

"The Perceptions of Child Abuse
within Scotlands Black and Ethnic
Minority Communities"



Introduction

The research report focuses on the perceptions of child abuse within the **Scottish Black and Ethnic Minority Communities** (hereinafter referred to as '**BME**'). The study aims to produce a clearer picture as to what is known on the subject of child abuse, whilst also investigating where the majority of knowledge is currently available to members of the BME community.

The issue of child abuse is one that is prevalent in every society; abuse can and does occur to children and young people from all backgrounds, yet when investigating the concept of child abuse within the BME communities, there are many additional factors which contribute to this 'hidden non-existent issue'.

"What cannot be ignored is that we live in a culturally diverse society and that safeguards must be in place to ensure that skin colour does not influence whether the assessment of need or the quality of services delivered"

(<http://www.victoria-climbiie-inquiry.org.uk/finreport/4working.htm>; 7/3/06).

Language, culture, race, ethnicity, stereotyping, all play a role in the 'hidden' element of child abuse amongst the BME communities. This research report aims to investigate these issues in more depth.

Chapter one encompasses a literature review, giving a brief outline of children's rights, along with evidence of research conducted in the past, including definitions of relevant terms.

Chapter two discusses methods of research, limitations and challenges encountered and how each was tackled.

Chapter three examines the data collected from focus groups and in-depth interviews and provides a comprehensive analysis of the research gathered.

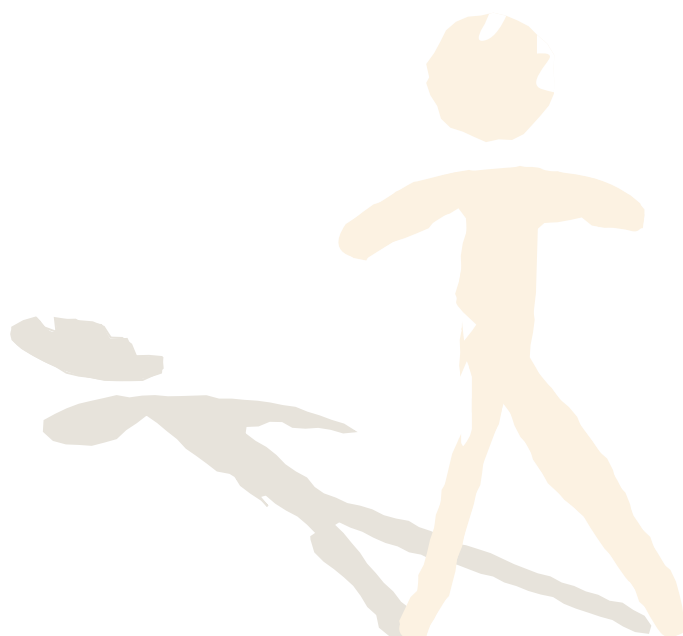
Chapter four compares previous and present research findings

Chapter five offers conclusions and recommendations for future research in this topic.



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Chapter 1: Literature Review

Research Aim

The aim of the research report is to address the perceptions of child abuse within the BME community; and to investigate where the majority of knowledge is currently available to members of these communities. The research report will also look at the BME communities' perception and awareness of services and service providers available to them.

roshni

The geographical location of this study is Scotland based, as it is being conducted by a registered Charity called roshni, situated in Glasgow's Southside. roshni, meaning 'light' in Urdu, was established in 2002 by members of Scotland's diverse communities.

roshni's aim is to raise the awareness of child abuse amongst the BME communities, whilst also working to ensure that children and young people from an ethnic minority background have access to service providers and services which are sensitive to one's religious and cultural needs.



'Protecting Children - A Shared Responsibility' (1998), published by The Scottish Office identified five forms of child abuse; although the Scottish office ceased to exist in 1999, The Scottish Executive continues to support the definitions listed below;

- **Physical injury**, defined as;

'Actual or attempted physical injury to a child, including the administration of toxic substances, where there is knowledge, or reasonable suspicion, that the injury was inflicted or knowingly not prevented'

- **Physical Neglect**, defined as;

*'This occurs when a child's essential needs are not met and this is likely to cause impairment to physical health and development. Such needs include food, clothing, cleanliness, shelter and warmth. a lack of appropriate care, including deprivation of access to health care, may result in persistent or severe exposure, through negligence, to circumstances which endanger the child' **

- **Sexual abuse**, defined as;

*'Any child may be deemed to have been sexually abused when any person(s), by design or neglect, exploits the child, directly or indirectly, in any activity intended to lead to the sexual arousal or other forms of gratification of that person or any other person(s) including organised networks. This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated, or consented to, the behaviour' **

- **Emotional abuse**, defined as;

*'Failure to provide for the child's basic emotional needs such as to have a severe effect on the behaviour and development of the child' **

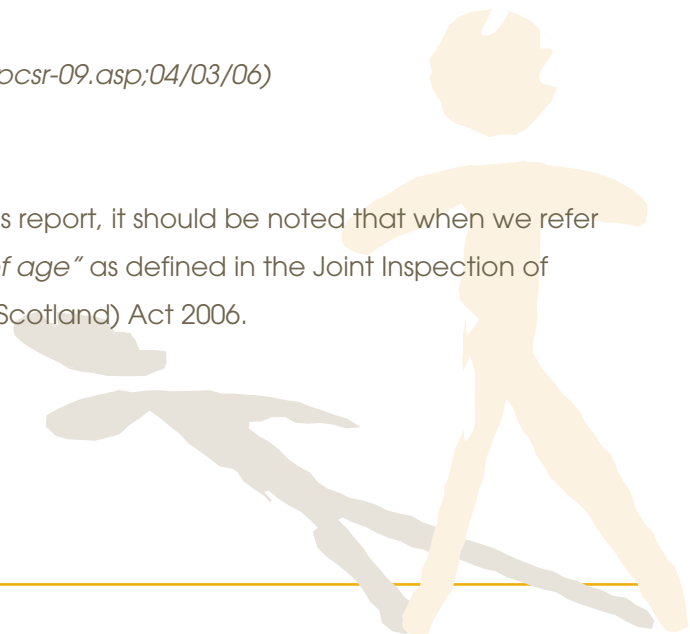
- **Non-Organic Failure to Thrive** defined as;

*'Children who fail to significantly reach normal growth and development milestones (i.e. physical growth, weight, motor, social and intellectual development) where physical and genetic reasons have been medically eliminated and a diagnosis of non-organic failure to thrive has been established' **

* **Source** (<http://www.scotland.gov.uk/library5/education/pcsr-09.asp;04/03/06>)

Children's Rights

Before looking at Children's Rights which are relevant to this report, it should be noted that when we refer to 'children' we are referring to "a person under 18 years of age" as defined in the Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006.



Everyone under the age of 18 in the United Kingdom has certain rights, which have been agreed under 'The United Nations Convention on the Rights of the Child'. This convention has 54 articles, of which the following are specific to the area of study for this research report;

"Article 3 – all organisations concerned with children should work towards what is best for each child"

"Article 6 – all children have the right to life. Governments should ensure that children survive and develop healthily"

"Article 9 – children should not be separated from their parents unless it is for their own good. For example, if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in touch with both parents unless this might hurt the child"

"Article 19- Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents or anyone else who looks after them"

"Article 20 – children who cannot be looked after by their own family must be looked after properly, by people who respect their religion, culture and language"

"Article 25 – children who are looked after by their local authority rather than their parents should have their situation reviewed regularly"

"Article 34 – the government should protect children from sexual abuse"

The above demonstrates the Governments responsibility to ensure the care and safety of a child and young person during one's development stages. The above also demonstrates how the Government recognises the importance of respecting and understanding the child and young person's religion, culture and language needs.

Issues affecting the perceptions of Child Abuse within the BME Community

It seems apparent that there is a lack of research available into the perceptions of child abuse within the BME communities and the issues affecting these communities when it comes to reporting child abuse. There is also little literature available on the issues of culture, stereotyping, language and the denial of abuse, all of which are factors that appear to affect perceptions and experiences of child abuse within the BME communities.



Culture and Stereotyping

"Culture is perhaps the most basic issue for child abuse and child protection... it provides the basis for both our definitions of abuse and neglect and the responses we have developed to protect children and prevent abusive acts from occurring and recurring."

(Gough *et al*; 2002:341)

Culture appears to be an important factor, yet surprisingly there is no specific agreed upon definition of the term culture; as Kirton (2000:51) notes;

"The term culture is, of course, open to many different interpretations – from customs and the arts through to values, world views and 'ways of life'."

He goes on to state that,

"although most of the major research studies include some consideration of culture, there is little exploration of its meaning or complexities"

(Kirton; 2000:51).

With regards to child abuse within the BME communities, culture plays a vital role, and frequently overlaps with other relevant issues such as stereotyping.

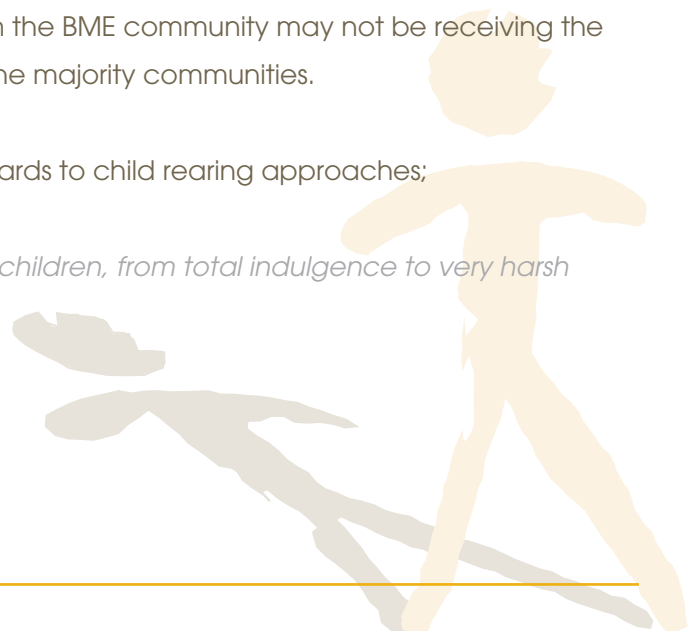
Asian families are commonly stereotyped as *'tight and rigid'* (Robinson; 1995:71). This cultural stereotype means that when it comes to dealing with Asian families, service providers regard the Asian family as *'problematic'* (Robinson; 1995:71). Therefore, before service providers even come into contact with the family, the knowledge that they are from the BME community may influence the approach used or hinder the perspective that the service provider has.

Potentially this means that children and young people from the BME community may not be receiving the same level of service as children and young people from the majority communities.

Culture difference is an important issue; especially with regards to child rearing approaches;

"Different cultures permit a wide range of actions towards children, from total indulgence to very harsh physical discipline including severe beating"

(Chan *et al*; 2000:362)



This means that one 'culturally' accepted method of child rearing or discipline might be regarded as abusive by people who are not familiar with that culture. This leads to problems, especially in terms of service providers, as

'workers may hesitate to intervene with ethnic families due to being unsure whether a behaviour is abusive or simply a cultural difference.'

(Chand; 2000:67)

The problem, as a result of this hesitation, is obvious. Children and young people from a black or ethnic minority background may not be protected, and may continue to suffer abuse, the point ultimately being that

'to argue that some violent behaviours may not be abusive due to the cultural context is problematic'

(Chan *et al*; 2000:362)

Another example of 'cultural' problems comes in the form of arranged marriages;

"There is a widely held view in white western society that arranged marriages in Asian families are in themselves abusive because they do not give control and choice to the marriage partners, particularly young women."

(Phillips; 1995:120)

This stereotyping does not take into account the difference between "arranged marriages" and "forced marriages". The idea behind arranged marriages; the parents' intention is ultimately to protect their children;

"They wanted their daughters to be safe and cared for as part of a family system"

(Phillips; 1995:120)

At the same time, the parents are also trying to protect the family as a whole from being outcast from the community. As Wilson (1978:109) notes;

"A girl wanting to marry outside her religion, or even caste, is for parents a dire emergency. They must stop her, they feel at all costs - by locking her up, beating her, sending her back home, or even in some cases by killing her, otherwise they'll suffer all their lives. They will be ostracised, no one will marry their other children."



This is may be the case for some extreme "forced marriage" cases, but this comment is not to say that arranged marriages or even the concept of arranged marriages is bad. Wilson (1978) points this out when she mentions that many of the girls she talked to wanted to highlight that the arranged marriage system is more relaxed than it appears, in that the girls do have a chance to reject the marriage partner, and are now rarely forced into marriage.

This protective intent of parents is ignored and the issue is automatically assumed to be of an abusive nature. Phillips (1995) discusses the issue of the media coverage that arranged marriages receive, noting that the media coverage does not help matters as they report arranged marriages in only the worst case scenarios, in effect adding to the negative stereotype.

The Home Office and Foreign & Commonwealth Office have identified the problematic nature of arranged and forced marriages and recently launched a consultation on proposed Forced Marriage Legislation. The consultation paper entitled

"Forced Marriage – A Wrong not a Right" defined forced marriage as "a marriage conducted without the valid consent of one or both parties, where duress is a factor. Duress has been recognised by UK courts to include emotional pressure as well as criminal actions such as assault and abduction. It is a violation of internationally recognised human rights and a form of domestic violence."

(Home Office; 2005: 5)

This definition helps to in turn identify the difference between an "arranged marriage" and a "forced marriage"; the consultation continues by highlighting the difference between the two;

"In arranged marriages, the families of both spouses take a leading role in choosing the marriage partner but the choice of whether or not to accept the arrangement remains with the potential spouses. They give their full and free consent. By contrast, in a forced marriage, one or both spouses do not consent to the marriage or consent is extracted under duress."

(Home Office; 2005:5).

Arranged marriages may not be abuse, and when individuals stereotype the process of marriage in Asian culture as abusive they are referring in fact not to arranged marriage but forced marriage. The Home Office does acknowledge that arranged marriages can be positive and can work;

"The tradition of arranged marriage has operated successfully within many communities and many countries for a very long time and remains the preferred choice of some people."

(Home Office; 2005:5)

Language

Yet another significant influencing issue that affects the BME community when discussing issues of child abuse. When one mentions language barriers, the immediate 'solution' of interpreters may come to mind. But this seemingly ideal solution is itself riddled with problems.

Firstly, there is the problem of translation, which as Chand (2000:71) notes is best described by Ahmed *et al* (1982:19) in the title of their article; 'Translation is at best an echo'. The main problems with translation are that there may not be the possibility of *direct* translation from English to the relevant language, or the risk of having an abuse case *diluted* once translated.

Therefore a problem may arise not only in reporting abuse but also in relation to a parents understanding, as to what has actually happened to their child. Another problem with interpreters is that it is more than likely that the interpreter will have the same ethnic background as the child or family who have reported child abuse or are being investigated with regards to abuse. This immediately brings up the problem of confidentiality;

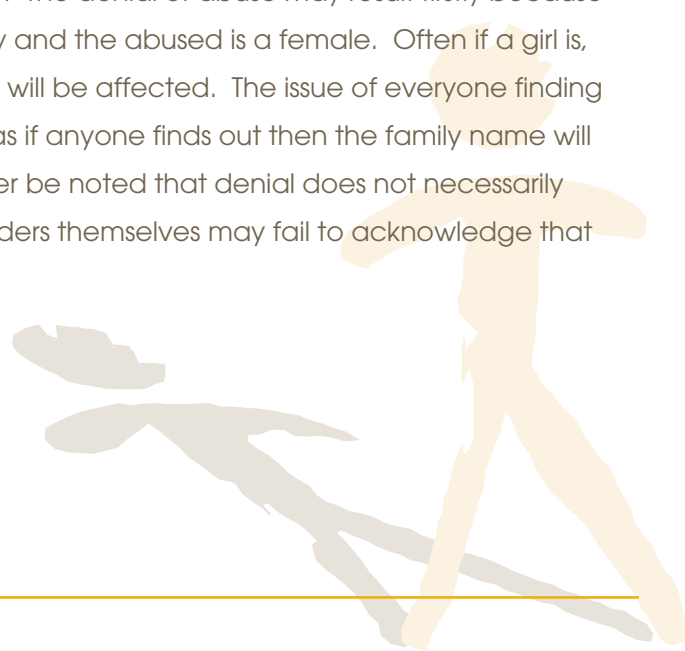
"For the service user having an interpreter from the same community may leave him or her feeling insecure about the issue of confidentiality."

(Chand; 2000:71)

The individual may have concerns regarding members of the community hearing of the abuse which has taken place. This is similar to the reasons behind negative arranged or forced marriages, in that the families do not want to be outcast from the community. Confidentiality could also be a causal factor in why incidents of abuse may often go unreported.

Denial

There is very little literature that investigates denial of abuse amongst the BME communities, even though denial appears to be a strong factor in terms of child abuse. The denial of abuse may result firstly because of shame, especially if the abuser is a member of the family and the abused is a female. Often if a girl is, for example, sexually abused, then her marriage prospects will be affected. The issue of everyone finding out is a relevant one. Notions of 'secrecy' play a key role, as if anyone finds out then the family name will be shamed and their social status tainted. It should however be noted that denial does not necessarily come only from the family of the abused, but service providers themselves may fail to acknowledge that abuse has taken place.



The case of Victoria Climbié provides a clear example of this. Victoria died on the 25th of February 2000 *in the intensive care unit at St Mary's, with 128 separate injuries to the body.* *

Victoria was horrifically abused by her aunt, Marie-Therese Kouao, who bought her to London, and her aunt's partner, Carl Manning, whose relationship with Marie-Therese began a little while after their move to London from France. Victoria's abuse was not recognised by social services, the church and hospitals until it was too late.

Though investigations into suspected abuse were carried out; social services visited the Kouao home, and Victoria was admitted into hospital more than once. Yet, she was still discharged back to her abusive aunt, who in the last few months of her life made her sleep in the bathtub, with no adequate food, clothing or even heat.

In January 2001 both Marie-Therese Kouao and Carl Manning were

'convicted of murder and child cruelty. Both sentenced to life imprisonment.' *

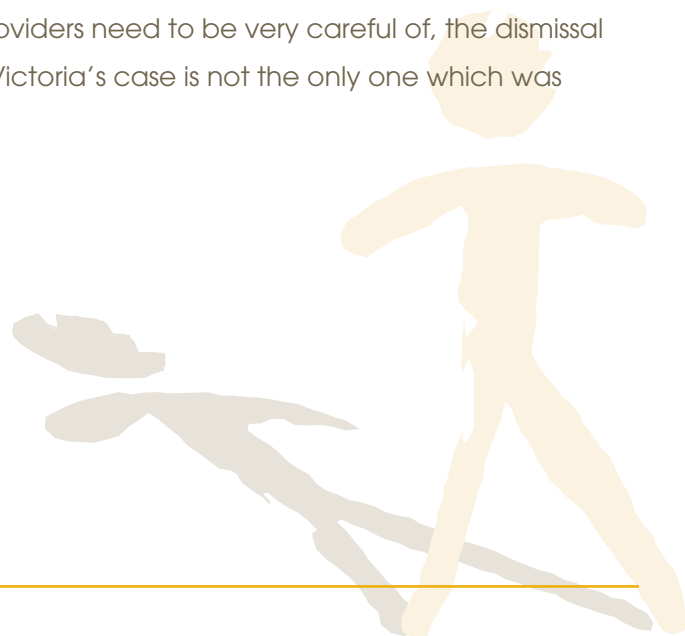
Since Victoria's death there have been attempts to learn from mistakes, as her case shows that denial of abuse can be fatal. The issue of respect is also relevant here. With regards to the BME communities, respect ties in closely with stereotyping; Victoria's case displays this clearly;

* **Source** (http://www.victoria-climbielinquiry.org.uk/Background/back_chron.htm;18/08/05)

"African families have a lot of respect for their elders. Therefore the fear displayed by Victoria, as spotted by numerous professionals, was interpreted as a result of the respect needed in African families.

(Member of Haringey Council, quoted in the Guardian, January 13th 2001)" (Webb et al; 2002:406)

This misinterpretation of Victoria's fear of her aunt caused a barrier in her protection. Cultural stereotypes, such as the one shown above, is something that service providers need to be very careful of, the dismissal of fear as respect, was a costly mistake in Victoria's case. Victoria's case is not the only one which was affected by cultural stereotypes.



Dominelli (2002:94) notes that this was also the case with Jasmine Beckford, in the 1980's, where

"a white social worker failed to insist on seeing a little black girl who was being abused by her carers on the grounds that she did not want to unduly intrude into black family relationships."

Dominelli continues to point out that as a direct result of the above attitude

"instead of demonstrating their ability to show acceptance of the other person while remaining critical of their behaviour, (white) practitioners become disempowered and unable to respond appropriately to the situation they are located within. In serious child protection cases, such paralysis may cost a black or ethnic minority child his or her life."

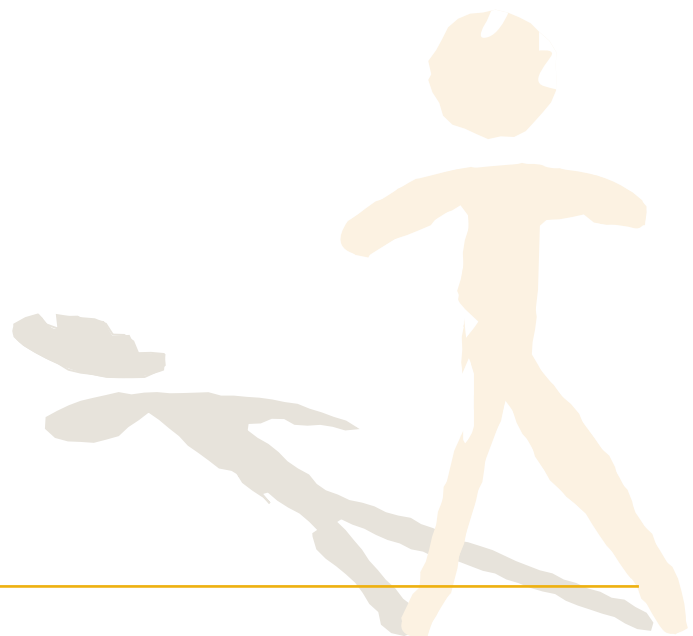
(Dominelli; 2002:94)

Although attempting to be more and more culturally sensitive and aware, it appears that practitioners' are still not fully able to comprehend culture effectively;

"The deaths of Tyra Henry in the 1980's and Victoria Climbié more recently have demonstrated that white professionals including social workers continue to fail black children and are unable to work comfortably with issues of 'race' in difficult situations."

(Dominelli; 2002:94)

In summary, many issues have been discussed which affect the perceptions and the experiences of members of the BME communities with regards to child abuse. The term child abuse has also been defined and the issues affecting child abuse amongst the BME communities that were identified in previous literature have been discussed.



Chapter 2: Methodology

Aims and Objectives

The research aims and objectives are to investigate the BME communities perceptions of child abuse, to determine where the main source of knowledge lies on child abuse which BME communities have access to and finally investigate the BME communities perceptions and awareness of existing service providers.

The questions to be researched and answered are as follows:

- 1 What are the perceptions of child abuse amongst both the younger and older generations from an ethnic minority background?
- 2 What issues cause barriers in terms of members of the BME community reporting child abuse?
- 3 Why is child abuse such a taboo subject amongst the BME community?
- 4 Would people from a BME background, feel comfortable using service providers? If not, why not?

In order to answer the above aims and objectives effectively and in an un-biased manner, more than one method of research was necessary.

Research Methods

Primary Data

The primary data used was in the form of focus groups and in-depth interviews; both of which are qualitative methods. Morgan (1998:11) notes that;

'Qualitative methods are an extensive field of study in their own right.'

Also Flick *et al* (2004:3) wrote qualitative methods *'draw attention to processes, meaning patterns and structural features.'* Thus qualitative methods are ideal for this area of study, as the aim is to understand social realities and perceptions. Qualitative methods also have an advantage over quantitative methods of research, as unlike quantitative methods, qualitative methods allow the researcher to learn more about the chosen field of research, as one can actively participate in the research.

To help investigate the perceptions and experiences of child abuse amongst the younger generation (aged between 16-25 years) within the BME communities, focus groups were conducted. Focus groups are topic-based interviews, which consist usually of one interviewer and a small group of people.

A major advantage of focus groups is, as Morgan (1997) states, depending on how focused the researchers questions are in relation to the topic, it will relate to how accurate the information gathered will be.



Focus groups allow a variety of ideas to be portrayed within a time efficient scale as they use groups of people rather than individual interviews, which would be time consuming. Also a group setting has its advantages as it may allow the researcher to gain an insight that may not have been obtained from separate interviews, as Morgan (1997:15) notes;

"The comparisons that participants make among each others experiences and opinions are a valuable source of insight into complex behaviours and motivations."

Focus groups do however also hold many weaknesses; including the issue of researcher influence. Due to the fact that the focus group is topic based, the interviewer tends to try and maintain a certain focus on the groups' discussion, the result of which may be that the researcher influences what the participants say. Another point to note is that participants may be influenced by the experiences or attitudes of other respondents in the group in that their responses may go in a certain direction because they want to fit in, hence data may not be 100% accurate.

For this research, 20 focus groups were conducted. Each group consisted of 5 respondents aged between 16-25 years old. The respondents were chosen in terms of ethnicity and gender, and were contacted via local schools, youth groups, local community centres, grassroots agencies, community groups and word of mouth. The ethnic breakdown of the focus groups can be seen in Appendix 1.

The second method of research aimed at the older BME generation (aged between 25-50 years) was in-depth interviews. In-depth interviews allow the researcher to obtain detailed information, which includes the ability to probe for attitudes, experiences and perceptions. It is important when using in-depth interviews that the interview is meaningful to the respondent and that the language used is understandable. The disadvantage of using in-depth interviews is that the interviewer can be bias with leading questions.

40 in-depth interviews were conducted in total, whereby the respondents of each were recruited via local community groups, grassroots' projects, local community events, word of mouth and by placing requests in drop-in centres and libraries. Such an open and diverse campaign ensured that we reached a wide range of respondents. Eight members of each ethnicity, which encompassed of four male and four female respondents, were interviewed to ensure an equal response in terms of ethnic background, age and gender. Appendix 1 illustrates the exact breakdown of how many respondents where interviewed from each ethnicity.

Each respondent from the focus group and from the in-depth interviews signed a consent form (see Appendix 2) which gave consent to their responses being used and later to be transcribed by the researcher for this report.



Respondents were also advised that if they felt uncomfortable with the questions, they could pause the interview at any point and/or leave the interview if required.

One of the main problems encountered was accessing people to open up and talk about child abuse freely. The sensitive nature of the topic at times made it nearly impossible to recruit volunteers to take part in the research interviews. Access to people from the Chinese community and the African community in Scotland was particularly difficult. Gatekeepers and community members helping with the recruitment, themselves admitted, accessing members of these communities was extremely difficult. Reassuring confidentiality and providing incentives to those who agreed to take part helped overcome this problem.

The second problem encountered was that of gender. Many of the male respondents, particularly from the Sikh and Muslim community, felt discomfort or slightly agitated when they were asked, by an Asian female researcher, about child abuse. They commented that females should not talk about such things and that it was shameful that a young female, particularly from an Asian background, should be talking about issues such as sexual abuse, in such an open manner.

Secondary Data

The secondary data was used to gain an idea of what the general perceptions of child abuse amongst the BME communities were. Data which has been used came from previous published literature, such as the 'Child Abuse Review', 'Child Abuse: Towards a Knowledge Base', and from Government Published Reports such 'The Victoria Climbié Inquiry'

The main advantages of secondary data are that it is time and cost efficient as the information has already been gathered and compiled, allowing the researcher more time to analyse the information. It also allows the re-analysis of primary data, which can then be used to aid in proving or disproving a hypothesis.

The analysis of the collected data focused more on a qualitative context rather than as a quantitative context, as the study was interested in perceptions of the black and ethnic minority communities, which included their views, opinions and level of understanding on issues of child abuse.

After months of secondary research, it became apparent that the availability of literature on this subject was somewhat scarce and in fact a large amount of the literature was either out-dated or not relevant to this specific area of study.

The research was conducted in a manner that would represent the diversity of Scotland's BME communities. Appendix 1 shows the breakdown of how validity of the research was ensured.



"..I mean sexual abuse can last with a child for years and years.."

(Focus Group 10;
respondent 1: 08.01.06)

Chapter 3: Analysis and Discussion

The results obtained showed differing views not only between age groups but also between the different minority ethnic groups in Scotland. Out of all the communities that were researched, the Hindu community appeared to be the most 'open' in terms of discussing and being aware as to what constitutes child abuse, its definitions and the issues that surround child abuse and confidence in how to report abuse cases.

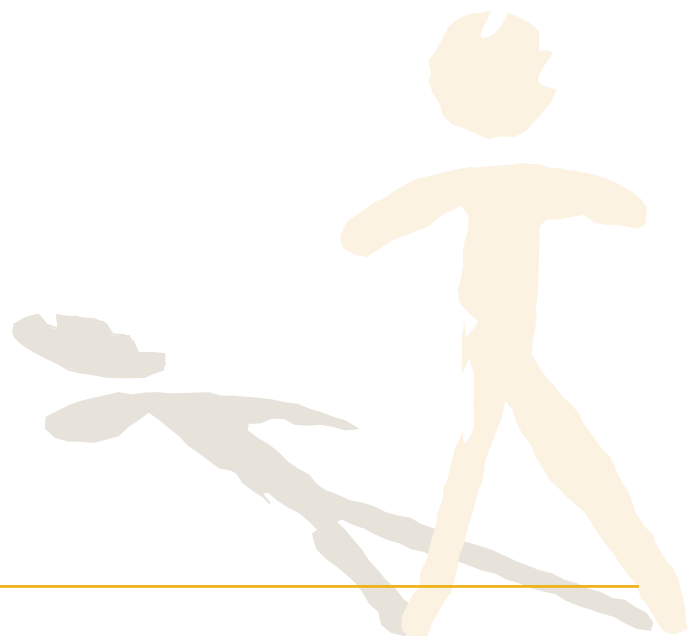
This may serve as a basis for future research into why the Hindu community is more relaxed in terms of talking about child abuse compared to other BME communities in Scotland.

It should also be noted that the display of comfort when talking about child abuse in the Hindu community may have been as a result of the researcher being of the same minority ethnic group. Future research could investigate if the Hindu community would still be open about the subject if the researcher was White, Muslim or Black.

This chapter gives a breakdown of the themes and questions asked and any similarities which occurred. It also identifies any areas of difference which have emerged within the diverse ethnic community groups.

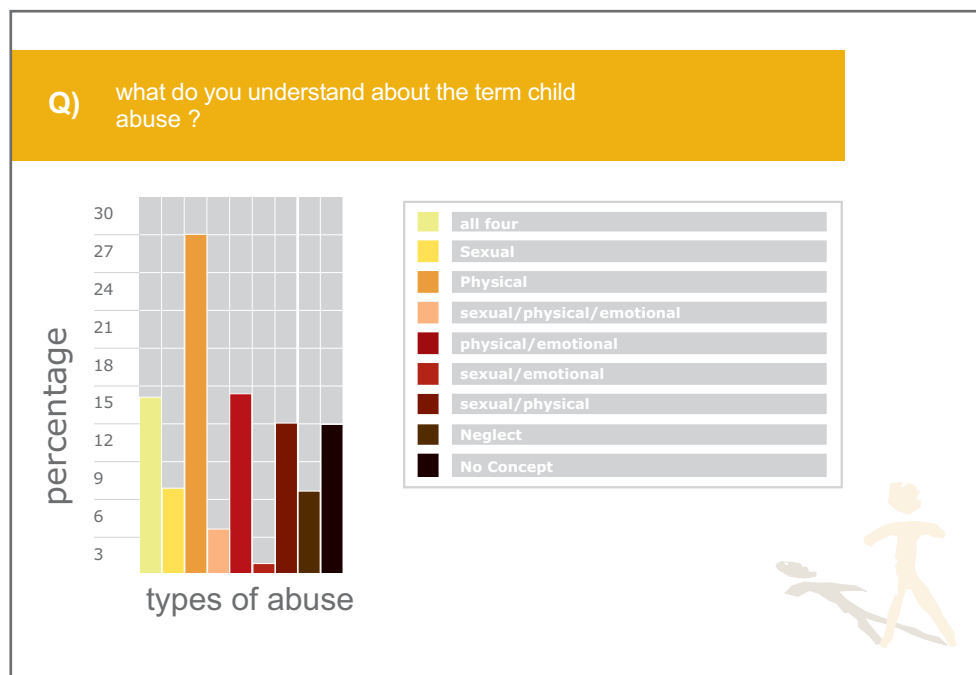
Perceptions and the Understanding of Child Abuse

Many individuals in the child protection/support services sector are aware of the correct child abuse definitions. However, this study highlights that individuals from the BME community have a severe lack of knowledge as to what actually constitutes as abuse. This was true of all the ethnic communities interviewed, Sikh, Muslim, Chinese, Black, Hindu and Refugee groups.



'What do you understand about the term child abuse?'

Figure 1:



The above chart shows that across all BME groups, the majority stated that their understanding of the term child abuse was that of only one form i.e. either physical, emotional, sexual or neglect;

"When children get abused and people don't look after them properly"

(Interview 2; Sikh female: 30/10/005)

"The term child abuse. It's I think it's about children being abused whether it be physically or emotionally, that's about it"

(Interview 21; Chinese male: 08/12/05)

"Either a form of psychological or physical abuse, something that damages a child mentally or physically"

(Interview 13; Muslim Male: 30/11/05)

"Child abuse is to slap children"

(Focus Group 2; respondent 3: 13/12/05)



"Children getting abused, physically or mentally"

(Focus Group 4; respondent 1: 11.01.05)

"It's when parents treat the child wrong; they might hit or mistreat them"

(Interview 33; Hindu female; 22/11/05)

The above responses were common in most respondents, yet only 7% mentioned sexual abuse as a form of abuse. This may tie with the issue raised earlier of initial shyness that appears to link with child abuse within the BME community, as the same respondents who didn't mention sexual abuse in their definition, later made references to sexual abuse at various stages in the discussion. The term shyness here links directly with the topic of shame which is discussed in more detail later in the report. A small minority of respondents showed a good understanding of the term child abuse;

"Child abuse is when a child is being, well there's different forms,

it could be verbal, physical, or sexual.."

(Interview 17;
Chinese female: 22/12/05)

"It's the treatment of a child, treatment that violates a child's dignity and ability to develop appropriately, which might be either through mental kind of violence, physical violence or emotional abuse, it might be verbal abuse or sexual abuse."

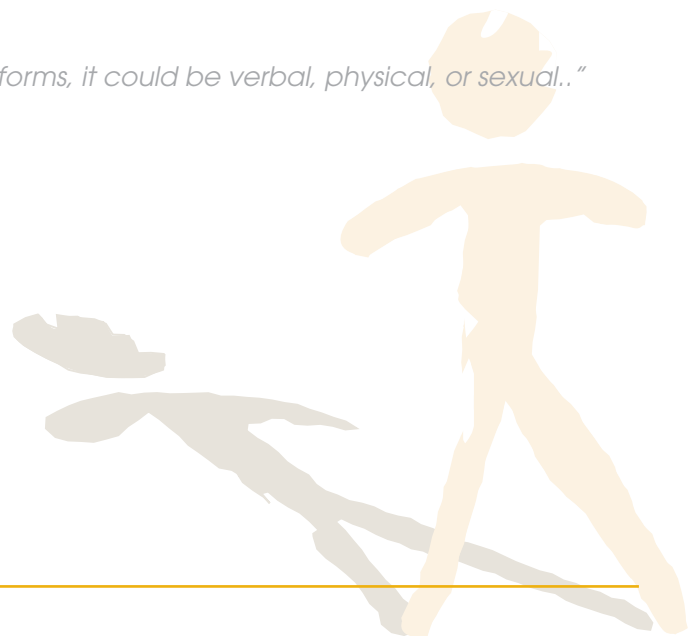
(Interview 30; Black male: 30/11/05)

"I think child abuse is if a child is being like physically or mentally tortured...anything negative happening.. obviously that's like rape or anything like that."

(Interview 10; Muslim Female: 3/10/05)

"Child abuse is when a child is being, well there's different forms, it could be verbal, physical, or sexual.."

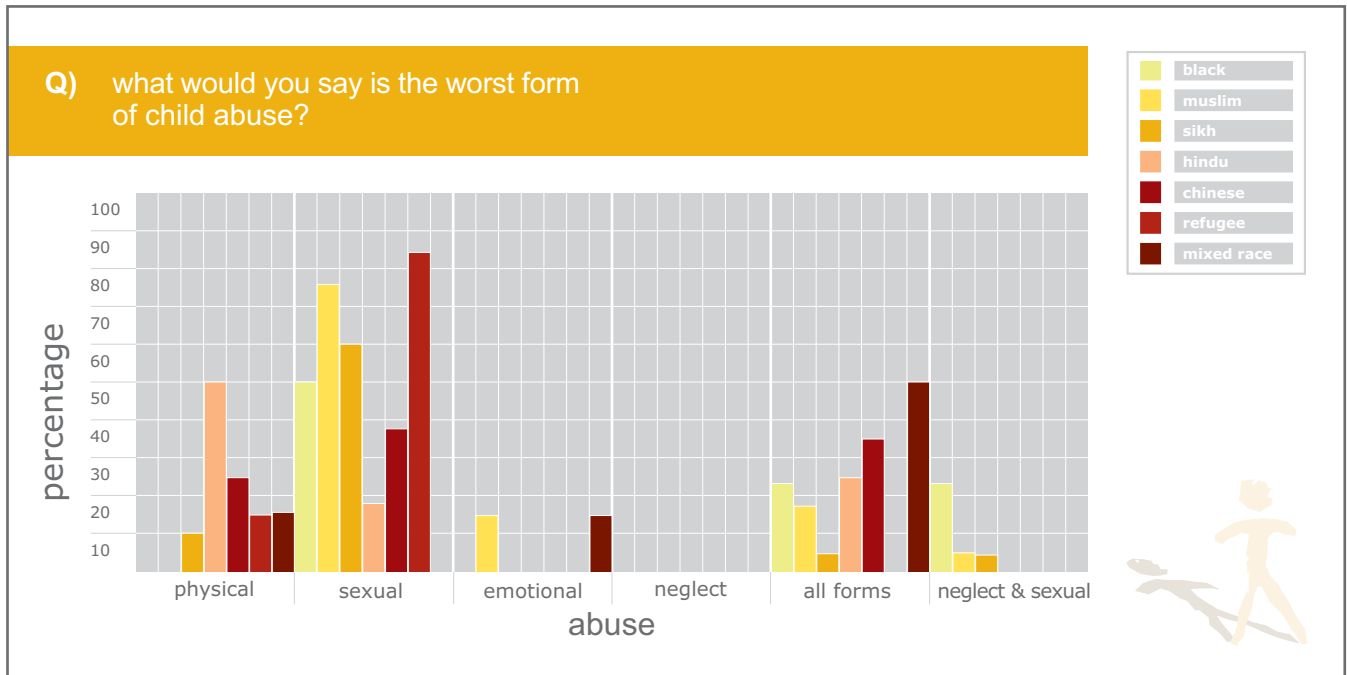
(Interview 17; Chinese female: 22/12/05)



'What do you think is the worst form of abuse?'

The majority of respondents felt that sexual abuse was the worst form of abuse. Many respondents made the same comment, that sexual abuse would stick with you for life and affect other relationships in the future.

Figure 2:



"Sexual I think, it's the bad one, the child's not, it's just not right, abuse like that."

(Interview 21; Chinese male: 8/12/05)

"Sexual..I mean sexual abuse can last with a child for years and years.. I think sexual abuse can destroy a person inside, especially a child."

(Focus Group 10; respondent 1: 08.01.06)

"Sexual.. because it lasts with them forever, I don't see how someone can get over that."

(Focus group 8; respondent 4: 07.11.05)

"I think the worst form of child abuse is sexual abuse, I think because sex in general is not often discussed.. you know and let alone being abused sexually and actually identifying yourself as being sexually abused..."

(Interview 30; Black male: 30/11/05)



The interesting point which arises from this question is that when asked in the previous question about what the respondent understands of the term child abuse - only 7% mentioned **sexual abuse**. Yet the large majority showed awareness of sexual abuse when talking about what they felt was the worst form of abuse. This may link to issues of shame and stigmas that are attached to issues related to sex in the BME community.

This question also identifies that many of the respondents do not perceive certain forms of abuse, such as **physical abuse** to be abuse unless the child was being extremely beaten;

"But I've got to say that if someone was to give their child a clip round the ear for doing something stupid then I wouldn't really classify that as abuse...you can't draw blood and you can't break bones or leave bruises basically as long as you don't leave a mark and the child is still capable of walking."

(Interview 7; Sikh male: 29/10/05)

"I was slapped enough times as a child, and to be honest I don't think it did me any harm."

(Interview 6; Sikh male: 3/10/05)

A further interesting result from this question was that all ethnicities, except the Black community, thought that **neglect** was not seen as a form of abuse. This was unexpected as there was an underlying assumption that neglect would be viewed as a very wrong form of abuse;

"But see I wouldn't say that neglect was really abuse, because there's no real long term effects is there?"

(Interview 40; Hindu Male: 14.01.06)

"If it was neglect then I don't think I would report it cos it's not really like that serious, I would just have a word with like the parents."

(Interview 21; Chinese male: 08.12.05)

"I don't know if you would notice that it's neglect you know, I'd probably just think its one of those things you know."

(Focus group 12; respondent 2: 03.11.05)



"To be honest with you I wouldn't say neglect was abuse, if I thought someone was suffering from neglect I would probably just give them food or money and then send them home."

(Interview 10; Sikh male: 08.01.06)

The Black community's perceptions differed from the other ethnic groups, where it was regarded that neglect is a strong form of abuse;

"Neglect is very serious, as a parent it is your duty to help the child. If the child is neglected it's a loss to society you see?"

(Interview 26; Black female: 18/01/06)

"Neglect, yeah definitely, cos a kid can't really fend for themselves"

(Interview 29; Black male: 30/11/05)

Several differences in the perceptions of child abuse were found within specific ethnic groups. An example of this was within the Sikh community, where emotional abuse was generally not considered as a form of abuse, as it was so common, respondents believed emotional abuse was acceptable;

"You get that (emotional abuse) everyday if you're Indian!"

(Focus Group 10; respondent 4: 08.01.06)

"Within our community I don't think they see that (emotional abuse) as abuse"

(Focus Group 12; respondent 3: 03.11.05)

Responses such as the above would mean that if a Sikh person witnessed a child or young person being emotionally abused, one would not really classify it as abuse and therefore would not intervene nor report this abuse to the relevant authorities.

"But see I wouldn't say that neglect was really abuse, because there's no real long term effects is there?"

(Interview 40;
Hindu Male: 14.01.06)



Culture and shame in the BME Community

It was noted earlier in the literature review how;

"Culture is perhaps the most basic issue for child abuse and child protection...it provides the basis for both our definitions of abuse and neglect and the responses we have developed to protect children and prevent abusive acts from occurring and recurring."

(Gough et al; 2002:341)

The topic of culture is somewhat very problematic, as cultural norms will vary between different locations and different minorities. When being interviewed the respondents were fully aware of this.

"We were all brought up in different backgrounds and the concept we understand about child abuse in this country is like, I don't know whether they would call it brainwashed, or wrong information, but we understand that if there is an element of child abuse in the house and the child phones to some social worker or to some organisation then the government will take the child from you."

(Interview 27; Black female: 27/01/06)

"In a West Indian family that's just not abuse, to us it's normal, you grew up getting beaten and you grow up knowing that at least once a week you get a beating for whatever it is. There is not such thing as being naughty in a West Indian family, you're either good or bad, and if you're bad you get a beating."

(Interview 29; black male: 30/11/05)

"Each country has its own culture, which is, in some countries they call it child abuse, but in others they don't. For example, in African culture you need to work hard as a child, particularly if the child is a girl you need to help your parents to clean the house and that. For children in Africa things like that are normal but here they might be seen as abuse or slave labour."

(Interview 26; Black female: 18/01/06)

"In a West Indian family that's just not abuse, to us it's normal, you grew up getting **beaten** and you grow up you know having at least **once a week** you get a beating for whatever it is. There is not such thing as being naughty in a West Indian family, you're either good or bad, and if you're bad you get a beating."

(Interview 29;
black male: 30/11/05)



Many of the minority ethnic respondents interviewed did not show a specific awareness of the differences in cultural practices that may exist, however they did acknowledge that culture does affect what is regarded as child abuse, what is regarded as acceptable and unacceptable behaviour and that the thinking of ethnic groups varies, depending on the ancestors and parents country of origin.

"It's embedded in our culture"

(Interview 22; Chinese male: 06.02.06)

"In terms of child abuse issues of culture are very relevant, because the way our culture is it always wants to brush every little problem you have under the carpet. It's all about the stigma of family shame and the family name getting stained."

(Interview 7: Sikh male: 29/10/05)

"Culture? yeah I think so, it does affect child abuse because you might have like a wee family tradition where like you have to do this or that because you've got to follow the family's footsteps, there could be someone who doesn't want to do it, and like you mentioned negligence you know and there could be a case where someone doesn't want to follow others but might be forced to."

(Focus group 13; respondent 2: 30.01.06)

"In terms of culture, some kids just think it's ok to be smacked and beaten and some girls think it's ok to be sheltered and not allowed to do pretty much anything, I mean it plays a big part today, they're brought up with it, and they think it's right and it's supposed to happen."

(Interview 5; Sikh male: 26.09.05)

Shame appears to be linked with culture.

The issue of shame was a difficult subject to raise within the majority of interviews and focus groups, as many of the respondents tended to avoid the question, or would simply state that yes, shame does exist but say no more. Shame appears to be closely related to the topic of sex and sexual abuse. Some respondents stated that the reason some people might not know or wish to talk about child abuse was because the topic of sex is embarrassing for them;

"Because they'll be ashamed to say if they were sexually abused, it's a shameful thing for our community"

(Focus group 12; respondent 3: 03.11.05)



"The Perceptions of Child Abuse within Scotlands Black and Ethnic Minority Communities"

Respondents admitted that parents still feel they cannot talk to their children about sex, or issues of abuse relating to sex because it's just not the done thing, in some ways it's very much a disrespectful topic to discuss openly;

"They still do see that as a very big thing, it's like I mean a lot of parents are still like no sex before marriage sort of thing and your parents feel embarrassed to speak to children about things like that"

(Interview 17; Chinese Female: 22.12.05)

Another common feeling was that girls particularly, should not know about matters of sex until they are married;

"If they (Asian girls) know about sex, their parents will get them married!"

(Focus Group 10; respondent 6: 08.01.06)

If you knew about sex before you reached the age of marriage then you were seen as rebellious or disrespectful. This topic of shame also links in with the reason why respondents felt that child abuse was not highlighted enough in their community. Where it was highlighted the younger respondents felt that the older generations of the BME community would deny that abuse exists;

"I was slapped enough times as a child, and to be honest I don't think it did me any harm."

(Interview 6;
Sikh male: 3/10/05)

"I think it's just that embarrassment especially in our own, well not in my generation maybe, but in our older generation, there's that sharum (shame) kind of thing, like they get embarrassed by it so they would rather know about it and not do anything about it, they think that if they don't talk about it then it doesn't exist."

(Focus group 15; respondent 5: 25.01.06)

The same thoughts were shared across the different ME communities, that shame was linked to several generations;

"It's an uneducated thing, but I think like people our age, your age and younger they're like totally clued up, the majority of them are and it's not an issue, but it's such a taboo topic for our aunty ji's and that.."

(Interview 10; Muslim female: 3/10/05)



When asking the respondents where they think these taboos and stigmas have arisen from, the majority of respondents stated that these ideas came from their family and their upbringing;

"I think they're part of a culture, a part of the way you're brought up. I was kind of brought up like family comes first and if there's any problems you kind of keep it in the family and there's no point in telling everyone you've got a problem you've kind of got to deal with it yourselves."

(Interview 6; Sikh male: 3/10/05)

"They come from like when you're growing up, you're not taught them as such but like you know, you just know that they're there from like family."

(Focus group 18; respondent 1: 14.12.05)

"I'm not really sure, I think it's just like my mum and dad taught me, like the way I bring my son up now will be the same with the same values you know?"

(Focus Group 1; respondent 5: 21.12.05)

"It comes from maybe our older generation having a different understanding to the way you and I would deal with things you know.."

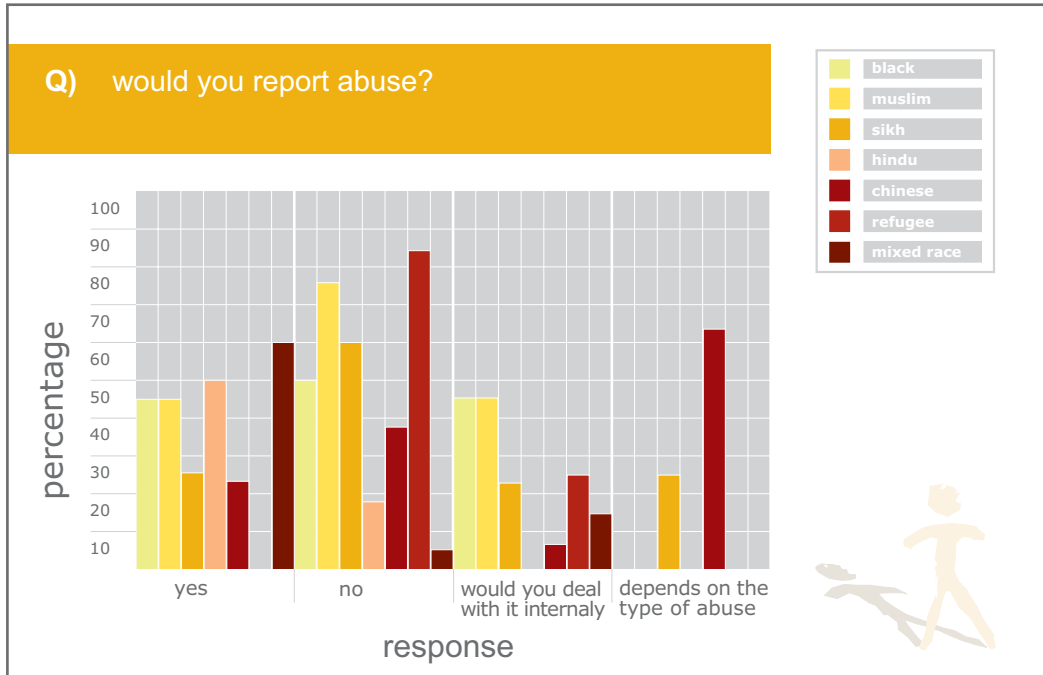
(Interview 15; Muslim male: 5/12/05)

In summary, culture, shame and generation gaps all appear to affect how an individual from an ethnic minority background perceives child abuse.



Reporting child abuse/dealing with child abuse

Figure 3:



There is a substantial amount of child abuse which often goes unreported within the BME community. This was also reflected by respondents, where firstly, 16% admitted that if they knew a child or young person was being abused they would not report it. Secondly, those who said they would report abuse admitted that if child abuse did occur it would be more likely to be dealt with in house rather than by the proper authorities.

“Obviously you try to deal with things yourself first in the family, but then if you can’t then you go for help.”

(Interview 36: Hindu female; 24/11/05)

“I probably would (report abuse) but my first option would be to kick the hell out of them first (the abuser)”

(Interview 7; Sikh male; 29/10/05)

BME families’ worry that they may suffer a backlash from their respective communities, if abuse was highlighted; therefore child abuse often goes unreported. The research conducted showed that respondents agreed that there is a fear of backlash when it comes to reporting abuse and this links directly to under reporting of abuse as respondents stated that the fear of backlash was so strong that they would prefer to keep quiet about abuse rather than suffer the backlash.

"It depends on what relationship you have with that child, there's no use in me reporting it because at the end of the day when it does come out and the whole issue get's raised they're going to ask the child and if the child doesn't open up then what's the point?"

(Focus group 19; respondent 3: 20.12.05)

An interesting point which arose from the discussion of backlash was how some respondents stated that they would not report abuse because they were "protecting the child" from further grief via the backlash, which they would face.

i.e. if a girl was abused she would become an outcast and unable to marry, or if a young child was abused everyone would gossip.

Therefore not reporting the abuse but 'dealing' with it themselves ensured that the abuse was kept hidden and kept within the family, thus 'protecting' the child from further abuse;

"I think the Asian community sees it as a family problem, a family issue, not even a problem but a family matter. And nobody else can actually say anything because that's interfering and I can imagine somebody saying it's none of your business you know? Who are you to interfere? You should look at your own family, all that kind of stuff."

(Interview 12; Muslim female: 28/11/06)

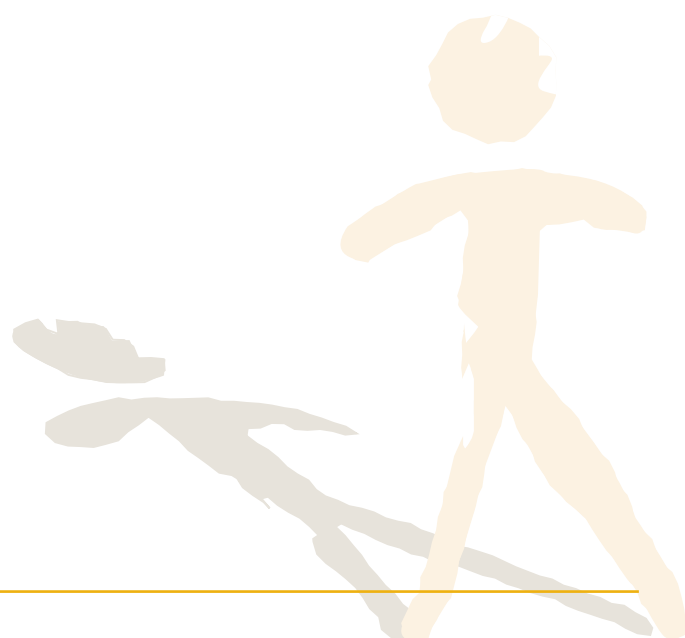
Signs of abuse

As mentioned earlier in the report, many members of the BME community were not aware of what signs to look for or be aware of when it comes to identifying child abuse. Though most showed a general understanding of what signs to look out for, many admitted to guessing and not knowing the correct signs

"But I've got to say that if someone was to give their child a clip round the ear for doing something stupid then I wouldn't really classify that as abuse..."

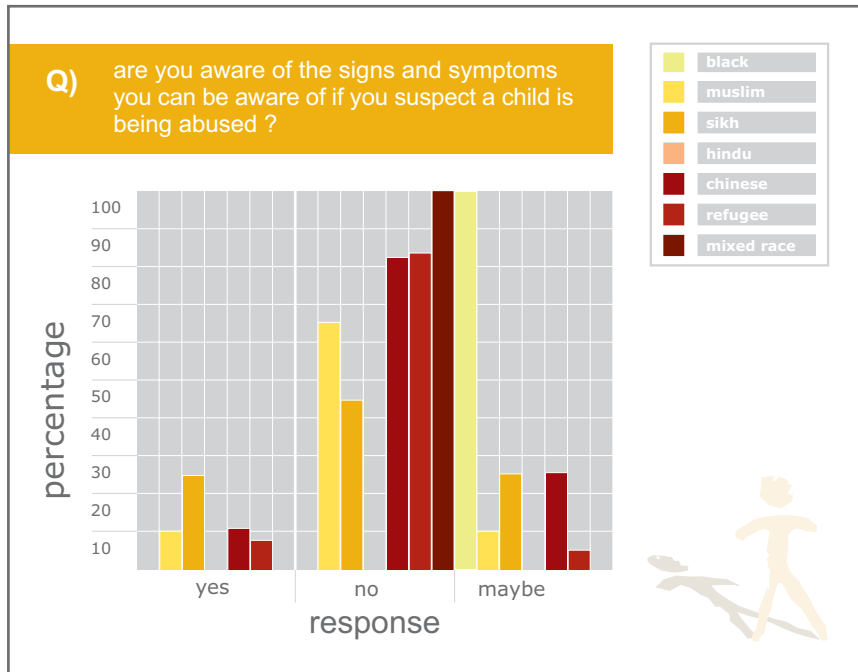
'you can't draw blood and you can't break bones or leave bruises basically as long as you don't leave a mark and the child is still capable of walking.'

(Interview 7;
Sikh male: 29/10/05)



Q) Do you think you would be aware of what signs or symptoms to look for if you suspected a child was being abused?

Figure 4:



"Honestly? No"

(Focus group 20; respondent 4: 14.01.06)

"No I wouldn't, can you tell me some?"

(Focus group 3; respondent 2: 13.12.05)

"No, in that sense I don't have enough knowledge about child abuse"

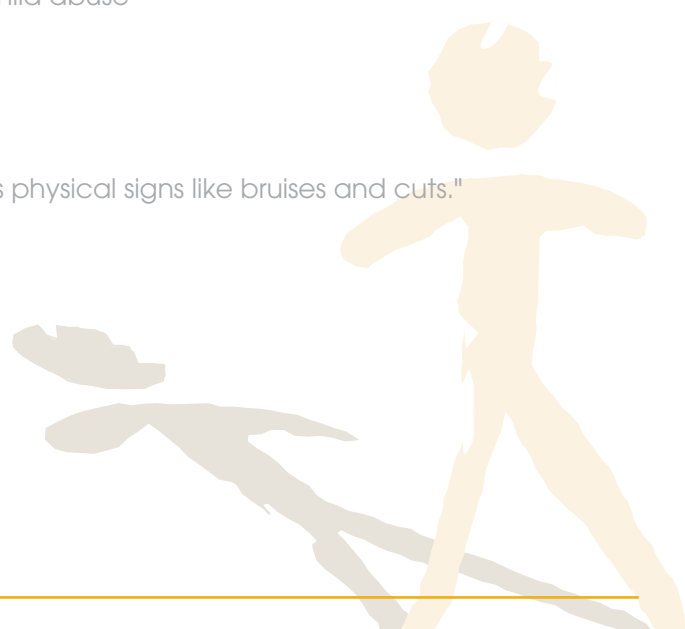
(Focus group 14; respondent 3: 03.02.06)

"...you can just tell by the way their acting and like if there's physical signs like bruises and cuts."

(Focus Group 12; respondent 4; 03.11.05)

"No, not at all"

(Interview14; Muslim male: 30.11.05)



"I think so, maybe"

(Interview 27; Black female: 27.01.06)

Though it was obvious that several of the respondents were unaware of the signs and symptoms and did not feel they were required to know the exact terms, other respondents mentioned the importance of understanding what they should look out for and their willingness to learn;

"No, but I think we should know more about how to look for signs, especially with Asians cos we're like very trusting and people need to be aware that sometimes people aren't just being friendly you know?"

(Focus group 8; respondent 1; 7.11.05)

"Personally I don't know about signs but that doesn't mean I don't want to learn about them, its just something you don't think about, like I wouldn't have thought that there were signs to look for until you mentioned it now, but when you think about it I suppose there would be symptoms."

(Interview 35; Hindu female: 02.11.05)

Identifying signs of abuse is very important, as the initial signs of child abuse can help prevent and/or even stop the abuse at an early stage. Children and young people who are frightened to speak out about abuse can be identified if there was wider knowledge available on the signs and symptoms of abuse. This shows a direct need for more awareness on this topic.

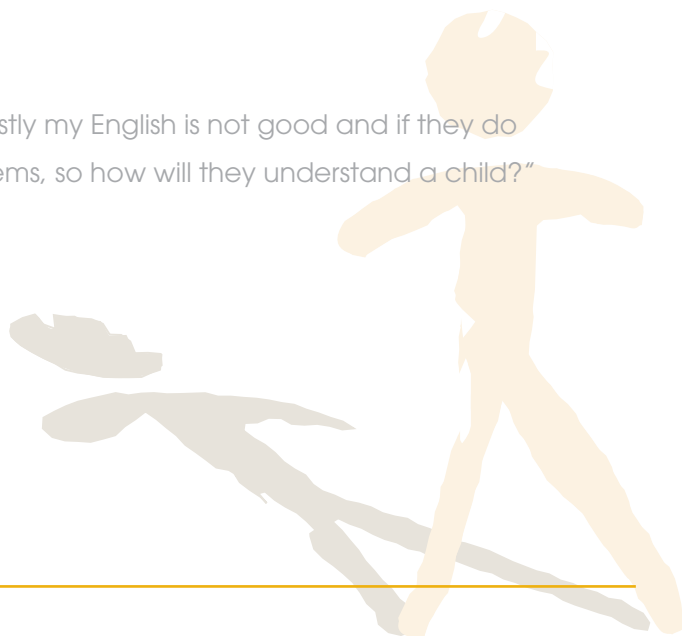
Service Providers

Q) 'Are current service providers aware of your cultural needs?'

The majority of respondents stated that they felt that existing service providers were not aware of their cultural and religious needs and they did not have an understanding of the internal issues faced by the BME community.

"No they're not helpful, they can't do anything because firstly my English is not good and if they do understand my language they don't understand my problems, so how will they understand a child?"

(Focus group 2; respondent 3: 13/12/05)



"I think there needs to be more ethnic agencies to make some, like place for children where their cultural needs are met and maybe like religious understanding aswell."

(Interview 12; Muslim female: 28/11/05)

The above determines that there is an identified gap in meeting the needs of the Scottish BME children and young people. The answers which were given by the respondents highlights the need for existing service providers to improve their understanding and awareness of the cultural implications within the BME communities and families.

A further issue which was raised by the respondents was the way in which service providers are advertised. The feeling was that only 'white' children were used, therefore the organisation was perceived as a Charity for "white people";

"As far as I'm aware it only reaches out to the white kids, you know that's the idea you get."

(Focus group 10; respondent 3: 8/1/06)

"It's a white perspective, when was the last time you saw a black kid on their adverts?"

(Focus Group 4; respondent 1 : 11.01.06)

"If I call or go to see them (referring to an existing service provider) would they understand me because I don't have that same, what's the word, culture, so will they know that it's different for me? I don't think they would."

(Focus group 3; respondent 2: 13.12.05)

"You really see them as a white kids' charity, I mean I don't know why but that's what we call them."

(Focus Group 16; Respondent 5; 21/9/05)

It will serve as a point of interest for future research that a lack of reporting from the ethnic groups may link to the fact that members of the community do not regard existing service providers as offering direct services for them and this is the main reason as to why the respondents felt reluctant in using such agencies.

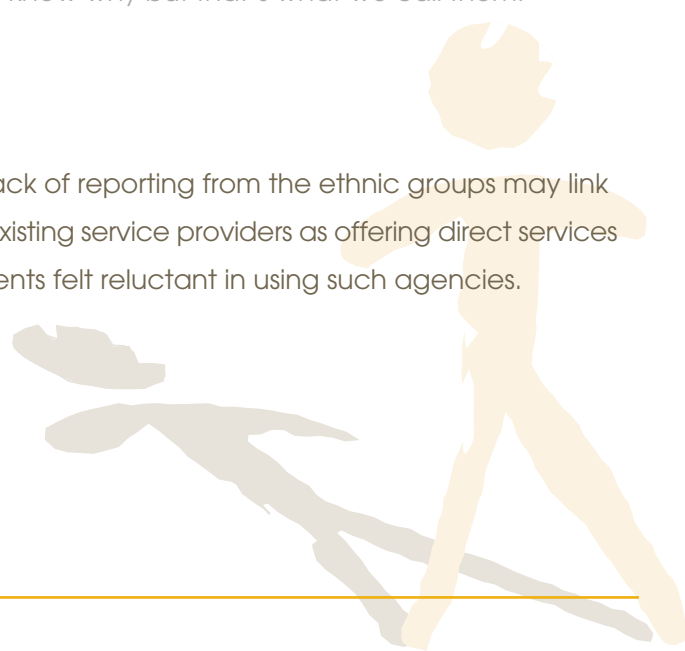
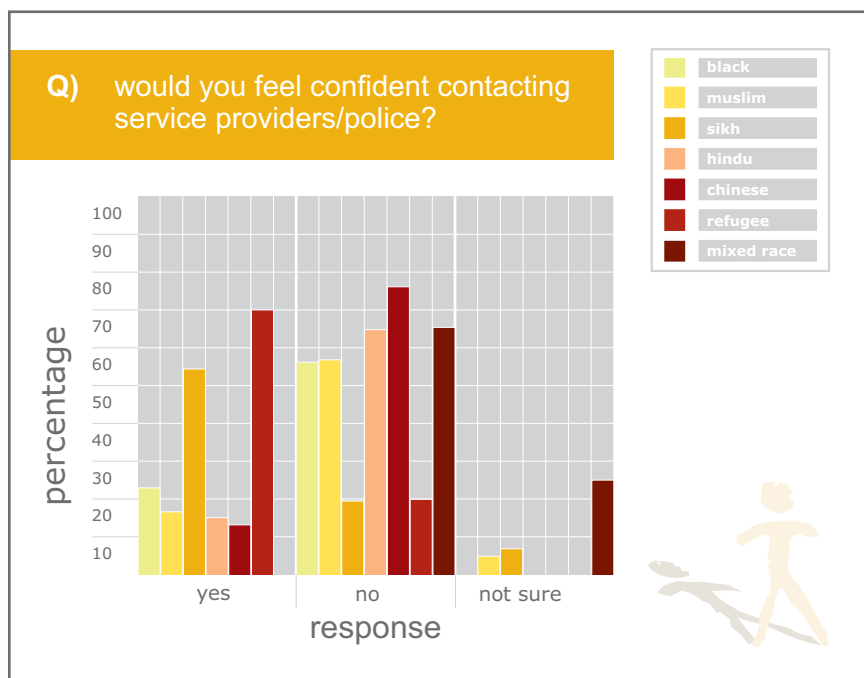


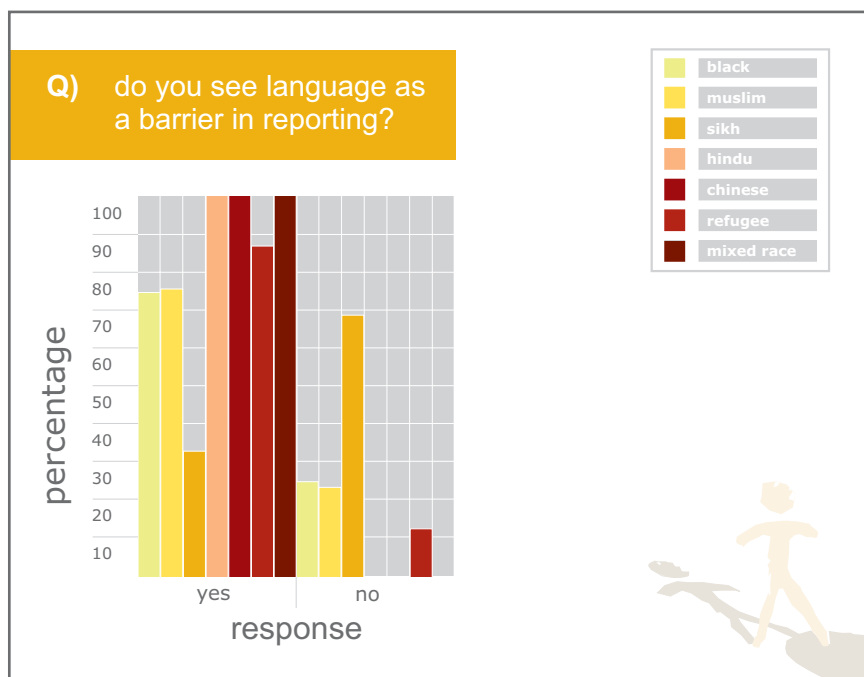
Figure 5:



'Translation is at best an echo'

(Ahmed et al; 1982:19)

Figure 6:



Scenario:

A minority ethnic family reports abuse; their English is minimal; they liaise with social work the best they can with broken English, the solution to this language barrier is an interpreter whom the social worker arranges to attend the next meeting; while the majority of people may breathe a sigh of relief and feel the interpreter will benefit the situation, the majority of Scotland's BME community appear not to share the same confidence in interpreters.

The main reasons for this are, not only is there an issue of trust involved, but there also lies the issue of actual translation and the risk of having the case diluted by an interpreter, as often happens when translating one language to another.

"I don't know like you know how I'm talking to you, and everything I'm saying your understanding and you're hearing me, see if I was talking to an interpreter and I say a couple of things, I could say them one way but the interpreter could interpret them in a different way."

(Interview 5; Sikh male: 26/9/06)

"Like if I can't speak English properly, because I don't know how much they're relying what I'm saying/. I'd be a bit hesitant over it because every word that came out I'd want it to be accurate so I'd be worried that they would be missing what I'm actually trying to say"

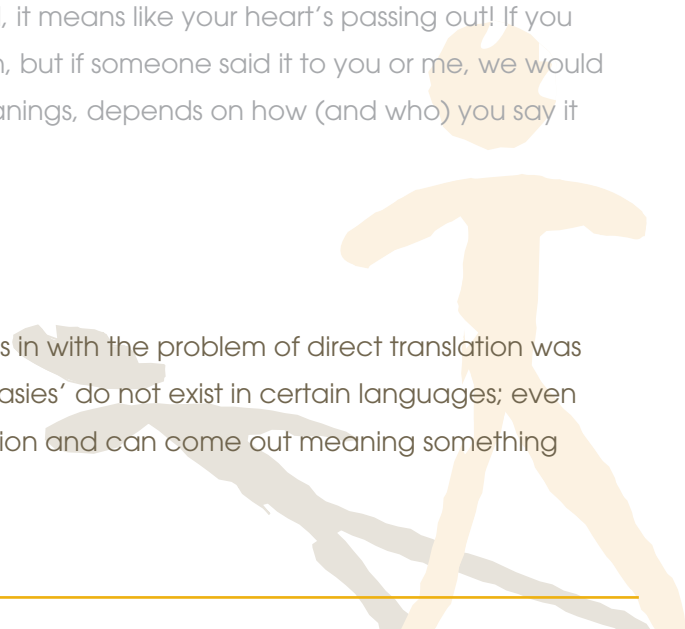
(Interview 13; Muslim Male: 30/11/05)

Not only did the respondents raise concerns that interpreting may not be accurate but the majority of respondents were also concerned that the not knowing what's being translated is just as alarming. It was mentioned in the literature review that direct translation/interpreting from English to the relevant language and vice versa may be problematic since some words used, in let's say, Punjabi as an example, could be translated into several meanings.

"Like if you say dil katda, if you translate that word for word, it means like your heart's passing out! If you said that to someone they would be like, you drama queen, but if someone said it to you or me, we would be like awww, how romantic...it has so many different meanings, depends on how (and who) you say it to"

(Interview 5; Sikh male: 26.09.05)

A further concern which arose from this research which links in with the problem of direct translation was that of mis-interpretation. Whilst words such as 'sexual fantasies' do not exist in certain languages; even simple expressions can be misinterpreted via direct translation and can come out meaning something completely different than intended;

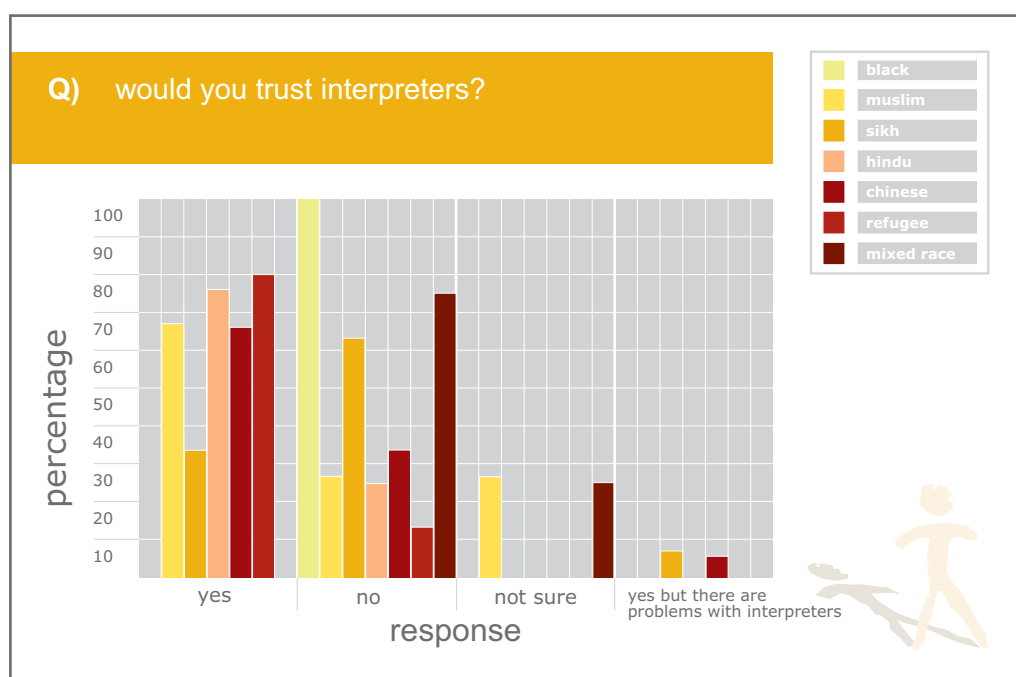


"Even if they use an interpreter, the interpreter may not say exactly what they are saying cos it's embarrassing, or they don't know the right words to use"

(Interview 27; Black female: 27/01/06)

The issue of interpreting ties in directly with trust, as often the interpreters are members of the same ethnic community and the likelihood of knowing the interpreter and/or their family is very high. We asked the respondents if they felt they could trust interpreters.

Figure 7:



For some respondents, interpreters were not a foreseeable problem within their respective communities;

"Nah, not for us, 'cos in the West Indies it's all English"

(Interview 29; Black male: 30/11/05)

Some respondents were very clear that they felt, when reporting abuse, interpreters and confidentiality issues would not be a barrier;

"Reporting it is really the last hope, so we have to put trust in them (interpreters)"

(Focus group 7; respondent 2: 12/09/05)

"I would just feel uncomfortable, but then how can we break down that barrier if we don't use an interpreter, you know so it's like two sides."

(Interview 35; Hindu female: 02/11/05)

However, not all respondents agreed that interpreters and trust was not a barrier when reporting abuse. As figure 7 shows, a large majority of each ethnicity felt that they could not and/or would not trust interpreters;

"There's a big problem with interpreters. The interpreter, they don't have very, they don't hold the secret, they tell too many people"

(Focus group 1; respondent 4: 21/12/05)

"I mean it's a lack of trust because if it's a very personal issue you don't know who the interpreters going to tell next"

(Interview 31; Black male: 06.02.06)

"I think the issue of trust is you know probably the largest issue within the Asian community regarding such matters... I think I would actually question how confidential the interpreter would actually be.."

(Interview 12; Muslim female: 28/11/05)

Several of the respondents gave examples on rumours they have heard from people working in service sectors, such as local health centres and legal firms. Hearing stories over the years has frightened individuals to divulge too much information and to trust workers, such as interpreters, as they fear their case would be wide-spread news within the community.

The lack of trust leads to not only discomfort but possibly another reason why there is a large lack of reporting or lack of full disclosure of incidents within the BME community;

"If you've got someone that isn't totally confident initially and they're scared to do it (report abuse), and they do it and then they get told that someone else will be involved as well then yeah, it may well be an issue."

(Interview 14; Muslim Male: 30/11/05)

"If I was speaking to someone and there was an interpreter in the middle, it would add to, if I had any insecurities it would add to it."

(Interview 18; Chinese female: 15.01.06)

The above quotes show that there is a direct need for organisations to raise the awareness of their in-house confidentiality policies. If individuals from the BME community could understand that their case shall not be discussed with other community members, then this may encourage more individuals to use service providers and in turn encourage members of the community to contact the authorities and existing agencies, if they suspect a child or a young person is being abused.

A Sikh female who was interviewed for this research report, works as an interpreter and when we addressed the topic of translation and trusting interpreters, she claimed that interpreters do attempt to reassure individuals that what is said during an interpretation is not later spoken about as gossip to others;

"I emphasise the fact that just because I'm married doesn't mean that I'm going to go home and tell my husband what I did, my husband doesn't know who I interpreted for"

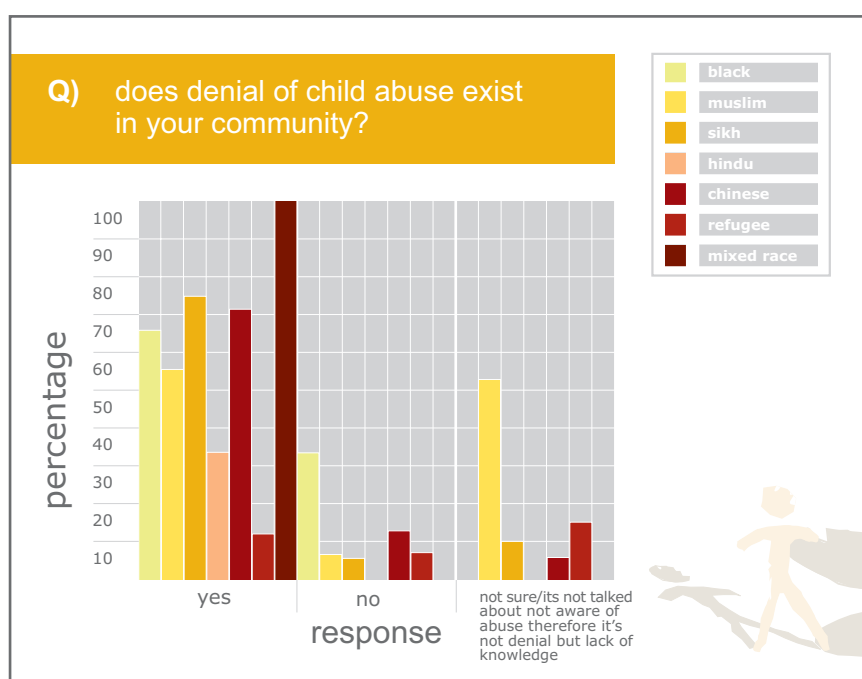
(Interview 4; Sikh female: 19/12/05)

"They know child abuse exists; but they just want to ignore it"

(Focus group 12; respondent 5: 03.11.05)

The above quote was a common statement from the younger respondents within all the ethnic groups, particularly from the Sikh and Hindu community, who felt that the older generations of their community denied that child abuse existed.

Figure 8:



Several of the respondents also mentioned how on Asian TV channels, soaps, programmes and dramas, child abuse, sexual assault, domestic violence and so on are all shown on a daily basis, and the older generation accept this, yet fail to accept that while it occurs on T.V. it also happens in real life.

"This kind of abuse, I mean it's so, I mean have any of you seen the dramas on the Indian channels? Don't get me wrong they (the older generation) know about it, it's just when it comes home to you, they can't handle it."

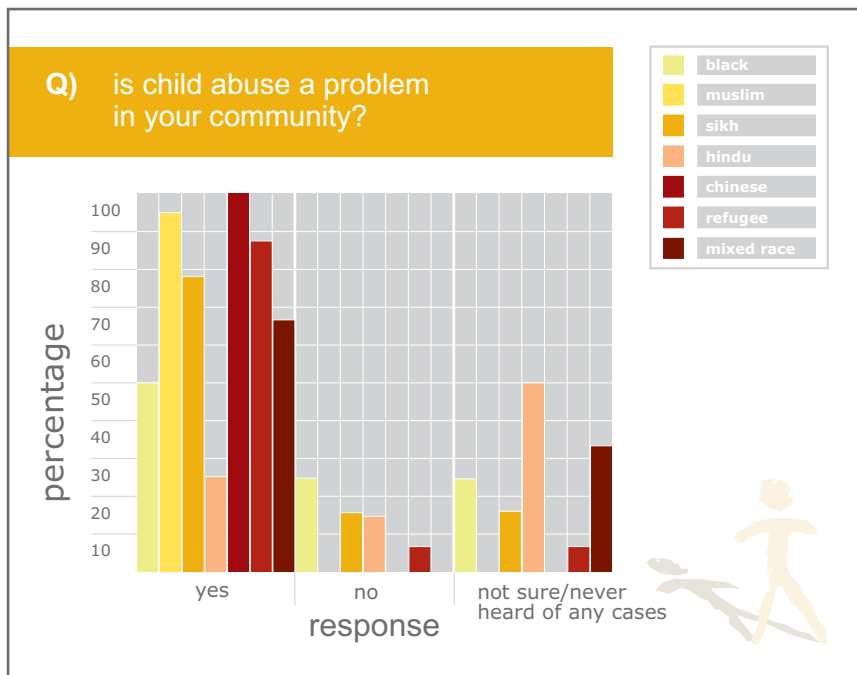
(Focus group 14; respondent 2: 03.02.06)

"There's those TV dramas where the woman will get raped everyday! But no-one will think yes this happens here they like live in a dream world!"

(Focus group 11; respondent 3: 05.01.06)

This recognition by the younger respondents shows the complete denial that can be existent in some communities when talking about child abuse. It also highlights how in some cases the older generation are aware of the issues surrounding child abuse, yet they will not admit to knowing definitions or admit that they know abuse does actually exist in their community.

Figure 9:



Chapter 4: Comparisons of Past Literature and New Findings

It was mentioned earlier in Chapter 1, that any literature on child abuse within the BME communities in Scotland is very scarce and infact, the literature which is currently available on this subject is very much England based or based on assumptions and stereotypes. This research studied the perceptions of child abuse within the Scottish BME community. The findings from this research proved certain aspects of past literature whilst also bringing to light issues that had not been previously discussed.

Firstly in terms of culture and child abuse: culture is one of the most 'in' themes at the moment, everyone is seeking to be culturally diverse, seeking to gain a better understanding of culture, yet it seems many do not realise how important culture can really be or even how complex an issue it is. Previous literature acknowledged the importance of culture;

"...it (culture) provides the basis for both our definitions of abuse and neglect and the responses we have developed to protect children and prevent abusive acts from occurring and recurring."

(Gough et al; 2002: 241)

However Kirton (2000; 51) notes that 'there is little exploration of its meaning or complexities'.

Although we agree that culture matters a great deal, there is no real attempt to identify how culture matters. Respondents felt that a lot of service providers were not culturally aware and were not meeting the cultural and religious needs of the BME community in Scotland.

However it appears that the blame may not lie simply in the hands of the service providers but might be the fault of the BME community;

"It's not really their fault though, it's our fault because as a community we're unable to put these things across the way we should."

(Focus group 10; respondent 3: 08.01.06)

Many of the respondents thoughts which were discussed during the interviews, was of the BME community not teaching people and/or organisations what their culture means to them which is why service providers do not have an in-depth understanding of the cultural implications and the extent to which culture affects child abuse. This is an issue which previous literature had not identified but has arisen several times throughout this research report.



Various ethnic groups perceive abuse in different ways, an interesting fact which previous literature had not identified. For example the Black communities in Scotland believe that neglect is a severe form of abuse, yet in other minority ethnic communities neglect is not recognised as a form of abuse.

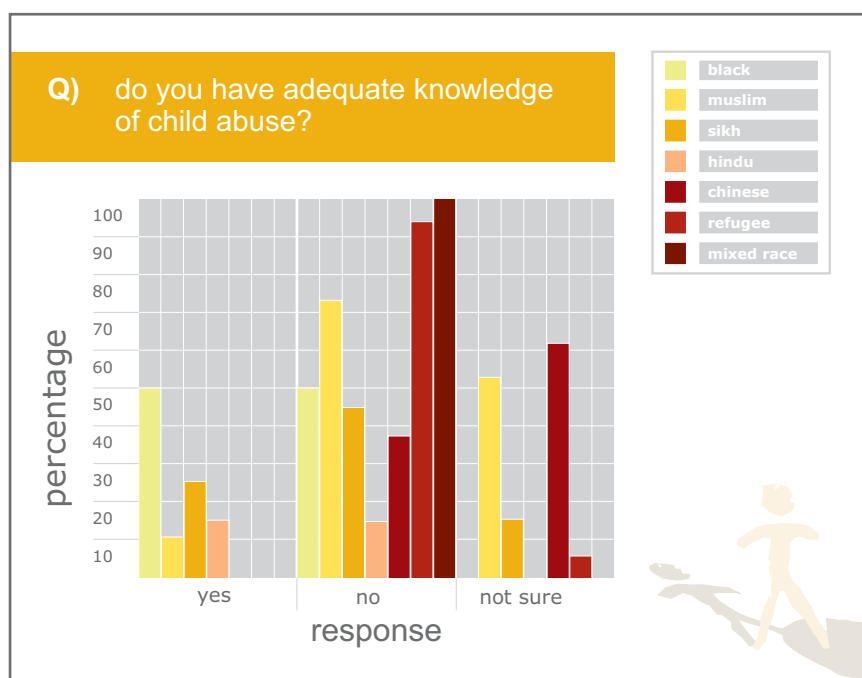
The research also highlighted that in the Asian culture emotional abuse is not perceived to be abuse as "you get that (emotional abuse) everyday if you're Indian!"

(Focus group 10; respondent 2: 8/1/06).

The research also noted that there is a large lack of awareness with the understanding of the term child abuse amongst the whole BME community. Though previous literature did note that different cultures may have different definitions of child abuse, none looked into the fact that some individuals have none or very little knowledge as to what the term child abuse actually means and what are the factors which constitute child abuse.

This research report highlights how only a very small minority of the respondents were aware of all the actual forms of child abuse, which in-turn shows a desperate need for more raising the awareness of child abuse amongst the BME communities. Many respondents showed a willingness to learn more about the definitions, some actually questioning the researcher about each definition and admitting that they had little or no knowledge of child abuse, but would be keen to learn more.

Figure 10:



The definition of abuse is an important aspect, due to the fact that if organisations wish to promote reporting suspected abuse cases and accessing existing service providers, then BME individuals must have knowledge as to what constitutes abuse and what signs and symptoms to look out for, in order to report.

From this research report it has been identified that 73% of respondents admitted that they would not really know what signs and symptoms they should look for if they thought a child or young person was being abused. Previous literature had not identified this issue, as maybe the assumption was made that as so much literature is printed on signs and symptoms and definitions of child abuse, often in many languages, that individuals would have a clear understanding.

However, it would be of interest to learn if anyone has been monitoring the effectiveness of such materials i.e. are members of the BME community reading these leaflets? This research determines that there is a requirement for more knowledge not only on the definitions of abuse but on the simple signs that parents, carers, brothers, sisters, friends and tutors can readily identify which will help to stop abuse from reoccurring and end what can only be a nightmare for a child or young person who may be too afraid to speak out.

Previous literature had identified that the issue of interpreters and language can often be a barrier for certain ethnic communities. Respondents for this research also voiced their concerns in having an interpreter present as it would cause problems, if the interpreter was from the respective ethnic community and if the information had been diluted through the translation process "Translation is at best an echo" (Ahmed et al; 1982:19). Respondents showed concern that what they were saying would not be translated the exact way as it was said. This in turn could lead to the other party making wrong assumptions or not dealing with a case correctly, due to no fault of their own, but the simple fact that the translation had changed the actual occurrence of events.

Another factor highlighted in this report which is that of confidentiality;

"For the service user having an interpreter from the same community may leave him/her feeling insecure about the issue of confidentiality."

(Chand; 2000: 71)

Respondents agreed that they would have trouble trusting interpreters as there was an existing fear that by involving an interpreter, this would lead to the whole community finding out and rumours arising about the incident of abuse which had occurred.



As mentioned earlier in Chapter 1, there is very little literature available on the denial of abuse. Chapter 1 looked at the case of Victoria Climbié where the denial of abuse or the lack of recognising abuse lead to a little girl being treated horrifically before dying alone in a cold bath tub. The lack of literature on the denial of abuse does not mean that denial does not exist. This research highlighted that 68% of respondents agreed that yes there is denial of child abuse within their community;

"Of course there's denial. anyone who says there isn't denial is lying, even me like to you I admit it goes on, but put me in a public room and I'll probably deny it exists, I know that's wrong but it's the community you know? Saying that there's even people who really do believe that its DOESN'T happen!"

(Interview 20; Chinese female: 13.01.06)

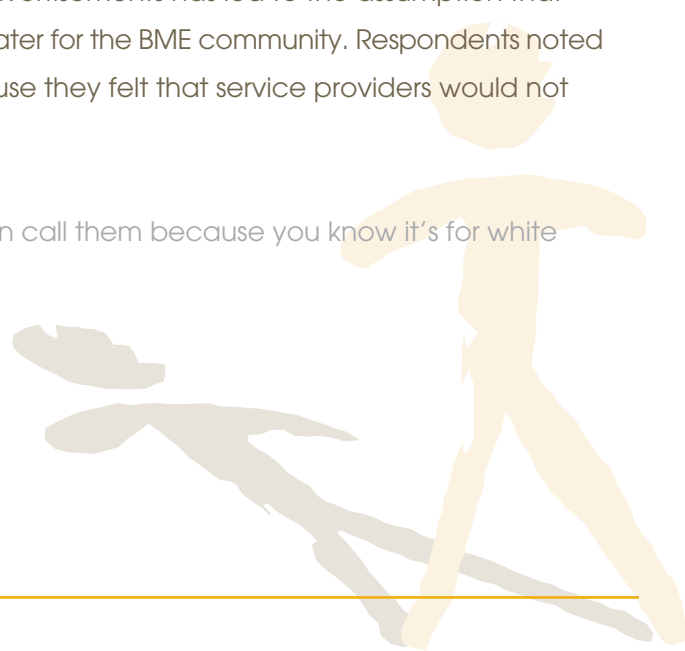
This respondent made a bold denial of abuse straight after admitting that it exists, in fear of the how the community may react. roshni's tagline is 'no more secrets' yet we are fully aware that a large number of members within the ethnic community will not openly stand up and admit that abuse does occur within the BME communities. This is a barrier which must be broken and can be done by raising the awareness of child abuse within the BME communities and empowering the communities to address child abuse issues.

This research also highlights how many of the respondents felt that although some individuals (particularly within the older generation) deny that abuse actually occurs within the BME communities, they are still aware of it as cases of rape, domestic violence and emotional abuse, often reach the Asian TV channels, soaps, programmes and dramas, yet the community will act as if these issues are not prevalent in everyday life. Previous literature has made no mention of this irony, yet respondents openly admitted that the older generation within the BME community will watch these shows yet turn around and still deny that it can and does happen within their own communities in Scotland.

A further point that has arose from interviewing the respondents for this research was that current service providers are perceived as "white organisations" to the BME community (Focus group 19; respondent 2: 20.12.05) charity. The lack of Asian and Black children in advertisements has led to the assumption that service providers or even social work departments, do not cater for the BME community. Respondents noted that this did in fact lead to a lack of reporting abuse because they felt that service providers would not understand them, or would not be of help to them.

"I wouldn't go to these people 'cos I wouldn't feel that I can call them because you know it's for white people, they wouldn't get our way of life"

(Interview 21; Chinese male: 08.12.05)



"You really see them as a white kids' charity, I mean I don't really know why but that's what we call them"

(Focus group 16; respondent 4: 21.09.05)

"It's a white perspective, when was the last time you saw a black kid on their adverts?"

(Focus group 6; respondent 1: 03.01.05)

It must be noted, that this is not true for NSPCC who do in fact have Black children on their television adverts, however, as NSPCC is a charity based in England, the point remains that in Scotland advertising does not reflect the diverse communities.

The research showed that the BME communities in Scotland felt that the issue of sexual abuse was a shameful topic to discuss, with young girls in particular as the topic of sex should not be discussed let alone any discussion on sexual abuse;

"If they (Asian girls) know about sex, their parents will get them married!"

(Focus group 10; respondent 6: 8/1/06)

Parents and particularly Asian parents still feel an element of shame and believe that they cannot talk to their children openly about sex and sexual abuse. It seems they would rather someone else teach their children about this sensitive topic, just as long as it's not broadcasted and discussed openly in the house. Alternatively elder parents are often found to be ignorant in believing that their child will not require any information on sex, until after their marriage. Though this may be an ideal situation, it is often not the reality, therefore many young BME people are relying on external agencies to offer advice and information on sex related topics, such as, sexual abuse and practising safe sex.

In summary, this research report has not only reiterated previous literature, but it has also paved the way for new issues which have come to light and had never been mentioned before. We discussed issues which appear to directly affect the understanding, reporting and general perceptions of child abuse within the Scottish BME communities. The next chapter offers conclusions and recommendations for future study and practice.



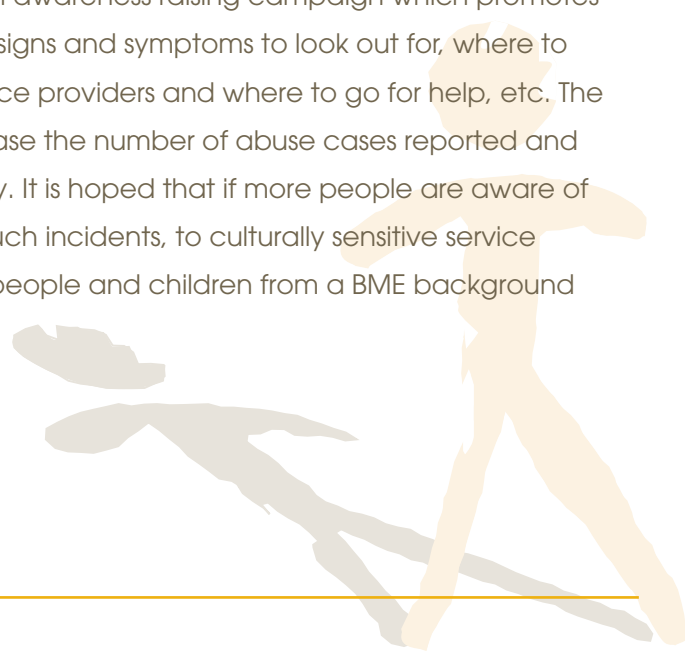
Chapter 5: Conclusion and Recommendations

A majority of the BME individuals interviewed felt that service providers were not aware of one's cultural and religious needs, which has resulted in individuals not accessing existing service providers, instead viewing them as unable to help or understand in situations of need. Whilst this identifies the worrying gaps that exist in current service providers, the results also highlight a number of additional alarming concerns. A large majority of Scotland's BME communities are not aware of the definitions of child abuse and are not capable of identifying the signs and symptoms of suspected abuse. The issue of interpreters is also concerning Scotland's BME communities, as many respondents voiced concerns that they would not be comfortable using interpreters and therefore would not report abuse cases.

Recommendations:

Current service providers need to be more culturally sensitive and in order to reach out to ethnic groups, it would be useful if organisations were fully aware and realistic on how the BME communities in Scotland perceive them and their services. Advertising campaigns which have been used in the past have portrayed service providers as an organisation for 'white people only' by members of the BME community. This is just due to the simple fact that the advert campaigns have used white children and young people. A suitable recommendation would be that these service providers use a more culturally sensitive approach to advertising by including brown faces in their adverts and brochures. This may help to increase the number of children and young people from the BME community who access their services. It should be noted however that by simply including children and young people from the BME community in adverts does not necessarily mean that service providers are automatically culturally aware. Service providers must work to gain a better understanding via effective training seminars and awareness programmes on the different factors and barriers that prevent children and young people from a BME background from reporting child abuse and the wider complications which BME people face when there is an abuse case, for example the importance of the wider family network, cultural values and the differences between an indigenous abused child and an ethnic child who is being abused.

The BME community in Scotland would also benefit from an awareness raising campaign which promotes child abuse, definitions as to what constitutes child abuse, signs and symptoms to look out for, where to report suspected abuse cases, how to access existing service providers and where to go for help, etc. The long term benefit of this campaign would be to help increase the number of abuse cases reported and help in ending all forms of abuse within the BME community. It is hoped that if more people are aware of child abuse issues then they may be more likely to report such incidents, to culturally sensitive service providers, who would help minimise the number of young people and children from a BME background who are at a risk of abuse.

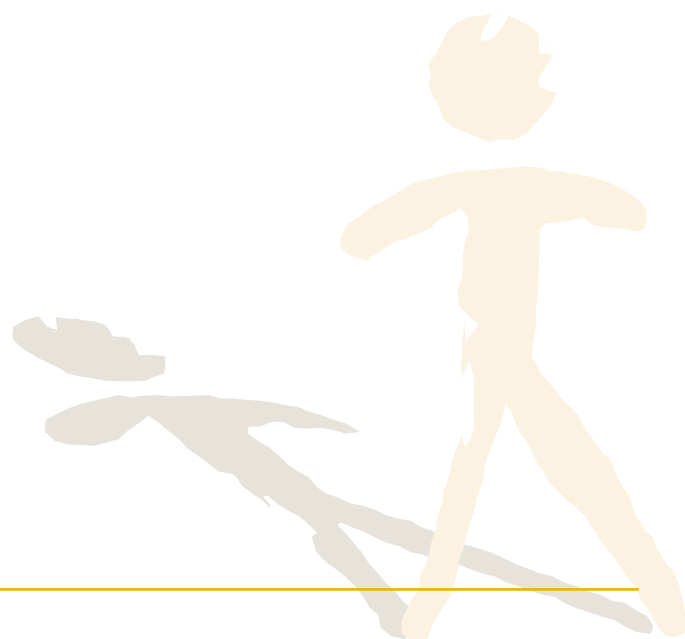


A future study may benefit from looking into the effectiveness of awareness and educational programmes and determine whether the reporting of child abuse cases amongst the BME community has increased or not.

In order to further one's understanding of a child and young persons needs within the BME communities, current service providers may benefit from working closely with BME grassroots agencies, undergoing joint partnership work and outreach programmes. This would also help service providers access clients from what is known as a hard to reach group and also encourage effective networking opportunities for the service providers, with not only BME organisations, but with community members and leaders also.

Another issue which has arisen from this research report and could be investigated further is why some BME communities are willing to talk more openly about child abuse compared to others. For example respondents from the Hindu community were more open, when discussing issues surrounding child abuse than respondents from the Muslim community. There may be several reasons for this, different cultures, different backgrounds and different up-bringing.

In conclusion, this research looked into the 'perceptions of child abuse within Scotland's BME communities'. In total 140 individuals from different minority ethnic groups, gender and ages in Scotland were interviewed about their perceptions, opinions, concerns and understandings of child abuse within their community.



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Appendix 1

No of Focus group	Ethnicity of respondent	Gender	No of respondents	Date Completed
1	Refugee	Male	5	21.12.05
2	Refugee	Female	5	13.12.05
3	Refugee	Mixed	5	13.12.05
4	Black	Male	5	11.01.06
5	Black	Female	5	20.01.06
6	Black	Mixed	5	25.01.06
7	Muslim	Male	5	12.09.05
8	Muslim	Female	5	07.11.05
9	Muslim	Mixed	5	12.01.06
10	Sikh	Male	5	08.01.06
11	Sikh	Female	5	05.01.06
12	Sikh	Mixed	5	03.11.05
13	Hindu	Male	5	30.01.06
14	Hindu	Female	5	03.02.06
15	Hindu	Mixed	5	25.01.06
16	Chinese	Male	5	21.09.05
17	Chinese	Female	5	16.02.06
18	Chinese	Mixed	5	14.12.05
19	Mixed	Mixed	5	20.12.05
20	Mixed	Mixed	5	14.01.06

No of in-depth interview	Ethnicity	Gender	Date Completed
1	Sikh	Female	30.10.05
2	Sikh	Female	30.10.05
3	Sikh	Female	19.12.05
4	Sikh	Female	19.12.05
5	Sikh	Male	26.09.05
6	Sikh	Male	03.10.05
7	Sikh	Male	29.10.05
8	Sikh	Male	20.10.05
9	Muslim	Female	24.09.05
10	Muslim	Female	03.10.05
11	Muslim	Female	21.10.05
12	Muslim	Female	28.11.05
13	Muslim	Male	30.11.05
14	Muslim	Male	30.11.05
15	Muslim	Male	05.12.05
16	Muslim	Male	08.12.05
17	Chinese	Female	22.12.05
18	Chinese	Female	15.01.06
19	Chinese	Female	08.12.05
20	Chinese	Female	13.01.06

No of in-depth interview	Ethnicity	Gender	Date Completed
21	Chinese	Male	08.12.05
22	Chinese	Male	06.02.06
23	Chinese	Male	15.01.06
24	Chinese	Male	15.01.06
25	Black	Female	21.12.05
26	Black	Female	18.01.06
27	Black	Female	27.01.06
28	Black	Female	22.10.05
29	Black	Male	30.11.05
30	Black	Male	30.11.05
31	Black	Male	06.02.06
32	Black	Male	14.12.05
33	Hindu	Female	22.11.05
34	Hindu	Female	22.11.05
35	Hindu	Female	02.11.05
36	Hindu	Female	24.11.05
37	Hindu	Male	20.12.05
38	Hindu	Male	29.12.05
39	Hindu	Male	09.10.05
40	Hindu	Male	14.01.06

Appendix 2: Consent Forms given to Respondents

roshni consent form – in-depth interview

'roshni' meaning light in Urdu is a charitable organisation which was established to raise the awareness of child abuse within the ethnic minority communities. roshni was constituted in 2002 and has been in operation since April 2004.

The aim of the in-depth interview is to research the perceptions of child abuse within the black and ethnic minority community, in attempt to produce a clearer picture as to what is known on the subject from BME individuals and to investigate where the majority of knowledge that is readily available to members of the minority ethnic communities comes from.

The participants of the interviews will remain anonymous, and will not be identified in the final report. All information collected will be treated confidentially, unless you reveal details of harm towards a child. If this occurs, ethical guidelines will be followed, which involves contacting relevant bodies to enable help and advice to be given. In the event of any other disclosure regarding harm to self, information will not be shared with others without your permission.

Each interview will last for approximately one hour and with your permission I would like to tape-record the interview, please note that the tape will be destroyed once the interview has been transcribed for analysis purposes.

You do not have to answer any questions you do not wish to, and you may leave the interview at any time.

We would be most grateful for your help, if you are willing to participate please sign and date the form below.

roshni research – in-depth interview consent form

I have read the information sheet and understand the purposes of the research. I understand that any comments I make will be kept anonymous and that limited confidentiality will apply.

I do/do not consent to taking part in the interview.

I do/do not consent to the interview being tape recorded

Name: _____

Date: _____

Signed: _____



Consent Form – Focus Group

'roshni' meaning light in Urdu is a charitable organisation which was established to raise the awareness of child abuse within the ethnic minority communities. roshni was constituted in 2002 and has been in operation since April 2004.

The aim of the focus groups is to research the perceptions of child abuse within the black and ethnic minority community, in attempt to produce a clearer picture as to what is known on the subject of child abuse and to investigate where the majority of knowledge that is readily available to members of the minority ethnic communities comes from.

The participants of the focus group will remain anonymous, and will not be identified in the final report. All information collected will be treated confidentially; unless you reveal details of harm towards yourself or that you are causing harm to others. If this occurs, ethical guidelines will be followed which involves contacting relevant bodies to enable help and advice to be given. In the event of any other disclosure regarding harm to self, information will not be shared with others without your permission.

Each focus group will last for approximately one hour and with your permission I would like to tape-record the interview, please note that the tape will be destroyed once the interview has been transcribed for analysis purposes.

You do not have to answer any questions you do not wish to, and you may leave the interview at any time.

We would be most grateful for your help, if you are willing to participate please sign and date the form below.

roshni research – focus group consent form

I have read the information sheet and understand the purposes of the research. I understand that any comments I make will be kept anonymous and that limited confidentiality will apply.

I do/do not consent to taking part in the focus group.

I do/do not consent to the focus group being tape recorded

Name: _____

Date: _____

Signed: _____



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w: www.roshni.org.uk

