Reclaiming Voice:
Minoritised Women and Sexual Violence
Key Findings

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Imkaan is a UK-based, Black feminist organisation. We are the only national second-tier women's organisation dedicated to addressing violence against Black and minoritised women and girls i.e. women and girls which are defined in policy terms as Black and 'Minority Ethnic' (BME).

The organisation holds over two decades of experience of working around issues such as domestic violence, forced marriage and 'honour-based' violence. We work at local, national and international level, and in partnership with a range of organisations, to improve policy and practice responses to Black and minoritised women and girls.

Imkaan works with its members to represent the expertise and perspectives of frontline, specialist and dedicated Black and minoritised women's organisations that work to prevent and respond to violence against women and girls. Imkaan delivers a unique package of support which includes: quality assurance; accredited training and peer education; sustainability support to frontline Black and minoritised organisations; and facilitation of space for community engagement and development.

Our research activities support the ongoing development of a robust evidence base around the needs and aspirations of Black and minoritised women and girls, as well as promising practice approaches to addressing violence. Imkaan is at the forefront of programmes and initiatives relating to forms of violence that disproportionately affect Black and minoritised women and girls.

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GLOSSARY

We use the terms intersectional understanding and intersectional location throughout the report.

Intersectional understanding refers to a theoretical framework for understanding power and oppression which emerged through the socio-historical and political struggles of black resistance and liberation movements, originally conceptualised through critical, black, feminist activism (The Combahee River Collective, 1979)[1].

Intersectional location emerges from being subjected to multiple, intersecting forms of oppression based on age, race, gender, class, sexuality, disability, nationality.

[1] https://americanstudies.yale.edu/sites/default/files/files/Keyword%20Coalition_Readings.pdf

1. INTRODUCTION

It is widely acknowledged that sexual violence remains far too common and has far-reaching consequences for victim-survivors [2]. Globally, one in four women and one in 10 men have experienced sexual violence in their lifetime (World Health Organisation, 2013). As a result of their intersectional location within national and transnational contexts, some groups of sexual violence survivors, such as minoritised[3] women and those who are refugees, face additional risks (Love at al., 2017; Refugee Council, 2009). However, minoritised survivors are disproportionately impacted by austerity and under-served by services nationally (Imkaan, 2015; Women's Resource Centre and Women's Budget Group, 2018).

Numerous intersecting factors and 'multiple silencing strategies' enable and inhibit women's voice and agency with regard to sexual violence, including societal culture, the strategies used by perpetrator(s), the reactions of significant others and specific taboos at family, peer or community level, as well as the responses from help providers across the sectors. Women's silence operates within and is maintained by a broader societal context of patriarchal control, which for minoritised women manifests in specific ways across diverse contexts.

Within this, it is important to consider the extent to which 'silence' may form a part of women's coping strategies or indeed shape the strategic choices women make about who they tell (if they tell), which is a part of the larger construction of what is 'speakable' and silence. Instead of a 'cultural' framing of silence and shame, the ways in which silence functions and has consequences for all women impacted by sexual violence has to be understood and for minoritised women, considering how silence and shame is constructed and further shaped by their intersectional location is crucial (Crenshaw, 1991).

There are many reasons why we need a more in-depth understanding of minoritised women's experiences of sexual violence. Undoubtedly, the significant levels of publicity generated through high-profile perpetrators such as Savile, the institutional failures towards victims of institutional abuse which prompted a national CSA enquiry and the survivor-led #MeToo movement have helped to create a global conversation on sexual violence and harassment, it's harms, consequences and system responses. Despite this

[2]We use the terms victim-survivors, survivors and women interchangeably, as our research only includes women and in recognition that the majority of victim-survivors of sexual and other forms of violence are women.

[3]We use this term to signify women who are discursively constructed as 'minorities' through processes of marginalisation and exclusion; however, we also recognise that it is a broad term that can overlook differences.

enhanced awareness, however, sexual violence and it's impacts on minoritised women specifically remain largely invisible within a UK policy and programming context, and instead continue to have a greater presence within international policy and advocacy platforms.

A long-standing issue is that violence against women and girls (VAWG) and it's consequences for minoritised women continue to be reduced and exceptionalised to specific manifestations, such as forced marriage, female genital mutilation and 'honour-based' violence. This continues to create short-term and siloed policy and practice responses. It also continues to reinforce reductive 'cultural' explanations and narratives that problematise women's families and community structures, fuel racism and prevent a nuanced discussion and understanding of patterns of perpetration, the support women need and the barriers they face in accessing appropriate support. The abusive racist calls and messages received by a local Rape Crisis service in response to leaflets advertising a black and 'minority ethnic' (BME) sexual violence service reflects the ways in which issues like sexual violence continue to be racially politicised by the far-right, further perpetuating the invisibility of minoritised women in constructive discussions on sexual violence(Independent, 2019).

Significant policy attention has been given to how the Criminal Justice System (CJS) can improve its response to victim-survivors. A review by Dame Elish Angiolini DBE QC (2015) into the investigation and prosecution of rape in London notes increased police reporting due to the 'Yewtree effect'. However, there is little data to confirm what is known about BME victims when noting specific barriers linked to stigma following disclosure, service accessibility, lack of trust in and experience of poor policing responses, and gaps in sustainable service provision. Whilst accessing justice via this route is an important objective for many survivors, and system responses need to be improved, minoritised women's interaction with the CJS has to be understood in its totality. It cannot be separated from a wider context of institutional racism, which has led to historic and current over-policing (Bowling and Phillips, 2007), surveillance and hyper-visibility of BME communities within the CJS (McPherson, 1999; Bowling and Philips, 2007; Lammy 2018). The hyper-sexualisation of Black women and the inadequate service responses towards them also have to be understood against a history and legacy of the institutional use of rape as part of a wider system of oppression linked to colonisation and slavery (Hill Collins, 1990).

Minoritised women from particular contexts and communities are more likely to be criminalised, viewed as complicit in violence towards them and thus less likely to be considered 'victims' of sexual violence. They are also subject to harsher sentencing with

less access to specialist support (Prison Reform Trust, 2017. Research on criminal justice outcomes in sexual violence cases shows that white suspects are significantly more likely to avoid further investigation, especially if a victim is from a minoritised group, whilst offenders are more likely to be prosecuted if they are from a minoritised group (Hohl and Stanko, 2015), reinforcing systemic racialised responses to minoritised women. Their intersectional location undoubtedly has a specific and significant impact on minoritised women and their families and on how communities perceive and define safety, protection, and justice and indeed whether the CJS is viewed as an avenue for achieving this. The failures of the CJS towards victims who interact with the system is illustrated by decreasing rates of conviction and prosecution and has led to a legal challenge by the End Violence Against Women (EVAW) coalition and the Centre for Women's Justice (EVAW, 2019). In response to such challenges, the Government has initiated an end-to-end review into how rape and sexual violence cases are handled across the CJS (Home Office, 2016-20). Because of the structural barriers faced it is critical that the review creates a mechanism for assessing and responding to the differential and harmful structural impacts of the CJS on minoritised women and girls.

The National VAWG policy landscape also reflects the absence of minoritised women's perspectives in government-initiated consultations and needs assessments on sexual violence. Whilst a central government funding strand exists to ensure women can access specialist support from sexual violence practitioners, RCEW figures indicate that funding overall does not respond to the increased sensitisation or meet the current demand for support overall. Indeed, successive cuts to the central government funding strand have destabilised the specialist sexual violence sector (Women's Resource Centre and Women's Budget Group, 2018). Added to this, the funding available for specialist sexual violence support does not guarantee a sufficient level of resource to develop the support responses that are most effective for minoritised women. As highlighted earlier, funding routes for interventions aimed at minoritised women are more accessible for responses framed within specific forms of violence, such as forced marriage, rather than the everyday forms of domestic and sexual violence women are more likely to be subjected to.

There is ample evidence to show that the unique support pathways provided by the 'by and for' sector are highly valued by minoritised women (Thiara and Roy, 2012). Survey feedback from Imkaan members shows that commissioning processes are generally failing BME ending-VAWG organisations because of a privileging of larger, more well-resourced providers, and do not allow for meaningful intersectional work across diverse identities and/or strands of VAWG. The structural disadvantage is shown through London-based Imkaan member data which shows that the combined income

of 15 BME women's support services is less than the income of one single mainstream support service in the VAWG sector (Imkaan, 2018); it is also illustrated by the recent campaign against the decommissioning of London Black Women's Project, one of the flagship providers in the BME ending-VAWG sector (Independent, 2019).

The urgent need to expand our understanding of sexual violence in the lives of minoritised women to inform effective policy and practice is reinforced by a recent report from the Truth Project which emerged from the Independent Inquiry into Child Sexual Abuse (IICSA, 2017), established to address institutional failures to non-recent victims of child sexual abuse. The report provides powerful and important feedback from 482 sessions and 180 written testimonies with survivors, the majority of whom identify as 'white' (93%). Recognising a gap in the diversity of survivor experiences represented, the authors cite that they are 'currently developing means of increasing the participation of people from black and minority ethnic (BME) communities' (p.11) as a key objective of the enquiry. The 2018-2023 NHS strategy on sexual violence also highlights the gap in and need to focus prevention efforts on groups which may find it harder to report to support agencies, including BME, lesbian, gay, bisexual and transgender (LGBT) and disabled groups. The authors highlight other groups which may fall through the gaps of support and be less visible to agencies as victims of violence because they are working in the sex industry or may have a history of offending.

The on-going concerns about the needs of sexual violence survivors being unaddressed, despite the greater awareness and increased demand for specialist sexual violence provision, is further reflected by the introduction, in 2019, of a Domestic Abuse Bill by the Government. Several agencies have expressed concerns about its narrow focus on domestic abuse rather than VAWG as well as the exclusion of minoritised women with unresolved immigration status from protection from violence (EVAW, 2018; Imkaan, 2018; LAWRS, 2018). Because of the persistent challenges facing the BME ending-VAWG sector, Imkaan published an Alternative Bill (2018) which outlines a gendered and intersectional response to VAWG that moves away from a focus on criminal justice and policing and focuses instead on sustaining and resourcing expert 'by and for' women's organisations.

Similar to the policy arena, research on sexual violence and minoritised women in the UK has been extremely limited. It has mainly taken the form of local studies drawing on a small number of survivors (Love et al., 2017; Rehal and Maguire, 2014) and/or the focus has been on particular groups of minoritised women (Ahmed et al., 2009; Bates and Gangloi, 2018; Cowburn et al., 2014; Gill and Harrison, 2016; Gill and Harrison, 2019; Gilligan and Akhtar, 2006; Kanyeredzi, 2018). More research has been conducted

in North America (Washington, 2010; Long and Ullman, 2013) and some in Australia (Chung et al., 2018). The exploratory study of service responses to BME women and girls experiencing sexual violence (Thiara, Roy and Ng, 2015), which preceded this current research, found that existing services were viewed as inaccessible and under-utilised by BME women even in areas where there are considerable BME populations; rape and sexual assault, sexual violence in marriage/relationship, and adult survivors of CSA were the three issues for which BME women most commonly accessed services; the recording of ethnicity was inconsistent and is likely to disguise women's needs; there was a tendency to problematise communities and regard barriers to support as 'internal' to survivors and their communities rather than think about the structural barriers BME women encounter or indeed how agencies could ensure the support they offer is both accessible and appropriate; based on limited data Asian/Asian British women were the largest group accessing help (26%) followed by Black African women (20%), Mixed/dual heritage women (18%) and Black Caribbean women (12%) while some groups were clearly under-accessing support such as Latin American and Middle Eastern women (Thiara, Roy and Ng, 2015). This initial research also highlighted the great variation and gaps in service responses to BME women across the country, with many stating they could only partly meet needs, though some promising practice was also highlighted.

Many of these findings are reflected in the limited existing research evidence, which also highlights the under-utilisation of support services by a range of BME survivors of sexual violence (Gill and Harrison, 2019; Love et al., 2017; Nicolaidis et al, 2010; Rehal and Maguire, 2014); the many barriers that exist for them in accessing appropriate support, including racism and a lack of knowledge about support services; inadequate responses from support providers marked by assumptions about 'culture' and non-intervention which generally fail to meet their needs (Ahmed et al., 2009; Burman et al., 2004); the reluctance among BME women to involve criminal justice agencies or authorities (Gill and Harrison, 2016; Gilligan and Akhtar, 2006; Kanyeredzi, 2018); protracted silence as a strategy of coping; the difficulty of discussing sexual violence in particular communities as well as other inhibitors (Gill and Harrison, 2019); internalisation of the myth of the 'strong Black woman'; and adherence to a 'cultural mandate' and racial loyalty (Crenshaw, 1991; Kanyeredzi, 2018; Richie, 1996; Thiara, 2011; Washington, 2010; Wilson, 1993).

Research aims and objectives

Recognising that research on the specific experiences of sexual violence among minoritised women is limited, as highlighted above, and has frustrated attempts to

assess the nature of sexual violence experienced by women who experience specific forms of marginalisation, its impact on their wellbeing, disclosure patterns and help-seeking, and the responses they receive when they do approach support services, the aims of this research were to:

- Develop further understanding of the experiences of sexual violence and the contexts in which it occurs for minoritised survivors and its impacts on their health and wellbeing;
- Explore help-seeking, barriers to accessing support, and how service responses are experienced;
- Ascertain the kinds of support required by minoritised survivors of sexual violence;
- Explore any examples of promising practice;
- Make recommendations for policy and practice.

Research questions aimed to explore some key issues: the range of experiences of sexual violence among minoritised survivors; how women's belonging and affiliation to multiple communities/identities inhibit, enable or shape women's responses to their experiences of sexual violence; what help-seeking strategies/routes are adopted and how professional and agency responses are experienced by women; what the needs of women in such situations are and what type of service responses they require. Questions about 'un/speakability', how women make sense of their experiences and its effects were explored and what promising practice exists in responding to minoritised women's experiences of sexual violence.

Methodology

The research involved two strands of data collection:

Interviews with survivors: A total of 36 in-depth interviews were conducted during 2017-2018 with women across diverse ethnicities and ages, who were accessed through the promising practice case studies identified during phase one of the research.

Promising Practice case study visits: Site visits to seven specialist women's organisations including five independent specialist rape crisis centres and four BME 'by and for' ending-VAWG specialists (Imkaan members). One-to-one and group interviews took place with 37 practitioners with strategic and support roles within their respective organisations during 2017-18. To supplement the interviews, an Action Learning Set

was held in May 2018 with eight practitioners from two Rape Crisis services and three BME 'by and for' ending-VAWG organisations to identify what is distinctive and unique about a 'BME' specialist practice response to 'BME' women's experiences of sexual violence, and to surface what is taken for granted in terms of knowledge and expertise. Two workshops also took place at the National Rape Crisis England & Wales (RCEW) conference and one with the National Network of Imkaan members to explore organisational development needs.

A thematic analysis of each interview and then across all the interviews enabled identification of key themes and sub-themes across the data set. Five case studies were selected to further highlight in detail women's experiences of dealing with and seeking help for sexual violence.

Ethical approval for the research was granted by University of Warwick Humanities and Social Sciences Research Ethics Committee. All participants received a Participant Information Sheet and signed a consent form before being interviewed. This research, the first to include the views of a large diverse group of minoritised survivors and professionals, provides insight into the issues, barriers and promising practice in responding to minoritised survivors of sexual violence.

2. SEXUAL VIOLENCE CONTEXTS

> Well the master of this particular home, they used to have a room right at the top of the building, it was a big old-fashioned house. It seemed big then but when I look at it now its tiny, but anyway when you are that height, everything is gigantic. There was a TV in this tiny little room and you thought you were getting special treatment cos you were able to stay up a little later. So you would be sitting there crossed legged on the floor, he would come in and he was ex-army as well, so you can imagine, and his mouth would go on my mouth, his hands would be put wherever. Just horrible things
>
> - Doreen

This section presents findings on women's experiences of sexual violence. First, an overview from available data about service use and the forms of sexual violence for which help was sought from some of the promising practice case studies is presented.

Service use by Ethnicity

The inconsistent recording of ethnicity prevents an accurate picture of service use by minoritised women though the available data provides some indication of service use.

- National data from Rape Crisis England and Wales shows that for 2017-18 where ethnicity is known, 23% of women accessing support across the network identified as BME.

- Data from four local promising practice services indicates that 'by and for' BME ending-VAWG organisations supported a high percentage (67-76%) of minoritised women with sexual violence among their users. For specialist Rape Crisis services minoritised women constituted around a quarter to a third of the women accessing their support (the higher figure was for those based in London).

- Overall, available data suggests that South Asian, Mixed Heritage, and Black women were the largest groups accessing support services[4].

The most common type of sexual violence reported by support services was rape-sexual assault-sexual violence, CSA, sexual exploitation and trafficking, image-based sexual abuse, and grooming, though stalking and harassment, FGM and forced marriage appeared in small numbers.

Overview of Interviewed women

Interviews took place with women across the North East, Midlands and London. The largest group (n=10; 28%) of women described themselves as African and came from a wide range of countries, including Ghana, Nigeria, Zimbabwe, Sudan, Ivory Coast and Uganda.

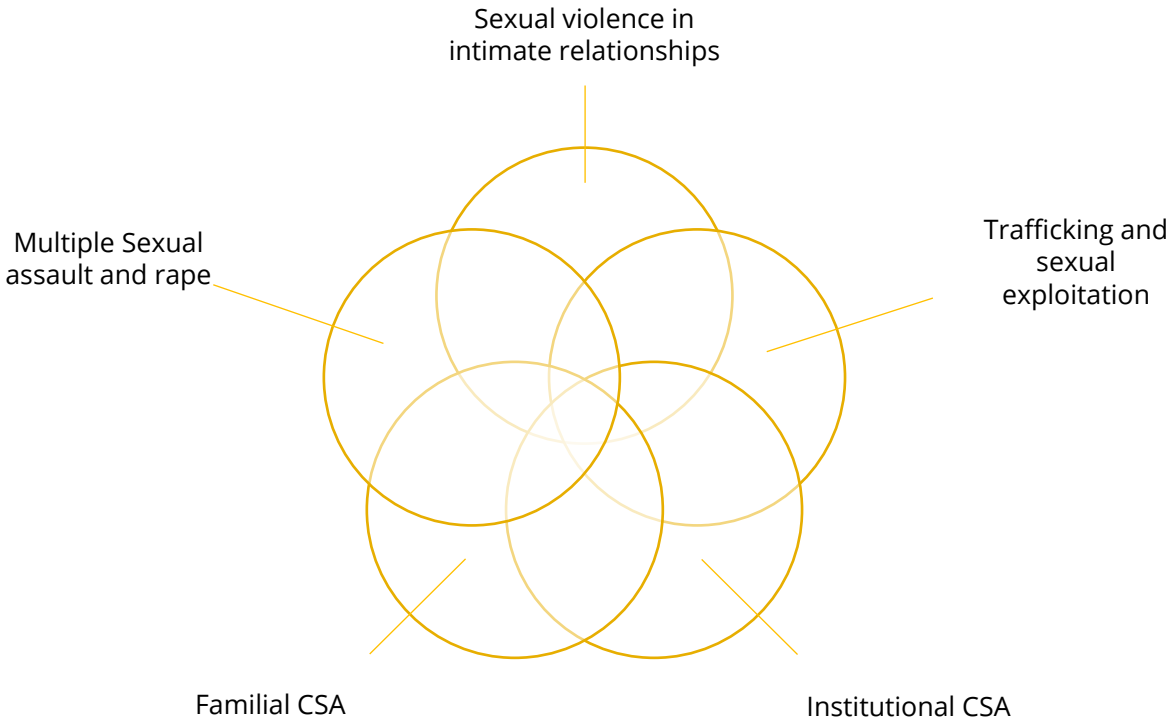
Women who described themselves as Black Caribbean (n=6; 17%) formed the second largest group, followed by Pakistani (n=5; 14%); Mixed Heritage (n=4; 11%); Bangladeshi (n=3; 8%); and Indian (n=2; 6%). There were also smaller numbers of women describing themselves as Moroccan, Kurdish, Afghani, Azad Kashmiri and Albanian (n=5; 14%).

Women were aged between their late teens and late 50s. Those aged between 25-34 years were the largest group (31%) followed by those aged 45-54 years (19%) and 35-44 years (17%). Women in the younger (16-18 years) and older (55-64 years) age groups formed the smallest proportion of those interviewed.

[4] If the categories Black and Mixed are taken together then this forms the largest group.

Four women said they were disabled and 10 women had children. All women were heterosexual. Ten women described their immigration status as insecure. Women had been supported by the organisation they were currently in contact with for between one month and over five years.

Interconnected and overlapping forms of violence by multiple perpetrators



Women bravely shared painful and harrowing accounts of the sexual violence they were subjected to and the on-going impacts of this in their lives. Importantly, they also spoke powerfully about what they had overcome and achieved as part of their different recovery journeys. Women's accounts highlight a 'continuum of oppression' - racism, poverty, recent migration and intergenerational trauma (Kanyeredzi, 2018) and a 'continuum of violence' (Kelly, 1988) in their lives, from childhood to adulthood, and across transnational spaces. They described structural violence, which reinforced the violence from people in their intimate lives. The discussions reinforce earlier findings showing sexual violence in marriage, rape and sexual assault and child sexual abuse (CSA) as the most common forms of sexual violence for which minoritised women sought help (Thiara, Roy and Ng, 2015).

The majority of women had been subjected to **sexual violence in intimate relationships** and described contexts marked by overlapping forms of abuse and high

levels of coercive control. Sexual violence was never a one-off, lasted several years and frequently involved multiple people, including partners and also male members of the family such as fathers-in-law and brothers-in-law. Women were subjected to regular (for many this was daily) sexual violence for between two and over 15 years. Disabled women were particularly vulnerable to repeated/daily rape from non-disabled partners. A large number of women were without any social networks and family support and lived isolated lives, something also identified by others (Ahmed et al, 2009).

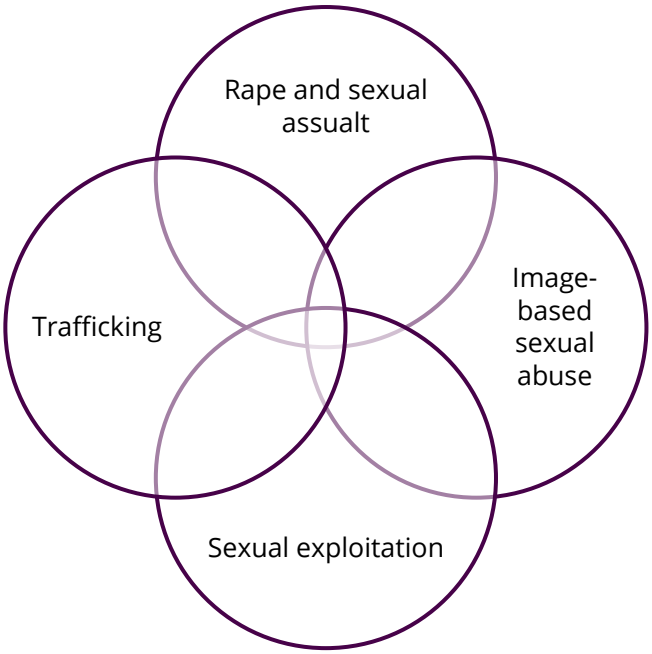
Women described different sexual violence contexts:

- Being raped on a daily or regular basis in conditions akin to forced sexual servitude.
- Being forced to watch porn with other men and have group sex.
- Image-based sexual abuse including being threatened with or actual distribution of personal images via online platforms.
- Extreme stalking and threats of sexual violence after leaving.
- Being coerced to sell sex/ sexually exploited.
- Subjected to sexual violence to exert control and dehumanise during their attempts to separate.
- Targeted by men who exploited their isolation to their advantage, such as insecure immigration status.

> So many times I used to accept to make sex, I used to tell him I'm not feeling well, but he did very bad things to me, insulted me
>
> - Osmani

> He started beating me and everyone heard these things, the family. Then what he did, at night he bring that girl inside the house. They used to do everything in front of me and that girl used to insult and forcing me … wanting to do sex with me with force
>
> - Bhavna

Sexual violence in domestic violence



Several women had been subjected to CSA from **older men in the family**, including grandfathers, great uncles, and older cousins. Pressures to stay silent even when they initially spoke out meant that it took many years to report. For some, leaving felt easier than the potential punitive repercussions from some family members even though they were left to deal with the consequences alone.

> I was kind of like sexually assaulted by my cousin but cos of where I came from you don't dare...can't speak about it. My parents never believed me when I spoke out so the whole thing was buried just to save the family name... I didn't get support to deal with it
>
> - Jasmin

Women had also been subject to CSA over a long period of time within **institutional settings** such as a children's care home. Finding a trusted person to speak to was incredibly difficult as this was perpetrated by multiple older men in positions of power.

> The other person that abused me, this is the one that I went to court for, he's a vicar and he used to come round in his uniform and that and I would be told to go to the kitchen and get a tray. I was about 9-10 years and I would have to go to this special room, which we would call a front room now, and he would be behind the door and he would put his mouth over my mouth, maybe to shut me up ... And then the boys in the home, there was one in

> particular, he would take me behind the boot shed ... I can see it... that smell even comes towards me now
>
> - Doreen

Between 4,000 and 10,000 migrant women and girls are sexually exploited in the UK, with many reporting sexual violence before, during and after their journeys to the UK. However, women fear institutional encounters and are reluctant to go to authorities for help for fear of deportation (Refugee Council, 2009). Women who were trafficked were targeted and emotionally manipulated, sometimes by much older men, and subject to sexual exploitation for several years. Insecure immigration status made it almost impossible to leave and when they tried to escape this often intensified the abuse, including financial abuse. Women in such positions were likely to be targeted by predatory men who portrayed themselves as professionals/ helpers, such as solicitors and landlords.

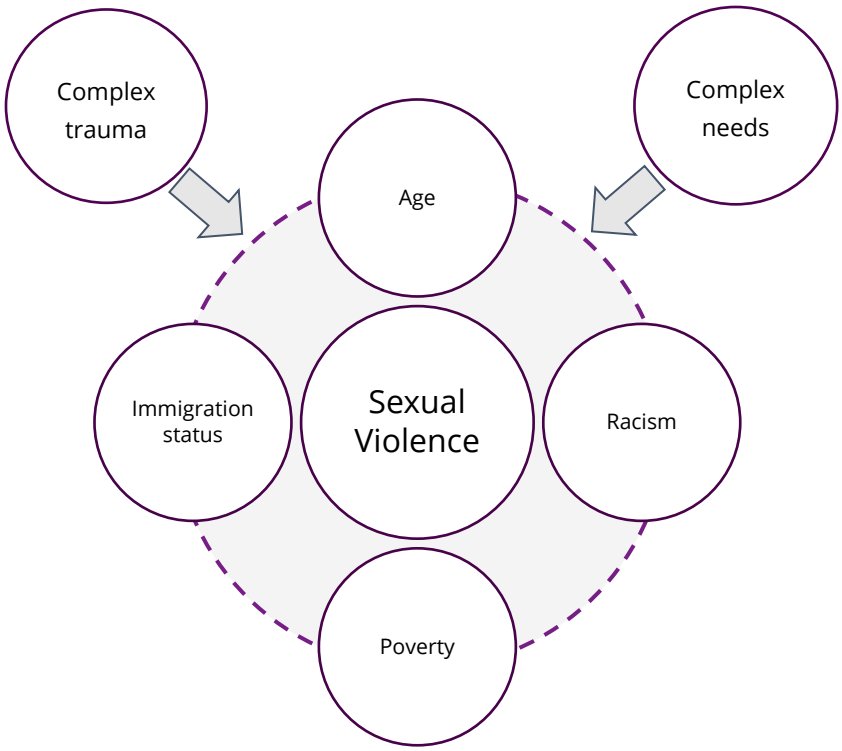
> He said to me you don't have to worry, I have an empty flat and you can come and live with me... You can be with me and I can sort out your immigration, he kept harassing me on the phone and that's why I came here. He saw a vulnerable woman for his own purpose
>
> - Ruksana

Women also described structural violence from immigration authorities and detention centres, which reinforced the violence from people in their intimate lives who threatened them with deportation to sustain abuse.

Younger women were sexually assaulted by multiple peers and experienced high levels of abuse and control in relationships. While young women are particularly at risk of sexual violence, for minoritised young women this is likely to be mediated by their 'race' and ethnicity, with research in the US showing a greater vulnerability to re-victimisation as well as greater physical and mental health consequences for this group (Decker et al., 2007).

Overall, the discussions revealed the intersecting structural barriers that prevented women from accessing timely, specialist support and exposed them to further violence. Also revealed were the pain, confusion and loss encountered in coping with the violations they had suffered. Research in the US has shown that awareness of social location is a critical factor that shapes black women's access to help (Washington, 2001).

All of the women had eventually spoken out and found help even if this took a long time.



Effects of sexual violence

Women's narratives revealed the ways in which sexual violence continued to shadow significant aspects of their lives in ways that were at times difficult to disentangle. All of the women described numerous and debilitating physical, emotional, financial and relational consequences of being subjected to sexual violence in a context of no support.

> I was in depression, I was not coming outside of the house, not even from the bedroom
>
> - Zani

> He was always pressuring me to have sex. Soon after I came to London, I got quite sick, but he was always wanting to take pictures of me and pressuring me to take my clothes off. I used to feel scared of the way he used to force me to do things I didn't want all the time … I used to feel so bad. I tried to kill myself. I tried lots of times. I felt scared. I used to cut myself, I took medicines
>
> - Maria

> I had to approach the GP because of the different types of mental health issues I was struggling with. I had suffered with bulimia in the past, I knew I was depressed, I knew I would get antsy about things … I would get so stressed about something that I would throw up
>
> - Sophie

All of the women reported experiencing mental distress for several years and of being offered little else other than prescribed medication. Some had been diagnosed with mental health conditions, which served to pathologise their distress and suffering, rather than being asked by professionals about the underlying reasons for their distress (Watson, 2019). If there was a negative response to disclosure from family and friends, this had a further impact on their mental wellbeing (Ullman and Filipas, 2001).

Depression and anxiety were reported by all of the women who described the difficulties they had with daily function, which then created other issues, such as unemployment, homelessness and disrupted education. Women spoke of flashbacks, lack of confidence and self-esteem, hopelessness, panic attacks, and wanting to die. They also spoke about isolation, having few positive relationships and a sense that their life had been taken away from them. This was especially significant for women in asylum contexts. Other consequences included difficulties in forming trusted relationships and intimacy.

> They hired somebody who had the same name as the man who raped me and it triggered a lot of panic… people shouting for this guy across the office and knowing that it wasn't the same person but it became unsustainable and then I lost that job as a result of that. So I went from having quite high paying jobs to being unemployed as a result of not accessing the right support at the right time basically
>
> - Sophie

Racism manifested in specific ways for Black Caribbean women. The hyper-sexualisation of Black women's bodies, being pathologised as aggressive or angry and consequently having their experiences of sexual violence negated meant that for a minority anger was their only means of expressing their pain and coping in the aftermath of violence. Self-harm and problematic consumption of alcohol and/or drugs was a consequence and a coping strategy for some which helped to 'numb the pain'.

For the majority of women, these consequences were starting to be addressed through specialist support from women's services, something that had taken them many years to access. Had women been enabled to access specialist help earlier, perhaps such consequences could have been allayed or at least minimised.

Women's accounts reveal many similarities in how sexual violence is perpetrated, endured and responded to amongst all women but there are also many specifics for minoritised women. Despite commonalities in the types of sexual violence and some similar experiences of the resulting trauma there are differences in the recovery process of minoritised survivors (Washington, 2001). Understanding the historical intersectional location of minoritised women and their communities and the processes of racialisation that add to the trauma of sexual violence is imperative to more effectively facilitating minoritised survivors' healing (Washington, 2001). This enables us to understand women's decision-making and, more importantly, how and why they receive the responses that they do.

Case Study: Sophie

Sophie is now 24 years old and of mixed heritage. She was raped by an ex-partner at the age of 17. He was also physically and emotionally abusive. She reported the rape to the Police at the time but the CPS dropped the case because of a lack of evidence. It took Sophie 7 years after she had been raped to get the appropriate therapeutic support after years of what she has described as fragmented, short-term and inappropriate responses:

> **'Very inadequate counselling, where it's been a couple of weeks here to get me out of a really dark place'.**

The lack of timely support had a compounding impact on Sophie's mental health, housing and employment. Sophie attributed her unemployment directly to 'what happened to me, my past and what I have survived'.

> **'I went from having quite a high paying job to being unemployed as a result of not accessing the right support at the right time'.**

The deterioration in her mental well-being led to her making renewed efforts to seek out support.

Sophie was raped a week and a half before doing her A levels. She had accessed a school counsellor at the time of the rape and had reported it to the Police, but instead of getting the help she needed she was put on three different medications for what was described as 'bad anxiety'.

> **I got there and he locked the door and for about three to four hours he attacked me, raped me and the child was in the house, so even though I was screaming you couldn't hear and then eventually his girlfriend came home at which point I was able to escape.**

Sophie describes an 'awful' police response and was advised after nearly seven months that it was not in her interests for the Crown Prosecution Service (CPS) to prosecute. At the time of reporting to the police, she was given a general leaflet about being a victim but no specific information about sexual violence support services.

During this time, she felt ashamed about telling friends or family members for fear of being blamed further:

> **I was worried that they were going to see me as being irresponsible in some way.**

In the absence of a timely response, Sophie talks about self-medicating with alcohol when she went to university, where she was able to construct a different persona, as part of dealing with what had happened:

> I was writing my own life as I went along. I was deciding what I told people about myself.

When she started a relationship she found this triggered her anxiety and when she went to the GP, he gave her anti-depressants. Sophie dealt with anxiety, panic attacks, and night tremors, for which she was put on 11 different medications. This made it difficult to function on a day-to-day basis.

> I didn't even know what most of them were for. It was just a case of them adding and adding, putting the dose up and I was like, this still is not helping. I'm still not sleeping. I am still in pain all the time. I am still having panic attacks and nobody is talking to me about it.
>
> The medication made me really fuzzy, every day I felt I was waking up with a hangover. I couldn't remember things. I couldn't talk properly and felt like people judged me and made an assumption about what had led me to come across like that.

Sophie talks very strongly about professionals re-traumatising her through their failure to address the underlying causes of her problems.

> It's definitely ruled my life for longer than it should have done and nobody was able to give me an explanation as to why.

Sophie is critical of what agencies see as positive outcomes which are often not tailored to meet women's needs. As a mixed race woman, she questions not being offered 'a black woman as a counsellor because that might be more fruitful in terms of a discussion for me'.

Sophie felt let down by the CJS process which had a hugely negative impact on her sense of self and justice and exacerbated feelings of self-blame. Sophie felt strongly that the reason for the CPS not pursuing her case was based on her race, though she found people were offended when she voiced this.

> I think for me being a black woman who was raped by a white man, I kind of think had there been a different racial dynamic in that situation the CPS would have been keen to prosecute.
>
> I feel like he has basically got away with no consequences whatsoever, whereas for the last how many years I have struggled to maintain a sense of internal justice cos I believe the police failed me.

Sophie talks about racialised violence and discrimination in the police response, in the way in which the violence was perpetrated by her ex-partner and the way in which a young Black woman is perceived by the CJS.

> He used to say quite racially motivated insults which were a part of his abuse.

Instead of the police taking proactive action against her perpetrator, she felt unnecessarily scrutinised and was viewed as aggressive and responsible for the violence.

She also speaks very negatively about her experience with a SARC (Sexual Assault Referral Centre).

> The doctor that examined me was this middle-aged man. I didn't have a chaperone with me and he had to take internal pictures of my cervix... I was maybe expecting some recognition that I was participating in this whole process not just have things done to me with no follow up. That I think was actually quite traumatic cos I was feeling really violated... and obviously not having anyone in the room I felt vulnerable.

Almost seven years later, and only through her own proactive questioning of medical intervention, Sophie did manage to come off her medication and change her GP. The new GP also referred her to counseling and support.

> So we went from 11 to 1 in the space of maybe 3 months... I was referred to talking therapies and she also looked at my health as one, and not just these are the symptoms and keep treating them. So yes she hugely changed my life, sadly not in time for me to keep my job.
>
> It was like a plaster...it was 370 tablets a month and I realised that I was rattling. I was taking more than my grandparents combined and I was like that's not normal. I put a lot of weight on and it affected my confidence... ... If the help had come earlier maybe I wouldn't have ended up on 11 medications.

Because of these factors Sophie emphasises the importance of earlier access to specialist support and advocacy and from a service that understands the impact of sexual violence within a context of racism and discrimination. Having someone earlier on who could understand what vulnerability, safety and protection meant to her and the ways in which she experienced different forms of oppression would have helped Sophie to get the type of help she needed.

> There are so many other layers and personally as a black woman, I feel like there are disadvantages that they will luckily never experience. I feel like if I was sitting opposite a woman who could identify and was not white washing what I was saying we could get to the root causes a lot quicker.

3. UNSPEAKABILITY OF SEXUAL VIOLENCE AND SILENCING

> … I wouldn't say that this person made me shiver in my boots. I wasn't petrified of them but they had me controlled 100%… that is one of the questions people ask you. 'How did that happen for so long when you were a child? How did no one see? Are you sure that no one saw? Did everyone just turn a blind eye?
>
> - Maisie

Societal silencing has historically been a powerful way to deny survivors of sexual violence a voice. For minoritised women, modes of silencing operate at multiple intersecting levels - personal, family, community and society - to enable or inhibit their voice as part of a larger construction of what is un/speakable.

All of the women spoke out about sexual violence at one point or another in their lives but were either not heard and/or actively forced into silence but had eventually found ways of speaking which started the process of healing. Processes of silencing operated to negate their experiences and suppress their voice, whether this was self-silencing, pressure from families or assumptions made by professionals about the issues affecting them. There are many interconnected processes that create silence for minoritised women which include shame and self-blame, denial, pressures to be strong, fear of consequences, protecting others and collusion between families and agencies. Locating minoritised women's experiences within a 'continuum of oppression' strengthens an understanding of how silence operates, and women's dilemmas about who to approach for help (Kanyeredzi, 2018).

Secrecy and normalisation

Women spoke about 'not speaking' or 'hardly speaking' about sexual violence when it had taken place, something that was either a 'choice' or enforced. Minoritised women's silence is shaped not only by experiences of violence but by racialisation, family expectations and racism, all of which both normalise abuse and silence women (Kanyeredzi, 2018:187). Consequently, such processes of 'othering' and internalisation constrict their space to speak (Wilson, 2016). Even when they attempted to speak about their violations and were not heard, and considering it an 'unshareable' experience best kept to themselves, the majority decided to just 'get on' with their lives. They carried the burden and responsibility of their violations for several years, often decades, and struggled to make sense of their experiences when 'not speaking' had become the

norm. For a few, this pattern was only broken when public campaigns had helped them to name what had happened to them.

The stigma and taboos - societal, community and family - were repeatedly mentioned, where people denied its existence and maintained the secrecy even when they knew. The imperative to not reinforce racist stereotypes and to maintain family reputation forced women into further silence.

Where rape and sexual assault was commonly regarded as shameful, some women greatly feared the consequences of being given a 'bad name'. Indeed, within contexts where women's sexual purity is idealised, those who are violated are considered 'damaged goods', as 'dirtied' or impure (Feiring and Taska, 2005), with consequences of stigma and ostracism not just for them but also their families (Jafri, 2008). Knowing their reputations were called into question when they dared to speak out was reinforced by the negative reactions of their families to such attempts, which shut women down and made them reluctant to seek external help. Thus, women made considered choices about their on-going silence, where they were accorded responsibility for their violations, whether this was to do their own safety work (including leaving the country of origin) or to deal with regular violations in intimate relationships.

> Men got away with so much shit back in the day. Even if you did report you was classified as a fucking slag or a whore, you brought it on yourself, you were dressed like this, so you're looking for abuse
>
> - Doreen

The intense pressure to maintain the 'status quo' and secrecy for some took the form of threats, including threats to kill, pressure to remain in on-going violence, and further abuse perpetrated by close family members to suppress their voice and secure silence. The normalisation of sexual violence in intimate relationships powerfully shaped women's responses to what they had endured or what they were expected to endure. As noted by Washington (2001) in the US, the lack of a 'Black cultural mandate' to speak out about sexual violence in intimate relationships and the absence of support services makes it difficult for women to disclose. Similarly, for South Asian women, 'cultural' taboos can prevent disclosure among some women (Robertson et al., 2016).

The complicated position of mothers, who sometimes used high levels of verbal and psychological abuse to secure younger women's silence (and keep them in their place) in highly gendered contexts, where generations of women had been subjected to domestic violence and where their voices remained marginal, was also revealed. Where

some women challenged normalisation and men's behaviour, there were severe repercussions for them within the family.

> So it's like okay if we don't talk about it, it's almost as if it doesn't exist … soon after I told my parents, there was a party and he was going to be there, and I asked them whether they were going to go and they said yes and I said how can you be in the same room as him and they said they were going to ignore him. And that did not sit right with me and that then made me never want to talk about it again … so for years after that it was never mentioned. I had a conversation and it was bad for a couple of months and then it was like it never happened
>
> - Maisie

Perpetrators used different strategies to enforce secrecy and silence. Women with insecure immigration status recounted being targeted by men who knew they would remain quiet about their actions, exploiting fears about being deported and/or the removal of their children. Perpetrators were more able to control those women who knew nothing about recourse to help (CRASAC, 2014). Other women were subjected to repeated threats to kill or actual abandonment in the country of origin and/or stalked by partners (and sometimes their families), some to such an extent that a woman had received over 200 missed calls in a day. Men also made gendered threats to defame women and destroy their reputations and some had shared personal photos with women's online social networks to discredit them (image-based sexual abuse). Consequently, women were so terrorised that they were unable to reach out for help because of the fear engendered by perpetrators.

> The brother begged me and said no this is serious, if you tell anybody he will end up being in jail so don't say nothing. And the brother called him and talked to him so my husband came and begged me and said I would never do that again. That won't happen again. But it didn't end there
>
> - Grace

Perpetrators also threatened to hurt women's families to ensure their compliance. In a case of a woman with learning disabilities, her husband made threats to harm her family to stop her from telling anybody, took control of all her finances, neglected her and her health needs, prevented her from attending medical appointments and completely isolated her whilst perpetrating almost daily sexual violence.

> They said you shouldn't say anything to your parents or we will kill you and your parents will be insulted in front of everyone… I was scared and then when my parents came, they said I was being like this, I was not participating in sex with the husband, they asked me why I am not going to my husband, I said I'm scared, I don't want to go to him… we can't speak with our parents about the periods, how can I speak about this? (Bhavna)

> He used to scare me, he would tell me that he would kill me, he would kill the children, he will damage my face (Imtiaz).

Shame and self-blame

Shame, self-blame and humiliation, common responses of victim-survivors, are culturally mediated responses, rooted in ideologies of gender, sexuality and 'race', where minoritised women's experiences of sexual violence are shaped by perceptions about Black women's sexuality/bodies (Weiss, 2010; Washington, 2001). Given their intersectional location, shame is not only felt at a personal level but reverberates across all these different layers creating very specific consequences and meanings for minoritised women. All women spoke about the shame, guilt, and humiliation they felt, and were made to feel, following sexual violence. This sense of shame had become a huge barrier in being able to talk about, and to look for help for, their experiences. Fear of being judged by family and community further amplified their sense of shame. Women spoke about both a personal sense of shame, of allowing themselves to be abused, and of sexual violence as a shaming experience. Self-blame, closely linked to a sense of shame, was especially prevalent amongst those women who were subjected to sexual violence from different men, from partners or from trusted family members, and when not receiving any help from specialist women's services.

> It just never felt like something to talk about because it kept happening, I kept feeling like I must be doing something wrong, so I didn't feel like I would gain anything by telling anyone
>
> - Carla

Women subjected to sexual violence, which fell out of the normative construction – such as rape by a stranger - tended to internalise what had happened. This is a dimension of the societal myths-messages they receive about sexual violence being provoked by the behaviour and actions of women themselves. It is also the result of the pressure that families (and perpetrators) subjected women to or of the helplessness that girls subjected to CSA felt when they received negative messages from adults they

tried to tell leading them to think they would not be believed or blamed. Addressing such internalisation was one of the powerful aspects of the support they valued from specialists.

Denial

Denial operated at the personal and familial level and is also linked to community and societal denial of sexual violence as a frequent crime that is committed in intimate and familial spaces. Women spoke about 'boxing away' and suppressing what had happened to them, not wanting to face the effects, highlighting the importance of their 'readiness'. Women can also avoid open discussion about sexual violence to avoid racist pathologies (Washington, 2001) or have a general unwillingness to talk about sexual violence (Gill and Harrison, 2019). However, they recounted turning points where denial became untenable due its impact on their mental wellbeing.

Denial and blame was also a strong characteristic of the response women received from their families, describing the disbelief, humiliation, mockery and abuse they were subjected to upon disclosure. Such responses served to further reinforce their 'unsupported silence' where sexual violence remained 'unspoken and out of sight' (Rehal and Maguire, 2014:2) and delayed them in confronting their violations and ending the shame (Weiss, 2010; Feiring and Taska, 2005).

> At that time it did not interest me, addressing it like that, so I managed to avoid seeing professionals for a few years because I didn't want to admit to myself that I've got a problem or I am depressed. I did not want to admit those things… it was all suppressed and I was like do I really want to open up this can of worms at this point in my life?
>
> - Nat

> When I reported, it was almost like he won because… the sexual abuse stopped but like everything else got so much worse… everyone in the house knew about it and everybody treated me like I had done something wrong. And then because I was a girl I was a liar. Once the sexual abuse stopped the verbal and psychological abuse increased so much more… and my dad was saying you've put this on yourself because you're trying to put shame on the family
>
> - Miriam

Pressure to be strong - not wanting to be seen as a victim

At times, women remained silent because of concerns about being defined only by their 'victimhood' and being seen as different (clearly linked to societal taboos and shame). Instead, they 'put on a front' to prevent others from seeing through the 'real self'. For some women this was about needing to feel they were not 'messed up' by their experiences by resisting the identity of a victim, to prevent it from overshadowing other aspects of themselves. Black Caribbean women especially were concerned about not showing their weakness and being seen as strong, where strength has been a historical adaptive strategy (Kanyeredzi, 2018). They spoke about the historic-cultural expectations of women to deal with adversity with strength and how this pressure resulted in them trying to cope with their difficult issues on their own. Assuming this persona of a 'strong woman' had also become a way of coping so as 'not to let others down'.

> I have always been able to be strong and I didn't want people to see that side of me. It was always like putting up a facade, like an actor and I didn't want my family to hate me... ... like the crying is a sign of weakness and all that type of thing and because my mum is such a strong woman, she is very strong. I felt like I had to follow in her footsteps. I felt like I was never good enough and I didn't want to give anyone any ammunition to say that I'm weak or not good enough
>
> - Nat

> It was more to do with looking weak. I was surrounded by a lot of strong Jamaican women. My grandmother on my dad's side brought up my dad and his brother by herself, she was a very strong woman. She got her own house, she does her own thing, and my mum is a strong woman and looking weak is not an option
>
> - Maisie

Protecting family and loved ones

Threaded through women's concerns was feeling responsible for protecting their family and its reputation as well as a need for women to not disappoint others. Some women maintained their silence because of the potential gendered repercussions for other women in the family in a context of intergenerational abuse. If they were the eldest, survivors found it harder to take any action given the prevailing gender

expectations/norms in the family, which silenced them against their abusers, especially in cases of familial CSA perpetrated by older men.

> I don't want to be the person to make my family look shameful because I had to look at the wider picture. This is going to affect my grandad, it would affect my grandmother, it would affect my mother and I did not want to hurt them. My dad is quite sensitive so I was thinking if I tell my dad he is going to blame himself and I did not want to cause pain on anyone else. I had a little brother who was looking up to me
>
> - Nat

Notably, even when women felt able to share aspects of the abuse perpetrated against them, such as domestic violence or stalking, they found it difficult to talk to anyone about sexual violence. Often at great cost to themselves, they continued to carry the burden on their own. Going against what women had been socialised to prioritise – family reputation – took a lot of courage as they were either ostracised or lost important family connections in the process. Given the sacrifice women made to risk their family relationships, it is all the more important for professionals to get their response right when women do seek help.

Concerns about 'betraying' others – 'loyalty to community/'race'

Such concerns had a very powerful silencing effect on women. Many of these issues played out in specific ways across different family and community contexts. Silence and the associated feelings of duty, obligation and betrayal are much more heightened for minoritised women because of racism and intersectional discrimination. Reluctance to attract external scrutiny by reporting sexual violence was influenced by an unwillingness to betray one's community/'race' and reinforce dominant representations/pathologies of minoritised communities and men, something referred to as the 'Black cultural mandate' in the US. In this context, silence is maintained as a sense of loyalty or as a self-protection measure (Washington, 2001:1269).

> A real reluctance to do so [report] because in doing so they feel that they are then casting aspersions over an entire community. Some are already being quite pathologised so they carry a lot of weight and we also carry a whole history as well. So I think it's always going to be something different for BME women
>
> - Rape Crisis Service

Collusion between family and professionals/agencies

Responses from some statutory services – police and social services – had reinforced the silencing that women experienced from their families. Some also reported professionals from their own ethnic backgrounds/cultural contexts advising them not to pursue any action when they needed to be positively supported to do this.

Conflicting narratives from family and survivor (where the family constructed a credible story which negated survivor voice) and being confronted by forms of violence that fell outside of the dominant narratives about young Asian women, such as forced marriage, resulted in a lack of action from professionals. Services accepted the version given by the family and prioritised family wishes, failing to make space to hear the survivor's version. Such collusion left women confused, un-informed about their options and passive in the process, resulting in disengagement from external support.

> They don't like any police getting involved, so everyone, like my uncles got together. Everyone got together and they said this is the story we're gonna tell and everyone stick to this story and then everyone acts like nothing happened. And because I was 15, the police got in touch with my parents rather than me and my parents just brushed it off and said everything is fine
>
> - Miriam

Case Study: Naomi

Following a friend, Naomi came to the UK when she was 18 years old to study and ended up overstaying.

At 19, she was befriended and groomed by a man twenty years older than her, who became her partner but then sexually exploited her for 12 years. After living with him during this time when he subjected her to regular sexual violence as well as physical, financial and emotional abuse - and being forced to give him all her money, he kicked her out on to the street when she developed health issues. Whenever she had tried to escape from him previously he had found her and forced her to return – 'I couldn't really escape. He knew everything, every move'.

In the 10 years she lived with him, the police were called out numerous times because of the fights they had, usually because she wanted some of her money. Naomi saw this as an opportunity to look for help but found the police response highly inadequate. They accepted what he said to them and she was never asked about her situation despite repeated callouts.

I wanted to leave but... there was no evidence so I would be like mumbling and the police... would be like what money and then I would look like a stupid fool. Afterwards he would tell me the rules of engagement, like if I wanted to stay there at his house I had to behave in certain ways.

The police were not helpful, that was the most unfortunate thing... he was a very physical guy but then the police didn't actually help me so that's when I realised what life on the streets is like.

The police response further silenced Naomi and left her feeling she could not tell anybody about what was happening to her. Instead, she wanted the police to look beyond the presenting situation and ask the question 'why is the police always called to this address?'

Although they took her more seriously when she went to report him after he threw her out, even then they only gave her telephone numbers for some charities. Not knowing which services on the list to contact or even what a refuge was, she was left to make contact herself even though she was living on the street with nothing on her. Having taken a long time to take any action, the police only took her seriously when she disclosed he had a gun – 'that was the way they end up helping me after all this time'.

Even though Naomi spoke about what she considered a more helpful response from the police, including being told that her situation was not normal, an important message for her, she was still left feeling extremely lonely as a result of being left to deal with everything herself.

> This time the guy I spoke to was very encouraging, they made me feel comfortable not like kind of scary like the place sometimes can be. I thought it was normal what was happening to me but they made me realise it was not normal.
>
> I had my bags with me, it was really stressful and they're just looking at me and they couldn't even help me with my bags or anything. So you feel lonely and you feel why did I even tell them?

Naomi lived on the streets for six months. As a single woman without children, she struggled to find an organisation that would help her from the list she was given by the police. As someone who had so little and was homeless, she had very low expectations of what help she could get.

> It was a real struggle in the beginning and in the end when I found somewhere I was afraid to even come because I was thinking what's a refuge, I didn't know, I didn't understand it. When I came I realised I've got a room... It was a most beautiful thing not to panic about where you are going to sleep tomorrow.

Years of silence and unhelpful responses resulted in Naomi using anger as a coping mechanism. She suffered from depressions and anxiety attacks and drank up to three bottles of wine every day to help cope and sleep. It is only once she accessed help from a specialist women's service and received counselling that she was able to start dealing with her trauma. She speaks about the therapeutic support helping her to 'speak' without anger and screaming and to help reclaim self after being lost for so long.

> It's like I'm a walking baby again trying to walk and to think for myself... I didn't know how to think for myself. I felt empty, helpless, depressed and anxious when I first came. I didn't have hope for life and I just used to be worried and scared for life. But right now it's changed.

In talking about specialist support, Naomi places value on being around others who have been in similar situations and being helped to reframe her fear of the perpetrator.

> Now I wake up every morning and I take a picture. It's like I am so appreciative, I feel free although I don't have anything. I am broke but for me I am happy to be actually alive, I am happy that I can actually do what I want. I don't have the anxiety attacks anymore and it was the worst feeling waking up with that.

She also feels more comfortable in being supported by BME workers. While positive about the support she is receiving, housing has been a hurdle for Naomi in being able to rebuild her life – 'I know it might take years and years'.

4. UNLEARNING THE SILENCING – BREAKING THE SILENCE

Having 'buried' the sexual violence, family responsibilities and/or education had distracted women until issues could no longer be suppressed. Eventually, they found a way to look for help and often because their wellbeing was considerably compromised.

Different factors combined to constrain women's help-seeking, including the messages they were given not to bring the family into disrepute, needing to please their husbands within a marriage, not wanting to be judged by the community or to betray it, younger women fearing they would not be believed and older women thinking it would be harder for them to start a new life. These were all powerful obstacles for women to overcome.

When they decided to seek help, women's journeys were complicated and lengthy and revealed the considerable time it took to access the right support, even after they had disclosed and were in contact with services. For some, it took between two to seven years to find the right help from the time they reached out for support; they often got caught up in referrals between different agencies, which became a source of much confusion for women who were unclear about the services. Some found themselves placed on waiting lists which delayed access to much needed support, of particular concern if they were experiencing mental health issues. This created great frustration for women who had waited a long time for the right help.

Not having information about services, or indeed knowing what services they needed, made it harder for all women to find help. Those who had no knowledge about support services or the help they could get relied on statutory agencies (such as GPs and the police). However, they were hardly ever informed about specialist women's services by those they were in contact with, which delayed their access to specialist support. Young women particularly mentioned the absence of information in places frequented by young people.

> I didn't know anything other than to cry. I didn't know anything about anything, any counselling or anything
>
> - Pindiwe

> I don't really know what support I was looking for cos I had been dealing with it all myself all my life and I didn't know if any of it can help me
>
> - Nina

In a few cases, women had the courage to report after almost 40 years when the Saville scandal became public. Poor responses from agencies, however, reinforced their anxiety about seeking external support and a sense that they were betraying families and communities.

Given societal messages and family and community pressures about the unspeakability of sexual violence, the process of unlearning that was a complex one for women. Not being believed and understood, not having the opportunities to talk in a space that felt safe for minoritised women, and making oneself vulnerable were some of the common concerns expressed. Dealing with the shame they felt was a long process and influenced who and when they chose to tell, if they told at all; women had to speak in their own time and in their own way and for some this was a way of having some control over what they had endured.

> I didn't tell anyone. That is the painful part so when it dawned on me that I reported this, that's when it started affecting me, when I was asked to tell what happened. I had to go through it again, that's when it started affecting me
>
> - June

Seeking help through informal networks

Even though many victim-survivors tell no one about sexual violence, even their own family and friends (Weiss, 2010), the majority of women had spoken in some way to family and/or friends about what had happened to them and had received mixed responses. Women assumed a sense of responsibility and guilt for bringing their experiences to the attention of their parents/family members and for disrupting their lives, especially in cases of CSA. However, even after disclosure, families struggled to talk about what had occurred within the family, leaving women to piece things together.

For some, denial, blame, threats of deportation and further violence and abuse was a strong aspect of the response from family members (see also Kanyeredzi, 2018). When they were blamed, women carried the shame for years until issues resurfaced many years later. However, some women also received a supportive response from close

family members, including parents. When believed by their family members this made a huge difference to women. In some cases, young women were supported by their mothers to access help, which they spoke extremely positively about.

Young women were more likely to speak to their friends about their experiences than family members, especially if their family relationships were not positive. However, friends did not always know how to respond to a disclosure and where conversations did occur they tended to be limited, reflecting the continuing unease in talking about sexual violence. For some, friends were a crucial source of information about available specialist women's services.

Being believed was repeatedly voiced, a fear that has been documented by others (Washington, 2001). For Black Caribbean women there was a fear that they would be less likely to be believed given the prevailing constructions of Black women's sexuality. This has to be understood in the context of racism and also often denial by their families. Women with insecure immigration were especially concerned about not being believed given the hostility they faced in the asylum system. Young women who grew up in highly gendered contexts, where girls were devalued and constantly told they would not be believed, accepted this whilst also fearing the consequences of disclosure.

In a context of silencing and concerns about being believed, women made considered decisions about telling or not telling. Many had repeatedly posed the question 'what's the point, it's not going to change anything?' to themselves. However, in hindsight, they felt they should have spoken out about their violations earlier, not least because of negative consequences for their well-being.

> I think having come to terms with it now and having done research and whatever the first thing is that nobody is going to believe me, and even if one person does believe me, it's never going to take back the years I have lost. So it was almost like what was the point, if I go and tell people it's not going to be a magical eraser. It's still going to be there so what am I going to gain from telling people. Now I know if I had it would have been beneficial to me
>
> - Katie

The issue of evidence was something that concerned a number of women, but especially those who experienced sexual violence in intimate relationships, who thought they would not be believed because the perpetrator was a partner. Where women regarded their experience as 'rape' in a more normative sense (one-off by someone they hardly knew), they were more likely to look for help.

Case Study: Doreen

Doreen was placed in care as a child. At the age of 9, Doreen was subject to prolonged child sexual abuse by the Vicar who managed one of the care homes. She was also sexually assaulted by other boys whilst living in care. Doreen eventually pursued a prosecution against her abuser.

> This is the one that I went to court for, he's a vicar and he used to come round in his uniform and that and I would be told to go to the kitchen and get a tray, I was about 9 - 10 years and I would have to go to this special room, which we would call a front room now.

Doreen talks about the added trauma she was left with as a result of being sexually abused, racially victimised and experiencing neglect, physical and emotional abuse from staff employed in the different care homes she has lived in over the years. Whilst Doreen's birth mother had made an attempt to place Doreen with a black family, she ended up being fostered in the general care system and was never adopted. Doreen describes a military style approach to care, not feeling safe or appropriately cared for by adults, and never feeling accepted. She describes numerous incidents including derogatory name-calling, being made to straighten her hair, and having to use a bleaching product on her face as part of the daily racism she faced.

> There were more, other abuses, you know what I mean, there was physical, mental abuse from staff. I used to have to stand in the bath and scrub my knees and elbows. You know what our skin's like, you are darker here and darker there and I'm now having to scrub my elbows.....yeah tried to straighten my hair as well, I can actually remember them going oh what is this hair? They didn't know how to cut it, they had no idea of anything.

Doreen came forward to report the sexual abuse many years later. The publicity created by the Jimmy Saville case prompted her to look online for any information about her abuser. The online search revealed that he had been in prison for similar offences. This information and the high public profile of child sexual abuse at the time encouraged her to come forward after many years for the first time. She decided to make a police report.

> I think the Jimmy Saville case was partly why and I thought okay everybody else is doing it and so I thought go on then and walked into the police station one day.

Unfortunately, Doreen had to give her first full statement to a male police officer who conducted the interview on his own at Doreen's home. Understandably, she felt unable or safe to fully disclose the details of what had happened to her.

> I spoke to a police officer, so he came to my house, my initial thought was, why are you sending a man and he was a man on his own.

The court case took 3 years and Doreen wanted the opportunity to face her abuser in court. However, her abuser pleaded guilty before she was due to give evidence in court. The Judge added an additional 9 months to his existing sentence. Whilst this did give Doreen some sense of relief and that justice had been served, the sentence did not reflect the gravity of the abuse she suffered as child.

> I was prepared to stand up and face this man, I wanted to face him cos they said we do the video and you don't have to be seen and I said no I want to see this man, I want this man to see me too.
>
> He has pled guilty, from the moment he said that, let me tell you I couldn't believe what came out of me, the emotion, I have never wept like that.

Doreen has managed much of her life without any specialist support. The impacts of the sexual and racialised abuse and instability in her childhood have reverberated across different relationships in her life. In the absence of appropriate support, this has made it difficult for her to build trust, intimacy and self-esteem. Doreen rarely travels alone as this feels unsafe and triggers memories of the abuse and has coped by dissociating herself from what happened, instead helping others in need.

> I feel their pain but I'm not feeling mine and I don't know whether that's strange or what or maybe I am seeing their pain that is about my pain, I don't know ... I am numb to it but if somebody presses the right buttons or whatever then that comes up.....

Doreen eventually accessed therapeutic support after reporting to the police. The local Independent Access to Psychological Therapies (IAPT) service referred her to a sexual violence specialist women's organisation, however, it took a year from the point of referral.

If she had a choice, Doreen would have wanted a practitioner with a similar heritage where there would be a mutual understanding around issues of race/identity and where she could start to properly address the impacts of the different abuses and being in the care system. Her counsellor also agrees.

> She's lovely (counsellor) but what I would say again is having people of colour, that can understand when it comes to race and colour cos they haven't got a clue and you know for a lot of them 'it's in the past' and all of that and then I think...your living in another world love ...

Doreen's counselling has come to an end. 15 weeks is not enough for survivors of CSA and she is waiting for another referral. She would like a Black, specialist women's counsellor next time.

5. SEEKING HELP – STATUTORY AGENCY RESPONSES

> The police said to me, you're 15, and by law, unless we hear you say you don't want to go back home, we have to send you back home. They didn't offer me no social care, they didn't offer me to be in a hostel or nothing or in a safe house or nothing. Instead they threatened my family and arrested them and put them in the police van … that was just … not the way to handle the situation. So that was really difficult for me … I felt the pain I was giving my parents you see … I was scared of him, I was terrified and I was telling the police I can't do it and they said well we have to send you home … they forced me to face them and I shouldn't have been put through that … so there was completely a lack of understanding about my situation
>
> - Jasmin

> It's a struggle because sometimes when you talk to them and you mention depression it's … all about labelling people, compartmentalising. I do not want to be compartmentalised. Yes I am depressed and one in ten people suffer from depression but I am a human being and I have my individuality so you should treat me as such
>
> - Sharon

The reluctance of minoritised women to seek help for violence and abuse from mainstream services, as well as poor responses when they do, has been repeatedly highlighted (Burman et al., 2014; Thiara and Gill, 2010; Gill and Harrison, 2016; Love et al., 2017). Women were in contact with agencies during their help-seeking journey, usually a considerable time after they were subjected to sexual violence and most commonly accessed GP, Police and Social Services. Some also had contact with courts, mental health professionals and the asylum system. Since the systems are not designed to be responsive to survivors from minoritised communities they were often reluctant to speak to statutory agencies without the appropriate advocacy in place from specialist women's services. The barriers that exist within the CJS, Social Care, Health and Education provision were emphasised as was the importance of specialist support in responding positively to women's needs and statutory agencies working in partnership with specialists.

Police

Women had both positive and negative responses from the police. Reporting to the police was enormously difficult, for some women it was motivated out of the need for justice and protecting other women. Positive agency responses from powerful institutions like the police were particularly important as institutional interventions had widespread implications for women's lives. Pursuing the CJS led to a loss of important relationships, isolation and ostracism, and feelings of betrayal to family and community. The history of police responses and racism towards minoritised communities had a significant impact, exacerbating women's fears and making reporting a challenge.

Women described their interactions with some officers as positive when they were kept informed, had the same officer and received a reassuring and believing response, that understood their contexts and did not exceptionalise their experiences:

> He was like just be prepared that once you have done this it does tend to split families. I liked the way that he didn't see it as being like that because of my culture but just the fact that he's done so many of these cases and he knows as a whole general thing it splits families no matter what kind of race, religion or anything
>
> - Riyaa

Those who had contact with the police without any other advocacy or support described responses that left them feeling disempowered, not believed, not understood, and where explanations based on 'culture' were prioritised. Black Caribbean women in particular expressed not feeling heard by having to encounter slow and racialised responses that cast them as the problem. It is of note that a more positive response from the police was received once they were supported by specialist women's services, with women remarking on the difference between the 'before' and 'after'. However, experiences with the police (and often other statutory services) put women off from going through the CJS route, even if they were being supported by specialist women's services.

Women highlighted various issues/barriers during their interactions with agencies:

- A failure of police officers to speak to women on their own, look beyond the immediate situation and show professional curiosity and a lack of understanding about their specific family contexts, situations which prevented women from voicing the real issues. For instance, where women faced threats from

perpetrators for taking action this was not always taken seriously. Having to liaise with male police officers created anxiety and prevented some women from fully disclosing. Sometimes challenges arose for women when the perpetrator used his position of power as a police officer or a connection to the police. Where the police was the first point of contact for help women were rarely given information about specialist women's services or other specialists, or even referred to them.

In some cases, women were given a list of organisations when they had no idea which services to contact or even what a refuge was. This placed a woman in a situation where she had to fend for herself for six months, including on the street. Action was only taken much later when they found out her partner had a gun.

> I had my bags with me, it was really stressful … like they're just looking at me and they couldn't even help me with my bags or anything so you feel lonely and you feel that why did I even tell them?
>
> - Naomi

- Interpreting facilities during police reporting processes were viewed as inconsistent, absent or of poor quality.
- Women recounted instances where their conflicted feelings towards their families were not understood, especially young women who wanted to be safe from family violence but not to hurt or prosecute their parents/families.
- Women's accounts also reveal the impact of multiple intersecting harms where racialised violence intersects with sexual violence A young woman supporting a prosecution described racialised violence and discrimination, both in terms of the police response and in the way in which the violence had been perpetrated by her White perpetrator. This was further exacerbated by the negative perception of her within the CJS as an aggressive young Black woman who was culpable for the violence. Practitioners reinforced these experiences of women, stating that the problematic narratives that exist about minoritised women as 'victims' and 'victimhood' within the police, juries and the CJS led to poorer criminal justice outcomes. This underlines the need for consistent support from specialist women's services with an understanding of racist and gendered harms, which play an important role in supporting women to manage the effects of secondary trauma re/produced by the system.

> We worked with several women, Black women who have gone through the criminal justice system and got a not guilty verdict… you just think that absolutely this is a no brainer, this woman is going to make it to the end line and the kind of things that those women would say is that 'I got how people saw me', 'I got how that jury saw me' you know. 'I'm a single mother'… you know they are very stereotyping of Black women, she's angry, she's a single parent, she's involved in social care, so obviously she must have asked for all this and she created her own victimisation.
>
> - Rape Crisis Service

Courts

Where women had supported a prosecution they reported varied experiences of this process.

- Women were often unprepared for what transpired in court and were not fully informed where cases did not proceed to prosecution.
- Women not only contended with the court process but faced threats from family members and perpetrators for taking criminal action, as well as their own sense of guilt. This was not always taken seriously by the police and unless supported by specialist women's services, women were left to manage such situations themselves which inevitably led to more acute levels of mental distress.
- Those supporting a prosecution described the process as traumatic and where they were treated as the guilty party, with inconsistent and poor communication and lengthy investigations. The CJS process required women to put their lives on hold for many months and sometimes years, whilst they also had to contend with on-going family pressure in that time. The length of the CJS process was especially hard for women with mental health issues; if their cases took two years, women could forget details, particularly if they wanted to forget in order to cope with their situations.
- The importance of consistent support from specialist women's services to help women navigate the CJS process was underlined; this support was considered especially crucial when women needed to challenge poor decision-making and to ensure they remained engaged with the prosecution process.

SARCs

A few women accessed Sexual Assault Referral Centre (SARC) provision but this was not a positive experience. The service was experienced as 'blunt' and focused on the CJS rather than their support needs, with a notable lack of understanding about minoritised women's intersectional experiences. Women who had accessed SARCs were not given information or referred to specialist women's services, which they would have found helpful. Indeed, research in the US reveals women's reluctance to access support from white-run and white-staffed sexual violence services (Washington, 2001). Unsupportive questioning of women's experiences by professionals made them doubt themselves in a wider societal context of racism and an over emphasis on victim's behaviour, especially given the construction of Black women's bodies/sexuality. The approach of the SARC, when experienced negatively, reinforced women's fears about the CJS process and led to their disengagement. It also delayed their access to much needed support.

Social / Children's Services

Some young women and disabled women experienced children's/social services intervention in a way that created further harm. There was a lack of focus on their needs and safety, attempts at family mediation rather than child protection, and a lack of agency follow-up, which resulted in women remaining in situations where their violations continued.

- A young South Asian woman who reported CSA to the police and Children's Services when she was 15 was effectively left in a familial abuse context, with her case only getting picked up again by Children's Services after almost three years because of poor school attendance.

- In the case of a disabled woman who was subjected to 10 years of regular rape by her husband and was too scared to speak about this, Social Services accepted the husband's view of the situation and failed to explore what was happening even when the landlord reported he had heard her screaming.

Education settings

Cases of rape and sexual assault involving peers, networks of older men and teachers were mentioned by those supporting young women, who described schools as slow or reluctant to respond. A lack of information within schools and universities about sexual violence and support services was highlighted, and women believed that if it was named more explicitly this would help women to seek help. In most cases, school

counsellors failed to make a referral or give information. When young women presented indirectly with depression at school, some school counsellors did their best to help them, but there were others where there was little attempt to understand the root cause of the presenting mental health issues and disengagement in school.

GPs

GPs were one of the most commonly accessed services, and thus have an important role Mostly women presented to GPs with depression and anxiety and the majority were given medication or referred to generic counselling. The process of accessing a GP was challenging and it was difficult to disclose when they saw different doctors at appointments. The masking of the real issue, combined with an absence of conversations about sexual violence by professionals, resulted in only the 'symptoms' women presented with being addressed. Women wanted professionals to ask more direct questions about what may be the underlying cause of depression and other symptoms they presented with, given the discomfort they felt in talking about it themselves.

> I can't wait a week so you're seeing a different doctor every time you go, so you can't build up any sense of trust
>
> - Naomi

Some women reported dangerous responses including when a woman spoke to the GP about being raped by her husband and he wanted to talk to both of them together, whereas she had hoped for a referral to appropriate services, which would have resulted in an earlier intervention in her case.

> At the point that I told the GP the GP could have referred me to rape crisis immediately. I think if he had done that then I don't think I would've been that depressed, I think it was delayed
>
> - Patience

Mental health teams

When interacting with mental health teams women described situations where they were made to feel professionals were too busy, there was little or no follow-up, no continuity of care and an over-reliance on medication. Insight and understanding of women's lives and needs was also lacking and reflected in responses that were often experienced as discriminatory and racist. At times, women were also judged as not

being 'genuine victims' - 'she doesn't look like something happened to her' - something that stopped women from accessing further help to avoid discriminatory responses.

> The NHS doesn't know whether it's going forward or backward, so the therapist I was engaging with was … looking at my relationship with authority. Apparently, I am defiant, I have an issue with NHS and all of these organisations and I don't trust them! Well do you blame me?
>
> - Sharon

Asylum System – not believed – no voice

All of the women who were involved with the Asylum process spoke at length about not being believed about the sexual violence they were subjected to, not being seen as 'genuine victims' and being judged, as great emphasis being placed on evidence, and not having a voice in the process.

They found judges and the courts to be sceptical about their situations and being seen as using allegations of violence to strengthen their asylum cases. Courts wanted evidence (including of trafficking) they clearly did not have, which reflects a lack of acceptance of the ways in which perpetrators control and threaten women to remain silent. When women were left in limbo for long periods of time with the shadow of deportation hanging over their heads this had serious consequences for their physical and emotional health. For some, the impact on mental wellbeing when they were not believed was grave, leading some to feel they had no other option but to end their lives.

> It is the person that has gone through it, not you, only there to use the law to work against that person, something really damaging happens after that… … somebody's normal today and then the next thing is that the person is dead and you ask why. Why cos you didn't get the right support at that time, hear me out, hear me out…nobody is hearing the person out and the best way out is to jump through the window and die
>
> - Pindiwe

The disconnect between the asylum process and the family court was also highlighted. A woman who had been trafficked, subjected to sexual exploitation and constant threats to kill for many years found herself in a situation where a family judge ordered

supervised child contact, completely ignoring her concerns for her safety, and taking no action against a dangerous perpetrator.

The lack of safety and suitable specialist housing for women within the asylum system was highlighted by the case of a woman who was already a victim of trafficking. Whilst staying in NASS funded accommodation, a resident sexually assaulted her on two occasions. Despite attempts to seek help from staff at the accommodation, her complaint was not upheld or taken seriously. Instead she had to find ways of protecting herself until she eventually accessed advocacy from a BME women's organisation.

> She had fled a situation of grooming and trafficking and ended up in NASS accommodation where she was raped by a resident. Her and another lady she was having to share a room with, they would kind of have to improvise themselves like they used to have to put their suitcases in front of the doors before they went to sleep because people would just kind of... on one occasion she woke up and she found this man like leaning over her
>
> - BME VAWG organisation

'Cultural' framing and assumptions by agencies

Professional responses frequently betrayed a lack of understanding about minoritised women's contexts or the nuances of their experiences, and instead were marked by assumptions about the issues affecting them. When 'culture' is viewed as unchanging and homogenous, it is a barrier to effective responses and is used as a basis for non-intervention (Batsleer et al., 2002; Burman et al., 2004). This has negative implications for women requiring help with violence and abuse (Thiara and Gill, 2010). A limited understanding of 'culture' was reflected in the association of certain communities with particular forms of violence. In cases of sexual violence, agencies instinctively looked for specific patterns of forced marriage or 'honour-based' violence. This led to the reframing of sexual violence as 'cultural' forms of violence, especially in cases involving young South Asian women. In cases identified as having an 'honour' dimension questions were not asked to ascertain sufficient detail about sexual violence, as part of possible poly-victimisation across multiple forms of VAWG. Minoritised women's contexts are also not well addressed within the more standardised risk assessment tools:

> It was such a standardised risk assessment, they didn't really look into why I was so scared to report it and why I didn't report it earlier and stuff like that. The risk assessment was made asking what's

> happening to you, how do you feel and stuff like that. They were just looking at me but not the wider picture of why it was happening and why you can't report or the type of violence you experiencing or from whom
>
> - Jasmin

Concerns were also raised about the minimisation of adult and child sexual exploitation in cases involving minoritised women because of the excessive media and public policy focus on cases involving South Asian perpetrators. Specialist women's services often had to intervene to support a more rigorous assessment when such responses were encountered from statutory agencies which missed opportunities for intervention because of racialised assumptions about the types of abuse minoritised women experience. Practitioners discussed missed opportunities and misidentification in various cases involving CSA, child sexual exploitation, sexual exploitation involving young and adult women, rape, online abuse, and 'revenge porn'.

> Revenge porn and all sorts were involved because she did not fit the model of what they thought … this is my reading of the police response, especially when I went to MARAC and they discussed this. They didn't think that that would be possible because they had put her in this mould of being a Muslim wife and they didn't think that she would be vulnerable to that. And because she had an extra marital relationship they did not arrest him at the time but they did arrest him and let him go and they shouldn't have done.
>
> - BME VAWG Organisation

Removing choice and voice

Practitioners spoke about a lack of a 'trauma-informed' response to young minoritised women, which led to heavy-handed interventions and/or high levels of victim-blaming and stigmatisation. In their uninformed responses, professionals gave power to the parents instead of protecting the survivor, unintended or not. Agency responses that minimised survivors' voice and placed their parents at the centre of the intervention merely served to reinforce their power over women and left them in years of on-going abuse and also exposed them to the perpetrators of CSA.

Case Study: Miriam

MIRIAM, now 18 years old, was subject to child sexual abuse by her grandfather from the age of 10. She first disclosed to a school counsellor, but it took a further three years for her to access a specialist support service for Black and 'minority ethnic' (BME) women and girls.

Teachers noticed that Miriam was regularly absent from school although they couldn't understand why. Miriam told her teachers that she wasn't feeling well and was eventually referred to the school counsellor.

Within a few weeks of attending the sessions, Miriam confided in the counsellor about the sexual abuse. Worried about the dangerous situation at home and her deteriorating mental health, the counsellor contacted the police and child protection services.

However, the police spoke to Miriam's parents, teacher and visited the grandfather but failed to follow-up with Miriam herself. She couldn't understand why the conversations about what happened to her took place without her.

The lack of engagement with Miriam enabled the family to collude with each other to protect the grandfather. The police accepted the family's version of events and didn't take any further action.

> **All the family got together and they said my Grandad he's okay and he's a respectable man and he wouldn't do anything like that.**
>
> **The police took what my parents were saying rather than what I was saying. They just dropped the case.**

Miriam suffered the repercussions of speaking out against family. Her lack of voice within the process helped the family to reinforce to Miriam that she was a liar and no one believed her. Miriam had to maintain contact with her abuser at family events and pretend everything was ok. She was regularly mocked, humiliated and emotionally abused and her movements and access to the outside world became more controlled. Her mental and physical health also got worse.

> **It was almost like he won, the sexual abuse stopped but like everything else got so much worse. Because after I reported it, everyone in the house knew about it and everybody treated me like I had done something wrong. Once the sexual abuse stopped the verbal and psychological abuse started, increased so much...**
>
> **I couldn't go to school because my depression was really bad at that point. I had severe anxiety because no one was telling me what's going on. Everyone was ganging up on me saying are you going to try to get**

social services involved, you tried getting the police involved, don't have any respect for the family, you're bringing shame to us.

When Miriam had to engage with a school counselor two years later because of poor school attendance caused by deteriorating mental health, agencies created further risks for her through a lack of understanding about her context by seeking her parent's permission again.The threats and abuse towards Miriam increased and she knew she had to find a way to leave. Miriam found a different school counsellor who understood the risks she faced at home.

Miriam's situation warranted a MARAC referral. However, in the process of getting specialist support, agencies continued to make assumptions about Miriam's situation which meant that it took longer to get the help she needed.

They assumed I was at risk of forced marriage just because I am Pakistani.

Miriam was eventually referred to a specialist BME women's support worker who recognised her specific needs and discretely helped Miriam to plan her leaving strategy.The worker maintained regular contact with Miriam so that she had someone she could trust.

You don't have to worry about them not understanding or the fact that you're a girl.

Everyone understands that completely.

Miriam accessed safe accommodation and therapeutic support from a BME specialist organisation. It was the first time she was able to speak openly to someone who understood her specific familial context and the assumptions and stereotypes she had encountered from external agencies.

I'm really excited about the counselling here...my previous counsellor, she tried to understand as much as she could but she didn't understand it fully because she was white and she's looking at it from an outside perspective.

I haven't had a panic attack since I left.

Since receiving support from a specialist BME women's organisation, Miriam's life has been transformed. Her mental health has improved, she is now a healthy weight and she finally feels she has a future to look forward to.

She has always wanted to study, and recently met the requirements for going to the University of Oxford.

6. EXPERIENCES OF SEEKING HELP - SPECIALIST WOMEN'S SERVICES

> Inclusive, understanding, inspiring, valuable, very special in that it made a difference. I hadn't had that before and knowing that here was safe as well
>
> - Nat

> It was just liberating whereas the other one wasn't, I was just doing it because I knew something was wrong and I was trying to fix it. I was able to talk about my issues and it gave me the steps to start working on them, so it was far more personal, far more catered to the problems I had... like if you go to the GP with a dodgy eye, the GP can give you a general thing, but if you go to an opticians they are very specialised in what they do... They are the only people I have managed to open me up to in my rawness and they enabled me to tackle my issues head-on and not feel like a complete wreck afterwards. I actually felt liberated
>
> - Alex

As already noted, minoritised women's experiences of violence and abuse encompassed wider contexts, multiple perpetrators and had specific intensity as a result of their intersectional location, which also shaped the responses they received from a range of agencies and professionals. Women's narratives reveal the ways in which sexual violence intersected with 'race'/racism, immigration status, age, and poverty to create complex trauma and needs. They were not only dealing with the consequences of sexual violence but also uncertainty about their futures in the UK, homelessness, unemployment and ill health. The depth and breadth of the violence endured by women highlights the importance of specialist practitioners with an understanding, experience and skills in providing intense and wide-ranging support that responds to all of their needs.

It took women many years of help-seeking to get the support they needed and valued. A range of statutory services failed to inform or refer them to specialist women's services, even where they existed. It is likely that their access to specialist support was further frustrated by the absence of 'by and for' BME ending-VAWG organisations. The range of silencing pressures identified earlier prevented women from being heard about sexual violence, in childhood and adulthood, even when they had accessed

generic help. Space to deal with and speak about sexual violence, as the underpin, of their compromised wellbeing was only created once they were supported by specialist women's services, for between one month and over five years.

What women valued

Women valued flexible and accessible holistic support at the point that they needed it. They described specialist women's services as a space of safety (beyond physical), reassurance and affirmation, in contrast to dominant societal messages. Being supported to 'speak' – 'to actually hear someone listening' - within a safe space created the most powerful shift for women because it broke years of enforced silence about their violations. Healing could only start once this happened and women emphasised the importance of a 'gentle approach' within long-term, holistic support, necessary in helping to build trust and to talk openly without fearing judgement and feeling disloyal to their families.

> So it doesn't start and end when it happens, it continues throughout the whole of your life. It has a lifelong impact, not just emotionally but physically with my health… … Support needs to be structured for every decade of a women's life, I think
>
> - Nat

Specialist support helped women to reframe their experiences and to view their coping as a source of strength. Women's narratives repeatedly underline the importance of specialist rather than generic support in making this possible, in helping them to view their future more positively, to feel hopeful rather than hopeless, and to have greater self-esteem. The importance of an attitude of care and a non-judgmental approach was repeatedly underlined; this not only enabled women to 'speak' and recover voice but the depth of conversations, needed for healing and recovery, they were able to have with those they trusted were markedly different from any others. For the majority of women who had received therapeutic support, one-to-one, rather than group support was preferable and key in being able to talk openly, address self-blame and break the silence of sexual violence. When this happened women regarded it as a form of liberation.

> The thing that I suggest to people is this place, it's the only place I know that is the best. Whenever I think about my whole experience, it always just finished here. This is where I go to. The counselling is entirely different… so any other counselling I was having was just basic, not going into the roots. It was always very

> frustrating because you're in a room with a counsellor that doesn't understand your subject. They don't really get it, like most counsellors I have seen in the NHS
>
> - Alex

Over and above the value they placed on specialist women's services, almost all of the women spoke about the importance of 'seeing themselves' in the services they accessed. Whilst being able to communicate in their language was crucial for those who did not speak English, 'relatability' encompassed many more dimensions. BME ending-VAWG organisations provided women with a sense of safety, which was more than physical safety. Relating to others who 'look like me'/ were like them gave women affirmation and removed the fear they would not be understood or viewed as 'different'. A shared understanding of the everyday among BME women and forming connections with others, to know they were not alone, within BME spaces reduced their isolation and provided opportunities to forge alternative supportive friendships; these family-like relationships made the absence of family support and other social networks more tolerable for women and helped them in their healing and recovery.

> I can express my emotions in my own language. If they know our culture, its better. I was with [BME worker] and I told her, if it was some other people I wouldn't start. Sometimes our emotions, we can't express in another language. I feel better, lighter after I meet her… someone who helps you emotionally, sits and listens to you, it's like an angel has been sent to you… Now I feel like I can do something. They make me feel there are good people
>
> - Nina

> Having people of colour, that can understand when it come to race and colour cos they haven't got a clue… … … I identify more as a black woman cos that's what people see when they look at my hair but when it suits them, they will say 'yeah but you've got a bit of this'. But when I was growing up the colour, scrub yourself… fucking black… you wog…you this, you that, lick your lips and we will stick you to the window… all the madness, all the names… … if I had been given a choice then I would have said a black or mixed race person
>
> - Doreen

Having earlier access to BME workers who understood the nuances of their lives and the totality of their experiences based on the intersecting impacts of racism and sexism, without having to explain, and the importance of feeling respected and understood without discrimination enabled women to feel safe, to open up about their contexts and pressures, and to know they would not be judged.

Women valued the lack of assumptions made based on their ethnicity/religion, especially in the face of such responses from statutory agencies. Given the wide-ranging ramifications for their safety within family and community contexts, that their concerns around safety were understood was important for women. Not only was 'race'/ethnicity important, but for some also seeing younger women to know there were others like them with similar experiences.

Peer support and connection to other survivors helped women to explore commonalities in experiences across different minoritised communities and facilitated a sense of solidarity and support in the face of racism and sexism, further helping to feel connected rather than isolated and to heal.

> It's a place where you just feel free to talk, anything you want to say, issues of life, there's no particular theme. It's a place whereby whatever we discuss, it stays there, it's confidential and you get to make friends and know that you have people too. They are not faceless, they are human beings too, like you, so you see them day to day and see how they cope with their life and various issues
>
> - Tammy

The intersectional discrimination minoritised women faced resulted in greater complexity and they required more wide-ranging holistic support, including intersectional advocacy for multiple issues and needs. Having someone who understood stand alongside and advocate through the system/hostile environment, whilst being cushioned from racism and other forms of discrimination, was crucial to women's sense of safety and support. Intersectional advocacy was especially crucial for asylum-seeking women and women with insecure immigration status because of their exclusion from welfare benefits and housing. Even when in receipt of therapeutic support, their engagement and recovery was constrained by the uncertainty they faced.

> I'm still scared now. I am going to this therapy I should be healing. If I smile from there as soon as I get to my road I am scared again. I don't know how I'm going to completely heal in this condition
>
> - Mercy

> We worked with several women, Black women who have gone through the criminal justice system and got a not guilty verdict … you just think that absolutely this is a no brainer, this woman is going to make it to the end line and the kind of things that those women would say is that 'I got how people saw me', 'I got how that jury saw me' you know
>
> - Rape Crisis Service

Support and advocacy from BME organisations (and specialist women's services) led to qualitatively different experiences for women and more positive and proactive responses from the police and other agencies, something that contrasted with their past experiences. After receiving support for sexual violence from BME ending-VAWG organisations women described the changes that had occurred as liberating and transformative.

> Feeling liberated is one of the biggest things… when you think of your liberation you think of freedom and I think you do feel like a prisoner to the problems you've had. So to almost be set free I don't think you could want anything more than that
>
> - Sophie

7. SPECIALIST WOMEN'S SECTOR RESPONSES (WITHIN RAPE CRISIS SERVICES AND 'BY AND FOR' BME ENDING-VAWG ORGANISATIONS

There are a relatively small number of organisations with a dedicated specialist support approach to minoritised women subject to sexual violence. This was highlighted in earlier findings (Thiara, Roy and Ng, 2015) and reinforced during this phase of the research. Some organisations identified as representing promising practice during phase one, presented opportunities for wider learning and development in the sector.

The five case study organisations, identified as having a promising approach, were asked to describe what was distinctive and important about their sexual violence support responses to minoritised women. Two distinct approaches emerged: i) Rape Crisis services with a dedicated BME service; and ii) Organisations that described their support response as centred on an intersectional framework.

i. Rape Crisis services with a dedicated BME service

Some Rape Crisis centres had recognised that their existing provision was under-utilised and, as a starting point, created a dedicated post or team made up of minoritised women with the specific aim of delivering outreach activities in local community spaces accessed by women. Discussions were facilitated in community spaces and with BME community organisations that offer trusted spaces of support to minoritised women. The relationships with BME groups were viewed as imperative to effective engagement. Discussions purposefully focused on broader issues of wellbeing evolved over time into more specific sessions on sexual violence. A gradual process focused on building relationships of trust to eventually introduce deeper discussions about sexual violence helped to create safe spaces for engagement, disclosure and awareness-raising. Services also produced bespoke systems and ways of working. Organisations described processes that were less form-reliant and offered more fluid processes of referral and assessment as useful in contexts where there was a lack of engagement with sexual violence services. One organisation had developed a dedicated and specific approach to supporting refugee/asylum-seeking women which runs parallel to their Independent Sexual Violence Advisor (ISVA) provision but provides specialist advocacy and group-based support in recognition of the multiple, intersecting barriers women face.

Rape Crisis services which had invested in different strategies for improving access noted an increase in referrals of minoritised women. Referrals were often received

through the BME outreach team/support workers. This indicates that the relationship with and location of BME sexual violence practitioners in community-based settings was a valued and trusted aspect of the service for women.

Organisations that modelled positive leadership in this area were less likely to develop responses that could be viewed as an additive or tokenistic gesture but one that fostered sustainability and growth. However, some BME staff within these organisations felt that their non-BME senior managers needed to be much stronger advocates internally and externally to ensure it was not always left to the lone BME worker to make the case for furthering equalities aims within the service.

LEARNING FROM NON-EUROCENTRIC MODELS TO SUPPORT PRACTICE

To support women to begin to vocalise and name the violence, rather than rely on existing Eurocentric models one BME VAWG organisation utilised learning from grassroots approaches to sexual health in India. They also felt that some of the **'more conventional assessment tools contradict recovery work when it comes to sexual violence'**. A body-mapping component was introduced to existing assessment processes. The body mapping approach explores one aspect of women's bodies as a site of suffering/harm and this helped women to begin to name violence - both interpersonal and/or structural forms. This helped caseworkers to facilitate in-depth conversations with women within a safe, non-stigmatising context. Women were able to engage in a tool because they were able to 'share similar histories. As a result, more women disclosed sexual violence.

> Suddenly we could identify not just domestic violence, but sexual violence and rape that women had experienced which they previously were not talking about. We looked at it as a body politic, that this is the women's body and this is the change that it goes through, and how it becomes impacted by different experiences that she has. And so she could map out her whole body for us. Of course, it doesn't just take one session, and it's not the first session. It takes time and the things that facilitate that process, like a safe space, and having workers that understand the approaches that are used with women.
>
> That body map approach really helped us to understand the language that women used to relay experiences. From that approach, we developed the work that we do presently around

> sexual violence. Why that approach appealed to us was that we were interested in constructing women's narratives about their experiences of sexual violence and abuse. That was one of the things we thought there wasn't enough for South Asian women in particular to talk about their bodies.

ii. Specialist support organisations centred on an anti-oppressive intersectional framework

These organisations described their support response as addressing the needs of minoritised women because of a core organisational intention to design support responses around women who are likely to be the 'most marginalised' in society.

Organisations in this category were those that had more of a 'by and for' BME-led approach and where minoritised women were visible within the leadership and service delivery components of the organisation. They were also more likely to speak about their responses to sexual violence as part of a wider system response to structural inequalities. A holistic integrated approach to service delivery was described as a response to sexual violence and interconnected forms of violence, such as domestic violence, and wider structural harms, such as police racism, hate crime, victim-blaming cultures, and inaccessible provision.

Given that minoritised women are frequently expected to fit into support structures that are not designed to meet their needs this work requires investment in the re-design of mainstream responses and models of working. This was not always easy as what constitutes a specialist sexual violence response can be viewed in limited ways by funders and commissioners, for example, only available through the route of ISVA provision. This can act as a barrier to service development in a context where there are limited specialist sexual violence services responding to minoritised women. 'By and for' BME ending-VAWG organisations that offer an effective, dedicated sexual violence response outside of this type of framing expressed the need for improved recognition of their work as well as opportunities for further development.

These organisations spoke about designing their responses to minoritised women through a re-centring of Black feminist knowledge and practice. When minoritised women access specialist staff who are skilled at identifying and disrupting the different systems of harm that minoritised women encounter based on their intersectional location, they experience support which is more relevant to their lived experiences and needs (Larasi with Jones, Tallawah, 2017).

For example, where ideas about 'culture', 'community' and 'family' are often presented only as 'risk' factors for minoritised women rather than as possible protective mechanisms, having the skills to reframe conversations to fit the different and nuanced ways in which women express themselves and operating a 'whole-person' approach which recognises women's historical and current contexts, interpersonal and familial circumstances and intersectional location is essential to 'unpack' the language of sexual violence and to make women feel heard and validated.

Institutional intersectional advocacy is a core, integrated element of supporting minoritised women subject to sexual violence. This recognises that some groups of women encounter specific forms of judgement from mainstream services and that it is important to adapt responses to address these structural barriers and to challenge the system. Practitioners provided examples that illustrated the importance of this type of wrap-around support in the context of the CJS, in working with young women and in delivering therapeutic support. The lack of wider recognition of the work that specialist 'by and for' BME ending-VAWG practitioners undertake and the skills involved was also underlined.

Practitioners also spoke about offering more fluid forms of therapeutic support. Women who did not engage or feel the benefits of more western models of counselling wanted alternative approaches that are more relevant to their lived contexts such as the 'by and for' approach and group support through arts-based or social network building activities. Therapeutic work that combines emotional and practical needs has a specific value for women who, for instance, may have insecure immigration/asylum status or who may be dealing with civil matters or contact issues.

RE-FRAMING THE ISVA SUPPORT ROLE

One of the few BME women's organisations funded to deliver BME ISVA/IDVA support spoke about the importance of redesigning the post so that it spoke more to the needs and contexts of minoritised women. The post works in a more fluid way where the practitioner does not only focus on advocating for women in relation to the CJS. For example, ensuring women are aware of their rights and where this may be breached, enhanced face-to-face contact, being responsive to language needs, thinking about the vulnerabilities migrant women are exposed to and preparing women for engaging with statutory providers, such as sessions that support women to better understand how they would experience a SARC or CJS.

> I think we even veered away from the ISVA and IDVA type process because it worked with women in a way that it doesn't apply but it was really patchy, so women are going to be flung into these services without the decent support they need or that is appropriate... then for the women that we are supporting we do not want an ISVA who doesn't understand and then pick that up at the SARC because we need to be able to develop a better service that is able to work with the other processes and other services because women need intensive support... just things like walking into their SARC, being questioned by the police, dealing with that and have a feel about that. What do they need, how that affects them, you know, being away from the house all day, how does that affect her in the community, you know, all those different things?

Future development

It was widely acknowledged that there is a need for further work to develop the responses of independent Rape Crisis services and the 'by and for' BME ending-VAWG organisations which does not rely only on mainstream models of responding to survivors of sexual violence. Alongside this, organisations with more evolved responses to sexual violence recognised that intersectional work was not a one-off exercise and could not be achieved without building in space for on-going reflection and development work within organisations.

Added to this was the observation that as part of their development, organisations should not ignore the fact that survivors of sexual violence require a specific expertise and support approach which should not be diluted or made 'generic' as part of a broad domestic violence or ending-VAWG response.

Practitioners welcomed this research as a first step towards building an evidence-base on different approaches to supporting minoritised women and emphasised the importance of investing in this work on an ongoing basis with the support of 'by and for' organisations like Imkaan.

Organisations recognised the need for further development in responding to minoritised women. This included improved training and practice, increasing reach of provision to more diverse groups across different ethnicities, minoritised disabled women, older and young women, and lesbian, bisexual, transgender (LBT) communities

and improving partnership working so that solidarity and confidence could be built between organisations that address sexual violence.

All of the women we spoke with had found a way to look for help no matter how long it took. Women's narratives reveal the many and different ways in which they endured and resisted the legacy of sexual violence in their lives, often in the face of enormous and myriad pressures to silence and suppress their voice. Some were further along in their journeys of healing and recovery than others but all had started the process. Receiving valued support from services they felt respected by and which understood their lives/issues had started the process of helping them to diminish the effects of sexual violence and to regain their sense of self and mental and physical wellbeing. When women had been supported by specialist women's services, they wanted to give something back and help other women in similar situations. Some women were engaged in volunteering activities and spoke about working in the sexual violence area in the future. Many hoped that the sharing of their experiences through the research would make a difference to other women's lives. All saw sexual violence as unacceptable and wanted to reclaim lives lost in dealing with its consequences. All believed that survivors should get the sort of support they needed when they required.

It was important for the women in this research to be recognised for their resilience and survival as well as for their achievements, strength and spirit in the face of what were often enormous obstacles. Being identified solely through the lens of 'victim-survivor', however unintentional, could reinforce a perception of women as lacking agency. For one survivor, writing and performing songs has provided an important platform for her own healing and as a tool for raising awareness for other women. Inspired by her own experiences, Shauna[5] donated the beautiful and powerful lyrics to the following song to this project. She plans to use her music as a vehicle for change.

[5] As a performance artist Shauna wanted the authors to use her name in the report.

BETTER DAYS

Song written and performed by Shauna Waugh, a survivor

www.hernameisshauna.com

Better days are gonna come, I pray to the sky.
The where and when? The who and what? The how and the why?
I keep questioning myself; How was I so blind?
Alone and confused, I was living a lie.
I'm setting my myself free from the pain that's consuming me.
I am closing the door, to all that happened before.
You can't control me no more.

I am free! I've cut the chains, erased the shame.
I've washed myself of all your blame.
I am free! I've taken back my life, locked my pain in a box and thrown away the key.

There's days that I thought I would die, fighting the demons inside.
Breathing but barely alive.
But It's my life and I chose to survive!

I am free! I've cut the chains, erased the shame.
I've washed myself of all your blame.
I am free! I've taken back my life, locked my pain in a box and thrown away the key.

Thrown away the key.

available on spotify
on mobile and tablet:

launch spotify, tap search, tap
camera, then scan this code

RECOMMENDATIONS

The research raises a number of key issues which require dialogue, change and actions across different agencies to ensure minoritised women access timely and effective support for sexual violence.

KEY ISSUE:	**Minoritised women should be able to access specialist sexual violence support in a way that is timely, effective and relevant to their lived experiences**
WHO	HOW
MPs, council leaders, all councillors and community leaders	MPs and all locally elected people should speak out on the volume and harm of sexual violence minoritised women are subject to. They should demonstrate an understanding of how it is hidden, the stereotypes that prevent minoritised women being heard and make calls for change. MPs should seek out and talk to local specialist BME women's groups supporting minoritised women as a first step to raising awareness and advocating for change locally and in Parliament.
National, regional and local policy makers and service planners	• Home Office and the renewal of the VAWG Strategy: In recognition of the way minoritised women are experiencing barriers to support and protection following sexual violence the renewed VAWG Strategy should set out clear expectations that all statutory agencies working with sexual violence survivors take steps to ensure frontline staff are trained and understand how to respond appropriately without reinforcing harms. • The renewed VAWG Strategy should also aim to support the development of models of sexual violence provision to respond to current gaps experienced by minoritised survivors across all of the protected characteristics and where they face specific structural barriers, e.g. poor discriminatory responses, lack of accessible specialist support, homelessness, poverty, and immigration status. • The Home Office National Statement of Expectations set out that commissioners making VAWG needs assessments should proactively set out to enquire about

	BME women and girls' needs. Commissioners should therefore undertake inquiries on sexual violence and responses to minoritised women as part of their local needs-assessment and commissioning processes related to ending VAWG to ensure that support pathways are appropriately commissioned. This must include specialist 'by and for' VAWG providers who offer established and trusted pathways of support and therefore receive high numbers of referrals from minoritised women. • Establishing a group of sexual violence experts, BME 'by and for' ending VAWG women's organisations and experts by experience (survivors) would help to shape and inform this process. • The ongoing Criminal Justice Board Rape Review should gather adequate data on minoritised women/girls experiences of the CJS when they report AND when they decide not to, and their experiences of the court process; it should consider the findings of this report, particularly where agency responses have led to scepticism, disbelief and dehumanising treatment. • A review of current systems of data collection to assess whether they are fit for purpose for collecting disaggregated data on sexual violence (as part of a VAWG data-set nationally and locally), on gender and the intersection with 'race', disability and across all of the protected characteristics. • Home Office Immigration: Essential that women with insecure status access equal protection, belief, rights and specialist support and end the two-tier system of support. • Department for Education: Ministers should make a high priority of ensuring schools understand their duties and implement child protection guidance with due regard for minoritised women/girls to ensure that the disclosures of

	minoritised girls are heard and responded to appropriately. • Leaders in further / higher education should also ensure institutions are equipped and staff are trained to support and refer appropriately.
National and regional funders, commissioners and grant-making bodies	• Support models should be developed to recognise the need for bespoke and accessible wrap-around holistic support for minoritised groups that are most likely to encounter intersectional barriers, exclusion and institutional discrimination. • Funders should invest in programmes that meaningfully support survivors to use their skills and experiences as experts by experience to influence policy and practice. • Women should be able to access wrap-around, holistic support as they navigate through the support system. Funders need to support the development of models of sexual violence provision which respond to current gaps in responses to minoritised women. This should support both the 'by and for' BME ending-VAWG sector and Rape Crisis services to build their capacity and strengthen practice. For example, Police and Crime Commissioners should undertake needs assessments which specifically include minoritised women/girls and then commission victims support services which can meet these needs. • Funders should support specialist providers to develop systems of data collection and conduct impact evaluations which provide evidence of what works best for minoritised women.

KEY ISSUE:	**Agencies should commit to transforming the norms, structures and power relations that create inequality, invisibility and marginalisation of minoritised women**
WHO	HOW
Statutory agencies (leaders and frontline staff in health, mental health, sexual, health, police, social care, schools, housing / homelessness, safeguarding adults and children, CPS RASSO prosecutors)	• Review current systems of routine enquiry, assessment and referral for their effectiveness in creating pathways to accessing specialist sexual violence support for minoritised women. • Co-ordinate local discussions with sexual violence specialists and 'by and for' BME ending-VAWG organisations to assess current ways of working and establish mutually workable structures for multi-agency working and referral. • Staff most likely to come into contact with victim-survivors of sexual violence should access ongoing training/professional development opportunities to strengthen their understanding and practice. It is important that multi-agency training is delivered by specialist BME women's practitioners with the relevant expertise and sessions capture the skills and knowledge required. • Agencies need to develop pro-active action and training and development plans with the aim of removing racist and cultural assumptions and stereotypes about some victims which are causing significant harm. It is important that training sessions cover sexual violence within an intersectional framing. There should be a specific consideration of systems of power, privilege, micro-aggressions and the intersections of 'race' and gender, class, sexuality, disability and age.

Specialist women's sector	• Specialist, independent Rape Crisis services should review the accessibility of existing sexual violence provision. This should include a discussion with local 'by and for' BME ending-VAWG providers to establish mutually agreed systems of referral and joint working. It is important that joint working approaches do not reinforce inequality but create structures for BME 'by and for' leadership or co-production which are resourced and do not undermine the expertise and reach offered by local BME VAWG providers. • Both specialist, independent Rape Crisis services and 'by and for' BME ending-VAWG organisations should invest in supporting staff, volunteers and management to access training and development opportunities to strengthen current responses to minoritised women subject to rape and sexual abuse. • 'By and for' BME ending-VAWG organisations that are likely to come into contact with minoritised women seeking support for sexual violence should support staff (management and frontline) to access ongoing training/development opportunities to strengthen their policy and practice in relation to sexual violence. • Spaces for skill-sharing between sectors could provide an effective avenue for strengthening current practice.

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She has an expertise in gendered violence and black and minority ethnic communities and has worked with specialist organisations such as Imkaan and Southall Black Sisters, along with many others nationally, on these issues, providing much needed evidence to improve policy/practice. She has conducted research commissioned by the Home Office, numerous local authorities, including several London boroughs, children's charities and third sector organisations. She has published widely on these issues, works with practitioners/services to strengthen practice, and provides research and evaluation, management support/coaching to a wide range of organisations.

Sumanta Roy is a specialist researcher advocating for more informed policy and practice on violence against black, minoritised women and girls. Sumanta is currently the p/t head of research, evaluation and development at Imkaan specialising in social policy influencing research which is participatory and focuses on VAWG and equalities within a social justice framework. She has over 20 years of experience of delivering research, policy papers, evaluations, needs assessments and survivor consultations for national, local government, with academic bodies and specialist voluntary / community sector organisations at Imkaan and for other charitable organisations. She also runs workshops on ethical approaches to conducting research with black, minoritised women/communities. Sumanta is a co-author on *Reclaiming Voice.*

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