Between the Lines

Research Briefing
Service Responses to Black and Minority Ethnic (BME) Women and Girls Experiencing Sexual Violence
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This is the first exploratory study of service responses to black and minority ethnic (BME) women and girls experiencing sexual violence. The findings generated are a first step in addressing the knowledge gap, informing future directions in policy and practice, and providing a springboard for a more detailed research study planned for the future.

Background

Despite increased political attention given to the issue of sexual violence and a greater recognition of its impact on individual health and social wellbeing, there is an uneven knowledge base about how it affects some sections of society. To date, little research has been done on the experiences of sexual violence among BME women and girls, who are among the most disadvantaged in society. This makes it difficult to assess the nature of sexual violence experienced, its impact on women’s wellbeing, disclosure patterns and help-seeking, and the responses received from services by these groups.

Sexual violence\(^1\) remains among the most common yet under-reported\(^2\) and poorly prosecuted crimes in the UK. The criminal justice system’s (CJS) treatment of and response to survivors remains a key concern and various efforts are being made to improve rates of under-reporting, attrition, prosecution and conviction. Lobbying and research conducted by academics and key sexual violence support organisations, such as Rape Crisis England & Wales (RCEW), have drawn attention to the importance and value of specialist and dedicated support to survivors whilst also identifying significant gaps and threats to the sustainability of rape crisis services.\(^3\) A number of central government reviews, including the Stern Review (2010) on the handling of rape complaints\(^4\) and Sara Payne’s review of ‘victim’ experiences (2009), have also highlighted the need to improve the provision of support services for survivors beyond the CJS.\(^5\) The growing public policy awareness of the gaps in sexual violence services have led to the development of a centralised government funding stream, the Rape Support Fund. Sexual violence remains a key public policy concern, particularly in light of a series of high profile scandals and historic failures involving public figures and institutions, which has resulted in greater criticism and scrutiny of the role of public bodies and their responses to survivors of sexual violence.\(^6\) Undoubtedly, some positive steps have been taken to address policy and service gaps. However, whilst a number of government commitments have emerged within the context of international violence against women and girls (VAWG) policy,\(^7\) there has been little consideration of the specific barriers and experiences of BME women and girls within national and local policy frameworks, which would merit specific policy approaches and service responses\(^8\) to address any inequalities in access to specialist support in a UK context.

Research aims and method

Recognising the absence of research and policy gaps, this exploratory study, conducted by the Centre for the Study of Safety and Well-being, University of Warwick and Imkaan, aimed to:

- Generate an initial body of evidence about the extent to which BME women and girls are disclosing sexual violence and accessing support services
- Gather evidence on emerging barriers and gaps to accessing support

The research used a multi-method approach, and included: a national mapping survey with existing sexual violence services and a sample of specialist BME domestic violence services; in-depth interviews with 10 key professionals from different sectors with an expertise in sexual violence. The 38 respondents to the survey were from a range of organisations across the specialist sexual violence and BME domestic violence sectors. Those that responded are likely, already, to have considered ways of developing their services to respond to BME women and girls’ experiences of sexual violence. Consequently, this is likely to leave a significant number of organisations that have not, as yet, begun to do this work.
Key findings

Who is accessing sexual violence services?

- ‘Black’ (including Black African, Black Caribbean, Black Other, Black British, Mixed/Multi-ethnicity/Dual Heritage) and ‘Asian’ (including Asian/Asian British, Asian Other, Bangladeshi, Pakistani, Indian) were the largest ethnic groups using services (54.2% and 30.4% respectively).
- The age profile of BME women and girls mirrors that of all sexual violence cases, with those aged 25-34 years being the largest group, along with those aged 18-24 and 35-44 years.
- BME women and girls were most likely to self-refer to services or be referred by the police. They were most likely to access support for rape and sexual assault, sexual violence in marriage/relationship, or as an adult survivor of child sexual abuse. South Asian women were identified to be increasingly disclosing child sexual abuse.

Overall gaps remain but there is some promising practice.

Whilst organisations are recording ethnicity, there is inconsistency and gaps in the way ethnicity, and data on other protected characteristics, is monitored. This makes it difficult to build an accurate picture of disclosure and help-seeking by different groups of BME women and girls and is likely to disguise needs.

Two-thirds of organisations could only partly meet the needs of BME women and girls. Around a quarter said they can fully meet these needs.

Some measures had been developed by around three-quarters of organisations to improve responses to BME women and girls. These varied greatly. Organisations with BME specific services and those located in areas with high BME populations were more likely to consider ways of responding to diverse needs. When asked what had particularly worked in improving the access of and support to BME women and girls, organisations identified a number of ways of doing this.

- For a number, this was limited to the translation of leaflets, some interpreting, some staff training or links with BME groups.

- Others provided more concrete examples of promising practice e.g. equality working group; proactive staff recruitment; a specialist outreach service (increasingly not funded); on-going training; having strong links with local BME organisations; working at a community level through existing groups in perceived ‘safe’ locations.

Some promising practice was evident. Eight of the 21 independent sexual violence services had BME specific services which could provide an opportunity for learning across the sexual violence and VAWG sectors.

The findings indicate that specialist BME-led women’s organisations with an expertise in supporting BME women and girls require support to develop their responses to sexual violence, whilst organisations with expertise on sexual violence need to develop their knowledge and practice to respond to the needs of BME women and girls.

Gaps and barriers to accessing support

We haven’t come across any commissioners that understand issues affecting BME women. We have brought in leadership courses but the local authority only thinks about BME issues as ‘celebration events’, festivals and it’s only ever linked to Black History Month. (Rape Crisis service)

A barrier is VAWG funding, funders pushing certain agendas, certain packages, universality, all this marginalises BME women. (BME VAWG service)
BME women and sexual violence is not being thought about locally. And there is a narrow definition of what that might be. There is a lack of understanding about rape for instance – assumption that it’s ok ‘in that culture’. There is also a taboo around issues like childhood sexual abuse. (BME VAWG service)

Despite examples of promising practice, all respondents highlighted the gaps in existing service responses to BME women and girls experiencing sexual violence.

- The engagement of BME women with mainstream services was identified as a concern and services were viewed as generally inaccessible. Some of these services believed that BME women could access all existing services, betraying a lack of insight into the complex issues that prevent women from disclosing sexual violence and accessing support. Others strived to offer support but recognised that specialist services for BME women, locally and nationally, were currently not well developed.

- Many organisations perceived barriers to access for BME women and girls to be ‘internal’ to women and their communities, citing issues such as cultural taboos, stigma, and language. A small number acknowledged ‘external’ barriers of racism, inaccessible or lack of services and inadequate knowledge among services and staff.

- The range of sexual violence in BME women’s lives was thought to be hidden and only responded to by those that had thought about their needs, including BME specialist domestic violence services, which identified the need for support and training to further develop expertise in responding to sexual violence.

- Services for BME women and girls experiencing sexual violence were seen to be extremely limited with none reported in many areas. Despite a VAWG policy agenda, most provision was considered to still focus on domestic violence or incorrectly assumed that the two issues can be responded to in the same way with the same tools and expertise.

- The lack of understanding by policy makers, funders and commissioners about the risks and vulnerabilities likely to be present in BME women and girls’ lives was of special concern. Commissioners were considered to be less aware of the range of VAWG, including sexual violence, and its particular implications for BME survivors, resulting in an underdevelopment of policy and practice. Gaps in the way in which equalities impact assessments are conducted were also identified.

- A number of organisations had made efforts to develop specific initiatives to address gaps including, for example, attempts to establish independent BME women-only services and/or collaboration with local BME women’s organisations. Yet, the majority spoke about the lack of locally available services, gaps in funding, and capacity issues as hampering opportunities for service development, whether this was for ensuring the availability of interpreters, developing dedicated BME only spaces and/or accessing resources to improve opportunities for partnership work. The ‘austerity’ cuts to equalities based projects were also identified as a significant challenge for existing service providers.

- Concerns remain about poor responses from statutory agencies, such as the police, health and social services, which were seen, too often, to be driven by personal beliefs and assumptions, which led to ‘victim’ blaming rather than support and protection. Young women and women under immigration/asylum control were considered more likely to encounter victim-blaming attitudes. The continuing tendency for some agencies to categorise survivors within a binary of innocent or blameworthy, for example, was viewed as a problem, which resulted in a ‘hierarchy of victims’, increasing the likelihood of discriminatory responses.
Suggestions for improving service responses

We have a one-size-fits all approach to services. The understanding of BME women has broadly been collapsed. BME women are also middle class, professionals, so what does this mean for sexual violence? The conversation needs to be moved on beyond poverty, immigration. How do we keep the issue of language, how to have a service that is inclusive for all? How do we work with lesbians and transgender? This is a gap…not thought about nuances of the fourth/ fifth generation which needs affirmation, a service for dual heritage women… (Rape Crisis service)

There needs to be both so women have a choice as we are always going to see women that will want to access a specialist BME service and therefore I think it’s really important that BME women’s services are able to respond to sexual violence. But I also think that there will always be women that will prefer to access mainstream services as well so they should get an appropriate response within a mainstream (sexual violence) service. (Policy maker)

We know that when young women experience sexual violence perpetrated by their peers there is a large amount of confusion as to what this is called - sexual bullying, domestic violence, child sexual exploitation, serious youth violence, harmful sexual behaviour etc. We still need to work out how to move from a siloed approach to one which addresses the needs of young people affected by violence/abuse. (Specialist young people’s project)

A number of suggestions for improving support were made by respondents.

- Survivor choice in the type of service response was emphasised as a critical factor. Interviewees strongly felt that work should be conducted to increase BME women and girls’ access to specialist sexual violence support through independent sexual violence services and dedicated BME women-led VAWG provision.

- The route to strengthening current responses was seen to require a greater recognition and commitment to these issues by national and local policymakers to support the development and sustainability of specialist sexual violence and BME women-led services.

- The need for more active and meaningful partnerships between specialist sexual violence and BME women-led VAWG/DV providers was emphasised.

- The need for more interrogation of BME women’s experiences and for all organisations to scrutinise their assumptions and practice to counteract a ‘one-size-fits all’ approach to service delivery was underlined. This includes the homogenous understanding of BME women and girl’s needs, frequently linked to narratives of poverty and immigration, and which can disguise complexity of need and experiences in other areas. For some, a lack of understanding about BME women’s experiences stemmed from an excessive focus on ‘culture’, seen to view sexual violence as ‘normal’ in those communities.

- Responses to young women experiencing sexual violence were thought to require greater development. This includes policymakers and frontline professionals within the statutory and voluntary women’s sectors strengthening partnerships to develop responses to address the contexts within which young women experience sexual violence and which also offer direct practical and emotional support.
Greater resourcing of ‘community-based’ and ‘located’ initiatives to work with women and girls was emphasised given a historical lack of dialogue and work on sexual violence at a grassroots level across a number of diverse communities.

Overall, the research identifies a number of gaps and some promising practice which provide opportunities for improving protection and support for BME women and girls and makes the following key recommendations.

Recommendations

- **SPECIALIST**
  Identify and assess potential gaps and barriers for BME women and girls accessing their services.

- **GRASSROOTS**
  Strengthening engagement and partnership work with local grassroots organisations would help to improve BME women and girls access to specialist advice and support.

- **LOCAL**
  Improve understanding and awareness of the context within which BME women and girls experience sexual violence and face barriers to accessing support services.

- **KNOWLEDGE**
  Agencies with a responsibility for addressing sexual violence should be appropriately trained as part of on-going professional development.

- **NATIONAL**
  Capturing the whole range of women and girls experiences of sexual violence, as part of a continuum of violence across different equality strands.

BME women and girls experiences of sexual violence should be a mandatory consideration within existing cross-governmental department strategies and action plans which seek to respond to and improve pathways to long-term care and support following rape and other forms of sexual violence.

**National partners:** Department of Health, Ministers, Public Health England, NHS commissioning board, Ministry of Justice (MOJ); Home Office, DFEE, CPS, Police

- Acknowledge that many BME women and girls in the UK experience sexual violence, which is both similar and different to their non-BME counterparts. This requires capturing the whole range of women and girls experiences of sexual violence, as part of a continuum of violence across different equality strands, rather than individual and specific categories of violence which can lead to under-identification of sexual violence, siloed and fragmented service responses.

- Ensure that there is adequate guidance and investment (nationally and locally) to assist local areas to develop robust and integrated service responses to BME women and girls.

- Data should be disaggregated on the basis of gender, race and all protected equality characteristics to measure performance and influence service responses e.g. NHS public health outcomes data and indicators on sexual violence, CPS data on prosecutions.
Commissioners and policymakers should work with local partners to improve their understanding and awareness of the context within which BME women and girls experience sexual violence and face barriers to accessing support services.

Local partners: specialist sexual violence and BME women’s organisations, clinical commissioning groups, health and wellbeing boards, PCCs, local Healthwatch, organisations with a specialism on working with particular equality groups e.g. young women, police and other CJS partners, schools and further education

- Identify and develop collaborative working relationships with sexual violence and BME VAWG specialist organisations.

- Work with local partners and experts on sexual violence/equalities issues to conduct a local needs assessment/audit of local service provision to identify policy and service gaps as part of producing a joint strategic needs assessment (JSNA).

- Use the information to inform local strategies to ensure that services are reflective and responsive to local need. This should and could include developing the capacity and sustainability of specialist sexual violence and BME VAWG organisations to develop appropriate service responses.

Mainstream sexual violence specialist organisations should identify and assess gaps and barriers for BME women and girls accessing their services.

Specialist partners: Independent specialist sexual violence organisations, BME women’s VAWG organisations, organisations with a specific approach to working with young women

- Develop and review robust systems of ethnic monitoring which simultaneously measure and monitor performance across all strands of equality.

- Undertake an annual equalities audit to capture data on take up of current services in order to inform strategic planning and practice.

- Develop active, meaningful partnership links with local BME VAWG organisations to develop expertise and identify sustainable opportunities for joint work on improving pathways to care and support.

- Greater collaboration and dialogue across different sectors, e.g. agencies working with children and young people, to identify opportunities for improving support to young women affected by sexual violence.

Agencies with a responsibility for addressing sexual violence should be appropriately trained as part of on-going professional development.

Statutory and voluntary sector agencies

- Training should be developed which provides a nuanced understanding of BME women and girl’s social location and issues that have an impact across the different equality strands in the context of sexual violence. This should be developed and delivered in partnership with local/national BME-led partners and experts.

- Training should be targeted at both statutory agencies and mainstream specialist sexual violence organisations. BME women’s DV/VAWG organisations should ensure all staff are trained on sexual violence and about the specific issues that impact on new and emerging BME groups.

- RCEW should use the key messages of this research to inform all work with its members, including improving the consistency and quality of service responses to
BME survivors and identifying existing promising practice by using and reviewing tools such as the Rape Crisis National Service Standards, to drive on-going improvements.

Strengthening engagement and partnership work with local grassroots organisations would help to improve BME women and girls access to specialist advice and support.

- Developing the capacity of BME women-centred community-based organisations, with a feminist-intersectional analysis, to provide spaces for accessing specialist support is an avenue for doing this work.

- Models of work should be developed and delivered in partnership with BME VAWG and specialist sexual violence organisations and require investment and support from funders and commissioners.

We are seeking funding for Phase two of this research to improve service responses to BME women and girls from interested funders and commissioners. If you are interested in discussing this further you can contact sumanta@imkaan.org.uk or R.K.Thiara@warwick.ac.uk

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ENDNOTES

1 While different definitions of sexual violence exist, perpetrators may include strangers, intimate partners, family members, friends and peers or other acquaintances, such as through community or online networks. In relation to 2011/12, 53,700 sexual offences were recorded by the police in England and Wales, of which the most serious sexual offences of ‘rape’ and ‘sexual assault’ accounted for 71 per cent. Only around an estimated 15% of women who have been raped or sexually assaulted report it to the police and only 6.8% of all rape cases end in a conviction (Ministry of Justice, Home Office and ONS, 2013, An Overview of Sexual Offending in England and Wales: Statistics Bulletin, January).

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3 See End Violence Against Women Coalition and Equality and Human Rights Commission Map of Gaps (2009), which revealed a stark picture of Rape Crisis provision in Britain. Nearly 9 out of 10 (87.7%) local authorities in Britain did not have a Rape Crisis Centre, leaving a significant number of women who have experienced sexual violence without essential care and support. See http://www.rapecrisis.org.uk/news_show.php?id=51

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6 The Government set up a National Group to tackle Sexual Violence Against Children and Vulnerable People and a National Independent Enquiry was announced on July 7th 2014 to consider the role of public bodies and other non-state institutions in protecting children from sexual abuse.
