

**Breaking down barriers: Recommendations for improving sexual abuse reporting rates
in British South Asian communities**

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Abstract

Sexual abuse reporting rates, which are low in general, are thought to be even worse for those living within British South Asian communities. After brief consideration of why British South Asian women and children do not report sexual abuse, this article focuses on the working practices of the non-governmental agencies that support such women. It reflects on existing legislation and policy and makes several key recommendations with reference to how this, along with practice, should change. The findings indicate an urgent need for a national training programme; the implementation of mandatory healthy relationship programmes; enhanced community involvement; outreach work; and the creation of victim groups and mentor schemes.

Keywords: sexual abuse reporting; British South Asian victims, educational programmes; community involvement

Introduction

For the year ending March 2016 (Office for National Statistics (ONS) 2016), the Crime Survey for England and Wales (CSEW) estimated 645,000 adults aged 16-59 were victims of sexual

abuse. While this figure is already unacceptably high, the full extent of sexual abuse is likely to be far greater as CSEW's figures exclude all child sexual abuse. Over that same period, only 106,378 (ONS, 2016) sexual crimes were reported to the police. Despite recent year-on-year increases in police reporting rates, including a 36% rise in 2014/15 (ONS, 2015) and a 21% rise in 2015/16 (ONS, 2016), the latest figures show just 16% of all estimated sexual crime is actually reported. Thus, it is clear that sexual crime remains significantly under-reported.

The reasons why people fail to report sexual abuse are both numerous and complex. They include embarrassment, thinking the police will do little to help, believing that the incident was 'too trivial or not worth reporting' and seeing the offence as a 'private/family matter and not police business' (Ministry of Justice, Home Office and the Office for National Statistics, 2013, p. 6). With specific reference to rape reporting, Hohl and Stanko (2015) cite the following reasons for non-reporting: a lack of trust in criminal justice agencies; concern over not being taken seriously or being believed; and, fear of "feeling 'raped all over again' by the way the police question both the victim and their account" (Hohl and Stanko, 2015: 327). The Stern Report (Stern, 2010) and scholars such as Brown (2011) and Myhill and Allen (2002) have documented similar findings. Such barriers transcend but can also be compounded by gender, age and ethnicity. It is also worth noting that it is not uncommon for women to delay in their reporting of sexual abuse (Adler, 1987; Ellison, 2005) and that, as Tromp, et al (1995) found, traumatic events such as rape impair rather than enhance the performance of memory. Furthermore, not all victims find it necessary to report sexual abuse to the police in order to move on. As mentioned above, some may feel the criminal justice system will re-victimise them, with others believing that they will receive better support from counselling and other support services.

While the above studies have looked at general factors which explain the gap between actual and reported crime, less attention has been given to understanding why women and children from South Asian communities do not disclose sexual abuse. Although McVeigh (2015) and Razack (2003) claim that sexual violence against women living in Britain's South Asian communities is a growing problem, the number of reported sexual violence cases there are also comparatively low. By way of explanation, Gill (2010) suggests women in South Asian communities face numerous barriers to reporting sexual violence. These include being denied access to reporting structures, lack of reporting mechanisms, and ignorance of resources available to them. Furthermore, Bispasha, Reavey and Majumdar (2009) suggest the lack of resources available to identify and help victims of sexual abuse in these communities' presents yet another barrier to providing help. Moreover Gilligan and Akhtar (2006) found that reporting rates for child sexual abuse in Bradford's South Asian community were low and that more professionals working with South Asian children needed to respond with "culturally competent practice" and policies (Gilligan and Akhtar, 2006: 1374). Similar studies concerning domestic violence in British South Asian communities include Thiara and Gill (2010), Reavey, Ahmed and Majumdar (2006) and Izzidien (2008) which underlined the need for "a more targeted and culturally-appropriate approach" (Izzidien, 2008: 1).

Drawing from the experience of non-governmental agencies (NGOs) that specialise in sexual abuse crimes, this study, therefore, seeks to explore the factors that contribute to low British South Asian sexual abuse reporting rates, particularly where 'honour' influences disclosure and help-seeking. The current article draws on empirical data originally collected for a larger study which set out to discover why British South Asian victims do not report sexual abuse and to evaluate what more could be done to encourage increased reporting. This article briefly reconsiders why British South Asian women and children do not report sexual abuse, before

focusing its main attention on the working practices of NGOs. Additionally, it considers existing legislation and policy on sexual abuse and makes several key recommendations with reference to how practice and policy should change. The research behind it is significant, as it documents the “culturally competent practice” called for by Gilligan and Akhtar (2006). Moreover, our findings suggest key changes need to be made in order to increase protection for British South Asian women and children. If sexual abuse in British South Asian communities is to be eradicated rather than covered up, it is important to (i) identify ways to help victims overcome barriers and (ii) to understand what providers need to be equipped with when supporting this population. The purpose of this research is, therefore, to identify these factors and to present findings and recommendations that can improve the likelihood that reporting will occur.

Methodology

The project took a mixed methodology approach using focus groups and semi-structured interviews. Information was also gathered through informal conversations and a best practice conference at the University of Hull, held at the conclusion of the study. To gather as many general viewpoints as possible, we began the research by holding four focus groups with women living in British South Asian communities and in this way spoke to 85 women. Two were held in the Midlands, one in the North of England, and one in the South. Focus groups were chosen as it was thought they would not discriminate against those who could not speak English and we believed they would also encourage participation from women who would have been reluctant to be interviewed on their own or who may have felt they did not have anything relevant to say (Kitzinger 1995). These were pre-existing groups of women who already met regularly, and who had agreed to speak, rather than groups established by us. Two of the four

were community based: one a knitting group which met in a local library and the other a women's group which met for weekly coffee mornings. The other two groups were formulated by the NGOs to offer women additional social and peer support. The NGOs arranged all of the focus group meetings. Not everybody in each group spoke. However, given the subject matter's extreme sensitivity, this was understandable and perhaps to be expected. The sensitivity of the topic also justified the use of larger-than-normal group sizes. Participants were not asked to identify whether they themselves had been victims of sexual abuse, although, through listening to their responses, it was clear that indeed several had been. At the midway stage of the research, we also held two focus groups with imams (religious administrators of mosques) and other community representatives. One meeting took place in the North of England and the other in the greater Midlands area.

In addition to gathering opinions through the focus groups, we also interviewed 13 British South Asian victims of sexual abuse (some of whom had experienced historical abuse when children), 13 professionals from NGOs working with such victims, and 13 other professionals from either criminal justice agencies or government departments. These included: nine police officers from four police areas, all of which had relatively high South Asian populations; one Chief Prosecutor; one high ranking civil servant, who had responsibility for protecting vulnerable adults and children; a local policy officer; and a policy lead in national government. We did not include local authority children's services, rape crisis or sexual assault centres and acknowledge that this is a limitation of the study.

All focus groups and interviews were recorded with the express permission of the participants. Expert language technicians provided translation of data that were not in English. The recordings were transcribed verbatim; the data were imported into NVivo 10 and coded into

nodes and then sub-nodes to allow themes to emerge. For the purpose of the research, ‘South Asian’ was used to refer to (i) people born in the Asian sub-continent (i.e. India, Pakistan, and Bangladesh), and (ii) people of South Asian heritage born in Britain. To acknowledge that these groupings belong to the British community while still being connected to their original and historic roots, the phrase ‘British South Asian’ is used throughout. ‘Sexual abuse’ is used to refer to any unwanted sexual interaction between an individual and a person or group and encompasses rape, marital abuse, and sexual harassment. Rape is non-consensual sexual intercourse; marital abuse includes physical, sexual, financial, and/or emotional mistreatment; and, sexual harassment is any inappropriate verbal or physical interaction in any social context (Sexual Offences Act, 2003). Data collection for the project took place between May 2013 and June 2015ⁱ.

Barriers to reporting sexual abuse

Before considering how barriers to reporting can be broken down, it may be prudent to briefly consider the factors discouraging sexual abuse reporting in British South Asian communities. These have been considered in more detail elsewhere (Gill and Harrison, 2016). The full range are multi-dimensional and exist in all communities across the globe. As previously mentioned, however, this article will focus on the experiences of women and children who have failed to report sexual abuse while living in British South Asian communities. While acknowledging that not all the factors gleaned from conversations with British South Asian women and a number of victims of sexual abuse are exclusive to this community, the barriers they mentioned included: language; honour and consequential shame, including repercussions and

consequences; physical infrastructure; modesty; not realising that it was sexual abuse; and, fear of not being believed.

Of these, the most influential barrier for many British South Asian women was honour and consequential shame. Numerous women and girls living in these communities bear the responsibility for the honour of their families. As Abraham (1999) explains, South Asian culture assigns a higher value to purity than some Western cultures, as represented in the expectation that women will remain virgins until marriage. If virginity is lost, even through sexual violence, the woman will encounter loss of family honour, along with shame, stigma, public ostracism and, in some cases, forced marriage and honour-based violence (HBV). Virginity is, therefore, one of the ways in which a potential husband measures the honour of the woman's family and kin (Abraham 1999).

Once honour is lost, it can never be repaired. This concept was explained by one criminal justice professional, who likened it to a white silk scarf being dropped in mud. Even if it is washed, the scarf will never be the same again. Another analogy, given by a charity worker, was that honour is like a mirror: "Once it's broken, it can't be fixed". Shame, the corollary of honour, was explained by this worker as rippling out from women "to their family, to their siblings, in a way that it doesn't within other communities". Another NGO representative stated:

They think it's not going to be just the family they have to deal with but the whole community, and they'll feel repercussions from [that]. A lot of times . . . the male doesn't take on any blame or any responsibility for their actions. It's always the female who is blamed for whatever happens.

Ignorance of what sexual abuse is was another barrier alluded to by many women in the focus groups, particularly a lack of knowledge surrounding marital rape (also see Reavey, Ahmed and Majumdar 2006). When some British South Asian women were informed of the rape laws in England and Wales, including the recognition that a husband can rape a wife, many were shocked. As the law on marital rape changed in the early 1990s, the reason why this information has not permeated through to this community is unclear, although the influence of religion and religious leaders may arguably go some way towards explaining this failure. Indeed, when we spoke to religious leaders and community representatives in the North of England focus group, they showed no understanding that marital rape was an offence. According to one woman: “In the Muslim community, the women are told: ‘If your husband wants to have marital relations with you, you shouldn’t deny him’ . . . They aren’t told that you can say no”. Another believed many women construed rape as unwanted sexual intercourse with a brother-in-law or a father-in-law, but not a husband.

Physical location could also be a barrier to accessing support. For example, although one charitable NGO had gained the trust of one woman and reached out to her in the community, when they made an appointment for her to come to their office, she said she could not go, because one of her male relatives lived close by and would tell the rest of the family what she was doing. Charity workers also told us that many women were restricted in terms of the buildings they were allowed to frequent; these restrictions presented a major barrier for those wanting to access services. Where support is located is, therefore, a key factor in terms of whether a woman feels comfortable taking that first important step in changing her future and making herself, and possibly also her children, safe.

Breaking down barriers

To construct a picture of the current support available for sexually abused British South Asian women and children, we approached 30 NGOs. Not all, however, agreed to participate in this project: some were carrying out their own research; others felt they had already participated in similar projects with little benefit to themselves; and, some did not reply. Thirteen did finally agree to be interviewed and contributed significant amounts of their time, for which we are grateful. In almost every interview and encounter, we saw evidence of good practice in terms of breaking down the barriers inhibiting sexually abused women from seeking help. Unfortunately, however, much of this best practice was offered on a localised basis and very little of it appeared to be shared, even with regional counterparts. While, on the face of it, this reluctance to share may seem unhelpful, it is, unfortunately, perhaps understandable, given that NGOs often have to compete against each other for limited funding.

Based on these meetings we outline a number of initiatives that are currently, or have until very recently been, in place in England and Wales. These cover four themes:

1. awareness raising and building up trust
2. physical infrastructure and making services accessible
3. innovative ways in which support is offered
4. preventative projects.

These initiatives have all – in their own way – contributed to making women and children in British South Asian communities safer.

Awareness raising and building up trust

Two important ways in which to protect more British South Asian women and children from sexual abuse are: (i) to inform them about what it is; and, (ii) to raise their awareness of the support services available and how they can access them. As already noted, some of the British South Asian women in this research were unaware of the current legal definition of sexual abuse and many believed a husband could not rape his wife. Given that some religious leaders also shared this view, these women's ignorance and misunderstandings are unsurprising. Raising awareness about what constitutes sexual violence and what forms of support and protection are available is, therefore, paramount.

Community outreach projects offer one particular avenue through which to reach women. One of the first charities which we interviewed (located in the Midlands) was relatively large, with 24 paid staff and approximately 20 volunteers. Like us, they had long recognised that reporting rates for sexual abuse in British South Asian communities were generally lower than expected and so the NGO decided to take urgent action to support this ethnic group. That provision, however, needed to acknowledge the barriers faced by women and children from this community, including physical infrastructure, and so it necessitated an active change of approach from the NGO. As the deputy manager of the centre explained: "It's not about them being hard to reach. It's us being hard to reach and we needed to change this". In attempting to remedy this problem, the charity employed a South Asian outreach worker who has since 2008 attached herself to a number of 'safe' community groups. These were pre-existing groups: some large, some small; some made up of Indian and Pakistani women; some with only Bangladeshi women; and, some containing a mixture of South Asian and other ethnic minority groups. Examples include a knitting group in a local library, a women's group in a church hall, a music group, and a coffee morning.

Many of the women in these groups meet there because they are isolated at home and, importantly, are 'allowed' to attend on the basis of it just being "coffee" or "a bunch of women knitting". Furthermore, one NGO representative mentioned that some of these women "talked about [how] they're timed [in terms of] how long they're out so they can only access one thing . . . So it's about going to locations where we know women gather in numbers". Accessing women in such venues means the charity can educate and support women without exposing them to stigma, gossip, and negative consequences.

The outreach worker said the main aim of attaching herself to these groups is to enable her to initiate conversations about sexual abuse. Trust and rapport are built before introducing, at a suitable pace for the particular group, discussions focused on sexual violence and the barriers to discussing such topics. These discussions often begin with an examination of grooming and exploitation. The outreach worker explained that when she starts the session, the reaction from the women is usually: "Oh no, it's not happening in our community". However, she is able to give examples where it has happened and will then ask: "What is your opinion on that? What do you say?" The group will then start to discuss the issues, building up trust and confidence, with the women often wanting the outreach worker to return and continue with the discussions.

The outreach worker explained that, in British South Asian communities, "sexual violence is linked so closely in people's minds to sexual activity"; consequently, many women think that they cannot talk about sexual violence because "it could equal sexual promiscuity or loose morals or values". However, through these 'safe' groups, women are being given a forum in which they can freely talk about sexual violence and have it separated from these inhibitors. On one such occasion, the outreach worker had three disclosures. In another setting, where the

group was made up of predominantly older Bangladeshi women, members started to reveal the sexual violence they had experienced within their own marriages. When the outreach worker informed them that marital rape was illegal in England and Wales:

Out of ten [women], eight disclosed their marital sexual abuse . . . when I told them this is the law here [and] that without consent your husband cannot have sex, that is counted as rape, . . . One woman was really shouting out loud and said: “I’m telling my husband”.

Another important outcome from this work is that the groups often disseminated such discussions back into their community. For example, the group where three disclosures occurred contained 50 women aged from 20 to 70. It included mothers, grandmothers, daughters, sisters, cousins, and aunts who could spread the message to other community members. However, perhaps one of the failings of this work, as the deputy manager of the NGO openly acknowledged, is that “it’s not going to the men and the men need to be educated in what is and isn’t acceptable, in addition to women realising that what’s happened to them is not acceptable”.

The outreach worker told us that she is a full member of the groups she attends, rather than simply a visiting professional. While she may not be there every week, she is a regular participant and the women know how to contact her: “Whatever activities they do, I do with them and they don’t feel like I am an outsider or I am professional, so they know they can trust me”. Professionals consider this level of confidence and continued participation important, especially once a woman has disclosed. It can, therefore, be counterproductive to have women disclose in an awareness-raising session, and then simply leave them with a pile of business

cards and information leaflets. Any disclosure of sexual violence should be taken seriously, with further support offered and followed up. As the outreach worker explained, “it’s a bit like toothpaste: once it’s out of the tube you can’t get it back in” and “[it is] our responsibility to ensure these women are given all [the] necessary follow-up support”.

In its first 18 months of operation, the aforementioned NGO saw a 24% rise in women from minority ethnic communities accessing their counselling and a 72% rise in those accessing their rape crisis services. In 2015, the NGO was actively working with eight community groups and through these had access to over 360 women. Between 2014 and 2015, it received 86 disclosures of sexual abuse, although only 5 received further individual support. To help remedy this shortcoming, the charity has since set up a number of neutral/safe venues in the community so that women can meet trained counsellors and support workers without having to access the NGO’s offices. These venues include children’s centres and a Sikh temple. At the time of the interview, eight women, whom the outreach worker firmly believed would not otherwise be accessing their help, were receiving this form of one-to-one support.

The charity has also been active in organising community debates. One such debate centred on ‘Nirbhaya’, a 23-year-old woman who died after being brutally assaulted and gang-raped on a bus in New Delhi, India in December 2012. The debate was advertised in only one library but drew an over-capacity crowd of approximately 55 women and, importantly, men. The outreach worker explained how heartening it was to see men and women challenge the notion that the victim was responsible for being raped. Sexual abuse is still very much a taboo subject in British South Asian communities; nevertheless, experience has shown that many people are now more willing to talk about it. Projects like these, which challenge beliefs in a safe way, help change attitudes and make women and children safer.

Further outreach work has been carried out within Sikh and Hindu temples, Muslim schools, and mosques to raise awareness about sexual exploitation, grooming, and sexual abuse. One of the biggest achievements from these projects is that community and faith leaders actually request these sessions, rather than the charity trying to infiltrate the groups. Some of the NGOs in this study believed that many of these leaders may involve charities only out of a sense of obligation and an awareness that they should be taking such issues seriously. Nevertheless, it is important that such work is undertaken in such influential locations, because discussions in these locations are generally successful, both in terms of (i) people engaging with the subject matter and it being disseminated widely into the community, and (ii) disclosures. Outreach work can also lead women to ask for further information regarding the provision offered by the charity and the availability of other community services, and result in the creation of community mentors and supporters. These are individuals trained by the charity who can then raise awareness of sexual abuse within the community.

The charity we spoke to also found peer support and peer mentoring to be an authoritative way of working with British South Asian women, as discussing the obstacles to reporting sexual abuse with people who understand the relevant barriers and fears is a “powerful way of breaking down stigma and isolation [which] facilitates disclosures and counterbalances those feelings of guilt and shame”. This knowledge means the way in which services are provided, particularly to British South Asian women, has changed over the years. Now, the focus has shifted from going into the community to bring women into the charity’s offices to providing relevant services within that community: “Outreach is no longer an add-on to our existing services; it is now one of our core ways of working”. The deputy manager explained why the charity engaged in so much community/outreach work:

We feel that there is a responsibility for sexual violence services to work in communities alongside groups in communities to help take away the stigma of sexual violence, to help address embedded victim blaming attitudes, and to have a shared responsibility to effecting change.

A further awareness raising initiative, undertaken by another NGO in the Midlands, involved working with young people aged between 16 and 25. Here, the charity offered one-off sessions and/or more detailed programmes lasting six-eight weeks, often conducting such work in local schools, colleges, and universities. The full programme looked at issues relating to domestic violence, forced marriage, sexual exploitation, rape, and sexual violence in depth. Much of this discussion focused on healthy relationships, as one tutor explained:

. . . We try and allow the young people to recognise what is a healthy relationship, what is domestic violence [and] try and identify the acts and behaviours that make up domestic violence. We do lots of discussion based work as well, looking at barriers that young women face when trying to leave relationships. We try and give young women confidence around supporting each other and not being judgemental, knowing where local agencies are [and] trying to access support for them.

This NGO facilitated group sessions containing a maximum of 30 students. Interestingly, the majority of these sessions were mixed, although the NGO reported that a few schools asked for them to be delivered to female students only. When delivering the full programme, the tutors often began with a questionnaire to gauge the group's current thinking. Questions such as: "Do you think it's okay to hit a woman?" or "Is it easy to leave an abusive relationship?" were

asked. The tutors reported that initial answers to both questions were often affirmative, but when the questionnaire was administered again at the end of the course, they often saw a “massive change in attitudes”. For example, in relation to the second question, one said:

We go through the barriers that young women face around leaving an abusive relationship. They’ll be like “actually no, it’s really difficult” and able to name acts and behaviours around domestic violence. Because young people often say it’s physical or its verbal but they don’t know what the emotion is. They don’t know how to break it down. If we’re helping them to name some of these behaviours, if they experience them, then they’re able to talk about it and know this is abuse because we’ve helped them look at what it actually is rather than just naming, you know, types of abuse.

These interactive sessions used a variety of teaching methods, including the Spiralling toolkit and DVD (available at <https://vimeo.com/63750726>). This short film portrays the relationship between two young people. While ‘Nathan’ is initially shown positively, the film quickly shows his increasing controlling of ‘Lucy’ and a rape. After watching the video, the class would be asked to discuss what they had seen, with the discussion covering issues around domestic violence, control, sexual abuse and, importantly, the concept of consent. The workers explained they could see that, through watching the film, some girls would begin to realise that they themselves were actually in abusive relationships.

The charity had previously worked with primary school age children and reported that this was “lovely” because, often, when conducting a session in a secondary school years later, they would encounter the same pupils who would remember their names and, crucially, the issues

they had previously discussed. The tutors argued that this scenario was the best one because it indicated that their message was not just being received as a one-off. They stressed the importance of consistency and continually working with children and young people as they grew and matured. They explained that some Scandinavian countries also follow this practice (see Bartz 2007):

They start with children very young on sex education and it's done every single year in an age-appropriate way. And there's (sic) far less teenage pregnancies and things like that. You know, I think young people there are far more able to say no, so they understand what consent is and things like that. And consent is another huge thing [in] not understanding what sexual abuse really is and whether you've given consent.

This type of practice, which we argue needs to be used with *all* children and young people in England and Wales, will be examined in more detail in the recommendations section.

Physical infrastructure and making services accessible

Even when a woman realises she has been sexually abused and knows where to access support, physical infrastructure, as mentioned above, can still pose a barrier. Another charity we spoke to in the North West had found a solution to this problem. The NGO in question, although a women's centre, also worked with boys under the age of 12. Within the centre, the charity ran a number of 'safe' groups for women and children, including a youth forum; an after-school club; health-related projects, including cooking courses; sports; and, other recreational activities. It was also affiliated with a local college for ESOL (English for Speakers of Other Languages) lessons. Being a women's centre meant that men and community leaders viewed

this location as a safe, non-threatening environment where women are ‘allowed’ to participate, as “its women only”.

Attendance at this particular centre was even encouraged by some men and, unlike many of the other NGOs visited in this study, it was centrally located in the British South Asian community. Its success, in terms of supporting women and children, however, was thought to be due to the fact that the men “don’t really know what goes on after the woman comes into this building”. The workers found that, although a woman might possibly come to the centre to access an ESOL class or knitting group, the centre provided a place where mutual trust could be built. There, discussions could turn to the woman’s own family and personal matters, and because every worker in the centre knew about the full range of services available, this information would be passed on to the woman. While her husband believed she was simply attending a class, she could be seeing one of the counsellors. As one worker explained:

We have different activities every term. Depending on the need and what the demand is, we’ll change the activity. But then, underlying those, always, we do mention to the women that come that we don’t just do training: that there are other activities and other support that you can get from the centre . . . Lots of things come out once a woman starts to talk about issues . . . They may visit us ten or twenty times before you actually come to the actual truth of what it is that they need support with.

The centre manager was also keen to explain the “uniqueness” of the organisation in terms of how it dealt with the women who came through its doors. The manager said that if a woman came to access housing advice, they would “delve: ‘Well why do you need to be rehoused? What’s going on?’” By working with women in this way, they found they would often expose

what was going on at home more fully. The centre felt this approach helped them support women and children affected by domestic and sexual violence.

Other activities included a play scheme for 5 to 12-year-olds. A trained counsellor talked to the 8 to 12-year-olds about relationship building, home life, and how the centre could support them in these areas. Interestingly, activities such as sport and making animations and cartoons sparked discussion. Importantly, as mentioned above, the centre worked with both girls and boys. Our study also examined a girls-only youth club. Here, the girls were encouraged to take part in a number of sporting and practical activities, but the project worker also held discussions on domestic violence, sexual health, child sexual exploitation, and healthy relationships. Girls aged between 12 and 13 encountered conversations about forced and arranged marriages, and female genital mutilation (FGM), which led to the creating of a Mothers and Daughters Club, where arranged marriages and healthy relationships were discussed in an intergenerational forum. The club lasted for a full year and included meals out and exercises to encourage stronger bonds between mothers and daughters.

Strong mother/daughter bonds are essential, especially as women in the focus groups told us that it was often the elder women and mothers in the community who were stopping girls from disclosing abuse. While many reasons lie behind this behaviour, mothers generally advised their daughters that sexual abuse was a private matter that should stay in the home. One woman argued that women were a greater barrier to reporting than men. Another explained that if a girl was sexually abused, it suggested that her mother had not taught her properly, that she had not made her understand about life, and so it was the mother's fault that the girl had gone off with boys or men. Disclosing sexual abuse, therefore, led to criticism from the community about a women's mothering skills, something which women generally wanted to avoid.

Consequently, fear of community gossip and judgement was prioritised over child protection.

As one counsellor stated:

If you've disclosed to your mother that you've been abused by whoever, it's "Don't disclose that' cause then you won't have any marriage proposals. And you'll be left on the shelf and you'll be the tainted girl" and, you know, they won't look at it that it wasn't your fault, [they'll be] like: "Oh, you must have been the bad girl; you've encouraged the man", you know? So it's "Stay quiet; don't expose or disclose anything".

Changing attitudes among women is, therefore, imperative. Indeed, a key finding of this research is the fact that women often inhibit younger members of the community from reporting sexual abuse. Other projects for older women have focused on healthy living, including going to the gym, taking walks and talking about issues such as dementia. The worker explained that in such discussions women "started to talk about relationships, about domestic violence, why they feel stressed, why they feel anxiety" and they would explain what the centre could do to help. The NGO reported that, through such projects, they had seen a rise in referrals to sheltered and supported accommodation.

Education was, therefore, one of the centre's fundamental roles. As the centre manager explained:

It's our responsibility as workers, as part of the community and members of this society, to educate the women and expose them to what is out there; not to keep them cocooned.

It's to say that, 'Shit happens', you know, so to speak, and this is what is out there; these are your rights.

In this centre, education and awareness-raising begins at the age of eight and, for girls, lasts a lifetime. This practice is exactly what is needed if we are to change the current non-reporting situation.

Another method of making services accessible in the North was a drop-in centre housing a number of different agencies under the same roof. In this particular centre, there was a doctor's surgery, domestic abuse worker, library, nursery, children's worker and internet cafe. The main aim of having so many services under one roof was to facilitate closer working practices between agencies. However, more generally, this type of centre also allows someone to say they are using, for example, the library, when in fact they are also accessing other services. Considering the confirmation in our research that physical infrastructure and location of support is paramount in protecting women, this is another example of best practice.

Innovative ways in which support is offered

The creation of survivor networks is another interesting way of working with women who have suffered sexual abuse. We encountered this practice in a relatively small charity based in the North East of England. By late 2014, this project, which brought together a number of victims who were already accessing support services, had been running for only a few months. The charity's original intention had been that the women would introduce themselves in the first session and discuss what they would like the group to cover in the future; however, that plan developed further:

We started introducing and they just opened up. It turned into, like, quite empowering for them. I think it was nice for them to see: “Oh my God, I’m not the only one going through this”. They were able to meet people that were on different journeys as well; some were at the beginning of it. We actually had a lady that came in that had said her husband had beaten her up: “I’m not gonna deal with it anymore and I need you to find me a refuge” and she was, you know, crying her eyes out in that room, telling her story, but you could see the relief, like, coming away as well that she’d actually told somebody about it, because we’re told “Do not talk about it”.

That lady found someone in the room who was already in refuge accommodation and able to speak about it. When she did move into alternative accommodation, the two women:

. . . formed a friendship and were able to mutually support each other . . . so the [project] worked out absolutely brilliant. The people were, you know, they were coming out of there saying, “Oh my God, we haven’t laughed in such a long time”, which was lovely to hear.

Having the support of other women in the community in a situation such as this is important, especially because it is clear that many women are brought up to believe they should not talk about sexual abuse and that doing so can lead to stigma, gossip, isolation, fear, and dishonour. Finding themselves with others who had experienced either forced marriage or some other form of abuse made it much easier for the women to open up about their own experiences. This was not only a form of counselling in its own right, but also led, as already detailed, to additional support within the community.

Further sessions with culturally aware solicitors and barristers were provided so that the women could access free legal advice and learn about their entitlements. The charity also now runs a 'Big Sister' project. This offers mentors to women who have recently left family accommodation to ensure that they receive relevant support, because it is clear that women sometimes return to an abusive home because they feel isolated and lonely (Karasz, et al., 2013). The Big Sister project therefore offers another example of how abused women can be better protected.

Some of the women in this research noted that one of the barriers to reporting sexual abuse was a mistrust of the police and fear that, "because all police are men", they would side with men in the community, meaning the women would not be believed (Gill and Harrison 2016). One NGO in the North West mentioned a South Asian Community Liaison Officer who played a part in trying to bridge this gap. Although already known to many of the women in the British South Asian community, she came to the charity's offices to meet women and offer culture-specific advice. For example, she would advise women who were thinking of leaving their husbands not to get into a taxi with an Asian driver: "Because before you get to the train station, the family will be there. They'll know where you're going, what train you're going on". As this officer was female and from the same community and culture as the abused women she was, as one of the (White) charity workers explained, "able to build up trust far quicker than I am sometimes able to". Working relationships between the NGO and local police also improved, possibly as a result of this officer's trust-building ability. Although she had subsequently moved and not been replaced, the NGO still viewed this practice as fundamental in helping to keep women in its area safe.

We also studied a Welsh project which supported women who had reported their abuse to the police and were facing the prospect of having to give evidence in court. This NGO worked predominantly although not exclusively with British South Asian women. It helped them to prepare witness statements and, as an expert witness, explained the meaning of terms such as honour, shame, and modesty to the jury, and stressed their importance in British South Asian culture. Proceeding with a sexual abuse case is a daunting and terrifying experience for all, especially when a victim needs to give evidence. If the jury is not made up of people who understand British South Asian culture, broaching such concepts without expert guidance can be meaningless. The NGO additionally offers training to the police and Crown Prosecution Service to ensure understanding permeates across all relevant agencies.

Preventative projects

We also encountered ventures that were more preventative in nature. One such programme included a marriage course. This North of England course, although still very much in its infancy at the time of the study, was designed to help couples embarking on marriage to understand its true nature and each partner's responsibilities within this special relationship. In its group sessions, couples discussed issues like domestic violence, HBV, forced marriage, and raising children. The project's key focus was, according to one tutor, to encourage an understanding that marriage is not always "a bed of roses" and that "It's not this fairy-tale Bollywood wedding". On the basis that most relationships encounter problems, the tutor encouraged couples to try to work through problems, advising that they should, where necessary, seek help with a problem rather than "keep it closed in".

Couples were also sensitively reminded that a man does not “have a God-given right over his wife” and the concept of marital rape was explained. As our research found that male and female ignorance in this area may actually promote the sexual abuse of women, this is an important issue. The tutor explained that the programme’s major objective is to bring up sensitive issues in a safe environment. Additionally, advertising it as a marriage course rather than a session on domestic abuse and forced marriage had proved paramount to its success. She believed that framing it in this way had made it possible to engage several more men in discussion and would ultimately prevent future domestic and sexual abuse.

Policy and legislation

If women and children are to be protected from sexual abuse, it is imperative that best practice incorporates a clear strategy and policy. It is evident that Wales is taking the lead in this area, as, on 29 April 2015, the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act received royal assent and entered into Welsh Law. The Act, the first of its kind in the United Kingdom (UK), aims to:

1. promote awareness and prevent, protect and support victims of gender-based violence, domestic abuse and sexual violence, including female genital mutilation (FGM)
2. strengthen strategic leadership and accountability for gender-based violence, domestic abuse and sexual violence, including FGM
3. improve the consistency, quality and join-up of service provision in Wales (Shashaty 2015).

These aims are being achieved through the provision of statutory guidance, along with a national advisor, a national training framework, and senior public services leadership (Shashaty 2015). The Act relates to Wales only, with this possible because the areas of education and training, health and health services, local government and social welfare being devolved from Westminster to the National Assembly for Wales (see Part 4 of the Government of Wales Act 2006).

Having a national strategy is key to the legislation's success. The Act, therefore, requires each Welsh Minister to prepare and publish a strategy that will contribute to pursuing the Act's purposes and places the same duty on local authorities and local health boards. Guidance has also been issued to all relevant organisations (local authorities, health boards, fire and rescue authorities, and NHS trusts). It states that they must designate champions to tackle gender-based violence, domestic abuse, and sexual violence in schools and other settings. To help with this endeavour, the Act provides Welsh Ministers with the power to require local authorities to report on how they are addressing these particular kinds of violence, including any action being taken in schools (Welsh Government 2015).

One of the most innovative aspects of the Act is that it will introduce a six-level national training framework in Wales, with each designed to meet the needs of a particular audience as follows:

Level 1: aimed at staff with public-facing responsibilities within the public sector. As this is the biggest audience, there is a plan to implement this level through an e-Learning programme.

Level 2: directed at professionals, such as midwives, who come into frequent contact with potential victims; it will be classroom-based.

Level 3: applies to professionals with lead responsibility or a champion role in their profession (e.g. school safeguarding leads).

Level 4: includes specialist accredited qualifications for those responsible for the support, management, risk assessment, and safety of victims (e.g. Independent Sexual Violence Advisors).

Level 5: involves specialist management training for those who lead specialist organisations.

Level 6: applies to those involved in public service leadership (Welsh Government 2015).

The Welsh Government (2015) sums up the duty placed upon all relevant professionals as “Ask and Act” (43).

In addition to training professionals, another component of the policy is to educate school children. This is being achieved through the implementation of a Healthy Relationships programme. Its aims appear to be very similar to those of the programme used by the Midlands NGO which we described above. The Welsh programme is, however, mandatory in all Welsh schools. It focuses on confidence and teaches children what is, and more importantly, what is not a healthy relationship. As part of this agenda, discussions focus on issues such as HBV, FGM, sexual violence, gender-based violence, and forced marriage. The policy lead behind the Act explained to us that the ultimate aim is to ensure that every girl knows “you have the right to say ‘That’s not something that I want, that’s not healthy for me’. It’s giving these girls the confidence, as well, to view themselves as more powerful”. Importantly, the programme includes both girls and boys:

. . . Because a success story to me, for FGM . . . is having an 18-year-old who is born here in this country . . . for him to stand up and say to his family: ‘I will not marry a girl

who's cut'. That's where the buck stops. It's important, as well, to kind of know dynamics, male/female, within these communities. And actually we need both of them. We can't just work with the females.

The responsibility for implementing this Act lies with Chief Executives at a local authority level. It is their responsibility to ensure that everyone within the local authority has gone through the national training framework and that all schools are delivering the Healthy Relationships programme, as emphasised in a Ministerial letter sent to all head teachers in Wales which draws attention to their role in eradicating violence against women.

Another aspect of the work taking place in Wales is continued involvement with both the community and imams. While we saw evidence of such engagement in some parts of England, this practice was done on a local basis and at the behest of individual NGOs. In Wales, the involvement of the community and religious leaders forms part of a national strategy. There, imams have been asked to sign a declaration, as a religious leader, stating that they not only condemn the practice of HBV, FGM, and forced marriage, but also that they see nothing in the Quran or in the Hadith (accounts of the Islamic prophet Muhammad's life including his words, actions, or habits) to encourage such practices. While it is unclear whether the above declaration also extends to domestic and sexual violence, it represents a step in the right direction and was described to us by the policy lead as her greatest achievement. The focus in Wales is, therefore, three-pronged:

1. training professionals
2. educating children
3. working with the community, especially male members.

One reason for working with men relates to the desire of some mothers to see their sons marry women from ‘back home’ (India, Pakistan or Bangladesh), rather than westernised women in the UK. If such practice does exist and, indeed, the NGOs reported that many of the women they supported were in the UK on spousal visas, it stands to reason that education in schools will miss this pool of people. Changing the attitudes of men is, therefore, fundamental. The policy lead commented that change was starting to occur in Wales, but that much more work was still needed:

I was brought up with these boys and . . . I have conversations with them. “What do you think as a man? Would you do that with your wife or your sister or your cousin?” And I’m having these men in their 30s coming to me and saying: “I sat down with the whole of the family, my elder aunties and we talked about forced marriage. We talked about FGM”. To me, that’s success.

However, she also acknowledged:

. . . Then the question kind of arises: “So will you go and broach this subject with your uncle, or your mentor in the mosque?” “We can’t do that”. Right, it then becomes about old and young. So, in the first way, it’s about man and woman and then it becomes about the elders.

The solution is, therefore, to equip these men with the tools and skills to enable them to broach such subjects with their elders without alienating them. Even though the aim is to try and change the British South Asian culture, the key to success is to work with the community to

persuade people to agree that such changes are beneficial and, in turn, are not about them moving away from their culture but making it better.

Recommendations

Our first three recommendations for England mirror the three-pronged scheme currently being devised and implemented by the Welsh Government i.e. the creation of a national training framework (as described above), the introduction of a mandatory healthy relationships programme implemented in all schools and, finally, enhanced involvement with the community. In terms of the educational programme, it is important to include discussions about consent, marital rape, respect, child sexual exploitation, forced marriage, grooming, FGM and HBV, and to include both genders. These discussions must be included in the relationship programmes currently being legislated for in the Children and Social Work Bill. Drawing on the experience of NGO workers in the Midlands, we suggest that age-appropriate work should begin in primary schools and continue throughout a person's education. It is also important that British South Asian women are involved in the creation of these educational materials, because concepts such as honour can mean different things to different people, even within a set culture. It is therefore important for such issues to be dealt with appropriately, so that the good intentions of the programme are not undermined.

Referring to enhanced community work, we would encourage policymakers to introduce community mentors to help bridge the gap between victims and support agencies, and to encourage religious organisations and their representatives to take the lead in promoting awareness-raising sessions. The creation of a charter or declaration appears to be a good starting point for such an objective. All organisations would sign up to and actively seek to

uphold it through, for example, sermons, marriage courses, and awareness-raising sessions. Gatherings designed to break down barriers between generations would serve as an important way for the younger generation to feel empowered to speak about issues relating to sexual abuse, FGM, and HBV.

Despite the welcome endeavours of the Welsh Government, the best practice uncovered by our research suggests that further change will be beneficial and, as such, the remaining recommendations should be considered by those in charge of policy and strategy in both England and Wales. We would like to see the outreach work we witnessed in the Midlands funded sufficiently to become available throughout England and Wales. We can no longer claim that some groups of people are hard to reach when there are mechanisms and strategies indicating that this idea is simply not true. Community liaison workers need to be introduced into all areas and these figures must work closely with NGOs, the police, religious organisations, community groups, and schools, so that genuine change and awareness-raising can be effected.

There is also a need for more ‘safe’ venues so that women and children are able to access the high level of support that currently exists in both England and Wales. However, a commitment from both governments to ensure that such NGOs are adequately funded is still needed. Safe venues could include children’s centres, women’s centres or drop-in centres where several charities and services are all housed under one roof. It is shameful if support services exist, but women cannot access them just because of physical infrastructure. Finally, we suggest the setting up of victim groups and the creation of victim mentors or big sisters. While professional counsellors offer abused women and children a high level of expert support, not all will be able

to entirely understand the experiences of victims of sexual abuse. Giving women the space to meet other victims and feel empowered by this sharing is essential.

Conclusion

Although Gilligan and Akhtar's (2006) research is now ten years old, our research, unfortunately, confirms a continuing need for "culturally competent practices" and policy. While we note that enhanced protection is needed for all victims of sexual abuse, regardless of culture and ethnicity, this article focuses on what is needed to adequately protect British South Asian women and children. Wales has clearly led the way in terms of policy, strategy, and legislation, and our first three recommendations are based on what is currently being implemented in that principality. Our recommendations, however, go further; a national framework should also include enhanced outreach work, the creation of safe groups and venues, and the setting up of victim groups and mentor schemes. Such a framework should be part of a mandatory national strategy implemented in both England and Wales. The protection of women and children from all types of abuse should not be a postcode lottery and we fervently hope that politicians and policy-makers will use our research as a first step towards achieving this ambition.

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ⁱ Ethical approval was sought and granted by the University of Hull and the University of Roehampton. All participants were provided with information and consent forms and were able to withdraw consent at any stage.