research article

Domestic violence and abuse within Roma and Traveller communities: a scoping review

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Domestic violence and abuse (DVA) is a global human rights problem. This scoping review focuses on the characteristics, impacts and risk and protective factors for DVA within Roma and Traveller communities. Applying a socio-ecological model for thematic analysis, this review underscores the pervasive influence of patriarchal and gendered norms, which manifest at the individual, family and community levels and prevent women from escaping abusive relationships. No studies on men as victims/survivors were included. The normalisation of DVA within familial and communal settings and a deficiency in specialised support tailored to the unique requirements of Roma and Traveller women are interconnected factors associated with this complex issue. Through critical analysis of current social work practices, we identify such implications as the need for improved knowledge and sensitivity around cultural norms, enhanced understanding of the barriers to disclosure and enhanced understanding of both the risk and protective factors for victims/survivors from Roma and Traveller communities.

Introduction

Domestic violence and abuse (DVA) is an extreme manifestation of gender inequality, a violation of international human rights (United Nations General Assembly, 1948) and a global public health epidemic (WHO, 2023). Varied terminology is used to define DVA across countries, often with the same or similar meanings. For example, in the

US, 'domestic violence' refers to a pattern of abusive behaviour in any relationship that one partner uses to gain or maintain power and control over another intimate partner (United States Department of Justice, 2023). In Australia, the preferred term of 'domestic and family violence' refers to abuse in many relationship types, including from a current or ex-partner, or in relationships between family members like siblings, adult children or parents, or in non-family relationships (for example, between a person and their carer) (Australian Government, 2023). The term 'domestic violence and abuse' is operationalised for this scoping review as an umbrella category that captures the abusive behaviour of one person towards another where there is a personal connection to each other (through family or intimacy) (United Nations, 2023). This behaviour includes physical, sexual, cyber, economic (financial and material), psychological and verbal abuse, along with coercive and controlling behaviours.

While DVA affects all sections of society regardless of gender, age, ethnicity, sexual orientation, social status and geographical location, we adopt the feminist perspective that DVA is a gendered phenomenon in which women are more commonly the primary victims, men predominate as perpetrators and gendered stereotypes and inequalities sustain patterns of gendered violence (Garcia-Moreno et al, 2006; Maher et al, 2021). International statistics support this feminist perspective. For example, the World Health Organization (WHO, 2023) reports that globally, almost one third of women aged 15–49 have experienced some form of physical and/or sexual violence by their intimate partner. We do not deny that men and boys can also be victims/survivors of DVA, but the abuse experienced by women, and mostly perpetrated by men, is often recurring, systematic, more severe, more likely to leave victims/survivors in fear for their future safety and more likely to result in injury or even death (Ali and Naylor, 2013; Walby and Towers, 2017).

In addition to gender, there are wide-ranging risk factors for DVA that may increase the likelihood of experiencing or perpetrating DVA, such as conflict over child contact, substance use, low self-confidence, pregnancy and more (Finnbogadóttir et al, 2020; Robinson et al, 2018). It is important to note that DVA is not caused by a single factor but, rather, a combination of factors at the individual, relationship, community and societal levels, which can increase or decrease the risk of violence. It is also critical to note that risk factors can be viewed differently across professions. For example, 'relationship separation' is treated as a heightened risk factor by the police, whereas it is often seen as the goal of intervention by social workers in child protection cases (Stanley and Humphreys, 2014). There is less scholarship on protective factors, but this literature attends to issues of help-seeking and coping (see, for example, Irving and Liu, 2020).

While there are well-reported difficulties with prevalence statistics, it is generally found in scholarship that women from marginalised communities experience DVA at least at the same rate as non-marginalised women. For example, in Spain, a cross-sectional study of 10,202 women attending primary care centres showed a DVA prevalence of 27.9 per cent in migrants, compared to 14.3 per cent in Spanish women (Vives-Cases et al, 2009). However, evidence suggests that, overall, research with victims/survivors and perpetrators from marginalised communities, such as those from minority ethnic communities, is limited. In this scoping review, we will examine the evidence on DVA within Roma and Traveller communities.

Following the example set by the Council of Europe (2012), the term 'Roma and Travellers' is used in this study as an umbrella category that encompasses a wide diversity and a range of communities.[1] Examining evidence on DVA within these communities

is important, as there are reported concerns that data relating to DVA prevalence for Roma and Traveller women are lacking or unreliable (Allen and Riding, 2018). One common problem is that there have been numerous issues identified with DVA research in general, for example: varied and inconsistent terminology and definitions; issues with misreporting, misidentification and under-reporting; and methodological concerns about the incident, not pattern-focused analyses (Rogers, 2020). Notwithstanding these challenges, a study carried out in 2011 in Bosnia and Herzegovina found that at least 43 per cent of Roma women have suffered from physical violence and 36 per cent from psychological violence at the hands of their spouses or intimate partners (Prava za sve, 2011). In 2009, a study conducted in Ireland found that Traveller women are proportionately 30 times as likely as non-Traveller women to suffer DVA (Women's Health Council, 2009). There are clear implications for social work in terms of assessment and intervention to safeguard Roma and Traveller women and their children; however, they are often invisible in terms of any contact with statutory social work and specialist DVA services, as well as in relation to policy and research (Molnar, 2023).

The primary objective of the scoping review is to identify and synthesise studies regarding DVA within Roma and Traveller communities. We focus on communities, rather than women, as DVA is not necessarily merely an issue of intimate relationships, as demonstrated in the following review of literature. The review questions are:

1. What are the characteristics of DVA within Roma and Traveller communities?
2. What are the impacts of DVA for Roma and Traveller women?
3. What are the risk and protective factors for Roma and Traveller women affected by DVA?

Method

The study used a scoping review methodology, which enables researchers to (1) establish the extent, range and nature of scholarship on a topic and 2) identify evidence gaps (Arksey and O'Malley, 2005). To report the results of the scoping review, the authors adopted the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) reporting guidelines (Page et al, 2021). The protocol was developed by Michaela Rogers (MR), and it was registered at the Open Science Framework on 11 October 2023 (DOI: 10.17605/OSF.IO/FSC5K).

Study eligibility

The inclusion criteria were:

- Population: Roma and Traveller communities.
- Issue: DVA, including physical, sexual, cyber, economic (financial and material), psychological and verbal abuse, along with coercive and controlling behaviours.
- Focus of study: the characteristics of DVA for Roma and Traveller women; the impacts of DVA; risk factors; and protective factors.
- Type of evidence: primary original research and case studies reported in peer-reviewed publications.

- Language: English-language studies, as translation resources were not available for this project.
- Time period: 2000 to 2023.

No studies were excluded based on geographical location. Scoping and systematic reviews were excluded because this would lead to the double-counting of the studies selected for the scoping review. Consideration was also given to using the criteria in the Mixed Methods Appraisal Tool (Hong et al, 2018), but limitations were not used as an exclusion criterion to ensure that the range of DVA research referring to Roma and Traveller communities was accurately mapped (Arksey and O'Malley, 2005).

Study selection and data extraction

Searches of the CINAHL, Social Care Online, Scopus and Web of Science databases took place in October 2023. The search terms are presented in Table 1. After the review and removal of 168 duplicate records manually, the remaining records were screened based on the title and abstract by two researchers (Dan Allen [DA] and MR) to test for inter-rater reliability. For additional rigour, a small sample (10 per cent) was screened by a third researcher (Allison Hulmes [AH]). Any screening conflicts were resolved through discussion by the authors, and 16 were left for full-text reading.

To allow for studies being missed in the database searches (for example, due to variations in indexing), hand searching was undertaken of the following key journals: *Journal of Family Violence*, *Journal of Interpersonal Violence*, *Violence Against Women* and *Romani Studies*. The hand searches resulted in no additional articles. Citation harvesting was also performed from the reference lists of included studies and resulted in 20 studies.

A full-text screening of 20 studies against the research questions and inclusion criteria was undertaken by the research team (MR, DA and AH). Again, discrepancies were resolved through discussion, which resulted in a final set of 16 included studies. The reasons for exclusion at this stage were as follows: two records were excluded due to not being relevant to the scoping questions, and one record was excluded based on the type of record (for example, narrative review). The PRISMA flow diagram for this scoping review illustrates the initial identification of studies via databases, through hand-searching and citation harvesting (see Figure 1) (Page et al, 2021). A total of 13 studies are included in this review.

Using Microsoft Excel, an extraction table was developed to systematically chart the data (Arksey and O'Malley, 2005). Key information about the reports was extracted, including author(s), year of publication, study location, method, sample characteristics,

Table 1: Search terms

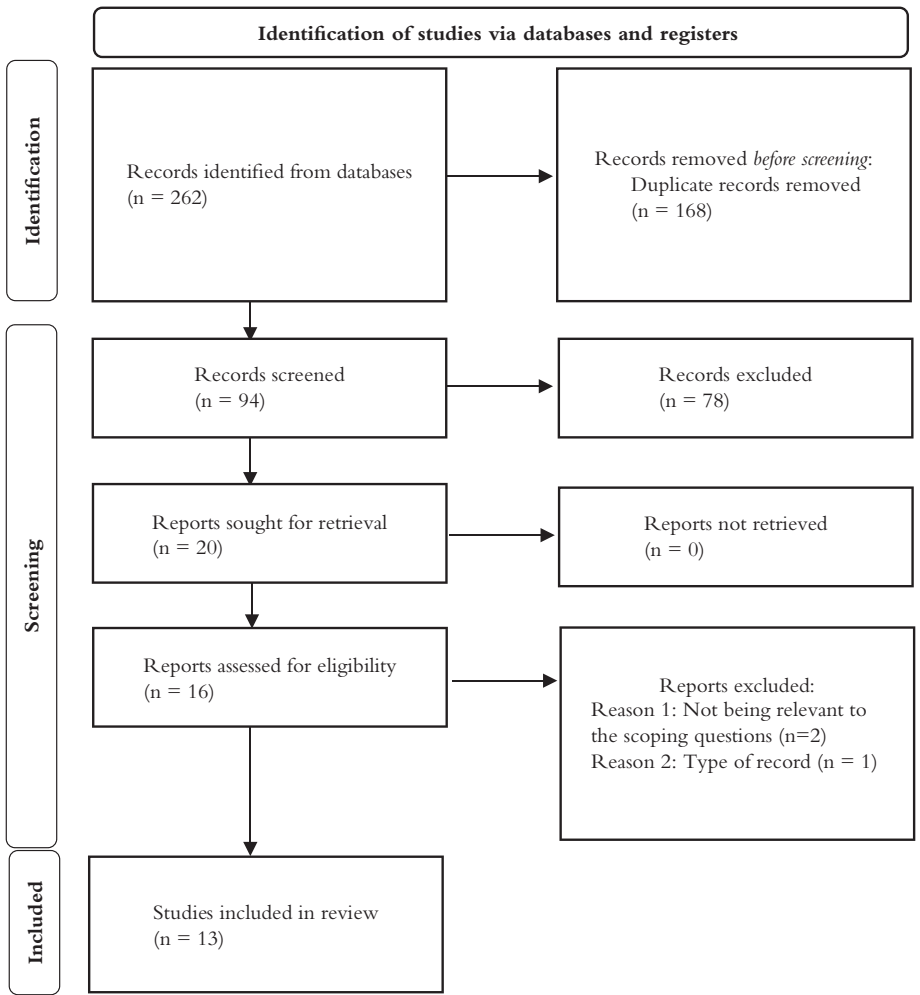| Relating to abuse	Population	Characteristics
Domestic violence Domestic abuse Intimate partner violence Intimate partner abuse Family violence	"Gypsy" OR "Roma" OR "Traveller" OR "Romani" OR "Sinti" OR "Manush" OR "Calé" OR "Kaale" OR "Romanichals" OR "Boyash" OR "Rudari" OR "Balkan Egyptians" OR "Ashkali" OR "Dom" OR "Lom" OR "Abdal" OR "Travellers" OR "Yenish" OR "Gens du voyage"	Impacts Consequences Effects Outcomes Protective factors Risk factors Vulnerabilit*

theory or model of DVA if relevant, main findings and variables, and limitations. Ten included studies were used to pilot the extraction process to ensure inter–rater reliability between researchers (MR and DA).
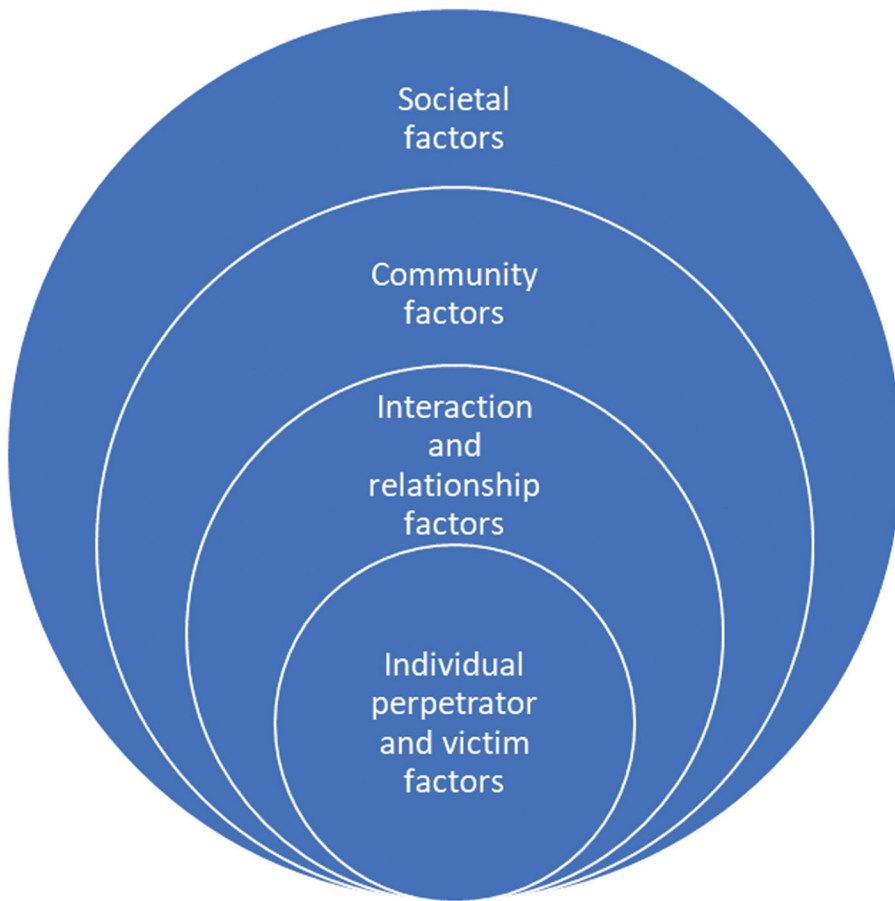
Conceptual framework

Once the studies were finalised, data were analysed thematically (Braun and Clarke, 2006). Following the advice of Labrum and Solomon (2015), risk and protective factors were organised into socio–ecological factors (see Figure 2).

The socio–ecological approach advanced by Labrum and Solomon (2015) proposes that human beings are embedded in nested systems related to context and that well–being and growth are influenced by the quality of interactions across these systems. Factors within these systems often have a bidirectional relationship, as environments are affected by individuals, and vice versa (Phelan and Kirwan, 2020). Over time,

Figure 1: PRISMA 2020 flow diagram for systematic reviews

Identification of studies via databases and registers	
Identification	Records identified from databases (n = 262)	Records removed *before screening*: Duplicate records removed (n = 168)
Screening	Records screened (n = 94)	Records excluded (n = 78)
	Reports sought for retrieval (n = 20)	Reports not retrieved (n = 0)
	Reports assessed for eligibility (n = 16)	Reports excluded: Reason 1: Not being relevant to the scoping questions (n=2) Reason 2: Type of record (n = 1)
Included	Studies included in review (n = 13)	

Figure 2: Risk and protective factors

Source: Labrum and Solomon (2015).

individuals progressively adapt to accommodate their environment. The socio-ecological model allows the integration of individual and environmental factors to enable an examination of context, characteristics and risk and protective factors within complex systems. Thus, a complex range of factors – at the individual (perpetrator and victim), relationship, family, community and societal or systems levels – are considered to put people at risk of DVA. Thematically analysing risk factors in this way helped to organise current scholarship and focus on awareness of implications for social work.

Study characteristics

The final selection of studies (n = 13) was undertaken in several countries across Europe: Spain (n = 4), Slovakia (n = 2), Bosnia and Herzegovina (n = 1), Ireland (n = 1), Macedonia (n = 1), Serbia (n = 1), Turkey (n = 1), the UK (n = 1) and the West Balkans (n = 1). Studies used a variety of research designs: qualitative (n = 6),

quantitative (n = 3) and mixed methods (n = 4). Populations included in samples varied and included: Roma women (n = 7), Roma organisations (n = 2), healthcare professionals (n = 2), DVA professionals (n = 1), Roma and non-Roma women and girls (n = 1), Roma and non-Roma women and men (n = 1), Gypsy, Roma and Traveller women (n = 1), and Irish Traveller women (n = 1). Table 2 provides a summary of the included studies.

Findings

The 13 studies reported the characteristics, impacts and risks and protective factors, offering a detailed view of the factors pertaining to DVA within Roma and Traveller communities (see Table 2). Following the detailed process of data extraction described earlier, studies were thematically grouped and presented in accordance with the research questions: (1) characteristics of DVA; (2) impact on Roma and Traveller Women; and (3) risk and protective factors.

Characteristics of DVA for Roma and Traveller women

Ten studies highlighted the common characteristics of DVA for Roma and Traveller women. In context, the characteristics of DVA were defined as a pattern of intimate partner violence used by a male partner to gain or maintain control over another intimate female partner. Specific examples covered most types of DVA, including physical violence, verbal and psychological abuse, coercive behaviours, and financial control.

Measuring the frequency and experience of intimate partner violence in Macedonia, Kareva et al (2022) found that 96 per cent (n = 192) of Roma women who responded to a survey indicated that they had experienced some form of physical violence, verbal and psychological abuse, coercive behaviours, and financial control. Although 76 per cent (n = 146) of women described the main characteristic of DVA as intimate partner physical, psychological and economic violence, 14 per cent (n = 27) explained that they had also experienced violence from another member of the family, usually a father-in-law or mother-in-law, as a form of family violence and abuse (hereafter, 'family abuse'). A total of 56 per cent (n = 15) reported that someone from the family had abused them, while 26 per cent (n = 7) said that someone from the family had insulted them for their appearance. Regarding economic dependence, as many as 76 per cent (n = 21) answered that their finances were controlled by their husbands or other family members. This study highlighted that DVA occurs within intimate partner, family and community contexts. Similarly, The Traveller Movement (2022) reported that 'honour'-based abuse can be a part of some Roma and Traveller victims'/survivors' experiences of DVA.

Other studies undertaken in Turkey (Tokuç et al, 2010), Ireland (Allen, 2012), Spain (Briones-Vozmediano et al, 2021) and Slovakia (Wasileski and Miller, 2014) support the findings presented by Kareva et al (2022) and similarly uncovered examples of family abuse. For example, when considering the challenges and opportunities that health services providers face when working with Roma women, Briones-Vozmediano et al (2021) found that family abuse was a core characteristic of DVA experienced by Roma women:

Table 2: Summary of studies

Author, year and country	Population	Methods and sample size	DVA characteristics	DVA impacts	Main risk factors	Protective factors
Allen (2012), Ireland	Irish Traveller women	Mixed methods: survey (*n* = 31); interviews (*n* = 5)	Physical Verbal Psychological Coercive control	Life-threatening injuries Material and economic dependency	Patriarchal gender norms Religious beliefs about marriage Social isolation if disclosed DVA Help-seeking systems not designed for or supportive of Traveller culture and practices Police attitudes/actions Challenges associated with requests for legal remedies Services explain DVA as acceptable for 'cultural or religious reasons' Concerns of punitive social work response/intervention	Distance and anonymity from husband's family Long-term secure housing Close-knit family means social connectedness
Briones-Vozmediano et al (2018), Spain	Healthcare practitioners	Qualitative: interviews (*n* = 25); discourse analysis	Physical Coercive control	–	Patriarchal culture and gender norms Lack of recognition and minimisation of DVA Gender (being a woman) Normalisation of DVA Poverty Low education levels Roma women lack autonomy DVA is a taboo subject among Roma women Fear of familial repercussions Distrust of services	Community-based services with cultural knowledge of Roma and Traveller women's needs Women seeking university education outside of the community
Briones-Vozmediano et al (2021), Spain	Healthcare practitioners	Qualitative: interviews (*n* = 28); thematic analysis	Controlling behaviour	Mental health associated with dishonour Fear over the loss of children	DVA is considered to be a private matter Fear of consequences in help-seeking (family dishonour, loss of children, not being understood or believed, violence as a repercussion) Family and community pressure Normalisation of DVA Distrust and fear of discrimination in healthcare as a help-seeking resource Prejudice and cultural insensitivity by professionals	–

(Continued)

Table 2: Continued

Author, year and country	Population	Methods and sample size	DVA characteristics	DVA impacts	Main risk factors	Protective factors
Djikanovic et al (2018), Serbia	Roma and non-Roma women and men	Randomised mixed population-based survey (n = 3,257): Roma women (n = 812) and men (n = 549); non-Roma women (n = 1,106) and men (n = 790)	Physical	–	Low educational levels Marriage Poverty	Higher educational levels of Roma women and men Being unmarried Strong female networks
Kareva et al (2022), Macedonia	Roma women	Mixed methods: desk analysis of data through public information requests; survey (n = 200); 12 focus groups (n = 50)	Physical Psychological Stalking Economic Sexual Online harassment Female genital mutilation Forced abortion Forced sterilisation Trafficking of women Forced marriage	Fear of individual and societal shame Distrust in the system Economic dependence Lack of autonomy in decision making within marriage	Patriarchal norms Poverty and unemployment Economic dependence Low educational levels Lack of access to DVA services Normalisation of DVA Gender and ethnicity (being Roma) Marital status Housing Institutional discrimination Language barriers Lack of trusted (Roma) individuals in services	–
King et al (2018), West Balkans	Roma women	Quantitative survey	Physical violence	No control over the body	Normalisation of DVA Acceptance of no reproductive control Use of contraception War Socio-economic deprivation Poor education Low health literacy	Increased education Increased wealth Urban residency

(Continued)

Table 2: Continued

Author, year and country	Population	Methods and sample size	DVA characteristics	DVA impacts	Main risk factors	Protective factors
Kozubik et al (2020), Slovakia	Roma women	Qualitative: interviews ($n = 20$)	Physical Social isolation Material violence and control Sexual abuse	Health Mental health Stress (headaches, weight loss) Motor activity Forced marriage	Social isolation Lack of awareness of specialised support Absence of DVA services in the region Living with more than four people in the household Unemployment Marriage and forced marriage Male partner's alcohol and other addictions	Being unmarried
Tokuç et al (2010), Turkey	Women in Edirne	Mixed methods survey ($n = 588$) (Roma: $n = 53$)	–	–	Patriarchal and traditional values Women's lack of financial autonomy Low socio-economic status Living with more than four people in the household Unemployment Married only with the families' decision	–
Vives-Cases et al (2017), Spain	Roma organisations in Spain	Qualitative: interviews ($n = 12$); thematic analysis	–	–	Perceptions of DVA within and outside of Roma community Lack of consequences of DVA for Roma	Education Strategies involving extended family members and/or people with authority within the community
Vives-Cases et al (2021), Spain	Roma people in Spain	Quantitative: national survey (total $n = 1,167$; men $n = 576$; women $n = 591$)	–	–	Higher proportion of acceptability of DVA in Roma communities Reluctance to leave an abusive relationship	Belonging to an Evangelical church, both in men and in women, particularly men Being acquainted with those who are or have been exposed to DVA Improved socio-economic status The presence of a mother figure

(Continued)

Table 2: Continued

Author, year and country	Population	Methods and sample size	DVA characteristics	DVA impacts	Main risk factors	Protective factors
Wasileski and Miller (2014), Slovakia	DVA workers	Qualitative: interviews (n = 20)	Intimate partner violence Controlling behaviours	–	Racism and discrimination in systems Limited access to judicial sanctions and social services Society and government responses normalise DVA in Roma communities Roma culture discourages help-seeking from the police	–
The Traveller Movement (2022), UK	Gypsy, Roma and Traveller women	Mixed methods: survey (n = 176); interviews (n = 18)	Honour-based abuse	Loss of family and community when leaving the abusive relationship Shame	Lack of confidence or trust in services Services lack awareness and understanding of Gypsy, Roma and Traveller culture Victims fear discrimination and abuse from services Fear of social worker interventions Immigration status/fear of deportation	–
Prava za sve (2011), Bosnia and Herzegovina	Roma women and girls, Roma organisations, non-Roma organisations, Roma and non-Roma women activists, police, and social workers	Interviews	Financial Psychological Harassment Stalking	–	Patriarchal society, gender inequality and multiple discrimination Contradictory legislation Poverty Low education levels Lack of rights-based knowledge, choice and autonomy Lack of non-governmental organisation programmes focused on the rights of women and combating discrimination and/or violence against women Alcoholism of perpetrator Lack of legal remedy through prosecution	–

there are many in the family clan, but there is a clear hierarchy, which maybe also happens in the family, in the household, in a couple and in terms of power relationships, it stays there and no one has any opinion about it, no one can get involved in what's happening. (General practitioner, quoted in Briones-Vozmediano et al, 2021: 7)

Combined with the findings of Tokuç et al (2010), Allen (2012), Wasileski and Miller (2014) and Kareva et al (2022), the previous excerpt highlights the need to encourage a more focused analysis and conceptualisation of the characteristics of DVA for Roma and Traveller communities occurring across different individual and relational structures, as per the socio-ecological model. While the findings presented in these studies may not be generalisable outside of the sampled Roma population and are perhaps relevant only to the particular socio-economic profile of the specific study population groups, they do problematise the current and common definitions and understandings of DVA as being primarily perpetrated by intimate partners.

Impact on Roma and Traveller women experiencing DVA

A total of 12 of the 13 studies highlighted the impacts of DVA on Roma and Traveller women, which were typically characterised as interactional, individual and perpetrator factors. Five studies detailed the health and mental health impacts of DVA (Allen, 2012; Kozubik et al, 2020; Briones-Vozmediano et al, 2021; Kareva et al, 2022). For example, Kozubik et al (2020) found that all 20 Roma victims/survivors in their study had health-related consequences, with many (*n* = 15) describing (1) psychological problems, including anxiety and depression (*n* = 5), and (2) stress-related physiological conditions, such as headache (*n* = 5) and weight loss (*n* = 2). Mental health impacts were associated with dishonour/shame, fear over the loss of their children and not being understood or believed by professionals (Briones-Vozmediano et al, 2021). One study reported that the fear of social work intervention had deterred Roma and Traveller victims/survivors from calling the police, and, of significant concern, an increasing number of Traveller women have been reported to have taken their own lives after having been approached by children's welfare services (The Traveller Movement, 2022).

Several studies described social impacts for women, including material and economic dependency (Allen, 2012), social isolation (Kozubik et al, 2020), reduced help-seeking and the silencing of victims/survivors due to fear of the perpetrator, and a lack of information and awareness of what constitutes DVA by the victim (Kareva et al, 2022; The Traveller Movement, 2022). Immigration is an issue for Roma victims/survivors, who are afraid to access support and risk deportation (The Traveller Movement, 2022). The societal and community-level impacts include a lack of confidence in and distrust of services due to a non-responsive nature and lack of legal redress (Kareva et al, 2022; The Traveller Movement, 2022). This is especially problematic as many Roma and Traveller women lose their whole family and community when leaving abusive relationships and therefore need support rebuilding their lives (The Traveller Movement, 2022).

Four of the studies highlighted the impact of DVA being normalised within Roma communities (Prava za sve, 2011; Wasileski and Miller, 2014; King et al, 2018;

Vives-Cases et al, 2021). King et al (2018) focused in particular on Roma women in the West Balkans and how the normalising of DVA resulted in a loss of bodily autonomy, specifically in relation to contraception and sexual health. Although the findings suggest that the patriarchal control of contraception operates as a form of intimate partner violence, the authors conclude that more research is needed to understand this phenomenon from the Roma and Traveller perspective.

The impact of DVA leads to both fear of the perpetrator and fear of discrimination based on ethnic identity as Roma women (Wasileski and Miller, 2014: 180):

> Roma people do not claim Roma ethnicity. They are Slovaks. You know, as me, almost two-thirds of Roma people are integrated and this is also not widely known information. Because when we say Roma person, we immediately picture someone homeless, alcoholic, dirty, uneducated and living in the settlements. But I have to say that those two-thirds of integrated Roma people do not claim Roma ethnicity.

The existence of stereotypes that locate DVA as an essential ethnic characteristic and part of 'Traveller culture' was identified by The Traveller Movement (2022). The impact of this stereotype leads to a particularly corrosive fear that was identified by The Traveller Movement, in that women in the communities anticipate that a disclosure of DVA will lead to the removal of children from family care and into state care: 'It's hard to trust [social workers], the same people that already have an idea in their head about who you are, what you are. And then you have to supposedly trust them with your life and with your children's life' (Irish Traveller survivor, quoted in The Traveller Movement, 2022: 12).

Taken together, all 13 studies show how these intersecting impacts result in the silencing of Roma and Traveller women and the continued risk that they will remain in harmful situations, where they have little or no confidence that they will receive legal remedy, natural justice or support from wider society and DVA services (Prava za sve, 2011; Kareva et al, 2022).

Risk and protective factors for Roma and Traveller women affected by DVA

Each study included in this review identified risk factors for Roma and Traveller women as related to societal factors, community and interactional factors, or individual agency. Only nine studies described protective factors. Focusing on racism and structural inequality, for example, poverty, as a social determinant of risk, seven studies describe how institutional racism and traditional service delivery models have led to inadequate risk reduction strategies (Tokuç et al, 2010; Allen, 2012; Wasileski and and Miller, 2014; Vives-Cases et al, 2017, 2021; King et al, 2018; The Traveller Movement, 2022). In these studies, the authors explain how the risk of DVA is growing at a societal level as protective services become increasingly harder to reach for Roma and Traveller women, and at a community level, relevant information and advice were deemed to be inaccessible too.

Aligned to the summary of the impacts of DVA on Roma and Traveller women described earlier, 12 studies advanced evidence of systemic racist stereotypes and examples of racial profiling within the helping professions (for example, police,

social work and health), suggesting low expectations reflected in the normalisation of DVA within Roma and Traveller communities. The acceptability of DVA in Roma communities and cultural norms and attitudes towards the police led to a reluctance to call them for assistance in cases of DVA (Wasileski and Miller, 2014). Moreover, The Traveller Movement (2022) found that Roma and Traveller women are often treated as victims of their culture, not as victims/survivors of DVA.

In seven studies, patriarchal oppression – a system in which men, particularly those in positions of power, exercise control and dominance over women – is specifically associated with risk factors for Roma and Traveller women affected by DVA at the community and individual levels (Tokuç et al, 2010; Prava za sve, 2011; Briones-Vozmediano et al, 2018; Djikanovic et al, 2018; Kozubik et al, 2020; Kareva et al, 2022). In these studies, patriarchy is reported to have a bidirectional relationship with systemic gender inequality, in which each sustains the other. A result of this is that Roma and Traveller women are assigned to subordinate roles within the context of the family and community, whereas Roma and Traveller men are granted more privileges and decision-making power, the impact of which includes forced marriage and the control of reproductive rights.

Analysing DVA risk factors for Roma and Traveller women in Ireland, Allen (2012) found that patriarchal oppression can limit the ability of some women to access education and employment, thereby reducing women's resources and resilience that can be drawn on in cases of DVA. Indeed, poor education and low health literacy were described as risk factors by King et al (2018). In contrast, one study described how some Roma women sought out a university education, meaning their distance from the patriarchal influences of their community and family, and education served as a protective factor in this context (Briones-Vozmediano et al, 2018). Similarly, higher educational attainment for both men and women was seen as a protective factor in a study by Djikanovic et al (2018).

Allen (2012) argued that patriarchy operates as a risk factor for both intimate partner and family abuse, as it reduces women to traditional roles (another risk factor), objectifying and silencing them, and making it difficult for them to challenge or escape DVA. According to Kozubik et al (2020), the risk factors described by Allen (2012) are further exacerbated by overcrowding, a situation that occurs when more people are living in a dwelling than what is considered suitable for the available space. As a counter, Allen (2012) noted protective factors to be distance and anonymity from their husband's family, coupled with the availability and accessibility of long-term, secure housing.

Describing the effects of these socio-ecological factors, Briones-Vozmediano et al (2021) explain how a persistent fear of judgement and shame can act as risk factors by further suppressing the individual agency of Roma and Traveller women affected by DVA. According to a Roma survivor, many women worry about how they will be perceived by services and their community, friends or family if they report DVA:

> You will have all the community coming after you and you like, it's not an easy thing. Most times, you just leave the community. I mean, this is what happened with my family. So, it's a big thing, you're basically losing all the ties you've had. So, you're really thinking like, Is it worth it? I mean, to lose everything, or to just stay here? (Roma survivor, quoted in The Traveller Movement, 2022: 14)

In addition to the reported concern about losing family and community as a reason for remaining in an abusive relationship, Allen (2012) explains that Traveller women worry that their children will be taken from them if the police and other child welfare services become involved in their lives.

A lack of confidence in the criminal justice system, concerns about bureaucratic procedures and the fear of not being taken seriously by law enforcement add to the socio-ecological risk factors that are reported (Briones-Vozmediano et al, 2018). Moreover, a lack of awareness of, availability of and access to support services for women (Kareva et al, 2022) is a risk factor that aligns with a lack of trust in services as a response to the lack of appropriate support following DVA disclosures (The Traveller Movement, 2022).

There are additional protective factors to those identified earlier (distance and anonymity from families, university education, and long-term secure housing), for example: close-knit family, strong female networks or a 'mother figure' (Allen, 2012; Djikanovic et al, 2018; Vives-Cases et al, 2021); understanding of DVA through being acquainted with victims/survivors (Vives-Cases et al, 2021); unmarried status (Djikanovic et al, 2018; Kozubik et al, 2020); improved socio-economic status (Vives-Cases et al, 2021); living in urban environments (King et al, 2018) with community-based services offering DVA advice and support (Briones-Vozmediano et al, 2018); and belonging to an Evangelical church for men and women (Vives-Cases et al, 2021).

Discussion

Examining the characteristics, impacts and risk and protective factors pertaining to Roma and Traveller victims/survivors, this scoping review draws attention to several concerns at different levels (societal, community, interactional and individual), including the tolerance of acts of violence against women and girls. Adopting the socio-ecological approach advanced by Labrum and Solomon (2015), the review has enabled a more comprehensive understanding of how DVA is tolerated through the presence of institutional racism and the lack of appropriate and effective support systems, with an example being the lack of accessible legal remedy through prosecution (Prava za sve, 2011).

Social factors

Theorising the effect of institutional racism on systems and service provision, several authors explain how local government organisations, policing agencies and even civil society can fail to grasp an accurate understanding of the specificity of the environmental factors, everyday living conditions and social circumstances faced by Roma and Traveller women (Wasileski and Miller, 2014; Vives-Cases et al, 2017; Kareva et al, 2022; The Traveller Movement, 2022). This gap in understanding includes a lack of insights about characteristics, impacts, risk factors and barriers to services specifically for Roma and Traveller women. Moreover, it is rare that the specificity of risk and need relating to DVA for Roma and Traveller women is acknowledged and attended to in social work policy, nor is it reflected in practice (Allen and Riding, 2018). Here, racism operates as a societal and community-level factor and leads to a broader failure to address the root causes of DVA, silencing Roma and Traveller women

and limiting their ability to request and receive help (Allen and Hulmes, 2021). This policy and practice failure is enhanced by, or enhances, the impacts of wider societal norms and ideologies reported across the majority of studies.

Community factors

Patriarchal control, male dominance and Eurocentric ideology are all reported in the studies identified, along with conventional and normative perspectives of DVA – that is, who is a typical victim/survivor and who is a typical perpetrator – that serve to invisibilise and silence victims/survivors from minoritised communities (Rogers, 2020). There are multiple references to cultural beliefs and practices as normalising DVA, with implications for women's acceptance of DVA in terms of their autonomy and help-seeking behaviour. Considering how studies reported on the prevalence and embedded nature of patriarchal and traditional gender norms around family construction, practices and roles, an ironic finding from several studies was that unmarried status is a protective factor. However, the attributions to patriarchy and traditional roles in an analysis of minoritised women's experiences of DVA are problematic when racism and normative ideologies that underpin policy and practice responses go unchallenged (Rogers, 2020). The result is that the burden of responsibility for help-seeking and resistance is unfairly attributed to Roma and Traveller women and their communities, acting as a gloss to obscure the more significant problem of policy and practice failings (Molnar, 2023).

Supporting the findings of this review, Waterson (2022) identifies a significant risk resulting from victims'/survivors' fear of racial discrimination and mistrust of services. Waterson (2022: 4) suggests that services for DVA tend to follow a reactive rather than proactive standard operating procedure, extending help, safety and assistance to Roma and Traveller women only after they have sustained a serious or life-threatening injury. This has implications for social work and current models of practice. A trauma-informed response can address DVA and the trauma experienced by victims/survivors. This means social workers adopting the principles of partnership, empowerment, choice and mutuality, aiming to build safety, trust and confidence through trauma-informed practice (TIP) (Levenson, 2020).

Importantly, a trauma-informed approach additionally recognises cultural, historical and gendered issues that impact individuals (Levenson, 2020). Cultural or historical trauma affects minoritised communities, and this needs to be centred in individual work (Allen and Riding, 2018). This understanding should not be neglected or pushed to the margins of someone's experience of DVA, which is interactional and individual (Rogers, 2020). Cultural or historical trauma should be recognised, as this type of trauma can significantly impede engagement and progress for Roma and Traveller women (Allen and Hulmes, 2021). The research included in this review frequently acknowledges how cultural, historical and/or gendered aspects of trauma can be restorative if time is taken to recognise their impact on a woman's identity, belonging and inclusion. This recognition needs to be embedded in an understanding of structural oppression, marginalisation and inequalities that can lead to traumatic symptoms that are experienced alongside the individual and interactional impacts of DVA (Allen, 2012).

One study reported that community-based services offering DVA advice and support (Briones-Vozmediano et al, 2018) were needed, and another noted how women were better protected in urban environments (King et al, 2018). In this scenario, the value of community-based social work would necessitate a move from a traditional model (a reactive service delivered at arm's length, with professionals responsible for the change) to a more restorative and relational model, which is proactive and delivered in the community, partnering with women and families to position them as experts on their own life (Turbett, 2014). This model should recognise family support and the potential of the community, reflecting the protective factors in studies highlighting the benefits of close-knit family, strong female networks or a 'mother figure' (Allen, 2012; Djikanovic et al, 2018; Vives-Cases et al, 2021), as well as the value of women better understanding DVA through their connections with victims/survivors (Vives-Cases et al, 2021). Closer collaboration with grass-roots agencies with DVA expertise and enhanced knowledge of the cultural norms of Roma and Traveller communities would benefit social work organisations in promoting gender equality and anti-racist practice (Allen and Hulmes, 2021). Additionally, this community-based model aligns with and easily embeds the principles of a TIP model (Sweeney et al, 2016).

Interaction and relationship factors

A community approach needs to be coupled with a more granular understanding of the dynamics of DVA for Roma and Traveller women, as these can involve intimate partners, family and community members (Molnar, 2023). In terms of the interactions between family and community members, where members of the extended family are also responsible for or complicit in DVA (Tokuç et al, 2010; Wasileski and Miller, 2014; Kareva et al, 2022), Briones-Vozmediano et al (2021: 7) argue that it is important to also recognise how complex the intersection of oppression, power and control might be for some Roma and Traveller women. It is critical to examine how the workings of the conventional and normative perspectives of DVA can serve to obfuscate or narrow women's understanding of what constitutes DVA, which, in turn, impedes women's recognition of abuse when it is perpetrated against them (Rogers, 2020). In practice contexts, social workers must understand these barriers to recognition, disclosure and accessing support in this situation.

To assume that intimate partner violence and family abuse coexist, without formal verification of that fact, could lead to service interventions that prioritise the removal of the Roma or Traveller woman and their children, rather than the perpetrator(s) of abuse, from the family setting (Allen and Riding, 2018). However, for some women, the action to isolate them from their community may be a significant error. As shown by Allen (2012) and Waterson (2022), the extended family and community can provide several significant protective factors for women living with DVA. Isolating women from this network based on an assumption that the extended family is responsible for or complicit in DVA can be incredibly damaging to their health and well-being (Ibbetson, 2007; Walters, 2015).

Implications for social work

According to Kareva et al (2022), addressing the socio-ecological risks identified earlier requires a multifaceted approach, including public awareness campaigns, providing safe and confidential reporting mechanisms, improving support services, and implementing policies that protect Roma and Traveller women. For social work, this means that a coherent and comprehensive multi-agency approach is needed. There are specific implications at the different levels identified within the socio-ecological model.

First, there is a need for social work organisations to advocate for and implement legal reforms that make protections for victims/survivors from Roma and Traveller communities more accessible and enable improving the effectiveness of law enforcement in handling DVA cases in this context. In terms of accessibility, effective support relies on statutory guidance and professional training to ensure the consistent enforcement of existing laws and policies to hold abusers accountable for their actions and an understanding of the specificity of Roma and Traveller communities. Statutory guidance on child welfare and DVA for social work agencies should similarly include and attend to cultural specificity in order to achieve anti-racist practice with Roma and Traveller victims/survivors of DVA in social work education.

Second, it is crucial to approach DVA within Roma and Traveller communities without making assumptions based on stereotypes or generalisations about ethnicity or cultural mores (Molnar, 2023). In the context of a collaborative approach, organisations should be engaged to raise awareness of DVA and to implement risk prevention and early help strategies. This includes involving faith-based organisations, cultural leaders and community influencers to address DVA within their communities. Further, this action requires recognising the intersectionality of identities and the interconnectedness of various social issues (for example, sexual and/or gender identities, marital status, education, and income levels). It is the responsibility of social work agencies to foster collaboration with community organisations (and not merely the responsibility of those community organisations) to strive towards effective anti-racist practice with Roma and Traveller victims/survivors in order to achieve a coordinated response to DVA. There is a model of practice based on the idea that a window of opportunity exists in which to effectively intervene with DVA victims/survivors (Brännvall and Ekström, 2023). The concept is well received by professionals and considered to be a useful and relevant concept, particularly in work to promote women's agency (restoring the autonomy lost to DVA). However, this takes a skilled, culturally informed approach, which necessitates full and considered collaboration with relevant community organisations.

Finally, social workers must strive for anti-racism in their encounters with Roma and Traveller victims/survivors, recognising that institutional racism and discrimination mean that such women will fear and mistrust all statutory services. Trauma-informed and reflexive practice needs to acknowledge the power dynamics and imbalances specifically emphasised in social work with minoritised women and seek community-based support in order to ensure an appropriate response that does not draw on misinformation, stereotypes and biases (Allen and Hulmes, 2021). Addressing economic, educational and healthcare disparities can contribute to preventing and responding to DVA, enabling women to build resilience and resources; this also requires a multi-agency plan in work to support individual women. In promoting and encouraging Roma and Traveller women to engage with these opportunities,

social workers must understand the cultural barriers to such engagement (for example, those associated with everyday caring and family roles). Thus, creating a culture that encourages open dialogue, offers support and takes DVA seriously is essential for breaking down the barriers that prevent Roma and Traveller women from requesting and receiving help.

Limitations

The main limitation of this study concerns the conceptualisation of the key term 'Roma and Travellers'. In line with the Council of Europe (2020), this study groups these communities under a broad label. However, this terminology is problematic, as it oversimplifies diversity and homogenises the differences between a range of communities that carefully distinguish themselves from one another. This generalisation limits the ability to explore diversity and differences according to ethnicity within the existing scholarship and challenges the ability to argue that the findings presented are applicable to all the communities grouped under the 'Roma and Travellers' umbrella. Although attempts to gain a deeper understanding of DVA, its impacts and the associated risk and protective factors are essential to build knowledge and awareness, the next step must explore how DVA is experienced separately by each community included within the CoE's conceptualisation of 'Roma and Travellers'.

Another limitation is that this scoping review is underpinned by the findings and conclusions of just 13 studies that were identified as meeting our inclusion criteria. Thus, clear limitations of this review are acknowledged, including the small number of studies, the size and population of samples (some of which consisted of professionals, not community members), and the limited number of countries represented in the studies. There was a distinct lack of social work research (most was health based), resulting in a clear implication of the need for more social work research with Roma and Traveller communities in general and studies with a focus on DVA in particular. The limited number of studies provides evidence of the need to argue for more research about DVA in Roma and Traveller communities, including a focus on how early help and preventative work can support victims/survivors more effectively.

Finally, while there was a plethora of information identifying risk factors, there was a lack of evidence on protective and perpetrator factors. This meant more discussion about causes and attributions of DVA at a societal level (with much focus on how patriarchy is embedded in Roma and Traveller culture and norms), rather than advancing recommendations to address the root causes and impacts of DVA. Developing and implementing community-based education programmes specifically targeting Roma and Traveller men could arguably help to encourage positive masculinity, interpersonal and communication skills, and conflict resolution within the cultural context.

Conclusion

The 13 studies included in this review offered insights into the characteristics, impacts, risks and protective factors associated with DVA within Roma and Traveller communities. The main findings provide some insight into the power imbalance caused by patriarchal control, male dominance, structural inequality, institutional racism and

traditional models of public protection that are risk-averse, reactive, detached from communities and hard to reach for women living with DVA. Implications for social work, therefore, are multiple and include improved knowledge of patriarchal and cultural norms, along with better trauma-informed and reflexive insights into the impacts of structural inequality. Social workers should also be aware of the barriers to disclosure and have an appreciation of both the risk and protective factors for victims/survivors from Roma and Traveller communities.

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Note

[1] According to the Council of Europe (2020), the term 'Roma and Traveller' includes but is not limited to a range of ethnic groups, such as Gypsy, Roma, Traveller, Romani, Sinti, Manush, Calé, Kaale, Romanichals, Boyash, Rudari, Balkan Egyptians, Ashkali, Dom, Lom, Abdal, Travellers, Yenish and Gens du voyage.

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Research ethics statement

No ethics approval was needed for this scoping review.

Conflict of interest

The authors declare that there is no conflict of interest.

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