Good Practice Briefing

Race, Trauma, and Violence Against Women and Girls

March 2021

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Introduction

Ascent - Support Services to Organisations:

Ascent is a partnership project within the London Violence Against Women and Girls (VAWG) Consortium. The consortium consists of 28 VAWG specialist members and delivers projects across the whole of London. The Ascent Project delivers a range of services for survivors of domestic and sexual violence, under six key themes, funded by London Councils.

Ascent Support Services to Organisations is delivered by a partnership led by the Women's Resource Centre (WRC) and comprised of five organisations: AVA, IMKAAN, RESPECT, Rights of Women, and Women and Girls Network.

This second tier support project aims to address the long term sustainability needs of organisations providing services to those affected by sexual and domestic violence on a pan-London basis.

The project seeks to improve the quality of such services across London by providing a range of training and support, including:

- Accredited training
- Expert-led training
- Sustainability training
- Borough surgeries
- BME network
- One-to-one support
- Policy consultations
- Newsletter
- Good Practice briefings

Good Practice briefings

The purpose of the good practice briefings is to provide organisations supporting those affected by domestic and sexual violence with information to help them become more

sustainable and contribute with making their work more effective. For more information, please see: www.thelondonvawgconsortium.org.uk.

This Good Practice briefing was produced by AVA (Against Violence and Abuse) on behalf of the Ascent London VAWG Consortium. AVA is a leading UK charity aimed at ending gender-based violence and abuse. We strive to improve services through our learning, resources and consultancy, and end violence against women and girls through our policy, research and prevention work. We have specific expertise on multiple disadvantage and children and young people. For more information about AVA, please see: avaproject.org.uk.

About this Briefing

This good practice briefing highlights the necessity of trauma-informed approaches to supporting Black and minoristised women and girl survivors of domestic and sexual abuse. We thank the tireless work of Black and minoritised women in the VAWG sector who continually push for better support for Black and minoritised women and girls experiencing domestic and sexual abuse. At AVA, we pledge to work harder to centre anti-racism in our work to end gender-based violence - we can and must do more to support both BME organisations and survivors. The webinar, *Race, Trauma, and VAWG*, that we held on the 8th December 2020 was a crucial step in our journey at AVA in committing to this work.

This briefing brings together the key points from this webinar. As a mainstream VAWG organisation we do not claim to inaugurate good practice, but instead refer to the practices and information from specialist BME organisations, like those represented by the speakers at this webinar. We do so while committing ourselves to upholding their important recommendations and making ourselves accountable to doing so.

The objectives of the webinar were:

- To learn about the intersections between race, trauma, and gender-based violence.
- To consider and inform trauma-informed responses for Black and minoritised women and girls who have experienced gender-based violence and abuse.

This briefing builds on the insights, key themes and recommendations expressed during

this webinar, and provides a resource to services wanting to improve their support of Black and minoritised survivors.

The webinar was well attended, with 300+ professionals attending from a variety of sectors including, but not limited to: VAWG, housing, health and local government. By virtue of running this webinar online, we were also able to bring together professionals from across the UK. The webinar provided the opportunity for attendees to engage with expert speakers, those who are leading specialist services, researchers aiming to improve services, and survivors who have experienced services for Black and minoritised women and now work to improve them. The webinar agenda can be found in Appendix 1.

In this brief, we use the policy term 'BME' as a shortening for the term 'Black and minoritised'. We do so whilst acknowledging the problematic nature of this homogenising term, and recognise the nuance and breadth of experiences and differences of women who are categorised in policy terms as BME, or Black and minoritised.

Background to Race, Trauma, and VAWG

The structural inequality[1] experienced by BME women due to both their race and gender mediates their experience of violence, meaning they often suffer more severe abuse for longer, and face more challenges to accessing support than their white counterparts (KSS CRC, 2020; Siddiqui, 2018). The multiple layers of oppression they experience at the intersection of race and gender are inextricable from their experiences of gender-based violence: 'abused BME women are often subject to intersectional discrimination when inequality based on gender, race, caste, class and/or poverty overlaps and multiplies', additionally, immigration-status related discrimination can worsen this' (Siddiqui, 2018).

It is this discrimination that explains the higher rates of gender-based violence against BME women and girls (Siddiqui, 2018). ONS data shows that, in the year 2018-2019, rates of both domestic abuse and domestic homicide were higher amongst BME communities, particularly amongst mixed race women (KSS CRC, 2020). In London in 2005-2006, 59% of all homicides were of BME women (Thiara & Gill, 2009:43 as cited in KSS CRC, 2020). Unfortunately, these numbers are likely to be substantially higher, due

[1] The embedding of inequalities across social structures in society, based on conceptions of differences.

to underreporting of domestic abuse.

These statistics and facts are compounded by, and cannot be viewed separately from, the political climate in the UK (Siddiqui, 2018). Fiscal austerity measures, like cuts to services (like housing and social services), welfare benefits, legal aid and funding 'have had a disproportionately negative and discriminatory impact on women, [with] BME women and girls' facing the brunt of this (Siddiqui, 2018). For example, funding to specialist BME refuges was halved between 2010-2017 (McIntyre, 2017). Therefore, the structural inequalities BME women face -the discrimination and disadvantage[2], the additional barriers to reaching out and support - are inextricable from the severe and frequent nature of gender-based violence BME women and girls experience. BME survivors of violence and abuse do not only experience trauma from their experiences of abuse, but from their experiences of racism too.

The intersection of race, trauma, and VAWG will be discussed in the next section of the brief.

Overview of Webinar

The expert speakers[3] at the *Race, Trauma, and VAWG* webinar covered many important issues that all need to be given due attention. This section will provide an insight into

[2] It is important to clarify that AVA is not attempting to pathologise of marginalise 'Blackness', but demonstrate how Black women are subject to racial dicsrimination. See Andrews and Palmer (2016) for a discussion of Blackness as knowledge producing.
[3] For names and topics focused on by expert speakers please see Appendix 1.

these key themes along with additional information from relevant resources.

The intersection of VAWG and racial trauma

Racial trauma[4] refers to the stressful impact and emotional pain an individual suffers from their experience(s) of racism. The roots of racial trauma exist in genocide, slavery, as well as the UK's hostile environment and its consequences, like the Windrush scandal. Without addressing the roots of racial trauma - without coming to terms with Britain's historical legacy of racism - this trauma becomes inherent and intergenerational, manifesting in symptoms like PTSD and dissociation.

Expert speaker, Michaela Campbell, discussed racial trauma and its impact on women and girls facing domestic and/or sexual abuse. The symptoms of racial trauma are often misdiagnosed and, failing to understand this connection, services regularly provide inadequate support for BME women. For example, research concerning the recovery from mental ill-health or distress of 27 BME women[5] found that it was absolutely crucial for mental health services to account for experiences of racism and discrimination when assisting recovery, failing to do so was 'failing to address a significant part of their distress' (Kalathil, 2011a:9). Direct quotes from some of the women in this study clearly speak to the devastating impact of racial trauma on experiences of mental health:

> *"I think racism has had a big part to play in not feeling like I belong, not feeling accepted, not feeling like a valued person and that then contributed to having very low self-esteem, little confidence, devalued, disempowered" (Kalathil, 2011b:2).*

Campbell highlighted how mainstream service providers must recognise this lived reality of racial inequality and its embodiment, and ensure an awareness of people's (racialised) identities when offering support to BME service users.

Expert by Experience[6] speaker, Naima Iqbal, gave a powerful testimony of her lived experience that clearly showed the intersections between race and VAWG. For Naima, race was entangled in her experience of abuse and the support she required. Her story

[4] See Comas-Diaz et al (2019) for more information about racial trauma.
[5] The 27 women in this study were African, Caribbean or South Asian (Kalathil, 2011).
[6] At AVA, we use the empowering term 'Expert by Experience' to refer to survivors of domestic and/or sexual violence who co-produce work with us.

demonstrated the necessity of ensuring BME survivors of gender-based violence recieve race-conscious trauma-informed support.

The experience of racial trauma, and the implications for women experiencing gender-based violence must be acknowledged by service providers; practitioners need to meet BME women experiencing gender-based violence at the intersection of race, gender and experiences of abuse. A key takeaway from this crucial discussion in the webinar was the importance of asking the question - how has racial trauma impacted this woman?

It is also important to acknowledge the gendered aspect of racial trauma. Research shows, and Michaela Campbell discussed, how the historical roots of gendered racism contribute to post-traumatic slave syndrome - a concept which acknowledges how the experiences of Black people are still tainted by the long lasting and resdiual affects of slavery today (Kelly et al., 2020). This quote from a participant in Kalathil's (2011b:2) research clearly demonstrates this:

> *"I talk about the slave trade and tears come. Do you understand me? My sister and I went to Ghana. We went to Elmina Castle, we went to Cape Coast Castle and we had these experiences and I brought my ancestors back with me."*

Post-traumatic slave syndrome is a gendered experience, akin to the gendered experience of slavery (Kelly et al., 2020).These particular challenges Black women face adversely affect experiences of mental health and consequently engender additional barriers for Black women survivors who require trauma-informed support. An understanding of racial trauma, and its gendered quality, is key to a discussion of the next key theme: barriers BME women experiencing gender-based violence face when accessing support.

Barriers BME women survivors face in accessing support

Research finds that, on average, BME women stay in abusive relationships for a longer period of time than white women (Patel, 2003). This is illustrative of a system in which BME women experiencing abuse face additional barriers to both disclosure and support.

In this section of the brief, we will discuss the barriers that Black and minoritised women and girls face, as highlighted by our expert speakers, as well as our webinar chair, Shabana Kausar.

Toxic Black femininity theory

Campbell explored the gendered experience of post-traumatic slave syndrome (as discussed in the previous section) and how this contributes to toxic Black femininity (Kelly et al., 2020). Toxic Black femininity is understood as traits adopted by Black women to survive the gendered racism they have suffered throughout history; the concept is internalised as a 'need to be constantly strong and independent, and to endure for the sake of the greater good' (Kelly et al., 2020:56). These traits are often perceived as 'toxic' within the white gaze, hence the term 'toxic black femininity'. This concept aims to dismantle the notion - the toxic ideology - that Black women must present in certain ways (Kelly et al., 2020:55).

As a result of this perceived need to be strong and resilient, Black women experiencing violence may be less inclined to disclose abuse to remain 'rigidly strong' (Kelly et al., 2020). Indeed, the stereotypes and media perceptions of Black women being 'rigidly strong' is a barrier to support in itself. Unsurprisingly, research finds BME women are more likely to access informal networks of support (friends, family) than seek help via formal avenues (Kelly, et al., 2020).

Mainstream services in the VAWG sector (and beyond) need to acknowledge post-traumatic slave syndrome and toxic Black femininity theory that stems from it. Through recognising these life experiences and the behaviours that may stem from generations of racial trauma, services will be better able to provide accessible trauma-informed support.

Institutional racism

Speakers at the webinar explored the prevalence of institutional racism across the services BME women and girls facing domestic and/or sexual abuse may come across when accessing (or attempting to access) support. All of the barriers in this section are compounded by racism, be that institutional or structural.

The webinar chair, Shabana Kausar, discussed the barriers faced by BME survivors when accessing mental health support. Experiences of racial trauma and racism, as well as experiencing gender-based violence, can increase the likelihood of BME survivors experiencing mental ill-health. BME survivors who experience mental ill-health also face additional barriers to support. Research shows that individuals from numerous ethnic 'minority' communities are more likely than other ethnic groups to receive coercive treatment from mental health services (Kalathil, 2011a). For example, Mixed, Asian, and Black individuals are more likely to be detained in hospitals than their white counterparts (Kalathil, 2011a). The institutional racism experienced by BME individuals, including BME women survivors, at the hands of mental health services acts as another barrier to appropriate and accessible gender-based violence support.

Literature regarding BME women and girls' access to support finds institutional racism in a number of other services/systems. Research within a number of refuges for women fleeing abuse in England "found stereotyping and some racist attitudes to be operating at three levels: among (other) service users, among the workers, and at state level (for example through immigration policies that prevent women from accessing services or public funds)" (Izzidein, 2008:20 as cited in KSS CRC, 2020).

The criminal justice system (CJS) is another system where BME people as a whole face disrimination due to institutional and structural racism. For example, the Lammy Review (2017:3) highlights 'that BAME individuals still face bias, including overt discrmination, in parts of the justice system' (Lammy Review, 2017:69). It is no surprise then that levels of trust in the CJS amongst BME people are very low (Lammy Review, 2017:6). This lack of trust is evident in BME survivors interacting with the CJS; survivors may be less likely to disclose abuse because of this, resulting in chronic underreporting of violence against Black and minoritised women and girls (KSS CRC, 2020). For example, research from Gangoli et al. (2019:3125) highlights how, out of 83 BME survivors, they were less likely to have a good investigation than white survivors after reporting abuse (42% vs 72%), and their reports were much less likely to result in a criminal charge against the perpetrator - 14% vs 47%.

Black and minoritised survivors are being met with institutional racism at every junction, gravely obstructing the support they need. This demands a rethinking and reforming of the systems and support currently available to survivors.

Immigration status

Another barrier BME survivors face is caused by their immigration status. This can affect whether BME migrant women decide to disclose the abuse they are facing, and whether

they are able to receive support. Migrant women often do not report abuse or access support due to fear of detention and deportation (Southall Black Sisters et al., 2019). In addition, some migrant women are dependent on an abusive partner for their right to remain in the UK (Safe Lives, 2015), or threatened with deportation by their abuser (Gangoli et al., 2019). Furthermore, research from Gangoli et al. (2019) demonstrates how experiences of racism were felt severely by BME migrant survivors when accessing justice. As one Survivor quoted in Gangoli et al., (2019:3131) explained: *"I was treated as an immigration issue first, and a victim of abuse second."*

Additionally, migrant women with no recourse to public funds (NRPF) are left without any access to welfare support and are routinely denied refuge spaces when attempting to leave abusive relationships (Southall Black Sisters et al., 2019). Indeed, one of our expert speakers, Rose Ssali, identified how the issue of immigration status for the BME women she worked with was a huge stressor for these women in accessing support, and led to distressing feelings of anxiety and worthlessness. The UK's hostile environment immigration policies, like NRPF, need to be abolished to ensure Black and minoritised women and children can access support and to ensure that their human rights are upheld (Safety4Sisters, 2020). Mainstream services need to recognise the barrier of immigration status for BME migrant women to be able to provide trauma-informed support to these survivors, alongside supporting ongoing campaigns to include provisions for migrant women in the Domestic Abuse Bill (see: Step Up Migrant Women)

Socio-economic and language barriers

Another key theme emerging across the webinar was the language and socio-economic barriers BME women face when accessing services (Bawso, 2010). Language is a key factor in inhibiting BME survivors from accessing necessary support: if a woman experiencing gender-based violence cannot even make 'a telephone call for assistance because she cannot speak English, then her chances of obtaining help from an outside agency are low' (Bawso, 2010). Many BME women experiencing gender-based violence also face structural, socio-economic barriers to support, such as, poor housing, high rates of unemployment, lack of financial resources and a lack of knowledge about programs designed to help survivors of gender-based violence (Bawso, 2010;Kelly, et al., 2020).

Lack of cultural awareness

A lack of cultural awareness in services was a key theme addressed by all of the expert speakers. If service providers have a lack of cultural awareness or sensitivity when

considering the needs of BME survivors, this acts as a severe barrier to their support. If culturally appropriate spaces, spaces that recognise and respect different values, are not provided for BME survivors, then services risk re-traumatising survivors.

For example, Campbell provided an example of the importance of culturally specific hair products in refuges: without these certain products, BME women - for whom many hair is symbolic and linked to cultural identity - are subject to additional traumatic stressors in an already traumatising situation. A trauma-informed response to BME women recognises differences and accommodates for these in a suitable way.

Ssali also explored the need for service providers to understand and take seriously the beliefs and values of the survivors they support. A culturally-sensitive woman-centred model must be adopted to meet each survivor at her own pace in support and recovery plans. For example, Ssali noted the importance of proverbs and language as healing tools for a number of African women she has supported. As other speakers highlighted, this demands looking past terms such as 'BME', and making a concerted effort to learn and understand the nuances of each individual's racial and/or national identity rather than subsuming them under the label 'BME'.

The effect of COVID-19 on barriers to support

It was noted throughout the webinar by the expert speakers that the effects of the coronavirus pandemic have intensified the barriers BME survivors face in accessing support. 'The COVID-19 pandemic has served to intensify and reinforce pre-existing socio-economic and structural inequalities' (KSS CRC, 2020). In other words, the pandemic and the consequential lockdown restrictions have exacerbated the challenges and barriers to support BME survivors face, not to mention creating an instrumental context for abuse (Imkaan, 2020). For example, socio-economic barriers are worsened, as Black and minoritised women are 'more likely to be in low paid work, have lower (if any) savings and are already living in poverty' (Imkaan, 2020:7). Furthermore, the stressors of the pandemic have led to increased cases of mental ill-health, racism and poverty (Imkaan, 2020; Safety4Sisters, 2020).

Until the experiences of Black and minoritised women, including migrant women, are incorporated into responses to coronavirus 'all responses will be piecemeal and incomplete' (Safety4Sisters, 2020:26).

Conclusion

As it currently stands, a lack of awareness regarding racial trauma and the particular experiences of Black and minoritised survivors means that these survivors are often left re-traumatised by mainstream services that do not appropriately cater to differences and reflect their life experiences. The need for mainstream services to better understand, acknowledge, and work against structural and institutional racism and its consequences for BME survivors is clear. This must be met with an equal commitment to championing the work and causes of specialist services, as well as meaningful partnership and collaboration. This work is imperative to remedy the current gaps in support for BME women and girls facing domestic and/or sexual abuse.

Key Recommendations

Below is a list of recommendations emerging from the webinar. These recommendations are directed at mainstream organisations and are taken from input made directly by our expert speakers, as well as broader recommendations emerging from specialist organisations across the sector. Key to these recommendations is the need to centre the voices of BME women and specialist organisations.

1. **Centre** the voices of BME women in service provision and policy making. Organisations need to make sure they are representative of the communities they serve.
2. **Partner** with specialist organisations in all project, policy and service provision work. Follow the lead of specialist organisations in regards to how best to partner with them. For more on meaningful collaboration see Imkaan (2017).
3. **Embed** anti-racism (not just diversity and inclusion) in all areas of service provision. All mainstream organisations should receive anti-racist training from specialist organisations. Read more and sign-up to the Ending Racism in VAWG charter here.
4. **Acknowledge** and learn from history. Professionals and organisations in the VAWG sector must do better to challenge pre-existing institutional racism both in the sector and country as a whole, and acknowledge that both have a long way to go. Acknowledging the legacy of racism in the VAWG sector and Britain is a crucial step in becoming anti-racist.
5. **Challenge** racism. Within the sector, this can be challenging white normative media representations of survivors and unequal funding systems and partnership working where white supremacist power norms go unchallenged.

6. **Support** BME staff and organisations working in the sector. Mainstream organisations should support their BME staff in attending BME safe spaces within the sector within their work hours.

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Appendix 1.

AGENDA: Race, Trauma, and VAWG Webinar. Tuesday 8th December 2020. 1.30pm - 3.30pm Via Zoom

1.30pm: Chief Executives Welcome: Donna Covey, on behalf of AVA

1.35pm: Chair's Welcome and Opening Statement: Shabana Kausar

1.50pm: Speaker: Rose Ssali, Programmes Lead, Support and Action for Women's Network (SAWN)

2.10pm: Speaker: Michaela Campbell, PhD student - The University of Warwick

2.30pm: Speaker: Naima Iqbal, AVA Expert by Experience (EBE) and Peer Researcher

2.45pm Comfort break

2:55pm: Panel discussion and Q&A

3.30pm: Chairs closing remarks

Speakers:
Shabana Kausar
Rose Ssali: Programmes Lead, Support and Action for Women's Network (SAWN)
Michaela Campbell PhD Student
Naima Iqbal - Expert by Experience

Appendix 2.

Below is a list of organisations that provide support for Black and minoritised women and girls, and migrant women or women with insecure immigration statuses. For more organisations and contact numbers, see Imkaan.

IMKAAN (London) - 020 7842 8525

IMECE Women's Centre (London) - 020 7354 1359

Southall Black Sisters (London) - 0208 571 9595

Hopscotch Asian Women's Centre (London) - 0207 388 8198

Sistah Space (London) - sistahspace1@gmail.com

Iranian and Kurdish Women's Rights Organisation, IKWRO, (London) - 020 7920 6460

Latin American Women's Aid, LAWA, (London) - 020 7275 0321

Angelou Centre (Newcastle) - 0191 2260394

Support and Action Women's Network, SAWN, (Manchester) - 07960501088

Safety4Sisters (Manchester) - 07591 359733

Roshni (Birmingham) - 0800 953 9666

PHOEBE Centre (East Anglia) - 01473 231566

BAWSO (Wales) - 0800 731 8147

Shakti Women's Aid (Edinburgh) - 0131 475 2399

Hemat Gryffe Women's Aid (Glasgow) - 0141 353 0859