of the research, meaning some interesting data was discarded simply because it was beyond the scope of this study. For example, all participants provided detailed accounts of their experiences during their childhood, to which it was not possible to attend in this research.

Despite these limitations, the need to better understand the unique cultural factors that influence Iranian immigrant women's sense-making about domestic violence has been highlighted. In particular, the specific counselling needs of Iranian immigrant women have been presented. Thus, factors unique to Iranian immigrant women's experiences of domestic violence have been presented, with the hope of filling the gap that exists in the literature regarding this population.

The aim of the current study was to investigate the subjective experience of Iranian immigrant women experiencing domestic violence within their heterosexual relationships. As a researcher, I took a hermeneutic phenomenological position and used IPA to analyse the

data. Further researchers could use different approaches to explore this topic. Based on my interpretation and the use of the word 'victim' by several participants, it appears that the women positioned themselves as 'victims'. Boyle and Rogers (2010) argue that those who identify as 'victims' report greater negative emotions and depression than those who identify as 'survivors'. Burr (1995) proposed that "our use of language can be thought of as a form of action, and some social constructionists take this 'performative' role of language as their focus of interest" (p. 7). As a result, by considering women's language as an active vehicle for their perceptions and feelings, further researchers could explore women's experiences from a social constructionist viewpoint, for example, by using discourse analysis with particular attention to the use of the phrase 'survivor' instead of 'victim'. This attention to language should be consistent while designing recruitment materials, writing the interview schedule, and conducting the actual interviews.

The women indicated difficulty maintaining relationships with their families and the Iranian community. However, as previously mentioned, they felt ashamed of using counselling services, leaving them vulnerable. Future researchers could therefore explore how this group experience and make sense of their relationships in their host country, and how this avoidance of their family and Iranian community impacts their lives and state of mind. Iranian women traditionally put their family's reputation first and will stay in unhappy marriages for the sake of their children (Ansari & Martin, 2002). Thus, in particular, researchers could investigate Iranian women's relationships with their children in the context of domestic violence and being divorced mothers in a new culture.

Lastly, the women illustrated the importance of being helped via culturally sensitive interventions. This suggests that further research may help us offer better services to this population. Of particular interest is the impact that cultural values, such as gender roles and family relationships, continue to have on female Iranian victims of violence even after

moving to a Western country such as the UK. Understanding the phenomenon of domestic violence within the Iranian immigrant population will allow researchers and clinicians to develop appropriate, culturally relevant interventions (Babak, 2015). According to Richie (2004), "the aim is to deepen what is known about the range of women's experiences represented in the national databases and design more effective anti-violence intervention programs" (p. 5).

4.8. Conclusion

This study was conducted with six Iranian immigrant women survivors of domestic violence. The aim was to gain an insight into these women's experiences of domestic violence and using UK counselling services. This is important due to the lack of previous research in this area. To my knowledge, the only previous qualitative study involving Iranian immigrant women was conducted by Aghtaie (2015, 2017), in which the author explored the perspectives of female Iranian students living in both Iran and the UK who had experienced violence. As discussed, findings from the current study may be used to promote counselling interventions to address domestic violence within the specific socio-cultural context of abused Iranian women.

Findings from this study contribute to the existing literature on domestic violence; in particular, findings are relevant for Iranian immigrant women survivors of domestic violence in the UK. In this way, a voice has been given to Iranian women who have experienced domestic violence. These women's perceptions and experiences of counselling interventions have not been investigated in the UK. This is particularly important within this population as the majority of these women's relationships with their family and the wider Iranian community have been harmed due to their help-seeking behaviour; that is, disclosing the violence to the police. Respect was given to women's experiences of domestic violence by providing a non-judgmental environment for them to talk about their experiences, allowing

them to break their silence on domestic violence. Considering that disclosing domestic violence is taboo in Iranian culture, it is hoped that revealing these women's experiences may help to break this stigma.

It is hoped that further in-depth research will be conducted into issues related to domestic violence among Iranian immigrant women in the UK, as this topic remains understudied. Women's experiences of counselling and other support services designed for domestic violence survivors have been highlighted here. Thus, the cultural complexities that shape Iranian immigrant women's experiences of domestic violence have been illuminated. To promote and enhance counselling and support services, we need to hear and understand the lived experiences of abused women themselves. Such an understanding has begun to be developed through analysing the women's subjective narratives of their experiences of counselling and support services.

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Appendices

Appendix A: Summary of thesis

Appendix B: Interview schedule

Appendix C: Participant information sheet

Appendix D: Constent form

Appendix E: Demographic information sheet

Appendix F: Overview of the initial table of themes

Appendix G: Example of theme development

<u>Appendix A: Summary of thesis</u>

Abstract

Domestic violence is a major social health problem. However, there is limited research about female Iranian immigrant survivors of domestic violence or their experiences of counselling services in the UK. This qualitative study was conducted to gain an in-depth understanding of Iranian immigrant women's experiences of domestic violence within their heterosexual relationships. A purposeful sample of six Iranian immigrant women was selected, and data was gathered with semi-structured face-to-face interviews. Interviews were analysed using interpretative phenomenological analysis (IPA). The women's perceptions, as well as their experiences of counselling and support services in the UK, were explored. The superordinate theme discussed in this paper is 'Using counselling services in the UK', in which participants discussed their perceived stigma and shame around counselling due to their culture. Participants perceived therapy as helpful on some levels, but deeply unhelpful on others, as they felt blamed or pathologised. Additionally, group therapy was found to be more helpful as it was based on psychoeducation and exploring what healthy relationships are, which made participants feel believed and accepted. The participants felt that group therapy with others from similar cultures might be helpful for this population of women.

Keywords: domestic violence against women, Iranian immigrant women, pathologising, Iranian culture, group therapy

Introduction

Domestic violence against women is a major social issue and a violation of women's human rights (Kaur & Garg, 2008; World Health Organization [WHO], 2013). It is also a major risk factor for mental health problems (Krantaz & Garcia-Moreno, 2005; WHO, 2013). Levendosky and Graham-Bermann (2001) argued that "battered women experience increased levels of depression, lower self-esteem, and higher levels of psychological distress when compared with nonbattered women" (pp. 171-172). Likewise, Sagar and Hans (2018) acknowledge that domestic violence is associated with mental health issues such as depression and suicidal thoughts. Domestic violence can affect all women (WHO, 2010). However, those with lower socioeconomic status and poor educational backgrounds are more likely to become victims of domestic violence (Rasoulian et al., 2014).

Until recently, domestic violence researchers have not focused on immigrant women. This is an important omission as what little research there is indicates that immigrant women are particularly vulnerable (Raj & Silverman, 2002). Developing culturally appropriate, effective interventions for such women requires a detailed understanding of the dynamics of cultural norms and immigration status, as well as the phenomenon of domestic violence (Alvarez, Lameiras-Fernandez, Holliday, Sabri, & Campbell, 2018).

This study is part of a wider qualitative research project examining domestic violence against Iranian immigrant women in the UK. This paper is important as Iranian immigrant women's experiences of existing interventions can help determine effective interventions to meet their needs.

Methods

Qualitative methods are appropriate for answering questions about participants' perspectives, meaning making, and experiences (Hammurberg, Kirkman, & Lacy, 2016;

Morrow, 2007). By employing qualitative methods, the researcher could gather information about Iranian immigrant women's experiences of using UK counselling services.

The qualitative method interpretative phenomenological analysis (IPA; Smith, Flowers, & Larkin, 2009) was utilised to explore the lived experiences of six abused Iranian immigrant women. The fundamental aim of IPA is to give a detailed explanation of a person or group's lived experiences of a specific phenomenon, as well as the meanings they attach to their experiences (Christensen, Johnson, & Turner, 2011; Smith et al., 2009). IPA is recognised as one of the most useful methodologies for examining emotionally-laden topics (Finlay, 2002, 2011; Smith & Osborn, 2007, 2015). Therefore, IPA lends itself well to an investigation of Iranian immigrant women's experiences of domestic violence, a highly sensitive topic.

Participants

Smith and Osborn (2007, 2015) argued that qualitative researchers should select samples purposively to offer insight into the experience under study. A purposive sample represents a perspective rather than a population (Smith et al., 2009). Researchers are encouraged to find a homogenous sample for whom the research questions will be meaningful.

Purposive sampling was used here. To be included, participants had to: be older than 18; have been born in Iran; be fluent in English; have had direct experience of domestic violence in Iran; no longer be in an abusive relationship; be in therapy with an organisation which provides counselling for women who have experienced domestic violence. Thus, homogeneity was achieved. Considering that IPA is idiographic, a small sample of six participants was considered appropriate. Such a sample provides the opportunity for in-depth analysis (Brocki & Wearden, 2006).

Data collection methods

According to Gill, Stewart, Treasure, and Chadwick (2008), "interviews are most appropriate when little is already known about a particular phenomenon or where detailed insights are required from individual participants" (p. 292). Gill et al. (2008) added that interviews are particularly appropriate for sensitive issues that participants may not want to discuss within a group. Therefore, the researcher chose to conduct semi-structured interviews.

The interview schedule consisted of open-ended questions and probes, starting with less sensitive and direct questions. Questions were clear and direct to avoid leading participants to a specific answer. The interviews lasted approximately 60-90 minutes.

Ethical considerations

Ethical approval was attained from the University of the West of England, Faculty Research Ethics. This study follows the British Psychological Society (BPS; 2014) Code of Human Ethics. Each participant had access to an information sheet before their interview, meaning they read the aims of the study before being involved in the research. Following the recommendation of WHO (2009), measures including changing all names and identifying references were put in place to maintain confidentiality.

Data analysis

IPA was carried out by following six phases set out by Smith et al. (2009). Each interview was transcribed and analysed line by line. This enabled the researcher to search for the points of descriptive, linguistic, and conceptual importance. Initial notes were written and transformed into emerging themes, capturing the core of participants' experiences. These emerging themes were clustered and changed into a table of themes for each participant. Finally, the researcher compared these emerging themes by searching for convergences and divergences, resulting in a master table theme for all participants.

Credibility in this study was achieved through member checking (Tracy and Hindrichs, 2017). Participants were sent the interview transcripts and asked to read them to ensure they were satisfied with what they had said. All participnats confirmed the transcripts refelected what they had said during the interview.

Results

Analysis of semi-structured interviews led to several superordinate and sub-themes. The superordinate theme 'Using counselling services in the UK' will be the focus of this article. While direct quotes from the participants have been included, names have been changed to protect anonymity.

Using counselling services in the UK

All participants perceived a level of stigma around counselling due to their culture, which was internalised to a greater or lesser extent. Participants described that individual therapy was helpful on some levels, but deeply unhelpful on others, as they perceived the therapists as unable or unwilling to see their problems within the wider (Iranian) culture. This meant they felt they were being blamed or pathologised for a cultural issue. In contrast, group therapy was more helpful.

All participants talked about the challenge of overcoming the negative stigma and a sense of shame attached to individual or group therapy sessions. Ziba and Parastoo used pejorative language to describe people who attend counselling sessions. Ziba said:

> I was ashamed to go the centre because I was thinking to myself they think I am mad and when they see me they say 'here is the crazy woman' (…) in Iran, you know only mad people go to see therapist.

Ziba's phrase 'only mad people go to see therapist' is meaningful as it reflects how she perceives counselling to be viewed in Iran; she perceived that it was for people who are untouchable ('mad') in some way. This perception might explain the source of Ziba's beliefs when she said, 'here is the crazy woman': her tone suggested a sense of shame attached to the labels 'mad' and 'crazy', making it harder for her to attend counselling sessions. At the same time, Ziba felt that only people with serious mental health issues – those who are 'mad' – go to counselling. This suggests that Ziba had internalised the Iranian stigma as well as a sense of shame around counselling and mental health issues, making it harder for her to be compassionate about herself in this situation.

Like Ziba, Parastoo used pejorative language to talk about the stigma around counselling:

…I started to go to counselling without telling anyone. I used to say I am going shopping making excuses you know, but still cannot say to Iranian friends where I go because (…) they would think there is something seriously wrong with me like I am going mental and cannot be trusted.

Parastoo felt unable to tell others where she went when she attended therapy, suggesting stigma around both counselling and being classified as an individual with mental health needs. She perceived this classification as having consequences which included her friends being unable to trust her. Parastoo used pejorative language when she said, 'like I am going mental'. This suggests that, like Ziba, she had bought into the cultural notion that

counselling is for 'others' who are untouchable ('mad'), making it harder to be compassionate about herself.

In contrast, Hasti saw counselling as undesirable, but used more sympathetic language:

> I was thinking that counselling sessions are for very sick or is for people who are sick. That's how people see therapists in Iran. Then, my friend took me (…) and I started to see a counsellor. I still hide it from everyone you know.

This implies that Hasti had also internalised how Iranian culture views individuals who attend counselling. Her use of the word 'sick' is important; she saw people who attend counselling as unwell. Although counselling is undesirable, she had more compassion for the people who need it – and therefore perhaps for herself as well. However, she still felt the need to hide the counselling, demonstrating her ongoing sense of shame and stigma.

Hand in hand with this stigmatisation and shame around attending counselling and mental health issues came a sense of being blamed or pathologised by the counsellor. Parastoo said:

> She [counsellor] helps me a lot to improve my self-confidence and personal issues. I'm a bit disappointed. Sometimes the counsellor seems she doesn't understand that how it feels when people treat you unfairly. I'm not the issue, the problem is outside. How our culture is. I feel sometimes she forgets that.

This implies that while Parastoo viewed sessions as helpful on one level, her expectations were not met by the therapist's approach. In other words, Parastoo perceived that counselling sessions helped her to boost her confidence and self-eateem to manage her emotional difficulties. However, her use of the words 'the problem is outside', 'culture', and 'unfairly' suggest that Parastoo would like to work on her problems in a wider context, considering social justice and the effect of injustice on her as an individual, something that was not happening at that time.

Like Parastoo, Hasti described counselling as helpful on a personal level, but deeply unhelpful on another level:

…Counselling helped me to change my expectations. I know I shouldn't live in fear and should physically feel safe and my needs should not being ignored because I am a woman (…)I have no hope because every counsellor I've seen they just concentrate on me and ask me about why I'm thinking like this, but this isn't about me this is about what's happening outside. The problem isn't me, is outside: the injustice, the different treatment between men and women. How could it be my problem? But they concentrate on me and say: I'm depressed. I'm this. I'm that. I have difficulty with injustice, yes and I've been treated so unfairly because of being a woman a girl. They make me feel like there's something wrong with me (…) Instead of that maybe they can talk about injustice instead of labelling my problem.

The extract implies that Hasti has developed a sense of self-respect as a result of attending counselling sessions. Hasti, like Parastoo, says 'the problem is outside'. Her use of the words 'I am this, I am that' suggest frustration as a result of being labelled by her

counsellors. Equally important, Hasti suggested that her humanity is replaced by the label 'depressed', which would not be the case if her situation was considered in the context of domestic violence. It is the situation, not Hasti, who is sick, but the counsellors have labelled and pathologised her instead of considering Iranian culture. Consequently, Hasti has entirely lost faith in the UK counselling system. She saw her present psychological issues as having been caused by unfair treatment due to her gender. Her tone suggests she was questioning her counsellors' approach as well as expressing frustration over the failure to consider her problems in a wider cultural context. Her use of the words 'every counsellor' suggests that this experience has happened more than once; maybe many times.

Similar to Parastoo and Hasti, Mastaneh found counselling helpful for dealing with her emotional issues, including a sense of sadness or anger towards her abusive husband, but unhelpful for seeing her problems as part of Iranian culture:

I remember I used to talk about physical problems saying to my counsellor 'I've pain in my chest', but she was so patient with me and gradually she encouraged me to talk about my emotions. You see, counselling sessions help me to understand how to deal with my emotions. You see it helps me to deal with my sadness or understand why I am so angry towards my husband (…) that's definitely the case, yes but it doesn't help me to deal with my anger towards so much difference between men and women, or why I'm being treated differently as a woman. I haven't heard once she confirms that: yes, it's Iranian culture you see.

It appears that it was initially easier for Mastaneh to talk about physical than emotional pain. Mastaneh views that counselling sessions has helped her to understand and

manage her emotional difficulty However, her use of the words 'haven't heard once' reflects an unmet expectation that her counsellor should be able to relate her anger over being treated differently within Iranian culture due to her gender.

In contrast, Shahin described her own inability to relate to other Iranian people:

… I had a lot to say, but I didn't know how to say it to a stranger, you know. So, I started to talk about physical pain but after a while I trusted my therapist and started to talk about my problems. (…) it certainly helps me to have a better relationship with myself, with my children, and my new partner, but not with Iranian people. I have difficulty to be with Iranian people. I don't trust them (…) I was so depressed and was under medication but now I don't need them. I have learned skills to manage my negative feelings.

Shahin, like Mastaneh, found that talking about her physical problems was easier than talking about emotional issues; her repetition of the word 'trust' suggests that this is an important factor for her when establishing relationships. Shahin, like others, explained that counselling helped her at a personal level (that is, managing her depression without medication) but not in a wider context (that is, relating to Iranian people).

Along with individual therapy, some participants attended group therapy. This was a way for Ziba to review her perspective on domestic violence:

Group sessions give me understanding about domestic violence and what it really is. They help me rationally to think about different kind of abuse and help myself and

others if they happen to us, to protect and avoid toxic relationship. They are about

awareness you know. I have started to help other survivors and act as a volunteer

advocator.

Group sessions were meaningful for Ziba, changing her view of domestic violence.

Additionally, the sessions gave Ziba the strength and motivation to give something back to

the community by volunteering.

Parastoo, like Ziba, found group sessions a source of knowledge:

I think coming to the counselling and workshops where we explore self-care and

control wheel has helped me a lot to realise what actually violence is. I am still

working on it and try to make sure my children have a better understanding as they

get older.

Parastoo's reference to the 'control wheel' is interesting as it suggests she has started

to use psychological terms which are used to describe types of violence. It seems that

Parastoo had started to review which actions or behaviours are considered domestic violence.

The extract suggests her motivation to raise awareness about different types of domestic

violence as well as to impart her new knowledge to her children.

Mastaneh also talked about the positive aspects of group therapy:

Group sessions help us to put the problem outside of ourselves and have better

understanding of our problems we are having here. In group sessions we can talk but

we are from different countries you see. It would be great if the sessions let us to
attend for different group of people. I mean a group for Iranian or a group for Indian.

Mastaneh's use of 'us' instead of 'I' suggests that she feels part of the group,
mirroring her awareness that she is not the only person who has experienced domestic
violence. However, she perceived that being with other Iranian people would help her face
her problems more effectively; perhaps Mastaneh would find it easier to discuss her issues
with a group of people who share a culture, or perhaps, in contrast with Shahin, she would
like to connect with other Iranian women who (crucially) have had the same experience.

Discussion

Six accounts of Iranian immigrant women's experiences of using counselling services
in the UK have been presented. To the researcher's knowledge, the only previous qualitative
study involving Iranian immigrant women was conducted by Aghtaie (2015), in which the
author explored the perspectives of female Iranian students living in Iran and the UK who
had experienced violence. This lack of research is surprising given the fact that immigrant
women are particularly vulnerable to domestic violence (Shisheghar, Gholizadeh,
DiGiacomo, & Davidson, 2015).

Participants talked about the emotional challenges of overcoming the stigma attached
to individual and group therapy. Perceptions of being considered "mad", "mental", and
"crazy" were commonly feared. This strengthens and adds to the growing picture of shame
and stigma around mental health issues and counselling in the context of domestic violence
against women (Ovestreet & Quinn, 2013). Hence, counsellors should consider the level of
stigma and shame that immigrant abused women may experience when attending counselling.

Most participants experienced positive aspects of counselling. They felt they had more understanding of themselves and more ways to manage their emotional issues following counselling. This highlights the positive aspect of counselling interventions at a personal level; participants felt empowered to manage their psychological difficulties (Proby, 2017).

Other experiences of counselling in the current study included a sense of being pathologised by the counsellor, evidenced by Hasti: "they (counsellors) concentrate on me and say: I'm depressed, I'm, this, I'm that". Other participants (apart from Zohreh) also reported this feeling. Sweeny et al. (2019) conducted a review of 13 qualitative studies with people aged 16 and above who had been assessed for psychological therapy services, including women from minority groups living in the UK. The authors found that some women felt pathologised as a result of being asked about their psychiatric details, or because they felt the therapists focused on their mental health instead of the difficulties they were experiencing. Furthermore, findings from the current study are relevant to the experiences of participants in McHattie's (2011) study, where abused women from different backgrounds placed value on counsellors who named abuse issues. In other words, women perceived their counselling sessions as helpful when their symptoms were normalised with non-pathologising language. In accordance, Taghva et al. (2017) argued that discussion of psychological health is taboo in Iranian society. Through a close engagement with the words of participants from a particular population, the current findings may add to the existing research: the counsellors' lack of understanding about the place of domestic violence in Iranian culture and how deeply entrenched domestic violence is in Iranian culture may lead women to a sense of being pathologised. However, further qualitative research with immigrant abused women who have attempted to use counselling services is warranted to explore the sense of being pathologised in greater detail.

However, while most participants found individual counselling sessions unhelpful at some level, some found group sessions helpful. According to Bunn, Goesel, Kinet, and Ray, "While the literature does provide a compelling conceptual rationale for using group treatment, the empirical literature is in fact very limited at this time, and needs to be strengthened in order to build confidence in outcomes across contexts and survivors" (2015, p. 45). The current study is an attempt to address this gap. Various authors have explored whether individual and group therapy are equally effective (Condino, Tanzilli, Speranza, & Lingiardi, 2016; Echeburua, Sarasua, & Zubizarreta, 2013; Stalker & Fry, 1999) in the context of domestic violence. However, it is not possible to draw any clear conclusion from this earlier research because they are inclusive. According to Farsimadan, "for Iranian clients, adopting a directive therapeutic approach involving problem-solving strategies, rather than 'non-directive or analytical exploratory approaches', has been suggested" (2011, p. 286). It seems that group therapy is one strategy that can be used to support abused Iranian women.

Given that there is limited research on female Iranian immigrant survivors of domestic violence in the UK, the current finding that group therapy was effective for these participants is novel. Participants felt accepted, believed, and validated when they heard that others were suffering from the consequences of domestic violence. Therefore, it would seem beneficial for healthcare professionals to offer group therapy to Iranian immigrant women. This is particularly important as this group may have difficulty talking about psychological issues arising from domestic violence. They may find it unfavourable to be labelled depressed or anxious, which could create resistance (Farsimadan, 2011). As such, they might need, as Mastaneh suggested, to be among a group of Iranian women. This may help such women feel understood without feeling pathologised or judged.

4.6. Implications for counselling psychology

The findings from this study have important implications for counselling psychologists and other mental health practitioners. High levels of stigma around mental health issues were found in these Iranian immigrant women. Bury and Strauss (2006) argued that "counselling psychology privileges respect for the personal, subjective experience of the client over and above notions of diagnosis, assessment and treatment" (p. 113). Hence, it is recommended that practitioners value their clients' subjective experiences. In other words, counselling psychologists and mental health practitioners should avoid psychiatric labels such as depression and anxiety.

Participants felt frustrated, disappointed, blamed, and/or pathologised by their counsellors. They suggested that culturally relevant interventions would help them feel believed and accepted. Thus, counselling psychologists and mental health practitioners must have awareness of the culture of any client group they work with; this awareness will help practitioners to provide a safe environment for their clients to explore experiences of domestic violence without feeling pathologised or blamed.

The high levels of shame within the Iranian women's accounts indicate that this powerful emotion is another factor that needs attention when treating these women. According to Gilbert and Procter (2006), shame affects our ability to reveal painful information, meaning we adopt defence mechanisms such as denial and avoidance. Addressing shame is important as it "can act as invisible barriers to the adequate delivery of healthcare" (Gilbert & Procter, 2006, p. 259). The women's sense of shame was related to various areas: attending counselling sessions, mental health issues, and talking about deep emotional difficulties

Survivors of abuse are especially prone to feel ashamed as they might hold themselves responsible for the abuse (Parker, 2015). In such cases, clients may benefit from externalising the blame onto the abuser (Greenberg & Iwakabe, 2011). Therefore, counselling

psychologists and mental health practitioners must be sensitive to this level of shame among Iranian women and should consider how to support women to externalise the blame, empowering them to manage their self-critical behaviour.

Several participants had difficulty engaging in individual therapy sessions to explore their mental health issues. Therefore, counselling psychologists and mental health practitioners should consider delivering group sessions. Given that several participants found it easier to talk about physical pain than emotional stress, it is recommened that therapists should be aware that reports of physical pain are a way for immigrant women to test the safety of the counselling sessions so that they can move onto discussions of psychological pains. It is further recommended that group sessions should include individuals who share or have some understanding of the cultures which differ from that of the host country. According to Tangney and Dearing (2011), group therapy can be viewed as a powerful way for mental health practitioners to address and resolve shame arising from domestic violence; group sessions can help women to normalise their shame, as they see other women facing the same issues.

Conclusion

This study was conducted with six Iranian immigrant women survivors of domestic violence. The aim was to gain an insight into these women's experiences of using UK counselling services. As discussed, findings from the current study may be used to promote counselling interventions which address domestic violence within the specific socio-cultural context of abused Iranian women.

Findings from this study give a voice to Iranian women who have experienced domestic violence. These women's perceptions and experiences of counselling interventions have not been investigated in the UK. Respect was given to women's experiences by

providing a non-judgmental environment for them to talk and break their silence on domestic violence. Considering that disclosing the domestic violence is taboo in Iranian culture, it is hoped that revealing these women's experiences may help to break the shame and stigma around disclosing this phenomenon.

It is also hoped that further in-depth research studies will be conducted into issues related to domestic violence among Iranian immigrant women in the UK, as this topic remains understudied. Women's experiences of counselling and other support services designed for domestic violence survivors have been highlighted here. Thus, the cultural complexities that shape Iranian immigrant women's experiences of domestic violence have been illuminated. To promote and enhance counselling and support services, we need to hear and understand the lived experiences of abused women themselves. Such an understanding has begun to be developed through analysing the women's subjective narratives of their experiences of counselling and support services.

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Appendix B

Interview schedule

1) Can you tell me how you feel/felt about coming to the UK?

Possible prompt: How is it different from Iran?

2) Can you tell me about your experience relevant to domestic violence in the UK?

Possible prompt: How do you feel about the legal system in the UK? How about health care professionals? Are there any differences between how they react to domestic violence in Iran and the UK? If yes, in what way? And how it affects you?

3) Can you tell me about your experience/s of using the legal system in Iran?

Possible prompt: How about family, friends? Did you try to get help from the police? How did they react? How do you feel about the custody procedure? Was there any legal support available to you during this procedure?

4) Can you tell me how you came to leave Iran?

Possible prompt: What prompted this? What happened? How did you feel? How did you feel as a woman in Iran? Did you leave with/without your husband? Was the violence you were experiencing in your relationship/s factor in the decision to leave?

5) Can you tell me about growing up in Iran?

Possible prompt: Did you witness any violence in the relationships around you? How did you feel as a child? Did you experience any differences between boys and girls? Did you speak to anyone about what was happening to you?

6) Can you tell me about your marriage?

Possible prompt: How did you come to marry? When did the violence/abuse start? How did you feel the first time it happened? How did things continue? Did you speak to anyone about what was happening to you? If yes, how did they react? What did they say? If no, why did you not speak to anyone?

7) Can you tell me about your general experience in Iran, with reference to domestic violence as a grown woman?

Possible prompt: How did you cope? How did feel about yourself? How about your children? Did you go through custody? Were you concerned about its impact on your children? How did your child/ children react to domestic violence if you have any? How is your relationship with them now?

8) Can you tell about your experiences of seeking counselling and support?

Possible prompt: How did you feel about seeking help? Has this been helpful? In what way? Does counselling help you to have a better understanding of the problems you are facing at the moment? If not, how it can be improved?

9) If you have a new partner, can you tell me how you feel about that relationship?

Possible prompt: what are your expectations? Are there any differences in your expectations since you have moved to the UK? What about your expectations of relationships in general?

10) How would you describe yourself as a person now?

Possible prompt: How do you feel about yourself as a woman? In relation to your child/children?

11) Can you tell me how other people see you?

Possible prompt: family, friends, Iranian communities in the UK? How does this make you feel as a person/as a woman?

12) How do you see yourself in the future?

Possible prompt: How can you relate to them? Do you see yourself as part of the Iranian community? How will be your relationship with them? How about your children?

Appendix C

Participant information sheet

AN INVITATION TO PARTICIPATE IN A RESEARCH STUDY

Project Title: Iranian Immigrant Women's Experiences of Domestic Violence

You are invited to participate in a research study.

Who is the researcher?

This study is conducted by Nahid Karamali, a trainee Counselling Psychologist in the Department of Health and Social Science at University of the West of England, Bristol. Nahid is conducting this research for her doctoral thesis. Nahid's research is supervised by Dr Victoria Clarke, an Associate Professor in the Department of Health and Social Sciences.

What is this research about?

The study involves talking about your experience and views of domestic violence. The present research aims to raise awareness of Iranian immigrant women's experiences of domestic violence amongst professionals including counselling psychologists to support clients more effectively.

Who can participate?

Participants should:

- Be adult women (aged 18 and older)
- Have experienced domestic violence within a heterosexual relationship in Iran
- Be born in Iran and now living in the UK
- Have attended an organisation which provides counselling for domestic violence
- Not be in an abusive relationship any more
- Be fluent in English

What does participation involve?

You will participate in a face-to-face interview with me, Nahid, which will take approximately 60-90 minutes of your time. The interview will be audio-recorded for data analysis and reporting the results. The interview will be conducted on the premises of the charity where you attend your counselling sessions or, if you prefer, in a quiet room in the UWE Frenchay Campus. This will allow for maximum privacy. The interview will be like a conversation, in which I will help you to talk about your experiences of domestic violence in Iran. I will ask questions about what happened to you and what your feelings and thoughts have been. Before the interview I will ask you to sign a consent form, to show that you agree to take part as well as to complete a demographic form, which contains some questions about your age and so on to help me understand something about the range of women taking part in the research. The interviews will be conducted in English.

What are the benefits of taking part?

The interview will provide an opportunity for you to share your experiences of domestic violence in a safe and non-judgmental environment. It is also hoped the interviews will have a wider benefit. This is because health and social care professionals, especially counsellors and therapists, might learn from your experiences to improve the care they provide.

What if I decide to withdraw?

You have the right to withdraw at any time without providing a reason. You may stop the recording of the interview or ask for the recording to be deleted during the interview, and this will be done. If you decide to withdraw after the interview has taken place, the audio recording and transcripts (written records of the interview) would be destroyed. Please note that there are certain limits on retrospective withdrawal; for example, I will give presentations of the research and eventually submit my thesis. For this reason, if you decide you wish to withdraw after the interview, you are encouraged to do so within a month of the date of the interview.

What about the cost of travelling to the interview?

You will receive £20 in cash or gift card, based on charity policies, to compensate you for your time and the cost of travelling to the interview. You will still receive the compensation if you decide to end your participation at any point of the interview. You will receive your compensation/travel costs at the end of the interview.

How will the data be used?

The audio-recording of the interview will be typed up into a written record (transcript) and interview data will be anonymised (that is, any information that can identify you will be removed or changed) and analysed for my research project. This means that anonymised extracts from your interview may be quoted in my dissertation and any publications and presentations arising from the research. In addition, anonymised extracts might be read by my supervisors. The demographic data (i.e. personal information such as your age) for all of the participants will be compiled into a table and included in my dissertation and any publications or presentations arising from the research. The information you provide will be treated confidentially, and personally identifiable details will be stored separately from the data. The personal information collected in this research project (that is, the interview audio recording, transcripts and demographic form) will be processed by the University in accordance with the terms and conditions of the 1998 Data Protection Act. We will hold your data securely and will not make it available to any third party unless permitted or required to do so by law. Your personal information will be used/processed as described on this participant information sheet.

Contact for further information

Nahid is hoping this information sheet is useful in helping you decide whether or not to take part in this study. If you have any queries about this study please telephone Nahid on this safe mobile number: 07950 911384. You may also email her at nahid2-karamali@live.uwe.ac.uk and she will be happy to answer any questions you might have.

Are there any risks involved?

There are no particular risks anticipated with participating in this study. However, it is possible that you could be upset by the interview questions. You may ask to skip or decline to answer any particular question that upsets you. You may also stop your participation at any point of interview. If you experience any emotional difficulty as a result of the interview questions and need assistance, you may ask Nahid to arrange a scheduled visit with your counsellor at the charity you attend for counselling. The charity has agreed to this arrangement. We have also provided information about some of the resources which are available to you.

These are the organisations that are available to support you if you feel distress during or after the interview:

1) Women's Aid, which works with survivors of domestic abuse and provides a Freephone 24-hour National Domestic Violence Helpline in partnership with Refuge.

Tel: 0808 2000 247

You can also email: helpline@womensaid.org.uk
Website: www.womensaid.org.uk

2) Refuge supports women, children and men to access a range of services, including refuges, independent advocacy, community outreach and culturally specific services.

Tel: 0808 2000 247

You can also email: helpline@refuge.org.uk
Website: http://www.refuge.org.uk/

3) Iranian and Kurdish Women's Rights Organisation (IKRWO) provides direct services including counselling for women and girls, especially Middle Eastern and Afghan women and girls.

Tel: 0207 920 6460, Mondays to Fridays, 9.30am to 5.30pm
In emergencies only, these numbers can also be used: 07846 275 246 (Arabic/Kurdish) or 07846 310 157 (Farsi/Dari/Turkish).
Website: http://www. ikwro.org.uk

4) Iranian Association, which promotes mental health well-being, particularly for those who might have experienced trauma.

Tel: 020 8741 2304/020 8748 6682

Monday from **9.30am** to 1 pm and from **2 pm** to **5 pm.**
Thursday from **9.30am** to **1 pm.**
Except Christmas, New Year and Easter Holidays.

You can also email: info.iranianassociation.org.uk
Website: http://www.iranianassociation.org.uk

5) Farsophone Association is piloted in partnership with NHS Barnet at Edgware Community Hospital. It is designed to offer an integrative counselling and psychotherapy service to Farsi (Persian) speaking individuals, families, couples, children and young people.

Tel: 0208 9512004
Mobile: 07914 965 511

You can also email: counselling@farsophone.org.uk
Website: http://www.farsophone.org.uk.

If you have any questions about this research or wish to complain about any issues including the way you have been approached or treated during this study, you may contact my Director of Studies in the first instance. Her contact details are Dr Victoria Clarke, Department of Health and Social Sciences, University of the West of England, Frenchay Campus, Coldharbour Lane, Bristol, BS16 1QY. Tel: 01173282176.

Email: Victoria.Clarke@uwe.ac.uk

This research has been approved by the Health and Applied Sciences Faculty Research Ethics Committee (FREC)/psychology ethics

Appendix D

Consent form

Iranian Immigrant Women's Experiences of Domestic Violence

Consent form

Thank you for agreeing to take part in this research on domestic violence.

My name is Nahid Karamali and I am a trainee Counselling Psychologist in the Department of Health and Social Sciences, University of the West of England, Bristol. I am collecting this data for my doctoral dissertation. My research is supervised by Dr Victoria Clarke, an Associate Professor in the Department of Health and Social Sciences. She can be contacted at the Department of Health and Social Sciences, University of the West of England, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY [Tel: 44(0)117 3282176; Email: Victoria.Clarke@uwe.ac.uk] if you have any queries about the research.

Before we begin I would like to emphasise that:

- your participation is entirely voluntary

- you are free to refuse to answer any question

- you are free to withdraw at any time [within the limits specified on the information sheet].

You are the expert in this area. There are no right or wrong answers and I am interested in everything you have to say.

Please sign to show that you have read the contents of this form and of the participant information sheet and that you consent to participate in the research:

_____ (Signed)

_____ (Printed)

_____ (Date)

Please return the signed copy of this form to me and I will give you a copy, which I have signed.

Researcher's signature _____

Date _____

This research has been approved by the Health and Applied Sciences Faculty Research Ethics Committee (FREC)

Appendix E

Demographic information sheet

IRANIAN IMMIGRANT WOMEN'S EXPERIENCES OF DOMESTIC VIOLENCE: AN

INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

Some personal information about you

I would be very grateful if you answer these questions. The information you provide helps me

to learn more about the characteristics of the people who take part in the research. All

information is treated as confidential and anonymous.

Please either circle the answer or write your answer in the space provided.

1) How old are you?

2) How would you describe your current relationship status?

- Married/Civil Partnership

-Single

-Partnered

-Separated

-Other

3) Do you have any children?

Yes   No

If yes, how many children do you have?

4) How would you describe your social class?

-Working Class

-Middle Class

-Upper Class

-Other?

5) Are you currently?

-Unemployed

-Employed

If employed, what is your current occupation?

Appendix F

Overview of the initial table of super-ordinate and sub-ordinate themes

Super-Ordinate and Sub-Themes

Super-Ordinate Theme 3.1: Types of violence women experienced

3.1.1. Physical violence

3.1.2. Psychological and emotional violence

3.1.3. Other forms of domestic violence

Super-Ordinate Theme 3.2: Impact of domestic violence on women

3.2.1. Impact on psychological wellbeing

3.2.2. Impact on women's identity and sense of self

Super-Ordinate Theme 3.3: Impact of domestic violence on women's relationships

3.3.1. Relationship with family

3.3.2. Relationship with the Iranian community

Super-Ordinate Theme 3.4: The cultural experience of being a female victim of domestic violence

3.4.1. Cultural pressure to keep the family together

3.4.2. Human rights and self-acceptance as a woman in Iran and the UK

3.4.3. Living with 'new' self in a new cultural context

Super-Ordinate Theme 3.5. Using the legal system and counselling services before and after immigration

3.5.1. Using the criminal justice system in Iran and the UK

3.5.2. Using counselling services in the UK

Appendix G

Example of development of themes from transcript extract

	DEVELOPING EMERGENT THEMES	
Emergent themes	Original Transcript	Exploratory comments
	Int: Can you tell me about your marriage? Ziba: When I was eighteen, I had enough of my family ((coughs)) mm-hm one of my brother's friends wanted to marry me (.) ((laughs)) without even thinking I accepted because because I thought I can move on and be free of my family and start a new life how stupid of me ((Pause)) em-hm I was so stupid I still think how naive and stupid I was I feel sorry for myself so sorry Int: Can you tell me why do you feel that way? Ziba: Because he was worse than my family mm-hm he started to making accusations telling me I had relationship with other men calling me a bitch telling mm-hm me that nobody likes me and I must be thankful he has married me because I am worthless the sad thing is I believed him I was thankful he was with me mm-hm because nobody wanted to spend time with me I had no value no character he started to tell me what to wear sometimes he used to call me ugly I started to hide from people again I started to think 'I am ugly I am worthless people don't want to see me' um-mm I had to tell him where I was	Manipulation and financial dependency Linguistic Comments: Recognition of a social norm?) marriage helps women to move on in life. Commenting on her own intellectual ability (stupid) – internal thinking about herself. Emphasising the enormity of the experience (being slapped) with mentioning her thoughts and reactions when the first time it happened. Conceptual Comments: Ziba tells a story of her abuse as part of her daily routine, justifying it as a norm between couples. The violence included physical, emotional, and financial abuse. Ziba clearly expressed that she believed she cannot survive financially and felt
Feeling of inadequacy Being invisible		

Feeling of loneliness Feeling of being neglected Feeling of being rejected Shame Self-hatred Self-doubt Struggle to accept 'self' and identity-unwanted gender Lack of self esteem Humiliation Worthlessness Feeling of abandonment because of gender Feeling of being neglected	all the time ohm and and before I know I had to ask for permission to go out ask for money ask for everything he started to slap me on the day we got married do you believe that ((pause)) um-hm when he did it I was so in shock as if as if it was happening to someone else but but erm gradually I started to numb myself so I could not feel the pain my mum and brothers used to hurt me sometimes (.) but he used to do it every day ((pause)) everyday makes me feel small hating myself blaming myself for what he was doing ((pause)) he changed my clothes and the way I was doing things the way he wanted but he wasn't never pleased exactly like my mum mm I used to think there is something wrong with me mm I used to pay for our bills but but he made me to believe that I cannot survive without him (.) ((cough)) I believed him for twelve years that I couldn't live without him I thought I thought I couldn't manage financially (.) yes he used to hit me physically gradually I started to watch myself like it wasn't me (.) um-hm I thought I was going crazy I had no idea who I was (.) I couldn't believe it was happening again you know ((pause)) he used to say 'you are useless' and I really believed him I couldn't even go shopping myself because I really thought I cannot choose good food for the family ((pause)) I couldn't decide about what to wear because he used to	hopeless for years. Ziba talks about its impact on her: gradually eroding her confidence and sense of reality by confusing, misdirecting, deceiving, and persuading her- leading her to extreme self-doubt. '…gradually all of these …suggests a lot to deal with (a lot happening that pushed her towards felling of being out of her body. Descriptive comments: Ziba was blamed for the abuse Expectation of not being supported Sense of loneliness Avoiding painful emotions by being emotionally numb Revelation of attempting suicide Partner wanted her alive to make her suffer Not knowing any other relationship Giving in to her partner's demand: protection mechanism

	make fun of me in front of others criticising me all the time mm-hm I was frightened he was never sorry for what he was doing um-hm it was always my fault Int: Did you talk about this to anyone?	Linguistic comments: .'..Natural …sexual needs' Ziba's narrative reinforce the duty of women to satisfy her partner's sexual needs but he has no duty to do the same for her because of his gender.
Anger Feeling of loss and abandonment Loss of a caring relationship-unwanted gender	Ziba: I talked about it with my mother erm but she she said 'you shouldn't make him angry he is your husband' (.) ohm I should have expected that from her but after this I stopped talking about this erm with anyone I was so lonely so numb ((pause)) I mean emotionally I attempted to kill myself three times but every time he took me to hospital I guess he wanted me to be alive (.) to make me suffer (.) I thought that was a normal relationship you know and after a while I started to to do whatever he asks me to do to make sure ((pause)) he would not get angry I was living in fear all the time he told me he is going to divorce me and get the children and never let me to see them um-hm that was too much I did everything he wanted me to do (.) in Iran men can do this they can get the children so even when I didn't want to sleep with him I did but but I think it is natural for men to have sexual needs and it was one of my duty to do that (.)	
Struggle to accept 'self' and identity-Being touch inappropriately		
Worthlessness		
		Conceptual comments: Ziba talks about her experiences within marriage-her experience of holding herself responsible for her partner's satisfaction, especially sexual satisfaction is real and true to her. She makes external attribution around this and blames 'her family' or 'society' which holds women responsible to hold the family together.
	Int: How about if it was him who did not want a sexual relationship and you wanted to have it? Ziba: Ohm no it never happened but but if he didn't want it I	

Being heard as part of the healing process	wouldn't (.) I couldn't expect him to go against his wishes	
	Int: Can you tell me why that is?	
	Ziba: Because he's a man and women have a duty to meet their husband's needs (.) that is what I think or or what I have learnt I don't know but but in Iran they teach girls that a good woman doesn't ask for sex first and just do it when when the husband wants it (.) and I have believed it he used to have sex with me when I didn't want but I couldn't say no because it was one of my jobs (.) but I never enjoyed it I mean how can you when they insult you ohm	
	Int: Can you tell me who are they who teach girls how to be a good woman?	
	Ziba: Ohm when they are little their parents ohm when they go to school teachers they keep telling them how to be a good women and (.) they teach girl to be nobody I remember I used to go to school and my mother told me one day 'you are going to cook and look after children why do you go to school' ((pause))	
	Int: Can you tell me how did you feel?	Descriptive comments: Being respected in the UK for who you are No difference between women and men
	Ziba: Ohm I really believed that ohm yes I believed there is no point to study (.) my marks weren't good after this I really believed her ohm she was my mum I had no one else in this world ohm I believed her and I	

Being falsely accused of having an affair	didn't study hard enough to go to university until I came here (.)	Having different roles as a woman; being a mum and working outside.
Being slapped	Int: Can you tell me what made you go to university here?	
	Ziba: Here is different people respect you for who are not because um-hm you are a man or woman when I came here I made friends (.) and I noticed they are all mothers but study and work too you see and they were good mums they could help their children with their homework but I couldn't (.) I started to go to English classes staying at home was not healthy for me and my children ohm I just don't believe that any more I am just good for cooking (.) cooking cleaning is part of my job at home yes but part of it I am someone outside I can do something for myself that's changed inside me ohm I enjoy doing things at home but but I enjoy going out and work I am a mum and and [work] here women work they are with partners and enjoy everything together ohm I want that for my children enjoy life ((pause)) they can have both study and have a family ohm I am still confused why they say these things in Iran to girls ohm ((pause)) especially parents ohm they supposed to wish the best for their children yes (.) I cannot understand how mm-hm how a parent can do it no I really don't understand it	Linguistic comments: Ziba's valuing of having a role outside is evident 'I am someone outside'.
Financial control		
Loss of self		
Loss of self-confidence		Conceptual comments: By emphasising the negative effect of discouraging girls to study in Iran, especially by parents, Ziba's narratives reinforce the desirability of having different roles herself and her children in the future.
Dissociation		
Giving in to partner's sexual demands-keeping the family together		
Emotional numbness		
	Int: Can you tell me about your general experience in Iran with	

	reference to domestic violence?	
	Ziba: Um-hm I think being a girl is a crime in Iran girls have no right in Iran (.) as a girl and women I felt like I have no values I used to be humiliated as a child as a grown woman but I couldn't even know why (.) I had no right to go out without him or talk to my friends I had to talk to him first to get permission mm to be honest I didn't know what is happening to me is called abuse mm-hm I used to think it was normal but I knew I wasn't happy and always used to feel trapped and (.) when I was eighteen I used to be very angry and sad at the same time ((pause))	Descriptive comments: Being a girl is the cause of not having any rights in Iran: Having no valuse
Attempting suicide to help 'self'		Lack of freedom
		Abuse as a normal life: part of family life
Blamed for being abused		Sadness anger
Domestic violence as a norm between couples	Int: How did you feel about yourself?	shame feeling unwanted because of gender
	Ziba: I felt ashamed I felt there is something wrong with me and that is why all of these is happening ((pause)) I felt unwanted I never enjoyed what I was doing and used to go to my room spending too much time by myself mm-hm I couldn't trust myself to remember things I had difficulty to make simple decisions mm even what clothes to choose because I was scared I was going to laughed at all the time I still hate to be the centre of attention because I think something bad is going to happen (.) somebody will say something nasty to make me feel bad about myself you know I never feel safe and still is the same I can't relax.	loneliness
Living in fear		Being laughed at
		Linguistic comments:
		Commenting on being the central of attention is powerful language-it is associated with something bad: Being humiliated Self-hate as a powerful emotion associated with humiliation
Traditional gender roles: Unwanted sex as part of women's duty		Feeling guilty for no specific reason.