“People don’t talk about it”: Child sexual abuse in ethnic minority communities

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Disclaimer

This research report has been prepared at the request of the Inquiry's Chair and Panel. The views expressed are those of the authors alone. The research findings arising from the fieldwork do not constitute formal recommendations by the Inquiry's Chair and Panel and are separate from legal evidence obtained in investigations and hearings.
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Introduction

The Independent Inquiry into Child Sexual Abuse (‘the Inquiry’) has been tasked with considering the extent to which state and non-state institutions in England and Wales have failed in their duty of care to protect children from sexual abuse and exploitation, and to make meaningful recommendations for change.

Child sexual abuse and exploitation affects all communities, but less is known about how it affects those from ethnic minority communities. The aims of this research were therefore to explore:

- how ethnic minority communities perceive and experience barriers to disclosing and reporting child sexual abuse;
- their experiences of, and interactions with, institutions in relation to child sexual abuse; and
- the nature of support victims and survivors receive.

We engaged with a range of ethnic minority communities, particularly from Caribbean, African and predominantly South Asian ethnicities, including victims and survivors. This small-scale, qualitative research provides a contemporary insight from people in these communities and amplifies their voices and experiences.

Methodology, ethics and limitations

We used focus groups to explore the research aims. We commissioned the Race Equality Foundation to assist with recruitment and to facilitate the focus groups. The Inquiry’s Research Ethics Committee approved the research in April 2019 and the project was subject to rigorous ethical scrutiny throughout.

We talked to 82 people in 11 focus groups which were carried out across six regions in England and Wales. There were seven participants on average in each group. Three groups were with victims and survivors of child sexual abuse and the remaining eight groups were with members of the public who had no known experiences of abuse, recruited through organisations that work with people from ethnic minority communities. As male voices tend to be underrepresented in research on child sexual abuse, we carried out a male-only focus group to ensure their inclusion.

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1 We recognise that the term ‘community’ means different things to different people and this is further explored in Chapter 4 of this report.
2 The phrase ‘ethnic minority communities’ is used as an umbrella term to refer to specific ethnic group categories such as ‘black’, ‘black Caribbean’, ‘Asian’, ‘Indian’ (Office for National Statistics, 2019).
3 We use the term ‘South Asian’ to refer to the Indian subcontinent. In our sample, participants from South Asian ethnic groups included individuals with Bangladeshi, Indian and Pakistani ethnicities.
4 The term ‘victims and survivors’ is defined in this report as individuals who have been sexually abused as children. Please see Appendix B: Glossary for more information.
The majority of participants were female (83 percent). The age of participants ranged from 19 to 74 years old. Nearly half of participants were from African, Caribbean or other black ethnic groups (49 percent), with a third from Asian ethnicities (33 percent). Ten percent of participants reported mixed ethnicity and seven percent reported ‘other’ ethnicity, with one percent unknown. Although the sample is diverse, there is a lack of male Asian voices in the cohort – in particular all the participants in Wales were female – and we were unable to engage with organisations that could ensure the safe participation of children in the research, so all participants were over 18 years old.

When discussing people's ethnicity and communities we recognise that the categories used can be contentious and that not everyone will identify with them. Furthermore, ethnic minority communities are heterogeneous, and some perceptions and experiences of child sexual abuse vary greatly both between and within communities. While some of the themes discussed in the research were shared between several ethnic minority communities, these often manifested in different ways both between and within ethnic minority communities. Other themes are or could be equally applicable to all communities and ethnic groups, including white ethnic groups and it was not our intention, nor is it possible, to make comparisons between ethnic groups based on the research. The research findings instead aim to draw out how ethnicity, community and culture help shape people's understandings and experiences of child sexual abuse, without framing people's experiences solely in terms of these characteristics.

Seven key research findings

1. Cultural stereotypes and racism can lead to failures on the part of institutions and professionals to identify and respond appropriately to child sexual abuse. They can also make it more difficult for individuals in ethnic minority communities to disclose and speak up about child sexual abuse.

Racism and cultural stereotypes were a consistent theme running through the discussions. Participants saw these as having an impact on many areas of how child sexual abuse is understood, identified, disclosed and responded to.

There are two broad mechanisms through which this can operate. First, through stereotypes and misconceptions about what is ‘normal’ or ‘acceptable’ for certain ethnic groups. These can lead to child sexual abuse going unrecognised or professionals taking no action in response. Secondly, the broader context of racism in society can make it harder for individuals in ethnic minority communities to speak up about child sexual abuse out of concern for reinforcing negative stereotypes. In addition, this can lead to institutions and professionals failing to intervene for fear of being labelled ‘racist’.

2. Some professionals only see a person's ethnic group rather than the whole person.

The research highlighted the extent to which the experiences and treatment of ethnic minority people affected by child sexual abuse could be shaped by assumptions and stereotypes made by others based solely on their ethnic group.

Participants highlighted the importance of institutions and professionals seeing the whole person when responding to child sexual abuse. While important to some participants, others emphasised qualities such as being non-judgemental and appropriately trained above having professionals of the same ethnic background.
3. Shame and stigma were frequently mentioned by ethnic minority participants as leading to a code of silence.

While shame and stigma surround child sexual abuse across all communities, participants identified this as a specific factor influencing how child sexual abuse is responded to within ethnic minority communities. Participants from a range of ethnic groups described how shame and stigma associated with child sexual abuse contribute to a code of silence on child sexual abuse within their communities. Shame and stigma can act as drivers of responses to child sexual abuse that seek to preserve honour rather than to meet the needs of the victim and survivor.

4. Child sexual abuse can have a serious impact on victims and survivors' sense of identity and belonging within their communities.

For many victims and survivors in the groups, their experiences of abuse had a significant effect on their sense of identity and belonging in the community they grew up in. Following experiences of child sexual abuse, some participants had been ostracised from their communities, others had no longer been safe within them or had chosen to leave. The risk of being cut off from their families and communities could act as a barrier to victims and survivors disclosing abuse.

While participants had developed their own supportive communities of partners and friends, this isolation from family and community may have an impact on the support needs for victims and survivors from ethnic minority communities. In particular, participants identified peer support from others with similar backgrounds who had experienced abuse as beneficial.

5. The way that child sexual abuse is seen and responded to in ethnic minority communities is linked with expectations about gender within those communities.

There were clear gender differences across many of the topics discussed across the research. For example, participants discussed boys and men feeling less able to talk about child sexual abuse, and child sexual abuse being seen as having a specific negative impact on marriage prospects for girls in some South Asian communities. Such differences have an impact on: how children are protected from child sexual abuse; how child sexual abuse is identified; and how comfortable boys and men are disclosing – or even discussing – child sexual abuse; through to how child sexual abuse is responded to.

6. Participants' perceptions and experiences of institutions in relation to child sexual abuse were mixed but tended to be negative.

Both specific experiences of racism and the context of wider relations between certain institutions and minority ethnic groups influenced how participants felt about approaching institutions about child sexual abuse. Some participants perceived institutions, such as the police or children's social care, as 'white' and considered that a lack of cultural diversity in institutions is off-putting to members of ethnic minority communities and hampers the ability of institutions to respond. Participants described negative experiences and perceptions in relation to responding to child sexual abuse across a range of institutions, though not all related to racism. In among the negative accounts there were also some participants with more positive ideas about institutions and participants acknowledged the important role of institutions, particularly schools, in responding to child sexual abuse.
7. Although better than in the past, more can be done to raise awareness, remove barriers to disclosure and improve responses to child sexual abuse in ethnic minority communities.

Across the focus groups, participants expressed the view that there was more awareness of child sexual abuse and that both institutions and communities were responding better than they did in the past. Some participants also compared the situation in England and Wales favourably with the countries they or their parents came to England and Wales from. Participants thought that these improvements in awareness are driven by education (eg in schools) and media coverage. Despite these improvements, participants felt that there remain barriers to disclosure and other problems in the awareness of and response to child sexual abuse in ethnic minority communities.

Research summary

The research considered three areas: barriers to disclosure; experiences of institutions; and support for victims and survivors. As context to these areas we also considered understandings of what constitutes child sexual abuse and wider attitudes to child sexual abuse among ethnic minority communities. The research findings are set out under these four headings below. In reality, we found these areas to be strongly linked together by underlying themes that we have characterised as relating to society and institutions, and to communities and culture. These reinforce each other and influence how child sexual abuse in ethnic minority communities is identified, disclosed and responded to and how victims and survivors are supported. Figure 1 illustrates these links.

Figure 1: Influences on child sexual abuse disclosure, responses and support
“People don’t talk about it”: Child sexual abuse in ethnic minority communities

Understanding of child sexual abuse in ethnic minority communities

Participants generally agreed with the definition of child sexual abuse presented to them in the discussion. While participants identified features of child sexual exploitation that distinguish it from child sexual abuse, they questioned the need for a separate term for child sexual exploitation. Some participants referred to cultural understandings of what does or does not constitute child abuse (including sexual abuse) differing between countries and communities. Participants also described how cultural norms and practices relating to children, relationships and sex could influence how child sexual abuse is understood and responded to.

Child sexual abuse was considered to be a taboo subject in participants’ communities. The shame and stigma attached to child sexual abuse across participants’ communities further contributed to secrecy around child sexual abuse. The discussions highlighted gendered understandings of child sexual abuse and participants both challenged and reproduced the assumption that all perpetrators of child sexual abuse are male and that all victims and survivors are female.

Participants identified sex education in schools as an important way to educate children about child sexual abuse. However, participants were aware that many parents in South Asian communities in particular objected to sex education in schools and some participants in the groups had withdrawn their children from sex education lessons. The media was also identified as having a key role in raising participants’ awareness of, and shaping their understanding of and attitudes to, child sexual abuse. Participants felt that awareness and understanding of child sexual abuse in England and Wales had increased over time and between generations, driven by education in schools and increased media coverage of child sexual abuse.

“Yeah, for those who grew up here [England], I think they would find it a lot more easy to talk about it, because it’s been taught to them right from a younger age, but those of us who actually grew up wherever we came from, from Africa. I came here – I just came here a few years ago. I still find it very difficult to talk about it.”

Female focus group participant

Barriers to disclosing child sexual abuse

Participants described a wide range of barriers that victims and survivors face when disclosing child sexual abuse, many of which could be equally applicable to all communities and ethnic groups, including white ethnic groups.

Recognising when child sexual abuse has taken place can be challenging for victims and survivors who may not recognise that the behaviour they have experienced constitutes abuse or that the behaviour was wrong. Not knowing the right words to describe what is happening and uncertainty regarding what behaviours are ‘normal’ are contributing factors. Attachment to the perpetrator can also lead to children misinterpreting the behaviours as expressions of affection or love.

Victims and survivors spoke about the fear of not being believed if they disclosed child sexual abuse and in some communities there can be denial that child sexual abuse occurs at all. More commonly, child sexual abuse appeared to have the status of an open secret, where people know that it occurs but it is not explicitly acknowledged and little or nothing is done to address the problem.
Not knowing where to go to report child sexual abuse, and fears that nothing constructive would happen if it was reported, have prevented some victims and survivors from disclosing their experiences. Responses to child sexual abuse are often inadequate or even detrimental; the victim and survivor may be blamed for the sexual abuse or concerns about the impact of disclosure on family members may be prioritised over the victim and survivor’s needs. These responses can inhibit further disclosure, or fear of such responses may prevent disclosure in the first place.

Participants described how a particular concern among some ethnic minority communities can be the impact of disclosure on the reputation of the family and community, the victim and survivor, and the perpetrator. Among some black communities, experiences of racism and stereotyping in mainstream society can create fear that disclosures of child sexual abuse will result in members of the community being stigmatised and the reputation of the community being damaged. Among some South Asian communities, child sexual abuse may not be disclosed due to the perceived dishonour it would bring on the community or family, the individual victim and survivor, particularly girls, and the perpetrator, particularly those in positions of power and influence.

“In our community, if it’s a girl, then we have to keep these things secret because if the other people knows when the girl is the age of they’re getting married, it’s going to be really hard for her.”

Female focus group participant

In some cases, victims and survivors of child sexual abuse may be ostracised from their family or community. Some victims and survivors chose to distance themselves from their communities due to unhelpful or damaging responses to their experiences of sexual abuse.

Given the concern regarding the impact of disclosures of child sexual abuse on communities, many participants expressed concerns about how disclosures might be escalated, with victims and survivors saying they feared losing control over how their information would be handled and passed on.

Experiences of institutions in relation to child sexual abuse

Overall, participants tended to hold negative perceptions of institutions, particularly the police and children’s social care, and there was a general sense of mistrust and lack of confidence relating to institutional responses to child sexual abuse. This was often underpinned by a perception, often based on direct or indirect experience, that statutory institutions and some professionals within them hold racist views and cultural stereotypes regarding ethnic minority communities:

“The social worker was white, okay, and she said to me, ‘This is not sexual abuse. This is your culture’. Even today, I’m so traumatised by this.”

Female focus group participant.

There was also a perception among some participants that institutions were too ‘white’ and lacked cultural diversity. Some participants, especially victims and survivors, believed that some professionals and institutions were influenced by a fear of being perceived as racist, which was seen as leading to non-action or inappropriate action in response to child sexual abuse in ethnic minority communities.
Participants recognised the police, schools, courts, children's social care services, religious and health organisations as having a safeguarding role in responding to, and protecting children from, sexual abuse. However, there were mixed views about which institutions participants would report child sexual abuse to, and there was not one single institution that participants across all the focus groups consistently stated they would report to. Participants' level of knowledge and understanding of safeguarding processes in the UK varied, with some being very clear about where they would report to, while others were unclear of where they should or could report to. Several participants said they would not report to statutory institutions, or would be reluctant to, and many of those participants tended to say they would go to voluntary sector organisations or their own community.

**Impacts of child sexual abuse and support for victims and survivors**

Victims and survivors reported a diverse range of adverse impacts as a consequence of child sexual abuse. These included emotional and mental health difficulties, problems with education and employment, relationship difficulties and drug and alcohol use. Some participants reported an impact on their identity and a sense of loss following separation from their community and culture.

Many victims and survivors did have some experience of either seeking out, or accessing support, but reported experiences of not knowing where to go and sometimes finding that support was just not available. The need to be able to share the experience of child sexual abuse with someone who understands and is not judgemental was cited by many participants as the most important support need for helping victims and survivors to recover.

Victims and survivors revealed that finding non-judgemental support was challenging, both from services and from informal family and support networks. In particular, a lack of understanding from family and community members highlighted the importance of access to appropriate statutory and voluntary support organisations.

Many victims and survivors expressed a preference for receiving support from someone similar to themselves. For some participants, this meant people with similar experiences of abuse. For other participants, this meant being from the same ethnic group or gender. Peer support was suggested as an effective means of providing support, when it is underpinned by adequate training and resources.

> “She understood not only as a black woman being abused, sexually abused. She ticked all my boxes. Everything I said she got me. And I realised how important, how much I needed that. Someone that I could look at, I recognised, but understood me.”

Female focus group participant
This chapter provides information about the purpose of the Independent Inquiry into Child Sexual Abuse, the background to this research into ethnic minority communities and child sexual abuse, the aims of this research project and the structure of this report.

1.1 Background to the Inquiry

The Independent Inquiry into Child Sexual Abuse (‘the Inquiry’) was set up as a statutory inquiry in March 2015. The Inquiry has been tasked with considering the extent to which state and non-state institutions in England and Wales have failed in their duty of care to protect children from sexual abuse and exploitation, and to make meaningful recommendations for change to help ensure that children now and in the future are better protected from sexual abuse.

1.2 Background to the research

Child sexual abuse and exploitation affects all communities but less is known about how child sexual abuse affects ethnic minority communities. The Inquiry is committed to engaging with these communities in order to understand how they may experience child sexual abuse and institutional responses to it. There is a general consensus that victims and survivors from ethnic minority communities often face additional barriers to disclosing and reporting child sexual abuse, and research has shown that people from Caribbean, African and Asian backgrounds may find it especially difficult to report child sexual abuse and get the right kind of support (for example see, Gill and Harrison, 2018; Warrington et al., 2017; Bernard and Harris 2016; Cowburn et al., 2015; Gohir, 2013).

The project received ethical approval in April 2019 to carry out focus groups with a range of people from ethnic minority communities across England and Wales between September 2019 and January 2020. The research was undertaken by members of the Inquiry’s Research Team in collaboration with the Race Equality Foundation.

1.3 Terminology

Throughout the report the term ‘child sexual abuse’ refers to behaviours that involve forcing or enticing a child or young person to take part in sexual activities. The activities may involve physical contact, and non-contact activities such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse including via the internet. Child sexual abuse includes child sexual exploitation.
We recognise that terminology associated with ethnicity can be problematic and often exclusionary. In part, this relates to the lack of consensus regarding what constitutes an ethnic group, and that membership of an ethnic group is "self-defined and subjectively meaningful to the person concerned" (Office for National Statistics, 2019). The acronym BAME and the initialism BME⁵ are frequently used by researchers, public bodies and the media to describe people from ethnic minority groups. However, due to some criticism that people from ethnic minority groups often do not recognise or identify with the acronyms, we use the phrase ‘ethnic minority communities’ throughout this report as an umbrella term. At the same time, we recognise the limitations of this term, as well as the limitations of specific ethnic group categories that are often used (eg the Office for National Statistics' categories of 'black', 'black Caribbean', 'Asian', 'Indian'). These refer to a number of different aspects of identity, including direct references to nationality or country/continent of heritage (eg ‘Asian’) and physical attributes (eg ‘black’), as well as tacit indications or associations with immigration status, nationality and religion. Within the report, we have used participants’ own words when describing their ethnic backgrounds.

Discussions of ethnicity can also fail to recognise and take into account the other overlapping identities held by the individuals within different communities, such as age, class, gender and disability (Thoburn, 2016). The use of such terms and problems with combining, and sometimes conflating, different aspects of identity while ignoring others, can make it difficult to see and understand the factors behind different perceptions and experiences within and between groups. As such, we recognise the different identities within and between ethnic minority groups and communities, and our usage of the phrase is not intended to present these diverse groups as homogeneous.

Bearing in mind these caveats, research that explores the relationship between ethnicity and child sexual abuse is still a valuable endeavour and is important for identifying and addressing child sexual abuse in all communities.

For an explanation of the terms and acronyms used in this report, please refer to Appendix B: Glossary.

1.4 Research aims

This research project aims to enhance the Inquiry’s knowledge of child sexual abuse in ethnic minority communities so that responses to child sexual abuse can suit the needs of all communities.

The research aims to explore:

- barriers to disclosure and reporting of child sexual abuse in ethnic minority communities in England and Wales;
- the views of individuals from ethnic minority communities on, and experiences of, interactions with institutions in relation to child sexual abuse (for example, education, support services, police); and
- the nature of support that victims and survivors in these communities receive in relation to child sexual abuse.

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1.5 Report structure

This report is structured in the following way:

Chapter 2 summarises key contextual information relating to child sexual abuse and ethnic minority communities, which helps to situate our research findings.

Chapter 3 outlines the methodology of the research, including the selection and recruitment of participants, ethical considerations, a summary of the final sample, and the approach taken to data management and analysis.

Chapter 4 sets out the research findings on understandings of, and attitudes towards, child sexual abuse in ethnic minority communities, and contextualises these research findings in participants’ reflections of their understandings of community and identity.

Chapter 5 explores the challenges associated with disclosing child sexual abuse among people in ethnic minority communities and how responses to disclosure may further inhibit or facilitate disclosure.

Chapter 6 explores participants’ perceptions and experiences of the police, children’s social care services, schools, health and religious institutions and organisations, and their responses to child sexual abuse in ethnic minority communities.

Chapter 7 explores the impacts of child sexual abuse, as described by victims and survivors, the support needs of people from ethnic minority communities affected by child sexual abuse and considers how to improve access to culturally sensitive and appropriate support.

Chapter 8 concludes the report by discussing the seven key research findings.
CHAPTER 2: What is known about child sexual abuse and ethnic minority communities
This chapter provides a brief overview of existing research on child sexual abuse and ethnic minority communities. It is not intended as a comprehensive review but rather to situate our research findings within the broader research knowledge base. It summarises existing research on:

- the experiences of ethnic minority communities in relation to disclosing and reporting;
- the nature of institutional engagement and support;
- perceptions and experiences of institutions.

**Summary**

- There is limited recent research regarding the experiences of ethnic minorities and child sexual abuse. The majority of the literature focuses on Asian communities and girls and women. There is little research available on black communities' and boys' and men's experiences.

- Much of the existing body of literature considers child sexual abuse within the broader context of gender-based violence and violence against women and girls and, consequently, research findings are not always specific to child sexual abuse.

- There is a general consensus in the existing research literature that victims and survivors from ethnic minority communities face additional barriers to disclosure and reporting child sexual abuse and engaging with support services.

- Research suggests that cultural barriers, norms and beliefs, such as concepts of honour and shame and the importance of family and community, often inhibit disclosure, reporting and engagement with services which may prevent the safeguarding of children from sexual abuse.

- There is a disproportionately low take-up of statutory support services from ethnic minority victims and survivors. While interactions with institutions in relation to child sexual abuse are not widely discussed, the literature points towards the experiences of people from ethnic minority communities in this area being primarily negative.

**2.1 The research evidence base**

The review focused on recent literature published between 2009 and 2019, with some relevant literature pre-2009 also included. There was a focus on research from England and Wales, but relevant literature from other jurisdictions were also drawn on where appropriate. From the literature search:

- 30 relevant sources including research, journal articles and reports; sources covering 16 years from 2002 to 2018 were identified.

- Two broad groups of literature were identified:
  - specific literature on the experiences of ethnic minorities relating to sexual violence, including child sexual abuse;
  - generic literature relating to child sexual abuse and exploitation, gangs or support services, but which referenced ethnic minority groups in some way.
Overall there was more literature pertaining to Asian and South Asian communities’ experiences of child sexual abuse (though which communities are not always specified) than there was literature pertaining to black communities, and only a small amount of literature specifically mentions other ethnic minority groups. Much of the literature focused on girls’ and women’s experiences of child sexual abuse (for example, Gohir, 2013; Gilligan and Akhtar, 2006), and there was a lack of research relating to intersections between ethnicity and characteristics such as age, class, and disability. There was a noticeable lack of literature relating to the experiences of male victims and survivors of child sexual abuse, and some literature incorporated a feminist standpoint positioning child sexual abuse more widely on a spectrum of gender-based violence towards women and girls (Harrison and Gill, 2018; Sawrikar and Katz, 2017a; Gohir, 2013).

There were variations in the terminology across the knowledge base. Some sources used the term ‘BAME’ as an umbrella term (for example, The Children’s Society, 2018); others were more specific, using ‘Asian/Muslim’ (for example, Gohir, 2013), South Asian (for example, Harrison and Gill, 2017), black (for example, Bernard and Harris, 2016), or BME (Webb et al., 2002). However, it must be noted that these terms can also be used as ‘umbrella’ terms, and some sources did not specify which Asian or black communities they referred to. Alternatively, the term ‘ethnic minorities’ was also used by some (for example, Sawrikar and Katz, 2017b), while other sources focused on ‘cultural issues and norms’ and included a range of different ethnicities (Fontes and Plummer, 2010, for example). When the literature explicitly refers to a particular ethnicity or identity (such as religion or immigration status), we reflect that in our review.

The following summary provides a synthesis of the key research findings from recent literature relevant to this study and is not a comprehensive review of all the literature relating to child sexual abuse in ethnic minority communities.

2.2 Disclosing and reporting child sexual abuse

2.2.1 Barriers to disclosure and underreporting

There is a general consensus that ethnic minority victims and survivors face additional barriers to disclosing and reporting child sexual abuse. These barriers do not operate in isolation but form a complex context, from disclosing and reporting child sexual abuse to engaging with support services (Warrington et al., 2017; Cowburn et al., 2015; Jay, 2014). These additional barriers can result in child sexual abuse and exploitation in ethnic minority communities being underreported. There are also inconsistencies with the recording of ethnicities (Gill and Harrison, 2018; Thiara et al., 2015; Jay, 2014; Berelowitz et al., 2012; Child Exploitation Online Protection [CEOP], 2011) and ethnic minority victims and survivors may also be underrepresented in the data (O’Neill Gutierrez and Chawla, 2017; CEOP, 2011). Bernard and Harris (2016), in their work on safeguarding black children in the UK from all forms of abuse, also highlight a similar pattern of low disclosure rates in some black communities.
2.2.2 Cultural barriers to disclosing and reporting

It is apparent that there are cultural barriers within some communities, in the form of cultural norms, values and beliefs that can inhibit the disclosure and reporting of child sexual abuse. The importance of family and community, the taboo nature of sex, the impact of shame and honour, cultural understandings related to gender, and language barriers can all operate as inhibitors to disclosing and reporting abuse (Gill and Harrison, 2018; The Children’s Society, 2018; O’Neill Gutierrez and Chawla, 2017; Sawrikar and Katz, 2017b; Warrington et al., 2017; Gohir, 2013; CEOP, 2011).

2.2.3 Family and community

Some literature indicated that in some ethnic minority communities, family support and cohesion is often prioritised over external support. Bernard and Harris (2016) found that sexual abuse is shrouded in secrecy and silence in black communities. They found that black children may face culturally supported beliefs such as the importance of family loyalty and not sharing ‘family business’ publicly, which can prevent both initial disclosure of sexual abuse and subsequent reporting to external agencies (Bernard and Harris 2016; Fontes and Plummer, 2010). Rehal and Maguire (2014) qualitatively researched sexual violence and honour in South Asian communities in Coventry. They highlighted the importance of family and community influence to victims of sexual abuse, reporting that almost all of the South Asian victim and survivor participants first disclosed within their families or communities. Other literature highlighted that, in some ethnic minority communities, family reputation, fear of shame and dishonour, and fear of reprisals and ostracisation from the community may take precedence over supporting an abused child (O’Neill Gutierrez and Chawla, 2017; Bernard and Harris, 2016; Cowburn et al., 2015; Rehal and Maguire, 2014). Consequently, disclosing to outside agencies can be viewed as damaging the reputation of the community (Sawrikar and Katz, 2017c).

2.2.4 Shame

Feelings of shame are a common response for all victims and survivors of child sexual abuse and these feelings can stem from aspects of the abuse, such as the sexual acts themselves or that the victim could not stop the abuse (Fontes and Plummer, 2010; Reavey et al., 2006). However, a significant amount of the literature acknowledged that in some cultures, for example ones that are patriarchal or those where sexual matters are taboo, feelings of shame are compounded by these cultural values and norms. This interplay of shame and cultural values can become a “cultural inhibitor” (Cowburn et al., 2015:2) that prevents victims from disclosing abuse.

Much of the literature reviewed focused on Asian, South Asian or Muslim communities (Thiara et al., 2015; Rehal and Maguire, 2014; Gohir, 2013; Webb et al., 2002) and highlighted the concepts of ‘honour’, ‘modesty’ and ‘shame’ as “crucial determinants of behaviour in response to child sexual abuse”, particularly for women (Gilligan and Akhtar, 2006: 13). Cowburn et al. (2015:6) identified izzat (in Urdu), which translates to honour and respect, as being central to South Asian culture. The authors described it as an ‘honour-based’ value system which the male head of the family is responsible for defending. They suggested that, within this value system, females are “symbolic of the family’s honour”, and so if a girl or woman is sexually abused, the onus is on her for failing to maintain the family’s honour (Gill and Harrison, 2018; O’Neill Gutierrez and Chawla, 2017; Cowburn et al., 2015).
Intrinsically connected to izzat is the concept of sharam, which translates to shame and embarrassment (Gilligan and Akhtar, 2006) and signifies dishonour, the consequences of which can be "wide-ranging and catastrophic" (O'Neill Gutierrez and Chawla, 2017:16). Research by O'Neill Gutierrez and Chawla (2017:4) into young South Asian women's experiences of sexual exploitation in Birmingham and Coventry found that a "disinclination" to report sexual abuse was "rooted in an attempt both to ensure the unity of their families and to maintain their own izzat (honour)". A further consequence of the significance of honour and shame is that female victims who do disclose child sexual abuse can often be blamed, not only for the abuse, but also for the loss of honour of their family (O'Neill Gutierrez and Chawla, 2017; Rehal and Maguire, 2014). Thus, the maintenance of izzat and the avoidance of sharam, on individual, family and community levels can act as a barrier to disclosing and reporting sexual abuse to family and authorities (Sawrikar and Katz, 2017b; Cowburn et al., 2015; Fontes and Plummer, 2010). Disclosure sometimes only happens once the victim and survivor has left, or distanced themselves from, their community because they no longer fear bringing shame on their family and community, the violent repercussions that may have followed, and the possibility that the community or family would have protected the perpetrator (Cowburn et al., 2015).

2.2.5 The influence of gender on cultural understandings

Some of the literature highlighted that the issue of gender influences and shapes how child sexual abuse in ethnic minority communities is understood, and located child sexual abuse and exploitation on a spectrum of violence against women and girls (Cowburn et al., 2015; Gohir, 2013). Cowburn et al. (2015:1) draw on their research findings from interviews and focus groups with South Asian women in England and Wales about sexual abuse, arguing that the challenges South Asian communities may face in responding effectively to sexual abuse are "rooted in patriarchal norms and values". They suggest that when children speak out about the harmful actions of male members of South Asian families and communities, they contradict and challenge "the patriarchal ideology" that positions families and communities as safe places (Cowburn et al., 2015:4). Cowburn et al. (2015:4) found that South Asian women are "particularly hesitant" to disclose sexual violence and abuse and offer three main reasons for this: feeling betrayed by the male perpetrator whom they may know; a fear of not being believed; and because they do not recognise the sexual assault as serious enough.

Fontes and Plummer (2010:500) also made the point that the status of females in some cultures can inhibit disclosure, giving the example that in some black communities, women can be expected to tolerate "whatever burden is placed on them unquestioningly and uncomplainingly". Fontes (2008), writing about child abuse, culture and shame in ethnic minority groups generally, found that some cultures viewed girls who have lost their virginity, as a result of being sexually abused, as 'damaged goods', or as having sinned. Reavey et al. (2006) made the point that often, when a woman discloses sexual abuse, her reputation, not the perpetrator’s, can be questioned and damaged.

Finally, although the knowledge base lacks research about the experiences of child sexual abuse among boys and men from ethnic minorities, some research did acknowledge aspects of the impact of understandings of gender on the sexual abuse of boys and men. For example, Fontes and Plummer (2010) argued that gender stereotypes can serve to silence male victims and survivors even more than female victims and survivors, suggesting that this is a result of the promotion of certain ideas and cultural norms regarding masculinity.
2.2.6 Language barriers

Some of the literature identifies language as a barrier which may also prevent some ethnic minority victims and survivors from disclosing (O’Neill Gutierrez and Chawla, 2017; Bernard, 2016; Fontes and Plummer, 2010). Cowburn et al. (2015) highlighted that some languages do not have adequate words to discuss sex and sexual assault. Another author has highlighted how language relating to discussing sexual abuse is tightly intertwined with honour and the concepts of male sexual domination and submissive women (Pande, 2016).

2.3 Support in relation to child sexual abuse

2.3.1 Engaging with and accessing support

Accessing the required support can be difficult for all victims and survivors but it can be particularly problematic for victims and survivors from South Asian and other ethnic minority communities (O’Neill Gutierrez and Chawla, 2017). Difficulties in understanding and accepting child sexual abuse can lead to a lack of support being accessed by victims and survivors because they do not fully understand the extent of what has occurred or that they may require support (Radford et al., 2017; Cowburn et al., 2015; Gohir, 2013).

2.3.2 Formal support

Formal support refers to support services that are provided by professionals in statutory and voluntary sector organisations. Much of the literature suggested that there is a disproportionately low take-up of statutory, formal support services from ethnic minority victims and survivors, and a general lack of awareness of what services are available (Sawrikar and Katz, 2017c; Cowburn et al., 2015; Rehal and Maguire, 2014; Gilligan and Akhtar, 2005). Bernard and Harris (2016) proposed that this lack of engagement in, and awareness of, available services could be explained by a lack of familiarity with the process for accessing support among some black communities, in particular black families that have more recently moved to England and Wales. Such families may be more comfortable with the processes in their native country, which often do not involve as much state intervention. It is also suggested that, to some, the UK can be deemed to be too liberal and therefore there is a reluctance to access services through fear of what information may be provided to women and children (CEOP, 2011).

Some statutory services are deemed to be inaccessible for ethnic minorities (Sawrikar and Katz, 2017c; Cowburn et al., 2015; Rehal and Maguire, 2014; Gilligan and Akhtar, 2005). This is partly due to the perception that such services do not understand the specific needs of different ethnicities (O’Neill Gutierrez and Chawla, 2017), and also the result of geographical barriers. Harrison and Gill (2017) conducted research with British South Asian communities and identified that the actual locations of some support services can create difficulties for some women, giving the example that South Asian cultures can prohibit women and girls from visiting certain locations without male supervision.

Many victims and survivors from ethnic minorities can also fear the consequences of engaging with these services, especially in relation to immigration status and the safety of their children. Those with uncertain immigration status can be fearful that engaging with authorities can reveal their immigration
status and place them at risk of deportation (Sawrikar and Katz, 2017c; Fontes and Plummer, 2010). Some parents fear that disclosing abuse can lead to their children being removed from the family, which not only causes concern for their welfare but also can lead to additional shame from the community (Sawrikar and Katz, 2017b; Fontes and Plummer, 2010; Gilligan and Akhtar, 2005).

Research conducted across different British South Asian communities suggested that specialist or local community services that work with ethnic minorities are more accessible because they are directed towards the specific priorities and needs of these communities (Harrison and Gill, 2017; O’Neill Gutierrez and Chawla, 2017; Rehal and Maguire, 2014). However, few such targeted services seem to exist and there still appears to be limited take-up of these services (Rehal and Maguire, 2014). There is a perception that an ethnically or culturally similar professional could aid disclosure but, for some, this could in fact act as a barrier as there is often a fear that if the professional is a member of their own community they would not maintain confidentiality, or would prioritise protecting the community reputation over the needs of the victim and survivor (Gilligan and Akhtar, 2006; 2005; Webb et al., 2002).

2.3.3 Informal support

Informal support, that is support from families and communities, is often utilised more than statutory and formal support services within ethnic minority communities. Sawrikar and Katz (2017c) highlight the importance of collectivist values to many ethnic minority communities, which often positions the family and community as a central source of support, meaning extra-familial services may not normally be sought. O’Neill Gutierrez and Chawla (2017) found that South Asian communities may first seek support from within their community if they feel unsure about or unable to access statutory services. However, Rehal and Maguire (2014) found that, although most victims and survivors initially disclosed to their informal support system, most received minimal support and some experienced negative responses from families. Informal support can also prevent victims and survivors from accessing further help because informal support systems may be unwilling to access additional support through fear of bringing shame upon the family, or of being judged as being bad parents (O’Neill Gutierrez and Chawla, 2017).

2.4 Perceptions and experiences of institutions and institutional failure

The interactions of people from ethnic minority communities with different institutions in relation to child sexual abuse are primarily reported as being negative. Overall the literature suggested that there is a lack of understanding among statutory institutions of different ethnic minority communities, and the needs of victims and survivors from those communities (Harrison and Gill, 2017; Thiara et al., 2015). It also highlighted a perception of intentional discrimination from some professionals and institutional racism in some organisations, which can stem from harmful personal beliefs, assumptions and narratives about ethnic minorities, and unconscious bias resulting from a less diverse workforce (Thiara et al., 2015; Fontes and Plummer, 2010). Some research findings suggest that South Asian individuals are often reluctant to engage with different statutory organisations due to the fact that such institutions are perceived to be ‘white organisations’ which hold stereotypical views of ethnic minority communities (Cowburn et al., 2015; Gilligan and Akhtar, 2005).
Fear and mistrust in the police and children's social care services was reported in the literature, which may stem from previous negative interactions in their native country or experiencing racist attitudes from some professionals (O'Neill Gutierrez and Chawla, 2017; CEOP, 2011; Gilligan and Akhtar, 2005). Police can be viewed as corrupt and children's social care services as simply wanting to remove children from their families (O'Neill Gutierrez and Chawla, 2017; Gilligan and Akhtar, 2005).

The desire to be culturally sensitive has also been identified as a factor that may lead to inappropriate intervention (or lack of) in cases of child sexual abuse (Gohir, 2013). Professionals can be fearful of disrupting community cohesion by investigating instances of child sexual abuse and, because of perceived potential resistance by communities, they may choose not to do so (Gohir, 2013). Fears of allegations of racism can also affect how agencies respond to child sexual abuse and often result in a different level of service being provided to ethnic minority communities (O'Neill Gutierrez and Chawla, 2017).

Examples of failures of statutory agencies are identified in the knowledge base in relation to identifying ethnic minority individuals as victims of child sexual abuse, in particular in relation to sexual exploitation. Some research concluded that this failure to acknowledge that children from ethnic minorities can be victims of child sexual abuse impacts on the service and support subsequently received from such agencies (Gohir, 2013; Berelowitz et al., 2012; CEOP, 2011). The Children's Society (2018) suggested it is possible the media portrayal of the 'Asian perpetrator/white victim' dynamic of child sexual exploitation has led some professionals to believe that children from ethnic minorities are less likely to be victims of sexual abuse. Gohir (2013) identified schools, colleges, GPs, health practitioners and children's social care services as failing in relation to Asian victims of child sexual exploitation due to a lack of awareness of the risks, particularly in relation to boys, a failure to believe the victim's accounts, and a lack of coordinated services. However, there is also research evidence that some organisations are managing to identify victims from ethnic minorities, in particular faith based and voluntary organisations that work with ethnic minority communities specifically (Berelowitz et al., 2012).

2.5 Discussion

Child sexual abuse and exploitation affects all communities and victims come from all ethnic groups. However, the research indicates that victims and survivors from ethnic minority communities are less likely to report the abuse, be included in child sexual abuse statistics and are often less likely to be recognised as victims by statutory services. In addition to barriers that may prevent engagement with institutions, the literature suggests that characteristics of some institutions can lead to victims and survivors from ethnic minority communities having less positive interactions with those institutions.

The literature review highlighted that there is a notable lack of research available on the experience of boys and men from ethnic minority communities in relation to child sexual abuse and exploitation. There is also limited research on those from black or other ethnic minorities, as the majority of the literature available is focused on South Asian groups.

This research sought to build on the existing research evidence base on disclosure and reporting, experiences of institutions, and support in relation to child sexual abuse, with a sample of participants that included men, victims and survivors of abuse and individuals from black ethnic groups.
CHAPTER 3: Methodology
This chapter outlines the methodology for the research, including the design and methodological approach, sampling and recruitment, ethical considerations and the limitations of the research.

3.1 Methodology overview

The project adopted a focus group methodology, consistent with the exploratory nature of the research. Focus groups are useful for eliciting a broad range of views on a subject about which little is known and for eliciting both personal and group beliefs and perceptions. It is also possible to speak to a greater number and more diverse range of people than using interviews. We commissioned the Race Equality Foundation to assist with recruitment, help determine the nature and scope of the fieldwork and facilitate the focus groups, bringing to the research their knowledge and expertise of engaging people from ethnic minority communities in their work.

3.2 Selection and recruitment

Due to the small-scale nature of the study, recruitment took a focused approach in terms of participants and fieldwork sites. Recruitment focused on people from South Asian, Caribbean and African ethnicities, as the 2011 Census showed that (after the white ethnic group) people from Asian ethnic groups made up the second largest percentage of the population in England and Wales (7.5 percent), followed by black ethnic groups (3.3 percent). Previous research has also revealed how it may be especially difficult for people from these communities to report child sexual abuse and get the right kind of help and support (see Sawrikar and Katz, 2017c; Bernard and Harris, 2016; Cowburn et al., 2015). This research recruited both victims and survivors of child sexual abuse and members of the public who may not be victims and survivors. Some groups may be particularly vulnerable to child sexual abuse – for example those with learning difficulties and asylum seekers – and their experiences of services may be considerably different. While recruitment did not target any particular groups, the process aimed to ensure that people from a range of backgrounds could take part.

Recruitment for the three groups with victims and survivors was carried out by Inquiry staff who approached existing networks which work with victims and survivors.

Recruitment for the remaining eight groups, with members of the public who had no prior known experiences of child sexual abuse, was carried out by the Race Equality Foundation. Three areas in which to focus recruitment were selected following an analysis of socio-demographic data for local authorities and mapping of local service provision. The aim was to recruit participants from areas that showed some variation in terms of ethnic diversity, deprivation levels and urban/rural characteristics, as people’s experiences are likely to be influenced by the context of their local area. There are differences in particular between England and Wales in terms of the different policy and cultural contexts. Due to the lack of male voices in research on child sexual abuse and the predominance of women attending voluntary sector organisations, the Race Equality Foundation also sought to secure a group with male participants through their contacts.

In order to enable successful recruitment, areas needed to have sufficient numbers of ethnic minority residents with local services that support people from these communities. People from ethnic minority communities are less likely to reside in rural areas, which tend to have low levels of diversity and low
levels of deprivation. For this reason, it was not possible to recruit in any rural areas. The Race Equality Foundation also found that some organisations were reluctant to be involved due to the complexity of the subject matter and a belief that their service users would not want to take part. In some cases, organisations expressed an interest but were unable to find enough participants who wished to be involved. This reflects the fact that child sexual abuse can be a difficult topic to talk about.

In order to find suitable participants, the Race Equality Foundation identified voluntary sector organisations through mapping of local services and through utilising their existing contacts. Many of the organisations that assisted with the research work predominantly with ethnic minority people in their local community, often offering classes, social activities and events. Organisations also tended to provide support around a range of issues such as education, employment and domestic violence. Participants were known to the organisations and were deemed to be suitable in terms of their ability to understand the purpose of the research and provide informed consent.

3.3 Delivering the focus groups

All participants were given an information sheet prior to the fieldwork, and in some fieldwork sites, staff members of the organisation held information sessions with participants so that they could answer any queries and address any concerns. Participants were informed that they could withdraw from the research at any point. The focus groups were carried out on the premises of participating organisations, so that participants were in familiar and comfortable surroundings. Each group was run by two facilitators from the Race Equality Foundation and 10 of the 11 groups were observed by a member of the Inquiry’s Research Team. The duration of the groups averaged an hour and a half. Facilitators used a topic guide to capture areas of interest to the research, while being flexible and responsive to participants. The topic guide was developed in collaboration between the Inquiry and the Race Equality Foundation and covered participants’ understandings of the terms child sexual abuse and exploitation, barriers to disclosure and reporting, experiences and perceptions of institutions and access to support services. In keeping with the exploratory nature of the research, the topic guide was semi-structured and invited participants to talk about child sexual abuse in their own words. A copy of the topic guide is available from the authors upon request.

3.4 Ethical considerations

The Inquiry’s Research Ethics Committee approved the research in April 2019 and the project was subject to rigorous ethical scrutiny throughout. Measures were put in place to ensure the safety and wellbeing of participants and facilitators at all times, including procedures for managing disclosures made during the research. The researchers received advice and guidance throughout the project from a member of the Inquiry’s Safeguarding and Support Team who also attended some of the focus groups. Informed consent was given by all research participants and care was taken to ensure confidentiality and anonymity for participants. More detailed information on ethical considerations is set out in Appendix A.

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6 Based on data from the 2011 Census (Office for National Statistics, 2020).
In order to protect confidentiality, this report does not include details that would identify individuals or the community organisations and locations where the fieldwork took place.

3.5 Data analysis and reporting

All focus groups were audio-recorded, with the consent of participants, to ensure an accurate record of the discussion and all audio files were transcribed verbatim. The transcripts were coded by members of the Inquiry’s Research Team using NVivo 12, a computer software programme, to assist with qualitative data analysis. A coding framework was developed based on themes from the literature review, the research questions and emerging themes from the focus groups. The emerging themes from the focus groups were identified during discussions held after each group and during a final reflective session held by the Inquiry and Race Equality Foundation, where the facilitators highlighted key observations, ideas and concepts that had emerged during the focus groups. The material was coded using thematic analysis (Braun and Clarke, 2006), a method for identifying, analysing, organising, describing and reporting themes found within a dataset. Following an initial round of coding, the researchers met to discuss the applicability of the coding framework and to amend and refine the tool. The identified themes were written up into a draft report, which was reviewed extensively, including by two academic peer reviewers, prior to publication.

3.6 Sample

3.6.1 Overview of the groups

Eleven focus groups were carried out with 82 participants in England and Wales. All of the groups were held in areas which were predominantly urban, with high levels of deprivation. Six of the focus groups were held in areas categorised as ethnically diverse, with four in very diverse areas and only one group in an area where the proportion of residents from an ethnic minority was lower than England and Wales as a whole. Although people’s experiences are likely to be affected by their local area, due to the small numbers of groups in each area it is not possible to make comparisons between different localities in terms of the research findings and issues that emerged from the fieldwork. In particular, although Wales is represented in the findings, the small number of groups in Wales and overall mean it is not possible to draw out specific differences for Wales.

7 Categorisations taken from the ONS based on the 2011 Census and the Wales Rural Observatory (Office for National Statistics, 2020).
8 For the purposes of this research, ‘high’ levels of deprivation were categorised as areas where the proportion of households with more than three or four indicators of deprivation was higher than the proportion for England and Wales, based on the 2011 Census.
9 For the purposes of this research, areas with 45 percent or more of the population from ethnic minority communities were categorised as ‘very diverse’, areas with 15–44 percent of the population from ethnic minority communities were ‘diverse’, and areas with 14 percent or less of the population from ethnic minority communities were ‘not diverse’.
Three of the focus groups (15 participants) were carried out with victims and survivors of child sexual abuse only and for the remaining groups recruitment was carried out in the community and did not specifically seek to recruit victims and survivors, though some participants did identify during the groups as victims and survivors of abuse. Nine groups (63 participants) were held in England and two in Wales (19 participants). Most of the groups were female only, two groups were mixed gender and one group, with 10 participants, was held with male participants only. The groups held with victims and survivors were attended by people from a range of ethnic groups while some of the other groups had mostly South Asian participants or mostly black African or black Caribbean participants. An overview of the breakdown of participants between the victim and survivor specific groups and the community groups, and the regions in which they took place is set out in Figure 3.1.10

Figure 3.1: Overview of focus groups

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A breakdown of the focus groups by ethnicity has not been provided due to the risk of compromising anonymity.
3.6.2 Demographic information

Socio-demographic information was collected on focus group participants. These numbers reflect the characteristics of those who agreed to attend the focus groups and are not indicative of the prevalence or impact of child sexual abuse within these communities.

Sixty-eight participants were female (83 percent) and 13 were male (16 percent). One participant identified as both female and transgender (1 percent).

Nearly half of participants were from African, Caribbean or other black ethnic groups (Figure 3.2). Although female participants came from a range of ethnicities, male participants were predominantly from black ethnic groups.

The age of participants ranged from 19 to 74 years old, with over three-quarters of participants aged between 30 and 59 years old (Figure 3.3).

The most commonly reported religion was Christian, followed by Muslim (Figure 3.4). All of the Muslim, Hindu and Sikh participants were female. All of the participants from black ethnic groups were Christian, no religion or unknown.

Three in ten participants (29 percent) reported a long-term illness or condition that affects their lives, with females more often reporting this than males.

Focus groups were conducted in English and interpreters were not required or used for any of the groups. There were two focus groups with women where English was not a first language for some members of the group, and they would sometimes discuss terms in their first language as they attempted to find the right words in English. In all of the other groups, language did not appear to create any problems for, or barriers to, discussion.
Figure 3.2: Ethnicity of focus group participants

- **Asian ethnicities**
  - Pakistani: 13%
  - Indian: 9%
  - Bangladeshi: 4%
  - Chinese: 2%
  - Any other Asian background: 5%

- **African/Caribbean ethnicities**
  - Caribbean: 23%
  - African: 21%
  - Any other black/African/Caribbean background: 5%

- **Mixed ethnicities**
  - White and black Caribbean: 6%
  - White and black African: 4%

- **Other ethnicities**
  - Arab: 5%
  - Any other ethnic group: 2%
  - Unknown: 1%

N=82
Figure 3.3: Age of focus group participants

- Under 30: 6%
- 30–39: 24%
- 40–49: 26%
- 50–59: 27%
- 60–69: 12%
- 70 and over: 2%
- Unknown: 2%

N=82
Note: Totals do not equal 100 percent due to rounding.

Figure 3.4: Religion of focus group participants

- Christian: 46%
- Muslim: 29%
- Hindu: 1%
- Sikh: 1%
- Any other religion: 6%
- No religion: 10%
- Unknown: 6%

N=82
Note: Totals do not equal 100 percent due to rounding.
3.7 Strengths and limitations of the research

When considering the research findings in this report, it is worth bearing in mind a number of limitations and strengths. These are summarised in Table 3.1, with a more detailed discussion in Appendix A.

Table 3.1: Strengths and limitations of the research

<table>
<thead>
<tr>
<th>Limitations</th>
<th>Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Methodological approach</strong></td>
<td>Research findings are based on a small sample, and cannot be generalised to ethnic minority communities.</td>
</tr>
<tr>
<td><strong>Sample</strong></td>
<td>The sample is self-selecting and the views of participants may be different to those of people who opted not to take part.</td>
</tr>
<tr>
<td><strong>Participant voices</strong></td>
<td>Some voices are underrepresented, for example children, and male voices from Wales and from South Asian ethnicities.</td>
</tr>
<tr>
<td><strong>Challenging subject matter</strong></td>
<td>Child sexual abuse is a sensitive topic and it can be difficult to express opinions in group settings.</td>
</tr>
<tr>
<td><strong>Bias and representation</strong></td>
<td>There is a risk of reproducing bias or misrepresenting voices when doing research with ethnic minority communities.</td>
</tr>
</tbody>
</table>
CHAPTER 4: What ‘community’ and ‘child sexual abuse’ mean to participants
This chapter sets out research findings on understandings of and attitudes towards child sexual abuse in ethnic minority communities. Such understandings and attitudes influence the other key areas of focus for this research that are explored in the subsequent chapters. A preliminary discussion of participants’ understanding of ‘community’ is included in order to provide context for subsequent research findings.11

Summary

● The idea of an ‘ethnic minority community’ was not straightforward or universally accepted. Religion, age and generation, migration, class were all factors cited as important differences between individuals in ethnic minority communities.

● Some participants felt that while others saw them as being part of an ethnic minority community, this was not how they would choose to identify themselves.

● Participants’ understanding of what constitutes child sexual abuse accorded with the definition12 presented to them in the discussion but, generally, they did not see the distinction between child sexual abuse and child sexual exploitation as meaningful.

● Some participants referred to different cultural understandings of what constitutes child abuse and some cultural norms and practices relating to children, relationships and sex that could influence how child sexual abuse is understood and responded to.

● Child sexual abuse was considered to be a taboo subject in participants’ communities. Shame and stigma were seen as strongly associated with child sexual abuse and contributing to secrecy around child sexual abuse within their communities.

● Sex education and media coverage of child sexual abuse were seen as important in raising awareness. However, participants acknowledged that many parents in South Asian communities in particular objected to sex education in schools and some participants had removed their own children from sex education lessons.

● Participants felt that awareness and understanding of child sexual abuse had increased over time. These changes were seen as generational and factors such as education in schools and increased media coverage of child sexual abuse were identified as drivers of the change.

11 It should be noted that exploring understandings of community and issues of identity in relation to ethnic group was not an aim of the research itself and it is beyond the scope of this project to address these fully.

12 See Appendix B: Glossary for full definitions.
4.1 Understandings of community

The theme of what constitutes a community and what defines specific communities and differentiates them from others recurred throughout the discussions and is described within this section to provide a grounding for the rest of the report. The discussions here also connect with and reflect the difficulty in defining the concept of ‘ethnicity’ more generally, given the many aspects of identity it can be used to signify, as set out in section 1.3.

4.1.1 The meaning of ‘community’

Participants’ suggestions for how they would define ‘community’ ranged from overarching concepts such as togetherness and identity to more specific characteristics that might build a community, including ethnicity, or act as markers of a community, such as language and food. One of the aspects of community discussed in the groups that had particular salience for the discussions which followed was that of shared norms, values or standards. Participants described these as unspoken or invisible determinants of community within different ethnic groups.

“I’m Pakistani, so in the Pakistani community, there’s certain standards and the way that you have to be.”
Female focus group participant

Religion can be a source of shared norms, values and standards for communities and was identified as important across the groups. In discussions around child sexual abuse, Islam and Christianity were frequently discussed in the context of South Asian and African and Caribbean communities, respectively. In some cases, and to some extent, participants referred to ‘the Asian community’ and ‘the Muslim community’ interchangeably.13

The family has a significant role in determining the community that children grow up in and can act as a gatekeeper to the community for children. These links are important in relation to child sexual abuse, where abuse often takes place within the family or this is the first place where child sexual abuse might be identified or disclosed. When describing their community and their identity, participants often started by talking about their family and their family’s heritage. The terms ‘family’ and ‘community’ were also often used interchangeably by participants.

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13 The usage of these terms in this way by participants is reflected within this report, however, it should be noted that the terms are not synonymous; not all Asian or South Asian people are Muslim and not all Muslim people are Asian or South Asian.
4.1.2 Differences within communities

The narratives used by participants to describe their own community highlighted that the community a person belongs to or identifies with can be multiple; can change over time; and can be influenced by personal choice as well as the actions of others. Participants highlighted differences within communities and that individuals may belong to multiple communities.

“There’s also the intersectionality, where it’s possible you can intersect different communities and different groups as well. So, you might identify, for example, as a black male, and at the same time identify as part of – someone mentioned a religious community as well. So, it’s possible that there is an intersection in all of those different identities and communities as well.”

Male focus group participant

Participants stressed the importance, for this reason, of not assuming members of communities are homogeneous or will hold the same views, including in relation to child sexual abuse. In particular gender, class, migration, generation, and place were key factors seen as differentiating members of communities and all of these were referred to within the discussions about child sexual abuse.

Some participants also felt strongly that communities were not formed based on people’s ethnic group but that ‘community’ was instead ascribed by others. Participants highlighted the asymmetry in how people from ethnic minorities are often seen as communities, for example, that people refer to the “black community” but not the “white community”. Some participants noted their perceptions that the experience of being a minority and of experiencing discrimination can create community.

“Is a community really something that you individually subscribe to, or is it something that society or other people or other groups are bestowing upon you and saying, ‘This is who you are’; is that really what a community is? [...] but the idea that I’m a part of a community [...] that is given to black and ethnic minority groups. We don’t speak about ‘white communities’ this is something that we have to come to terms with, to give us a sense of identity, and I think it’s a misnomer.”

Male focus group participant

Given the differences within ethnic minority communities described above, some participants concluded that these communities based on people’s ethnic group do not exist:

“When you used the term ‘the black community’, there’s no black community.”

Female focus group participant

There was also significant variation in the extent to which participants felt part of a community based on their ethnic group. In many of the groups with victims and survivors of child sexual abuse, participants talked about no longer being part of their communities after experiencing child sexual abuse, this is discussed in detail in Chapters 5 and 7.

While these complexities should be kept in mind when considering the research findings within this report, it is important to note that there was sufficient shared understanding and recognition of the concept of ‘ethnic minority communities’ for meaningful discussion to take place about child sexual abuse in these communities.
4.2 Understanding of what child sexual abuse is

4.2.1 Defining child sexual abuse

Awareness of what constitutes child sexual abuse

Participants across the victim and survivor and community groups generally agreed with the definition of child sexual abuse presented to them in the discussion and identified the broad range of activities that could constitute child sexual abuse. Differentiating child sexual exploitation from child sexual abuse was more difficult in most groups. Participants did identify specific features they saw as relating to child sexual exploitation, including: financial gain motivating perpetrators; grooming; and trafficking. However, definitions of child sexual exploitation varied considerably between participants and often did not correspond to the definition being used by the Inquiry.

“Child sexual abuse to me is something that the child’s experienced first-hand, one to one. Child exploitation may be they’ve been abused but they’re not – [...] online, you’re not actually physically feeling something maybe.”

Female focus group participant

Participants suggested that naivety and a lack of awareness of sexual matters in general could mean that some members of ethnic minority communities might fail to understand or recognise child sexual abuse. This tended to be framed as a problem that was more pervasive in the past and for those recently migrated to England and Wales, with children growing up in England and Wales, being seen as more aware and able to identify child sexual abuse (these perceived changes over time are discussed in more detail in section 4.5). However, participants suggested it could still be a problem today and the accounts of victims and survivors in the group highlighted the confusion they felt as children because they lacked awareness of child sexual abuse and did not know what was happening to them.

“I think sometimes the kids don’t even understand what has been done to them that is that bad, if that makes sense. They know it’s bad, but it’s – but they don’t understand if it’s that bad.”

Female focus group participant

Knowing the right language to name child sexual abuse was also seen as important and the following section discusses issues relating to language in more detail.

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14 The definitions presented to participants as part of the discussions are set out in Appendix B: Glossary. While these definitions were used to facilitate debate, participants were invited to talk about child sexual abuse and exploitation in their own words and were not ‘tested against’ or restricted by these definitions.
Language to describe child sexual abuse

Some participants in our research expressed dissatisfaction with the language used in the definitions of child sexual abuse and child sexual exploitation that they were presented with as part of the research. A participant in one group described the definitions presented to them as “very, very cold” and, in one of the victim and survivor groups, participants discussed how inadequate the terms used to describe child sexual abuse were in describing the gravity of what had happened to them. Participants also suggested that the language used to describe sexual abuse could impose or imply a false hierarchy of presumed harm to different experiences of abuse.

“The thing about the words, it doesn’t sum up the enormity of the harm that’s done”
Female focus group participant

“I feel like because they want to put like different degrees of it. So if I’m a child and a man touched me and just like touched my breast, he just molested me, but if he penetrated me then that’s rape. But you know, I mean everyone deals with things differently but at the end of the day you are still being affected by either/or situation.”
Female focus group participant

While, as described above, there was variation in participants’ ideas of what constitutes child sexual exploitation, participants felt that ultimately these terms described “the same thing” and that there was not a need for separate terms or definitions.

“Don’t put a title [on child sexual exploitation], it’s child abuse, nothing more, nothing less.”
Female focus group participant

Participants in the focus groups did not talk about a lack of appropriate language being a specific problem in non-English languages used by their communities. However, most participants in the research spoke English as a first language. Other research has identified that languages used by some communities, in particular Hindi and Urdu, can lack adequate terms to describe child sexual abuse (Harrison and Gill, 2018).

Cultural differences in understanding what constitutes child sexual abuse

Discussions did not present a clear picture of whether participants thought that ideas about what constitutes child sexual abuse were influenced by culture and, consequently, differ between ethnic groups. Some participants did think that this was the case and that, in particular, understanding can be different in other countries and migrants to England and Wales may bring those ideas with them. Discussions also touched on the context of differences in broader cultural norms about relationships, sex and children more generally which can have an impact on how child sexual abuse is understood.
Specific examples of differing ideas about what constitutes child abuse included attitudes to female genital mutilation (FGM)\footnote{See Appendix B: Glossary for definition.} (though some participants disagreed that this constituted sexual abuse specifically) and physical abuse of children:

> “In other places it might be accepted from certain behaviours to persist with young children, and yet it’s unacceptable that it goes on, and that’s just the way it is, but here, in the Western society, we’re a bit more, kind of – you know, the headlights are on all the time.”
> Male focus group participant

> “Within one culture [FGM] may not necessarily be seen as child sex abuse because it’s been practised as a tradition within society, and it’s linked to certain status.”
> Male focus group participant

Participants also identified challenges in recognising sexual behaviours as right or wrong that can be linked to uncertainties about cultural differences in what constitutes acceptable sexual behaviour. One victim and survivor talked about how she had to ask her Muslim psychiatrist whether her experiences were sexual abuse or were part of her culture, this having been suggested to her by a white social worker. He clarified for her that the behaviours were sexual abuse and not part of ‘Asian’ or Indian culture. Examples of professionals perceiving abusive behaviours to be a normal or acceptable part of some ethnic groups’ cultures are discussed in more detail in section 6.2.

Some participants spoke about child sexual abuse being normalised in their communities, sometimes due to a lack of education or awareness, and this can make it difficult for the young victim and survivor to recognise what is happening to them.

> “One of the things I think that has happened a lot within the black community is that a lot of the older generation have gone through it, and it’s seen as a normal behaviour. A lot of people don’t know what sexual abuse is. They’ve never been educated about it. ... which makes it seem like it is normal behaviour for a young girl, and even boys, to go through it.”
> Female focus group participant

Participants also discussed other cultural norms and practices that sometimes take place in some ethnic minority communities (participants cited Pakistani, Bangladeshi and Indian communities) that highlight different attitudes to sex, relationships and children. For example, marriages being arranged by family members when individuals are children or marriages between family members and ideas and norms surrounding deference to elders. These norms and practices were seen as factors that could influence understanding of and response to child sexual abuse within communities but also as related to harmful cultural stereotypes that influenced how professionals saw and responded to child sexual abuse in ethnic minority communities. This is explored further in Chapters 5 and 6.
4.2.2 Perceptions of perpetrators and victims and survivors

Gender
Participants both challenged and reproduced the idea that all perpetrators of child sexual abuse are male and that all victims and survivors are female. In discussing child sexual abuse or hypothetical scenarios around child sexual abuse (for example, how might people react to a disclosure), participants volunteered explanations and scenarios involving male perpetrators and female victims. However, when prompted, participants accepted that perpetrators could be female and victims and survivors could be male. In other cases, without prompting, participants questioned their own assumptions or interrogated why they or others held such assumptions. It was also described by participants as more difficult to accept that women could perpetrate child sexual abuse, with one participant, for example, describing it as “more disgusting”. Women’s protective role as mothers was seen as a reason behind this reaction.

“I always think of it as male-orientated, whereas a lot in the media now a lot of women are coming forward that have actually initiated the sexual abuse. So, I feel like it’s male-orientated, but it really isn’t.”
Female focus group participant

Expectations about gender and child sexual abuse were also evident in the personal experiences of some of the victims and survivors of abuse who participated in the research. One participant described it having been more difficult to talk about what happened to him as a male victim of female perpetrators because of the Jamaican “macho-orientated” culture, an experience also reported in previous research by Fontes and Plummer (2010). The response to his experience by his family was also influenced by his gender and not fitting the stereotype of a female victim and survivor abused by a male perpetrator.

Perpetrators
Experiences of child sexual abuse discussed by participants included a range of perpetrators, both family members and non-family members. Within the discussions there was a focus on perpetrators with power and status in society or within the community. Teachers and religious leaders were all cited as people with positions of power who might take advantage of this to sexually abuse children. This was talked about both hypothetically by those without direct experiences of sexual abuse and by some victims and survivors in the group who had been abused by someone in a position of power.

Participants also noted that it was often assumed that perpetrators of sexual abuse were always strangers. Some victims and survivors described how difficult it had been to recognise that they had been sexually abused and that the behaviour was wrong when the perpetrator had been someone close to them. The misconception that perpetrators of abuse are typically strangers can make it harder for victims and survivors to recognise that they are being abused. This misconception and other complicating factors connected to the relationship between the perpetrator and the victim are discussed further in Chapter 5.
“It isn’t about one particular culture, it’s about relationship[s]. So, children are taught to be aware of strangers. So, if it’s a stranger, it’s very, very easy to report it because of the relationship, it’s a stranger [...] When it’s somebody that you know, that you have a close relationship with, it becomes a bit more complex.”

Female focus group participant

Victims and survivors

In discussing who the victims and survivors of child sexual abuse are, participants noted that certain characteristics, such as having been abused before or being in care might put children at higher risk of being sexually abused. Some victims and survivors identified these factors in their own experiences, for example, of experiences of having been revictimised following their initial experience of sexual abuse. Some participants also suggested, based on their own experiences, that being isolated because of their ethnicity, or experiences of racism, made them more vulnerable to sexual abuse.

“I’m just thinking back to my growing up in this country and there only being three black children in the school, and that means that you are isolated and that you are identified as different.”

Female focus group participant

4.3 Attitudes to child sexual abuse in ethnic minority communities

This section looks at the broader attitudes towards child sexual abuse that participants felt were prevalent within some ethnic minority communities. A fuller discussion of these themes is included in Chapter 5 which analyses how these attitudes manifest in barriers to disclosure of child sexual abuse and how communities respond to child sexual abuse.

4.3.1 Child sexual abuse as shameful

The term ‘shame’ came up frequently as associated with child sexual abuse. Participants identified child sexual abuse directly as something that both individuals and communities would feel ashamed of and that carries a stigma. The responses that participants had experienced or would expect from their communities in relation to child sexual abuse also highlighted it being seen as shameful. For example, the idea that having experienced child sexual abuse would damage a girl’s marriage prospects was seen as prominent within Asian communities. These kinds of responses are discussed in more detail in section 5.3.3.

“For a child sexual abuse to take place would basically [mean to] have sex outside of marriage, [...] so it’s like this whole stigma attached to you as well as being damaged goods.”

Female focus group participant
4.3.2 Child sexual abuse as difficult to talk about

Silence was a pervasive theme throughout the focus groups. Participants identified child sexual abuse as being a "taboo subject" across Asian, African and Caribbean communities.

“I feel like in Asian communities you can’t talk about it.”
Female focus group participant

“In sort of the Jamaican/Caribbean culture, a lot of it has happened that we openly know, but it’s kept hush and it’s kept secret.”
Male focus group participant

This silence was related to the shame and stigma that surrounds child sexual abuse, a research finding consistent with existing research, such as that conducted by Cowburn et al. in 2015. To talk about child sexual abuse was seen as bringing shame on a family and even on a community as a whole. Some participants made the link between being part of a minority community and the apparent need for secrecy around child sexual abuse. Participants from across different African, Caribbean and Asian communities explained this link with reference to both the stronger social identity that ethnic minority and, in particular, migrant communities tend to have in the UK, and the problem of others making generalisations about entire ethnic minority groups or communities based on individuals or individual incidents.

“I think Indian people, if the child abuse gets exposed, they’ll think they worry that all white people and all the Afro Caribbean people, everyone else, will think that all Indian people are like this.”
Female focus group participant

“I don’t think a more English community is battling that so much because in England they don’t have so much social identity, which is another issue: there is not so much national pride. As soon as you have an English flag, you’re called racist. But the immigrants here, we still have a lot of pride so there will be people in our community [who] will want to keep things quiet.”
Female focus group participant

While describing some of the specific ways in which child sexual abuse can be hard to talk about in ethnic minority communities, participants also noted that this problem applied more widely and extended to all communities.

“I still think, because people will always find it hard to talk, whether you’re black, white, or whatever, it’s a very sensitive subject.”
Female focus group participant
Gender was seen as another factor that could make child sexual abuse difficult to talk about and as explaining why men in particular may not feel able to talk about it. One participant, recognising the prevalence of male perpetrators, highlights his own sense of shame at being a man.

“Do I even have a right to talk about sexual abuse when I’m a man?, and it’s usually men that, you know – sometimes it’s kind of shameful even to admit you’re a man sometimes in the kind of current society we’re living in. So, sometimes, we’re, I don’t know, ‘Am I equipped to talk about child sex abuse?’”

Male focus group participant

There was a consensus among participants that child sexual abuse should be talked about within communities and some participants talked about actively trying to raise awareness within their own families and communities. This is discussed further in section 4.4.4.

Chapter 5 considers how these factors of shame, silence and community pride or community honour can interlink to make it harder for victims and survivors to disclose child sexual abuse.

4.4 Influences on participants’ perceptions of child sexual abuse

4.4.1 Personal experience

Both within the victim and survivor groups and the community groups, personal experience was a source of knowledge of child sexual abuse and influenced participants’ understanding of and attitudes to it. In the community focus groups, participants drew upon either their own experiences of sexual abuse, or coming across child sexual abuse in their communities or in their professional lives. In part, this may reflect a possible bias in the sample for the research – as those with personal experience of sexual abuse are more likely to agree and turn up to take part – but it does illustrate the pervasiveness of child sexual abuse across all ethnic groups and communities.

4.4.2 Media

In general, participants recognised the power of the media, television and, increasingly, social media, to raise awareness of child sexual abuse. This was often in positive terms, and participants recounted specific storylines around child sexual abuse on popular soaps that had helped to raise awareness.

In addition, the media can influence people’s understanding of what child sexual abuse is, and who perpetrates it and who the victims and survivors are. This was described as a reason behind the stereotype of only men being perpetrators and only girls and women being victims and survivors. Participants noted that they felt the narrative in the media was, however, changing on this point.

The media has often portrayed the ethnicity of perpetrators as significant and participants identified what they saw as the media’s role in perpetuating unhelpful narratives about ethnicity and child sexual abuse.16

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16 See Lovett et al. (2018) for a summary of how these narratives have been explored in the research literature.
“They always put that, like, emphasis when it’s a Muslim, and it’s just like, ‘No, why don’t you just say what he is?’ [...] let’s say it’s a white person, for example, they won’t say, ‘Christian, white rapist’; they’d never say that; they’ll just say, ‘a rapist’, you know, ‘disgusting rapists’.”

Female focus group participant

4.4.3 School and education

As described in section 4.2.1, it was seen as important to give children age-appropriate knowledge and awareness of child sexual abuse and what was right and wrong in relation to their own bodies. Sex education in schools was one route to equipping children with this knowledge and understanding. This was borne out in the accounts of some victims and survivors, who had become aware that they had been sexually abused or who had been prompted to disclose their sexual abuse to school following sex education lessons and awareness-raising sessions in schools. One victim and survivor described how she did not know what was happening to her and was unable to articulate it until Childline visited her school and explained what sexual abuse was.

“So five years not having a name for what was going on with you. And it’s like this – like an itch you can’t scratch. Something is wrong but you just don’t know what it is. And them coming into the school and just giving the vocabulary, the awareness of it, it was like, ‘Oh my gosh’ you know, it was empowering.”

Female focus group participant

However, participants also noted that, in particular, within Asian or Muslim17 communities, many families have pulled their children out of sex education or have objected to it. Several participants, including those who identified the benefits of sex education in relation to dealing with child sexual abuse, had withdrawn their own children from sex education lessons. It was suggested that knowing what these classes were actually teaching children may make parents more supportive of their children attending. There was less agreement on the age at which such education is appropriate, with some suggesting the earlier the better, others expressing reservations about young children (for example in primary school) being educated on these matters.

“You know, maybe not so much at primary schools personally, but maybe at high schools it’s a good thing; I don’t see it as a bad thing for the children to know, are aware, but I think a lot of Muslim communities would take their children out. I personally did too.”

Female focus group participant

17 Participants used both terms.
4.4.4 Parents

Participants did not talk about their own parents as a source of knowledge of child sexual abuse. As described in section 4.3.2 child sexual abuse was seen as a "taboo subject" and, in some cases, participants suggested that their parents and family lacked knowledge and awareness themselves. However, participants did talk about action they were taking to raise awareness about child sexual abuse, in particular, for their own children.

“For me, in my home, I’d just talk about it. Not maybe to the depth, but I definitely, you know, put it out there for the boys, so that they are aware, and try to have that natural conversation.”

Female focus group participant

Participants also discussed educating their children about appropriate and inappropriate behaviours in order to keep them safe. Participants said that they would caution their children about sitting on other people’s laps, discuss with them the parts of the body where it is not okay to be touched by another person, and advise them on taking care when playing at other children’s houses. Some parents would not allow sleepovers, or would only do so under certain circumstances, such as when there were no men in the house (this reflecting gendered perceptions of perpetrators discussed above).

Some participants also spoke about how they drew on religion, to help open up conversations about child sexual abuse with their children. One participant said how she would use the values of Islam to help explain to her children why child sexual abuse is wrong and should be reported, to encourage rather than inhibit disclosure. Other participants said that they would draw attention to the fact that sexual abuse can happen within their religion to increase their children’s awareness of child sexual abuse and keep them safe.

4.4.5 Community and/or religious leaders

There were two sides to the role of community and/or religious leaders in relation to child sexual abuse. Participants identified and had personal experiences of religious and community leaders perpetrating or being complicit in child sexual abuse and this abuse being harder to deal with by virtue of the status of these perpetrators in the community (see section 5.3.3 for further analysis on this point). On the other hand, participants saw community leaders and religious leaders as potentially playing a role in raising awareness and changing attitudes to child sexual abuse. Participants identified that child sexual abuse is wrong according to Islamic and Christian teaching and there were some examples of mosques and churches speaking out against child sexual abuse or offering support to victims and survivors, though participants felt that more could be done.

“There’s also responsibility on community leaders to do more to get those who are in power, positions of influence, to do more to highlight things like this.”

Female focus group participant
4.5 Changes to knowledge and understanding of child sexual abuse over time

Participants discussed generational differences in awareness and understanding of sexual abuse, contrasting their own awareness and understanding with that of their parents, or even children, or talking about how their own awareness had increased and developed over time. With this increased awareness, it was suggested that it has become easier to talk about child sexual abuse and that the stigma around it has reduced.

This was a change that was identified as happening across communities in England and Wales, and not being limited to ethnic minority communities. However, some participants noted that this change over time may not be felt by those who more recently migrated to the UK, for whom child sexual abuse remains more difficult to talk about.

“Yeah, for those who grew up here, I think they would find it a lot more easy to talk about it, because it’s been taught to them right from a younger age, but those of us who actually grew up wherever we came from, from Africa. I came here – I just came here a few years ago. I still find it very difficult to talk about it.”

Female focus group participant

This was also clear in the way some participants who had migrated to England and Wales spoke about their understanding of what constitutes child sexual abuse.

“But now I have become older and older, I learn, you know, sexual abuse is not always you having intercourse with a man. It could be anything. It could be oral. And in this country, they say that it’s also abuse. So I’m learning what is the definition for sexual abuse.”

Female focus group participant

Factors seen as responsible for this change over time and between generations included the availability of information, for example, through education in schools or the media.

“My mum came in the 1950s from Pakistan as a young girl; she wasn’t aware of that [child sexual abuse], living in very small communities, no social media; the only communication was the three channels on TV and the family that she spent time around. So, it was just very, very small, whereas we’ve got our own experiences of growing up, we’ve got friends’ experiences of growing up, it’s in the media, it’s on the news, it’s everywhere, and we’ve kind of educated ourselves, and we look up those things.”

Female focus group participant
CHAPTER 5: Disclosing and responding to child sexual abuse
This chapter looks at the challenges associated with disclosing child sexual abuse among people from ethnic minority communities. It also explores how responses to disclosure may further inhibit or facilitate reporting child sexual abuse.

Summary

- People face a range of barriers to disclosing child sexual abuse. These include difficulties in speaking about the sexual abuse, due to the tendency to deny abuse or shroud it in secrecy, and a fear of negative responses.

- Victims and survivors may not appreciate that the behaviour that they have experienced is child sexual abuse or that the behaviour was wrong, making disclosure more challenging.

- In some cases, child sexual abuse may be denied, and participants spoke about the fear of not being believed, with some victims and survivors having experienced this. More commonly, child sexual abuse could be an open secret, with people knowing that it takes place but refusing to acknowledge it.

- Some victims and survivors talked about not knowing where to go to report abuse and this can particularly be a barrier for recent migrants and refugees.

- Participants described how responses from family and community members to disclosures of child sexual abuse can be inadequate or even detrimental, placing the needs of the family or community above those of the victim and survivor.

- Participants said that a particular concern among some ethnic minority communities can be that a disclosure of child sexual abuse may lead to the community being stigmatised or it may bring perceived dishonour on the community or family.

- Some victims and survivors spoke about distancing themselves from their communities due to unhelpful responses to their experiences of child sexual abuse. In some cases, victims and survivors may be ostracised from their family or community.

- Many participants expressed concerns about not knowing what happens following a disclosure to authorities and potentially losing control over how information may be handled or passed on.
5.1 Disclosing child sexual abuse

Many of the victims and survivors in the focus groups had, at some point, disclosed their experiences of child sexual abuse. They described a range of reasons as to how they arrived at a place where they felt ready to disclose. For some participants, it was part of a healing journey and something that they had to do in order to be able to move forward. Hearing the accounts of other victims and survivors was important for some people and helped them to disclose and access support (see section 7.2.4). For some victims and survivors their own reasons for speaking about the abuse centred on the wish to raise awareness and protect others from child sexual abuse:

“My thing is that I want people to be aware this goes on. I want to educate people about it, you know [...] for me, regardless of how anybody else sees it, I’m going to tell my story because it’s helping other people.”
Female focus group participant

“I only went forward to protect another child because I thought she was being abused.”
Female focus group participant

In one group, a few participants put themselves in the shoes of someone who had been abused and considered why they might come forward. The need to share the experience with someone was discussed, along with the hope that they might do something or tell someone:

“A hard thing to come out, and I guess for her it was the sense of letting this out, sharing it so she didn’t feel the weight and heaviness of that.”
Male focus group participant

It was apparent that for some victims and survivors, disclosure was a process. Some participants mentioned partially disclosing or testing the water to see how people would react, before deciding whether to disclose further. In cases where adults do not respond appropriately, this can mean that the sexual abuse might be dismissed or the full extent of the abuse is not understood. For example, one participant told a tutor at school about abuse at the local mosque, knowing that would lead to an investigation. However, she initially said that nothing had happened to her personally and the school and her family did not take things further and it was another three years before the participant told her sister. Another victim and survivor described disclosing an experience of sexual abuse to her mother as a ‘test’ to get an indication of how her mother might respond to her reporting the more extensive sexual abuse perpetrated by her brother. As her mother dismissed the allegations, the participant did not disclose the abuse from her brother. The need for children to be given multiple opportunities to express what has happened to them was echoed in another focus group:

“So, the child would have to be presented with more than one chance to get it off their chest, because maybe the first time of being approached they may not say, maybe the second time they may not say, and so there would have to be a number of contact points before they made that connection before they felt safe and comfortable in saying that.”
Male focus group participant
These comments highlight how important it is for victims and survivors to receive supportive responses to child sexual abuse that protect them and other children from further abuse. Yet in many cases, victims and survivors did not receive positive responses and the fear of negative responses can prevent victims from disclosing at all.

The remainder of this chapter explores the range of factors that help to maintain the silence surrounding child sexual abuse. Many of these factors could be equally applicable to all communities and ethnic groups, including white ethnic groups. Some factors however, such as experiences of racism, are particular to people from ethnic minorities.

Barriers include difficulties in identifying child sexual abuse, arising from the challenges children may face in knowing when they have been abused, and the impacts of denial and secrecy on being able to acknowledge child sexual abuse. Negative responses to child sexual abuse also inhibit further disclosure, with fear of responses preventing any disclosure. The main themes are outlined in Figure 5.1.

5.2 Barriers to identifying and disclosing child sexual abuse

5.2.1 Not knowing when it is child sexual abuse

As described in section 4.2.1, there can be different understandings of what constitutes child sexual abuse and appropriate and inappropriate behaviour among people of different ages, cultures and backgrounds, and these understandings also change over time. Some children and adults also lack awareness of child sexual abuse and, across all communities, very young children may lack the language needed to be able to explain what is happening to them.

Recognition of child sexual abuse and being able to identify when behaviour is wrong was seen as especially difficult for victims and survivors who had been abused by a family member or someone they were close to. A number of participants made reference to ‘grooming’ as one of the behaviours perpetrators use to abuse children and maintain silence, with some victims and survivors also talking about how they were groomed.

“You can coerce people and groom them into doing things. It’s called coercion isn’t it now in the law? That’s what happened to me. Like, I mean it did become a bit aggressive but in the beginning it was just a favouritism kind of thing that grew into more.”

Female focus group participant

In some cases, victims and survivors had interpreted the sexual abuse as an expression of love:

“Because I thought the person who was sexually abusing me, because I didn’t realise it was sexual abuse because I was a teenager, I thought I was in love with him.”

Female focus group participant
Figure 5.1: Barriers to disclosing child sexual abuse

**Barriers to identifying and disclosing child sexual abuse**

*Child sexual abuse cannot be identified or disclosed as it is not discussed or acknowledged*

- **Not knowing when it’s child sexual abuse**
  People and communities do not know about or talk about child sexual abuse

- **Denying child sexual abuse**
  People do not believe that child sexual abuse happens to people they know or in their community

- **Child sexual abuse as an open secret**
  Child sexual abuse is kept secret and unacknowledged

- **Not knowing where to disclose abuse**
  People do not know where to go or who to tell, to make a disclosure

**Responses to child sexual abuse that impact on disclosure**

*Negative experiences prevent further disclosure or fear of potential consequences prevents disclosure, therefore silencing victims*

- **The victim is blamed for the abuse**
  The victim and/or victim’s family is held responsible

- **Negative impacts on family relationships**
  Disclosure can lead to family strain or breakdown

- **Negative impacts on the community reputation**
  People fear racist stereotyping and dishonour

- **Separation from the community**
  The victim might be ostracised or choose to self-isolate

- **Escalation of the disclosure**
  Other people and agencies might be informed without the victim’s consent

- **Inaction or inadequate responses**
  Nothing is done to stop the abuse and there is little likelihood of justice
This can be a consequence of grooming and can also make disclosure more challenging. In one focus group, a participant described how difficult it could be for victims and survivors from the charities he works with to go through the process of recognising that the sexual abuse was not love and that it needed to be reported. Another participant argued that disclosure is easier when the perpetrator is a stranger, due to the relationship between victim and perpetrator, and that this holds true across communities.

### 5.2.2 Denying child sexual abuse

Many victims and survivors spoke of their reluctance to disclose child sexual abuse due to a fear of not being believed. This fear was borne out by the accounts of victims and survivors who had disclosed and were not believed being told that they were wrong or mistaken. Sometimes specific accounts of abuse were not believed, but in other cases there could be denial that child sexual abuse happens within the community at all. The silence surrounding abuse can be a way of pretending that abuse does not happen; “We don’t talk about it. It doesn’t happen.” Some participants described these views among people within their communities, although these views were not held by participants themselves.

“**But we don’t do this; this doesn’t happen in my family, my community, my neighbourhood; it doesn’t happen here. It happens over there, for sure, but not over here.**”

Male focus group participant

Some participants from a South Asian community described how, if they were to talk about their own child experiencing sexual abuse, other members of the community would not believe the child and family, but would instead believe that the child has done something wrong:

“**They don’t think that another person has done something to our children. They think that our children have done something.**”

Female focus group participant

Disbelief shows how hard it can be for people to hear about child sexual abuse, as well as talk about it. In some cases, it may take years for those around the victim and survivor to recognise the truth behind what they are being told:

“I think the other thing with the African community, even if the child has the guts to tell the parent or whoever, it takes time for whatever has been told to believe. Like, ‘I believe you’. Instead they tend to throw accusations like, ‘No; when something is not right.’”

Female focus group participant
A further obstacle to being believed can be the lack of corroborative evidence in sexual assault cases, including child sexual abuse, where it can be one person’s word against another’s. This lack of evidence was described by some participants as influencing whether they would take a disclosure from a child any further. In one group, participants discussed how they would be unlikely to act on an allegation of child sexual abuse unless they believed the child to be telling the truth – for example the child was not known to tell stories – and there was evidence that abuse had taken place. The participants argued that as the perpetrator would deny the claims they must be able to prove what had happened, otherwise they could not take action. Participants also discussed how a lack of evidence, particularly in non-recent cases, can make it difficult to achieve justice and this may prevent some people from disclosing to authorities:

“I’m guessing, in the mind of someone who’s a victim, and 10, 20 years has passed, that’s one of your fears; that case is going to be my word against them, I’m going to have to stand and give testimony, and expose – when actually there’s no real, hard evidence. And maybe that’s one of the fears and reasons why people aren’t stepping forward.”

Male focus group participant

5.2.3 Child sexual abuse as an open secret

In some accounts, child sexual abuse would have the status of an open secret within families or communities; it would be explicitly denied, while implicitly people would be aware that it was happening (also see section 4.3.2). This can leave children afraid to disclose an experience of child sexual abuse as it will not be acknowledged or their experiences will not be validated.

“They would be scared to say something, because – because you wouldn’t be believed anyway. Even though they know that it happened, but they – nobody is going to say yes it’s happened.”

Female focus group participant

Some victims and survivors described how they had known intuitively as children that they should not speak about what had happened to them. This silencing could happen in other areas of life, including other forms of abuse, or sometimes reflected a general view of children, that they should be “seen and not heard”. One participant described how she knew that there were certain things she was just not meant to talk about, and that child sexual abuse was just one of them:

“But it was sort of drummed into me that I need to be silent about certain things [...] And the sexual abuse was just one of them. There was criminality, there was drugs going on in the ... A whole host of things. But the thing that – the common thread that run through it was to be silent about these issues and not to speak or not to say anything.”

Female focus group participant

In one focus group, participants explained that the consequence of keeping the sexual abuse secret was that other people would “think good about you”. It was recognised, however, that secrecy also results in the abuse being able to continue.
5.2.4 Not knowing where to disclose child sexual abuse

While in many focus groups participants described a range of places where they could go to disclose child sexual abuse (see Chapter 6), in some cases people described not knowing where to go or who to talk to if they wanted to make a disclosure. This can particularly be the case for recent migrants or refugees; in one group, a participant related the fact that she would not know where to go for help to the fact that she had not been in the country long and does not have that information. However, another participant pointed out that she grew up here and does not have that information.

“I didn’t know these things, that still goes back to the fact that I’ve not been long here, so today is the first time I’ve actually seen some of these things. I only knew the police. I had to Google Victim Support, literally Google them to see where I can report something like this.”
Female focus group participant

“I was born here and I don’t know about these places.”
Female focus group participant

One participant described how attending a voluntary organisation had given her the information she needed about statutory services. However, she pointed out that while this would facilitate disclosure to authorities, disclosure to people from the same community was still considered to be impossible due to the taboo nature of child sexual abuse. This comment highlights how important it is for people to have access to statutory and voluntary sector organisations for reporting child sexual abuse:

“I think it’s good when you come to this community because like, they tell us really they – how things are here compared to where we are coming from. So it’s like if things like that happen, we know who to talk to about it. But among ourselves, we’ve not the confidence to say, because we know because of our culture, our background, our upbringing, they know those things they are like taboo; you keep them secret.”
Female focus group participant

5.3 Community responses to child sexual abuse that impact on disclosure

Participants’ accounts emphasised how an important barrier to disclosing child sexual abuse was a fear of the consequences, real or perceived, that accompany speaking out. This included victim-blaming, negative impacts on the family and community (or the reputation), separation from the community, escalation of the disclosure, or inaction and inadequate responses to disclosure.

Participants spoke from personal experience, from having witnessed how other victims and survivors of sexual abuse had been treated, and from a knowledge of how other adverse experiences tended to be responded to within their communities. These consequences can prevent disclosure occurring at all, inhibit further disclosure following a negative experience, or inhibit disclosure to certain individuals or institutions.
5.3.1 Blaming the victim for child sexual abuse

Some participants described how they had felt judged or blamed for the sexual abuse they had experienced. A male victim and survivor from the black community described how he was blamed by his father for “allowing” the sexual abuse to happen, for not being “man-enough” to stand up for it, particularly as the abuse had been perpetrated by women. This highlights how gender norms can silence and shame male victims and survivors as much as female victims and survivors (see Fontes and Plummer, 2010). A female victim and survivor also spoke about how she had felt judged as a black woman, for what had happened to her. Fear of being blamed had prevented some participants from disclosing child sexual abuse:

“Never told my parents, anybody, ever. Not ever. Because they would have blamed me. They would have said it was my own fault for being near these people; being in contact with them.”

Female focus group participant

In one group, participants discussed how unhelpful portrayals of child sexual abuse in the media which tend to blame the victim can make it harder to disclose abuse. Participants discussed how this can create an “empathy gap” among the general public, and can also lead to victims and survivors feeling that the system will not support them. This view was echoed by a victim and survivor who described his conflicted feelings about wanting to share his experiences publicly, in a book, and the fear of the response from the media and tabloid press who may twist his account.

Participants from the South Asian community described how difficult it can be to disclose child sexual abuse in their community, as other members of the community may blame the victim, focusing on the (in this example female) victim’s behaviour, such as how she was dressed and whether she went straight home from school, as if these factors played a causal role in the sexual abuse. In some cases, victims and survivors described how not adhering to cultural expectations and behaviours could lead to them being held responsible for sexual abuse.

“So if I wore my hijab properly and covered myself up, would I have been sexually abused? The answer to someone like of my parents’ mentality is no, because that is what a hijab is for, it’s for protection. That is completely false, but, yeah, I feel like that – there’s an element of that.”

Female focus group participant

The parents of the victim may also be blamed for not protecting the child, for example by allowing the child to attend a sleepover, and participants spoke about how the community would say negative things about them if they were to report abuse:

“In a lot of incidences, if incidents are reported and go to a different level, and there’s more awareness about the reporting and the abuse, there won’t be any sympathy for the victim; there’ll just be finger pointing.”

Female focus group participant
Blame for child sexual abuse can also come from the perpetrator who may lead the victim to believe that they are responsible for the abuse:

“There’s transference of — where the perpetrators will transfer their crime on to the child. Their shame. Their fault.”
Female focus group participant

5.3.2 Negative impacts on family relationships

Some victims and survivors described how a disclosure of child sexual abuse could have a damaging impact on family relationships. One participant described how, after disclosing abuse, her brother responded angrily, threatening violence and blaming her, and how her sister asked her to think about the impact on everyone else:

“She rang me and she said to me: ‘Do you know what you’re doing? You’re opening a can of worms. Why are you saying this now? Oh, you’re going to cause so many problems in the family. Are you sure this happened to you?’ I just — I said to her, ‘Yes.’ She said, ‘Think of the repercussions for your children.’ I said, ‘Well, I need to say something to’ — I said, ‘Well, regardless whether you stand by me, I’m saying it’. She said, ‘Oh, well you need to tell dad. It will probably kill him.’”
Female focus group participant

Due to the potential effect on family relationships, some victims and survivors avoided disclosing to family members. It was more common for participants to reveal how they had never disclosed to family or only disclosed after parents had deceased.

“I mean, this very day my mum doesn’t know — my dad’s passed away — my mum doesn’t know what happened, because at the back of your mind you’re scared that, ‘If I disclose this to my mother, will there be — will the regret actually outweigh the supposed relief that I’m supposed to experience?’”
Male focus group participant

Participants described wishing to protect family members’ feelings and, particularly in some communities, wanting to avoid family breakdown and questions from extended family and community members about the cause of the fallout:

“I mean, for Asian communities, not speaking to your brother is massive, and then everybody wants to know why you’re not speaking to your brother, ‘What happened?’, you know? We’re all nosey.”
Female focus group participant
Participants also spoke about the risk that child sexual abuse disclosure may lead to other issues being uncovered; in several groups participants mentioned the possibility of disclosure "opening up a can of worms". Although these concerns can be relevant for all victims and survivors, one participant argued that worrying about the impact on family was the reason for not disclosing among the people from ethnic minority communities that she knew:

“So, I know about 22 people that have been abused [...] And of all the people of colour included in this number, none of them have spoken out. And the reason is always for sensitivity or feelings of how it’s going to affect their family.”

Female focus group participant

Disclosing abuse to family members was described as particularly difficult if the perpetrator was a family member. Participants discussed mothers protecting their sons when they were accused of abuse and how abuse is less likely to be reported if it has taken place within the family. This leaves other children vulnerable to abuse; one victim and survivor described how a family member had sexually abused two step-cousins but the abuse was kept quiet and the perpetrator then went on to sexually abuse the participant.

5.3.3 Negative impacts on community reputation

Many participants discussed the impact of disclosures of child sexual abuse on the community and family. These impacts were seen to affect both disclosure and responses to child sexual abuse. Some victims and survivors described how they had felt pressured into not speaking out in order to protect their community and family from the shame of child sexual abuse. The secrecy surrounding child sexual abuse therefore sometimes functioned as a means of protection for the community, as described by one participant:

“But the culture, especially about Afro-Caribbeans, is definitely one of secrecy and protection. Protection more than anything else.”

Focus group participant

In particular, secrecy protects against the shame that was felt in the context of racism and stereotyping of ethnic groups, and from the dishonour that can be brought on communities and individuals by disclosing child sexual abuse.
Racism and stereotyping
Some participants described how experiences of communities being stereotyped or subject to racism within mainstream society underpinned responses to child sexual abuse. People from black ethnic groups in particular talked about people having a sense of pride in the community and not wanting to do anything to damage this. Participants discussed how reporting child sexual abuse could reaffirm or reinforce existing stereotypes. There was a sense that some communities have more to lose if they report abuse, given the structural barriers that people from these communities already face. For example, the underrepresentation of people from ethnic minorities in positions of power and prestige can make it difficult to acknowledge occurrences of child sexual abuse perpetrated by people otherwise respected or admired, with celebrities such as R. Kelly\(^{18}\) being cited as high profile examples.

“If you’ve got a position of power, I don’t know if it’s a thing that they feel: ‘Oh, you know, if you speak out you’re spoiling it for the rest of us because we don’t have enough of our people in certain positions’. But it’s a huge – it is a huge problem, sexual abuse in the black community, and people in those positions who are doing it, they are not challenged.”

Female focus group participant

“I was thinking that there’s a lot of pressure on the survivor not to speak, by their families, of bringing shame to the family and that shame to the community. So it can be your immediate family; your extended family, but even your community. And there’s also a sense of white people see us as bad and now you’re showing them how bad you are.”

Female focus group participant

Another concern was that disclosures of child sexual abuse may lead to communities being stereotyped by being associated with sexual abuse. This fear can be exacerbated by unhelpful media narratives that emphasise the ethnicity of perpetrators when they are from an ethnic minority group, but do not do the same when they are from a white ethnicity, as discussed in section 4.4.2.

Dishonour
Many participants described how people in their communities were keen to protect the community’s honour from the shame of child sexual abuse. This was particularly common among participants from South Asian ethnicities, although it was also discussed among participants from black ethnic groups. Honouring the community included respecting elders and taking pride in one’s family and culture. Participants also spoke about protecting the family’s honour and reputation within the community. This included keeping the family’s business within the family and not “airing dirty laundry” in public. Often when talking about honour, participants talked about both community honour and family honour interchangeably. Honour was described as being important to the community as a whole, and to families and individuals within the community, who are expected to uphold that honour.

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\(^{18}\) R. Kelly is an American singer, songwriter, musician, record producer, actor and former semi-professional basketball player, currently awaiting trial on a number of charges including child sexual abuse.
The importance of honour can take precedence over the needs of victims of child sexual abuse and the need to protect other children from further abuse. Participants described how honour prevents victims and survivors from speaking about the sexual abuse outside the family, sometimes due to the fear of violence that may be inflicted upon the victim or that may result from fighting between male members of the community.

“There’s different levels of honour. There’s the family honour where you don’t speak outside the family. It’s dealt with in the family. It’s in the black community but I would say it’s stronger in the Asian community [...] You die for that.”

Female focus group participant

“You go to your mum, you tell your aunt, you tell your grandma, she said, ‘Just sit down’, because it can end up into fight between the males and they don’t want it happening because of a girl, because they can kill each other for the name of honour. So, they just say, ‘Better be quiet’, instead of creating more fuss out of it.”

Female focus group participant

Some participants discussed their perceptions of how sexual violence may be dealt with in other countries. Participants mentioned as examples so-called “honour killings19 of rape victims in South Asian countries or lynchings of child abusers in the Caribbean. Although participants did not discuss witnessing these responses in the UK, the pressures that families face from the community can still be strong. In a few cases, participants reported that the perpetrator may be punished by community leaders who have a status described as similar to “gang leader” or “godfather”. It was not always clear in what way child sexual abuse would be dealt with, but could entail people getting hurt or even killed as a consequence.

“Now then what happens is this idea of closing ranks, ‘We’ll deal with it’. So, either the dealing with it is doing nothing, [...]. Either the doing, the keep it within closed ranks, we’ll deal with it, don’t tell ‘them’. Then they do nothing about it. Or there’s a ‘kangaroo court’20 or something. There’s somebody sometimes gets hurt. Somebody sometimes gets killed. From the inside. Or nothing at all is done about it.”

Female focus group participant

“Within my community also, through experience I’ve seen what we call ‘jungle justice’.21 So therefore you wouldn’t be reported to a service at all because you’ll have trust in certain family members who you can, you know ... you know, you can absolutely trust that justice will be served within the community and it would not go any further than that. So sometimes a child would have that trust within that family unit or within that community to actually report it to certain members of the community.”

Female focus group participant

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19 This term has been used to reflect the words of participants – for discussion around the use of the term and its definition, please see Appendix B: Glossary.

20 An unofficial court of law, see Appendix B: Glossary for further details.

21 Killings carried out by vigilantes, see Appendix B: Glossary for further details.
Claiming to protect the perceived honour of girls

Within South Asian communities, perceptions of a girl's honour was strongly emphasised as important. Participants said that others in their community would see a girl who has experienced child sexual abuse as dishonoured, she would be regarded as “tainted”, “not pure”, without “respect”, a research finding consistent with other research (Rehal and Maguire, 2014; Gilligan and Akhtar, 2006). Participants did not generally report that they agreed with this view, but described how the pressure from community members who would hold these views would influence how they would respond to a case of child sexual abuse within their community. In particular, if the community should learn about the sexual abuse, the girl's future marriage prospects could be damaged. There can also be an impact on the siblings of victims of sexual abuse; one participant described how, in her country of birth, she could not talk about having been raped as she would be blamed and it could affect her sister’s marriage. Consequently, the abuse may be kept secret, particularly in cultures that favour arranged marriages:

“In our community, if it’s a girl, then we have to keep these things secret because if the other people knows when the girl is the age of they’re getting married, it’s going to be really hard for her.”

Female focus group participant

“So I feel like in Asian communities you can’t talk about it. Often, with a lot of Asian communities, certainly in the Bangladesh community, I feel like there’s this huge emphasis on, you bring your daughter up and [...] you arrange her marriage. If you acknowledge the fact that she’s been sexually abused and that reaches out to other people, then what are the chances of her finding a good partner for you to arrange that marriage for her? Because they don’t consider the fact that a woman is able to find her own partner.”

Female focus group participant

In some cases, the family and community may take steps to “restore” the girl's honour, for example by encouraging the girl to marry her abuser. A victim and survivor from a Muslim background described how she was told, by people both within and outside her family, that she should marry the man who abused her because he “took my virginity”. These views can be influenced by the attitudes people described in their own or their parents’ countries of origin. For example, one participant described a case in Saudi Arabia where a 9-year-old girl was raped, but the response focused on performing surgery and providing a certificate to evidence this as she needed to be a ‘virgin’, rather than on punishing the perpetrator. In a different group, a participant described how a man in India who had been jailed for raping a 5-year-old girl said that he would marry the victim when he got out of jail as no one else would want to marry her.

“So, he’s missing the concept that he’s molested a child; he’s just thinking of her as a woman, as an object, ‘I’ll fix it by marrying her, because nobody else will marry her.”

Female focus group participant
These comments recall earlier studies that have located child sexual abuse and exploitation on a spectrum of violence against women and girls (Cowburn et al., 2015; Gohir, 2013). It was apparent from discussions that the importance of female honour is something that girls can internalise at a very young age. In one focus group, a participant described how three of her daughter’s friends were raped at the age of nine by a stranger. They did not tell anyone because they knew that it was important that they were virgins when the time came to be married and they were scared of how their parents might respond. Internalisation was also apparent in another account from a participant, who had been sexually abused along with her sisters by her cousin. She described how her sister did not want the family she had married into to know about the sexual abuse. For the sister, moving on from the abuse meant marrying into a respectable family and being able to maintain that position. The participant saw her sister’s attitude as an attempt to maintain pride and avoid “airing dirty laundry” in public:

“It’s like even for her she doesn’t want her external family now she’s married into, you know, to know anything about it. It’s like: ‘Well, we actually made it through all the shit that you did; we still managed to marry into well-to-do families. We’re okay. We don’t need them to have all this raked up’. But she forgets: it was your own cousin that did that stuff, do you know what I mean?”

Female focus group participant

In some communities, the concern with the girl’s honour may be regarded as being in the best interests of the child. One participant described a family she knew where abuse was not reported to authorities but was kept hidden and how the apparent outcome appeared to validate this decision:

“She’s happily married, she’s okay, I’m assuming; long-term I don’t know, but she is happily married, she’s a mother herself now, and I think what mum is probably thinking now is she’ll be thinking, ‘Thank god we didn’t take it any further, because maybe my daughter wouldn’t have this lovely arranged marriage’ that she’s in, and she’s now a mother of two children; she’s happy; ‘Had I pursued this, I may have ruined her chances of having a bright future’. So, in the parents’ head, they made the right decision for their daughter.”

Female focus group participant

As one participant pointed out, the consequence of focusing on a girl’s honour is that responses concentrate on the girl’s marriage prospects, rather than focusing on the behaviour of the perpetrator. Some participants explained that nothing could be done about the incident that had already happened, but if the community were to find out then further damage would be done to the girl’s reputation (see Reavey et al., 2006). This can lead to perpetrators not being brought to justice.

“The shame in the community is shifting, so he can get away with it.”

Female focus group participant
Protecting people in positions of power

In some discussions, participants spoke about how the concern for the reputation of individuals in the community, particularly those with power and influence, could take precedence over reporting child sexual abuse. One South Asian participant described how people from her community tended to revere educated people and so when she was abused by an educated and respected Pakistani man and told her mother, she was told that he was simply being nice to her. The participant considered it probable that the perpetrator’s education and standing in the community was likely to have played a part in why her mother responded the way she did. Participants also explained that in their culture they could not speak badly of their elders:

“It’s like you daren’t tell your family about child abuse, because you do not talk about your elders.”

Female focus group participant

As discussed in section 4.5, participants described generational differences in responses to child sexual abuse. One South Asian participant felt that this tendency to protect those in positions of power was more common among her grandparents’ generation and that the current generation have greater understanding in terms of the need to protect children from abuse:

“If you go back to my grandparents’ age, for example, it is a taboo subject, it is shoved under the carpet, ‘Let’s not talk about it, because this person is my so-and-so, and what will the wider community or the direct family think of this person, and what will the implications be on this person?’ It’s a reputation at stake, especially if they’re in a position of – for example, the imams of a mosque or, you know, very affluent positions, the last thing – even though your inner-self might be telling you that you should expose this person so it doesn’t happen to anybody else, you probably won’t go ahead with that, with your instincts, and follow that through, because I think now – now, we have much more knowledge and understanding.”

Female focus group participant

Participants’ accounts of responses to child sexual abuse within their families and communities highlight different perspectives on the importance of the collective versus the individual. In particular, participants spoke about how the needs of the community and family could be prioritised over the needs of the victim and survivor.

“That we might think, ‘Oh, we’re not telling because we’re keeping it within our ethnic minority group. But what it is, is the importance of the group against the individual, isn’t it? It’s, we may have been raised to defer and think our loyalty to the group, to the family, to the community, should be more important than our own sense of right and wrong.”

Female focus group participant
These tensions reflect how, in some communities, the group or community is valued more highly than the individual, whereas in other communities, including often in Western societies, a strong emphasis is placed on the rights of the individual. This is reflected in laws that protect those rights, such as the Sexual Offences Act 2003, the Forced Marriage (Civil Protection) Act 2007 and the Modern Slavery Act 2015. The tension between the importance of the individual versus the importance of the community may cause conflict where some members of a community may have adopted a Western view, while other members may adhere to the collective view of their heritage. In some cases, this conflict has led to victims and survivors being separated from their communities.

5.3.4 Separation from the community

Due to the shame associated with child sexual abuse, victims and survivors may face being ostracised from their families and communities. In one group, participants asked “this is happening within our community, how do we expose it without being ostracised?”. Victims and survivors spoke about being cut off and cast out from their communities and families and how these experiences, if witnessed by other children experiencing abuse, can further inhibit disclosure:

“If any of my siblings’ children were being abused right now they probably wouldn’t say shit because they know of their aunty, who nobody talks about, I would imagine that’s how it is, you know, this is what happens if you talk about something, you’re no longer part of anything, do you know what I mean?”

Female focus group participant

“I just want to say that my impression from the Asian community is that if you complain, if you say at all, ‘I was raped’ or, ‘I was sexually abused’ they don’t want to know you. That’s it. They just don’t want to know you. You’re just completely cut off.”

Female focus group participant

These experiences echo what has been reported in other communities, for example people who have been abused in religious institutions being forced to leave their faith, family and wider religious community (Hurcombe et al., 2019). One survivor, who spoke out about the sexual abuse she had experienced but remained resident in the area, described feeling highly intimidated by her community who she described as being against her. Some victims and survivors chose to separate themselves from their community, sometimes for their own safety, sometimes blaming the community in part for enabling the sexual abuse to happen or for not supporting them when it was uncovered:

“What I don’t understand is how my mother could allow her son to do what he did to her daughters, and I think is it your community that allows you to be able to let that happen? I think that’s why I’ve disassociated myself from our people.”

Female focus group participant

However, some participants argued that being ostracised is more likely to happen in other countries rather than in the UK:
“Like in our country back home, if something like this happened, people would just hide it. They would say: ‘Oh, no, now this thing has happened to this person. It’s shameful’ or, ‘Something bad has happened to them’ and just take them out of the community. But here if something is brought up to a platform or somebody, people would sympathise with it; they will understand, ‘No, it’s not this person’s fault. Something bad has happened’. So, you know, they would encourage you and they would be like – they would support you instead.”

Female focus group participant

5.3.5 Escalation of the disclosure

Some participants expressed concern about what would happen following a disclosure, in terms of the ‘snowball effect’ and who else might be informed. Some concerns centred on the involvement of statutory institutions, including how they may share information or how other agencies may become involved, including fears that children may be removed from the family home, and these are discussed in more detail in sections 6.3 and 6.4.4. Anxieties related to telling friends or family were also voiced, including information getting back to the child’s parents, or the victim and survivor lacking any control over who would be subsequently informed:

“For me, my choice is silence forever, because I’m thinking what’s the alternative? How are they going to treat this information? How is it going to benefit me by everyone knowing who it is, you know?”

Female focus group participant

“So, you’ve shared something with somebody, but then your worry would be, ‘Who are they going to tell?’, and, ‘Are they going to tell this person; have they told this person?’ and stuff like that. So, that could be another barrier of stopping them from actually saying something.”

Male focus group participant

To improve responses, putting the needs of the child first was discussed by a few participants; in one focus group, a participant spoke about the need to ensure that the child consents to any action taken and understands what is happening and why. In the male-only focus group the importance of meeting the needs of the victim and survivor, and the importance of bringing the perpetrator to justice and preventing further abuse, was discussed. In particular, participants discussed the dilemma of what to do if the victim and survivor does not want the sexual abuse to be reported to anyone else or escalated further:

“A very, very close friend disclosed to me something that happened to her, and my immediate response was – because I knew that person – my immediate response was, ‘Wow, okay; are we going to sort this out?’ And she begged and begged, ‘No, no, that’s not the way; I don’t want this to escalate’, you know; she was wary of consequences then, and ramifications. So, that is, like, a huge issue: if someone actually comes to you, what do you do with that information; how do you signpost, or what other mechanisms do you bring in to support and help that person? I literally didn’t know what to do. And she wouldn’t report it herself, that’s the thing.”

Male focus group participant
5.3.6 Inaction or inadequate responses to disclosures of child sexual abuse

In some cases, victims and survivors described how the sexual abuse had been discovered or identified, but no action was taken, either to stop the abuse or to bring the perpetrator to justice. One participant described how her mother walked in on her step-father sexually abusing her but turned around and walked back out and did nothing to address the abuse. Another victim and survivor described how she had told her mum about sexual abuse she experienced from a tutor, but her mother dismissed her allegations. This inhibited the participant from disclosing other experiences of abuse and also from disclosing to anyone else, as she felt that if her own mother did not believe her then no one else would.

In some cases, participants said that people may put a stop to child sexual abuse, for example by keeping the victim away from the perpetrator, but would not take further action by reporting the abuse to the authorities. Some participants argued that this is more likely to happen now than in previous generations, where abuse might have been ignored.

“I still feel within our community that they would turn around and be more aware of it, and if they knew they’d stop it – maybe not so much when I was growing up, but they would now – but would they go as far as reporting it to the police? No, that’s one step too far.”

Female focus group participant

Some victims and survivors spoke about how the likelihood of inaction or unhelpful responses meant that they saw no benefit to be gained from disclosing. Concerns were expressed that the low conviction rate among those accused of child sexual abuse may deter victims and survivors from going through the ordeal of a court process if it is not going to lead to justice (see section 6.4.3 for further discussion):

“When there are actual cases of clear evidence that this person has perpetrated this act, when it goes to court, if they have a fantastic lawyer they often get acquitted. So, you look at the numbers, and you think, ‘Actually, am I going to regret – is the end result of me reporting this thing going to be actually worse than the beginning?’, so you actually think, ‘Actually, I’m not going to report it.’”

Male focus group participant
CHAPTER 6: Perceptions and experiences of institutions and institutional responses in relation to child sexual abuse
This chapter explores participants’ perceptions and experiences, direct and indirect, of statutory institutions in relation to child sexual abuse.

Summary

- Overall, participants tended to hold negative perceptions of statutory institutions and there was a general sense of mistrust relating to responses to child sexual abuse.

- There were mixed views about reporting child sexual abuse to institutions; some participants reported that they would not want people in their community to know about child sexual abuse if it occurred in their family, so they would prefer to approach authorities.

- Other participants said they would not report to statutory institutions, or would be reluctant to, and many of those participants tended to say they would go to voluntary sector organisations or their own community.

- There was a common perception that statutory institutions and some professionals within them hold racist and cultural stereotypes regarding ethnic minority communities, and that institutions lack cultural diversity, affecting institutional responses to child sexual abuse in ethnic minority communities.

- Some participants, especially victims and survivors, believed that professionals and institutions have a fear of being perceived as racist, leading to non-action or inappropriate action in response to child sexual abuse in ethnic minority communities.

- Participants recognised the police, schools, courts, children’s social care services, religious and health organisations as having a safeguarding role in responding to, and protecting children from, sexual abuse, but there was no single institution that participants across all the focus groups consistently stated they would report to.

- Some participants reported positive perceptions and experiences of institutions and well-trained individual professionals who did identify and respond appropriately to child sexual abuse.

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22 Please refer to Appendix B: Glossary.
6.1 Levels of trust in institutions

“*My own experience is being let down by every institution ... throughout my entire life.*”
Female focus group participant

The following were identified and recognised by participants as having a responsibility to respond to child sexual abuse: the police, children's social care services, schools, health and religious institutions and voluntary sector organisations. Although it was occasionally not clear whether participants were referring to statutory institutions or voluntary organisations, most of the discussions around services focused on statutory services, such as the police and children's social care, and these institutions form the focus of this chapter.

Participants tended to talk in terms of both institutions and individual professionals, and it was apparent that some participants saw their experiences of individual professionals as representative of the respective institutions. Some participants also recognised the constraints that professionals may experience while working within statutory institutions and voluntary sector organisations, such as a lack of resources. Negative experiences with professionals may in some cases result from professionals being required to follow poor institutional practices, or they may reflect the bias and improper behaviour of individual practitioners. In addition, participants’ views and discussions were often shaped by whether they were drawing on their direct experiences or the experiences of someone else. Participants’ level and type of experience influenced their perceptions of institutions, not always in terms of their views but often in the strength of feeling attached to them. For example, people spoke with more intense emotion when reflecting on personal experience as opposed to experiences of others and hypothetical situations.

Overall, discussions regarding institutions and child sexual abuse revealed a lack of trust in many of these institutions and often led to participants expressing negative perceptions, experiences, and dissatisfaction with institutions, particularly statutory services like the police and children’s social care services, reflecting the findings of other research (O'Neill Gutierrez and Chawla, 2017; Gilligan and Akhtar, 2005). In addition, some participants said they would not, or would be reluctant to, report to statutory services, preferring to deal with child sexual abuse within their own community (see section 5.3), illustrating the “disinclination” to report to institutions identified by O'Neill Gutierrez and Chawla (2017). Other participants said they would prefer to report to voluntary sector services such as Barnardo’s, the National Society for the Prevention of Cruelty to Children (NSPCC) or Citizens Advice. This is unsurprising given that most of the participants were accessed via voluntary sector organisations they were already involved with and many participants spoke positively about their experiences with these organisations. It was noteworthy that in one focus group, participants did not really engage with the discussion about reporting to institutions, giving the impression that institutional responses tended to “make things worse”, and instead they focused more on how communities would deal with allegations of child sexual abuse.
6.2 Racism and cultural stereotypes

“We experience racism sometimes.”

Female focus group participant

A common theme that emerged from the focus groups, and which supports many of the research findings from the literature review (Cowburn et al., 2015; Thiara et al., 2015; Fontes and Plummer, 2010; Gilligan and Akhtar, 2005), was participants’ perception that some institutions and professionals hold racist and cultural stereotypes that affect their responses to child sexual abuse in ethnic minority communities. There was often a sense that participants felt ‘othered’ by institutions, creating mistrust, which underpinned issues around disclosure and reporting to institutions. Institutions were also seen as not being "culturally diverse enough", which is discussed in Chapters 5 and 7. A lack of diversity can exacerbate a sense of difference for people from ethnic minorities, even when the services are helpful:

“We experience racism sometimes.”

Female focus group participant

“A common theme that emerged from the focus groups, and which supports many of the research findings from the literature review (Cowburn et al., 2015; Thiara et al., 2015; Fontes and Plummer, 2010; Gilligan and Akhtar, 2005), was participants’ perception that some institutions and professionals hold racist and cultural stereotypes that affect their responses to child sexual abuse in ethnic minority communities. There was often a sense that participants felt ‘othered’ by institutions, creating mistrust, which underpinned issues around disclosure and reporting to institutions. Institutions were also seen as not being "culturally diverse enough", which is discussed in Chapters 5 and 7. A lack of diversity can exacerbate a sense of difference for people from ethnic minorities, even when the services are helpful:

“To them it’s like I think there’s an external view of our people which is: ‘Oh, you lot do that anyway, don’t you? You marry each other.’”

Female focus group participant

“I was going to say that all these people are helpful, but the thing that I found really difficult was being able to relate with somebody, because unfortunately all these people ... they all have one thing in common: they’re white, and they just don’t appreciate – like whether the – it’s not intentional or whatever, but, you know, they just don’t appreciate that culture – cultural barrier and like gap.”

Female focus group participant

Several participants also talked about their perception and direct experience of professionals’ fear of “stepping on cultural sensitivities” and fears of “the community accusing them of being racist” as a reason for either overlooking or not acknowledging child sexual abuse. Other studies in the literature review reported similar research findings (O’Neill Gutierrez and Chawla, 2017; Gohir, 2013; Webb et al., 2002). A victim and survivor participant illustrated how this left her feeling overlooked and unprotected:

“I just wish social services just barged in and took me into care, and took me and my siblings into care ... but they were so intent on not coming across racist or coming across culturally insensitive, that they forgot about the person that was being hurt here.”

Female focus group participant

Other participants, both males, echoed this sense of being overlooked by professionals as a result of cultural and gender stereotyping. One participant felt that professionals just saw him as “a difficult black boy”, which resulted in a failure to identify him as “a vulnerable person ... who was actually crying out for help”. Another participant extended this view to state that he believed a white child would have been responded to more effectively than a child from an ethnic minority, and believed that his ‘bad’ behaviour was interpreted by professionals as ‘typical’ for a black child:
“I did a lot of bad things; I was playing up, and I think it should have been picked up on that something’s wrong ... But I think if a child of colour or black kid or Asian kid maybe plays up and, you know, does things and gets violent or whatever, it’s sometimes seen as typical. It’s not investigated ... Where I feel if it’s a white kid that maybe does something wrong it’s: ‘Oh, something’s got to be wrong; let’s look into it. Let’s find out why he’s behaving this way.’”

Male focus group participant

There is a lack of research regarding the experiences of boys and young men from ethnic minorities of child sexual abuse but some research recognises that gender can be a “factor that obscures” the identification of child sexual abuse, particularly in relation to boys and young men, and largely as a result of stereotypes and perceptions surrounding masculinity (McNaughton Nicolls et al., 2014a:16). Other research highlights that some professionals may hold gender stereotypes of boys and young men, which may influence aspects of professional practice relating to identification and referrals (McNaughton Nicolls et al., 2014b).

Participants across all the focus groups shared a perception or experience of racism and cultural stereotyping from a range of institutions. The impact that this can have on people from ethnic minority communities, especially victims and survivors, is significant:

“... the impact of racism actually can render you very vulnerable, the stereotypes within racism, in terms of you know ‘black people are more sexual’, might actually make people think that ... which is a stereotype that I heard of growing up, that black people are more sexual.”

Female focus group participant

A direct result of the common experience of racism and cultural stereotyping is the creation of mistrust and a lack of confidence in some institutions among many of the participants. Some people, particularly victims and survivors, talked about the difficulties of disclosing to institutions and having little confidence in the system, perceiving institutions as “not set up properly”, with “holes, gaps everywhere”. A sense of mistrust was evident, fuelled by either perceptions or experiences of institutional failure:

“I think, from what you hear and pick up and take in and read and speak to people, I think there’s been a lot of institutions failing people. A lot of institutions fail people.”

Female focus group participant

However, not all experiences were negative and not all participants had experienced racism from institutions in their response to child sexual abuse, as one victim and survivor demonstrates:

“All I was going to say is in contrast to other people’s experiences, all the people that I reported it to were white, but they were – I mean, the police, I mean social workers, I got taken into care soon after, the police, the doctors, you know, they were all so supportive.”

Female focus group participant
6.3 Confidentiality

Mistrust in institutions was also evident in participants’ concerns about how institutions would share information about disclosures of child sexual abuse, and with whom. Some participants argued that people in their communities would be put off approaching authorities due to fear of the information being more widely reported, especially if a case were to go to court. One participant described how although her case was kept anonymous within the press, people in her community were able to work out her identity during her court case and the details, including her name, were reported on a local website.

The requirement placed on institutions to keep information relating to child sexual abuse confidential was highly important for many participants. However, participants argued that some people from their communities may not be aware of confidentiality and the laws that protect the anonymity of the victim and survivor. However, some participants reported that they would not want people in their community to know about child sexual abuse if it occurred in their family, and they would prefer to approach authorities but their willingness to do this depended on the degree of confidentiality that people felt that they would receive. It was suggested that if people were more aware of the processes they might be more willing to come forward:

“I think, because they’re not aware of the confidentiality that’s involved – and that would be hugely confidential; they wouldn’t say, ‘So-and-so has reported such-and-such a thing’; it would be confidential, but I’m not sure whether they believe how far that confidentiality would go. They don’t want to be pointed fingers at, they don’t want to be known as, ‘These are the people that reported so-and-so a person.’”

Female focus group participant

6.4 Participants’ perceptions and experiences of specific institutions

6.4.1 Police

The police featured in several of the focus group discussions, and particularly in the all-male focus group, the majority of whom identified as African and Caribbean. The discussion in this group is drawn on quite heavily in this section. Several of the participants in this focus group had strong views about, and sometimes low opinions of, the police that were often underpinned by a lack of confidence, and sometimes suspicion and mistrust, in their ability to deal with child sexual abuse well and their approach to people from ethnic minority communities.

Although some participants in this group and across the focus groups said they would report, or had reported, child sexual abuse to the police, the overall view of the police was generally negative. Participants talked about the police’s general approach as being off-putting, of not acting “quick enough” or being “not really that interested”, and a victim and survivor participant talked very angrily about the “serious, serious, serious negligence” in the way the police have handled her case. Mistrust and suspicion of the police was a common theme, with one participant describing them as “the enemy ... who come into your home to help ... but you’ll be getting scrutiny, not to be trusted.”
"If you report a crime, they [the police] walk into your front door, and they take charge, you know; it’s not, ‘Come in’, it’s, ‘boom!’, right into the house, so it renders you completely irrelevant and at their beck and call."

Male focus group participant

Shame was also associated with the act of reporting incidents, including child sexual abuse, to the police. South Asian participants described how it was not regarded as a good thing to ‘name and shame’ in their culture and that this leads to a lot of covering up and how, in the Pakistani culture, it is seen as shameful to go to the police.

Participants’ perceptions of police responses to child sexual abuse in contrast to other crimes were interesting. One participant in this group identified “a bit of a myth that black people don’t call the police” and went on to clarify that the issue was not that black people do not call the police, but rather what is relevant are the circumstances in which they will call the police. The discussion around this suggested that there was a shared perception of the police as being better able to respond to more general crimes, such as burglary, than child sexual abuse. One reason for this was a perception that the police lack skill and sensitivity in identifying and responding to child sexual abuse.

“Why would you call the police, knowing that someone has done something wrong, but then having a victim you want to care for? You wouldn’t necessarily call the police for that ... if your focus is on the victim.”

Male focus group participant

“The two police turned up while I was at the mosque saying, ‘Your daughter’s been saying this’ ... almost like I was in trouble ...”

Female focus group participant

Some participants expressed doubts as to whether the police are “actually the right people” to respond to reports of child sexual abuse. One participant identified the need for “maximum sensitivity” in response to cases of child sexual abuse, and a lack of training was identified by some participants as preventing this, highlighting that police “are just not trained in the art of dealing with people psychologically”.

Racism and racist stereotyping were also talked about specifically in relation to the police and their relationships with some ethnic minority communities, with one participant stating “the police frame us [ethnic minorities] as actually being quite criminal”. Another participant shared this view:

“The police can be against us. You could call the police because you are suffering from domestic abuse and the police can come in and say, ‘Yes, but are you legally here?’; They may be more interested in [that].”

Female focus group participant
There were mixed responses in terms of specific ethnic minority communities reporting to the police, which perhaps reflect cultural norms and values within some communities and links to the barriers to disclosure discussed in Chapter 5.

“I do believe that people from my community, so the Pakistani community, are less likely to go to the police, because it’s – then it’s seen as dishonourable, and there is that shame connected to it.”
Female focus group participant

A few participants talked about how their community's perceptions of the police have changed in comparison to their communities 'back home' as a result of living in the UK:

“I speak about Arabic community, but [it is] now changing, because we live in [the] UK maybe. Now our community here, they can speak, they encourage each other to tell the police.”
Female focus group participant

There were also participants with positive perceptions of the police, believing their purpose was “to protect”. One participant said she would report to the police, “because we feel safe” with them. Others recognised the police's role in responding to child sexual abuse, and also in signposting victims and survivors to support services (see section 7.2.1):

“... that’s why I said the first point for me would be the police, because the police are able to engage the other services, or they refer you to other services.”
Female focus group participant

Some participants recognised the challenges the police face and the constraints within which they work:

“... police numbers are being cut, resources are stretched, they’re working overtime, they don’t have the resources to put to this area [child sexual abuse].”
Male focus group participant

A few participants recognised improvements within the police in that they are "getting better training" and having “specialist ... officers and all of that now”. There were also some positive experiences of interactions with police among the participants, particularly a few of the victims and survivors:

“I was just going to say, because mine’s quite the opposite, as in it was the police that really supported me to say the word ... to deal with it, ‘You’ve been abused’ ... they have been very, very supportive, the police, the court, straightaway knew what it was, called it what it was.”
Female focus group participant
6.4.2 Schools

Overall, many participants seemed to have clear expectations and understanding of the role of schools in relation to "the guidelines that school has to follow" when responding to child sexual abuse. This could be because many of the participants had more awareness of, and contact with, schools either as parents or as school staff. Several participants were aware of the role schools play in educating children about healthy and safe relationships; participants were supportive of this though some had reservations around sex education in schools and the age at which awareness-raising takes place (see section 4.4.3). One participant gave an example of a school that ran a parent support programme which addressed issues of abuse and provided childcare for the parents so they were able to attend, illustrating a proactive approach to safeguarding. There was an acknowledgement among participants that schools can be a good place for a child to disclose abuse because they often have appropriate staff, such as counsellors or learning mentors, which can give children a place to speak without telling their family:

“If you’re a child in school, you might not tell your parents or your family, but you could tell your teacher ... because in schools they’ve got counsellors and all that.”
Female focus group participant

In contrast, some participants expressed concern for a child who discloses abuse in school, particularly in relation to the child's fear of their parents finding out. This links back to the concerns about confidentiality discussed in section 6.3 and highlights a perception that schools (as well as the police and children's social care services) can sometimes make things worse for the child, which one participant describes as “installing more fear” in the child.

“So they’ll [the school] involve the social services and then obviously they will call in the parents, so now that child is already put in a position like, ‘Oh, my God, my parents know I’ve done this.’”
Female focus group participant

Victim and survivor participants shared their negative experiences of their school or of particular professionals within their school being “rubbish”, and gave examples of schools failing to identify them as victims of abuse, and the impact this continues to have on them.

“I find school like very – an emotive topic because they were people that were seeing me every day; they were seeing my behaviour and they were punishing me and not investigating. I find that really – I find that really hard to forgive.”
Male focus group participant
Some participants wondered if their negative experiences were as a result of racism and cultural stereotypes on the part of professionals. Gender stereotypes may also have played a role in how professionals responded (McNaughton Nicolls et al., 2014a, b). In some cases it was clear that racism or cultural stereotypes were at play. In other cases, participants were less clear if their experiences were linked to being an ethnic minority child in a majority white environment and if having had professionals from the same ethnic background would have made a difference. This latter point links to the earlier discussion in this chapter about the “whiteness” of many institutions and also to considerations of culturally appropriate support in Chapter 7.

“[My mother had] beaten me and I couldn’t do PE because my wrist was obviously broken and I couldn’t go to hospital, how the hell am I going to go to hospital, and I said, ‘My wrist …’ A PE teacher actually looked at me and said, ‘I think it’s a culture clash’. I just remember thinking: ‘Well, there’s nothing I can tell you in that case, [about] what’s going on in my house because you literally shut me down with that phrase’.”

Female focus group participant

“I went to a very white middle class school, and I do wish I had some sort of Asian teacher or something that could have mediated and maybe helped my family situation […] Like I remember at school telling a teacher, a white teacher, that my dad hits me, and she did nothing about it.”

Female focus group participant

6.4.3 Courts

This section relates specifically to the victims and survivors in the focus groups who had disclosed and reported their experience of sexual abuse to the police and had gone through the criminal justice system, which they generally referred to as ‘court’. Talking about their experiences in the focus groups was difficult for some participants and left them angry and tearful. Most of the participants who had been through the court system described their experiences negatively, for example, as “another abuse” and “an absolute trauma”. One participant described having to:

“... air my business out to strangers ... I was forced to do that in court ... I had to find my voice that day.”

Female focus group participant

A lack of formal support was identified as a factor which exacerbated the difficulties faced by victims and survivors when navigating the court process as a result of experiencing child sexual abuse. Another participant, when talking about this lack of support, said that professionals within institutions responding in a human manner was more important than legal expertise or cultural knowledge:

“You don’t need somebody to understand all the laws. You don’t need somebody to understand all the cultures, all the diversities, you just need somebody to just be a human being and just give you the information and not make comments.”

Female focus group participant
Some of the victims and survivors had to wait years for their case to get to court and they were not always sure, or kept properly informed, of what was happening with their case. Some participants believed that the professionals had made mistakes in their cases:

“I found out three years ago that in [date] my [perpetrator] was taken to court for sexual abuse. Where was I? How do I not know this? ... To have found this out [at my age] in my forties is gutting.”
Female focus group participant

“I think the police knew that they’d made a mistake. They had me straight back in there ... But they do make mistakes. The CPS made a mistake ....”
Female focus group participant

In contrast, one participant offered a different perspective by highlighting that in his experience as a magistrate:

“... the behaviours are changing by the CPS and the police; they are more positive towards the victim; like, they’re more supportive now: it’s not a case of, ‘We don’t believe you, but we’ll just go through the motions’; it’s actually far more positive; it’s still a long way to go, but it’s definitely a damn sight better than what it was even five years ago.”
Male focus group participant

6.4.4 Children’s social care services

Although participants did talk about children’s social care services in relation to child sexual abuse, they did this less than they talked about schools and police. The safeguarding role of children’s social care services was recognised by participants, particularly victims and survivors who often had direct experiences of them, and a few participants recognised the support that children’s social care services can offer, such as support groups. However, on the whole, participants shared largely negative perceptions and experiences of children’s social care services, with many participants revealing a sense of fear about reporting to them. Some participants shared their experience that “reporting [to statutory agencies] didn’t solve the issue” but “broke” the family.

“Because I think the biggest fear of a child is getting – being taken away from your family.”
Female focus group participant

“But unfortunately sometimes it’s reported and the child is removed from the home, put into foster care and all sorts of other things.”
Female focus group participant
As with perceptions of other institutions, participants also identified racism, cultural stereotyping and ethnicity as being factors that influenced their perception of children's social care services' responses to them:

“Social services frame us [ethnic minorities] as actually quite dysfunctional.”
Male focus group participant

“If the social worker’s white and we’re from an ethnic minority I think the social worker’s scared of being accused of being racist, so they just stay clear.”
Female focus group participant

Experiences of being culturally stereotyped by social workers was also evident in some participants’ interactions with children’s social care services. One victim and survivor participant shared her experience of when she disclosed abuse as a child to a social worker, and illustrates the impact that cultural stereotypes and a lack of cultural understanding can have on a person:

“The social worker was white, okay, and she said to me, ‘This is not sexual abuse. This is your culture’. Even today, I’m so traumatised by this.”
Female focus group participant

She described how, decades later, she is still “traumatised” and has, over the years, sought reassurance and validation from other professionals in different institutions that “This is sexual abuse. This is not Asian culture or Indian culture. This is sexual abuse.” This example illustrates the importance and power that professionals' responses to victims and survivors of child sexual abuse can have, and how a poor response can exacerbate the trauma of the actual abuse.

One participant reported suspected child abuse to children’s social care services, but was left feeling disappointed by what she considered to be their lack of response:

“... they left the child in their home. There was no big investigation. And left it at that ... Now, for me, that’s a big fail and very upsetting because I know what that child is now going to go through.”
Female focus group participant
6.4.5 Health services

Several participants identified health services, such as a GP or NHS professional, as being a place or person they could have, or indeed have, disclosed or reported abuse to. However, there was a recognition of the limitations of GPs, for example in the limited time that they have to spend with patients and follow matters through. Participants spoke more positively about healthcare professionals who were from the same ethnicity (see section 7.2.3) although one participant said that she would not see a doctor from the same ethnicity due to a fear of being judged. Overall, participants talked more about negative experiences of health services and professionals than positive experiences, highlighting poor practices in responses to child sexual abuse, as well as a failure to identify sexual abuse:

“A GP was called … I was examined and he said he could find nothing. I’d been raped. There was blood on the bed. Yes. There was blood on the bed. I was five years old. GP couldn’t find a problem.”
Female focus group participant

“All the medical issues that came up, medical people knew, when I was in the hospital, and the GP knew I was being abused but they also did nothing.”
Female focus group participant

6.4.6 Religious organisations

Participants did not discuss their experiences of disclosing or reporting to religious institutions in the focus groups, but there was a shared view that people should be able to do so. As discussed in sections 4.4.5 and 5.3.3, religious institutions were recognised by some participants as a place where abuse can take place, which can complicate their role in responding and supporting in relation to abuse. The power of religious figures and how they can be protected by religious institutions, families and communities was also mentioned, as well as how some religious institutions have tried to hide the abuse that has happened within them. Similar research findings were reported by the Inquiry’s research into child sexual abuse in religious institutions (see Hurcombe et al., 2019). However, there was also an acknowledgement of the importance of religion and faith in some communities, and a shared view that religious institutions could, and should, do a lot more in response to child sexual abuse:

“… because … that is where your faith is and that is where you need your faith and you need the support. So I don’t think the churches realise how big a role they really have in this.”
Female focus group participant

One participant, who was an active member of his church, highlighted that in his experience some churches “aren’t resourced” for disclosures of abuse and are therefore unable to “create an environment” that encourages disclosure, or that would be able to support victims and survivors after disclosure.
CHAPTER 7: Impacts of child sexual abuse and support for victims and survivors
This chapter explores the impacts of child sexual abuse, as described by victims and survivors, the support needs of people from ethnic minority communities affected by child sexual abuse, and considers how to improve access to culturally sensitive and appropriate support. It focuses on mental health interventions and services to aid recovery and wellbeing.

Summary

- Victims and survivors in the focus groups reported a diverse range of adverse impacts as a consequence of child sexual abuse. Many of these are similar to the impacts reported by victims and survivors from all communities.

- Adverse impacts included emotional and mental health difficulties, problems with education and employment, relationship difficulties and drug and alcohol use. Some participants reported an impact on their identity and a sense of loss following ostracisation from their community and culture.

- Many of the victims and survivors did have some experience of either seeking out, or accessing support, but reported experiences of not knowing where to go and sometimes finding that support was just not available.

- The need to be able to share the experience of child sexual abuse with someone who understands and is not judgemental was cited by many participants as the most important support need for helping victims and survivors to recover.

- Victims and survivors revealed that finding non-judgemental support was challenging, both from services and from informal family and support networks. In particular, a lack of understanding from family and community members highlighted the importance of access to appropriate statutory and voluntary support organisations.

- Many victims and survivors expressed a preference for receiving support from someone similar to themselves. For some participants, this meant people with similar experiences of abuse, for other participants this meant being from the same ethnic group or gender. Peer support was suggested as an effective means of providing support, when it is underpinned by adequate training and resources.
7.1 The impacts of child sexual abuse on people from ethnic minority communities

7.1.1 Impacts at the time of the sexual abuse

Some victims and survivors talked about how their experiences of child sexual abuse had affected their emotional wellbeing and mental health, and had an adverse effect on relationships and schooling. These impacts could be experienced at a very young age around the time of the abuse. As children and young people, participants discussed how they struggled with emotional and mental health problems, with one participant revealing that she had attempted suicide. Another described how, after describing the sexual abuse to a paediatrician, she was so traumatised that she vomited:

“When I told the paediatrician about this aspect of the sexual abuse, I described the sexual abuse, afterwards I was so traumatised I actually vomited. You know. And for many, many years I couldn’t even speak the words, I would just write them down, to sum up.”

Female focus group participant

Other participants spoke about experiencing anger and aggression and getting into trouble at school. Schoolwork could be affected; several victims and survivors described how they would disrupt class, with one participant being placed in a special unit due to falling behind in his schoolwork, where he then experienced further abuse from other students. As adults, participants recognised that these behaviours were a cry for help, but the adults around the child at the time did not tend to explore the reasons behind the behaviour and the opportunity to identify the sexual abuse or provide the child with emotional support was missed:

“I was just like I’d chat so much my desk would go outside the classroom. Like I was the clown: constant jokes because I didn’t want to be left with my thoughts probably, so I just did constant, or I’d be swearing in Punjabi, just I’d be so stupid. But I got suspended, and that’s quite unusual for a girl and in state education. I got suspended and they said to my mum, ‘The next thing she does she’s going to get expelled’.”

Female focus group participant

“What I needed at that particular time was somebody who was sensitive enough to see that this was a vulnerable person here. The issue was actually not about the anger and the aggression, or the violence, it’s actually about somebody who was actually crying out for help.”

Male focus group participant
7.1.2 Medium to long-term impacts

The impacts of abuse can be long lasting, especially when people do not receive the right kind of support (Fisher et al., 2017). Victims and survivors described how they battled with a sense of having been robbed, physically, emotionally and spiritually, and of feeling raw and damaged. As adults, participants spoke about having to drop out of university, about battling drug and alcohol addiction, and needing medication. Adverse impacts on both emotional and sexual relationships were also discussed:

“I do think if I hadn’t been abused then I wouldn’t have gone on the path I had. I’m not like a total big slag, but I’ve had relationships outside of Islam and outside of marriage.”

Female focus group participant

One participant spoke about his anger at his abuser, about wanting to kill him and how it took him 20 years of healing to reach the place he is in now. Another participant left the country for 13 years in order to escape her flashbacks. In one group, participants discussed how victims and survivors may carry the experience around for a long time and how transgenerational trauma may mean that the trauma can be passed onto future generations.

“Then there’s also sometimes I think they’re starting to acknowledge now for example that trauma can sometimes be part of a person’s DNA, and so you’re feeding that into your own family, into your own children [...] transgenerational. Apparently that’s what they’re saying now.”

Male focus group participant

As discussed in section 5.3.4, some participants reported having to deal with the impact of being ostracised from their families or communities following disclosure of abuse. One of the consequences of this can be the loss of support networks that play an important role in helping victims and survivors to recover from child sexual abuse. This lack of support from family makes the ability to access other forms of support even more crucial:

“Support is so central because, for a lot of us and a lot of people that I know, we’ve been ostracised from our families. There’s no one we can talk to about it.”

Female focus group participant

For some participants, being ostracised could mean losing touch with aspects of their culture or identity. In particular, participants who reported having had a fragile sense of identity as a child, or who felt that the sexual abuse was related to their identity in some way, spoke about this:

“It was because I was different from the rest of the people that did what they did, and my sense of identity’s been lost ever since.”

Male focus group participant
“Well, actually I’m estranged from my family, but when I was part of that community I – I miss – I miss the community feeling a lot, but one of the things that I really miss is the food. It’s like every time we used to get together with my uncles and aunts, it would be like amazing Indian food.”

Female focus group participant

A number of participants said that they had chosen to distance themselves from their families or communities for their own emotional or physical wellbeing. One participant described how she changed her name due to the danger that she was in from the Indian community and her Sikh family. A change in name among victims and survivors was not uncommon, especially when the name had been given to them by family members who had perpetrated abuse or had been unsupportive following disclosure. This participant described how her name change also symbolised building a new life:

“One of the reasons why I changed my name was because I also wanted to somehow separate myself from the Sikh girl that was sexually abused. I wanted a new start. A completely new life. I wanted to put that in the past. So, I changed my name as well to make a sort of break, a separation, from this is the Sikh girl that was sexually abused, but this is me now.”

Female focus group participant

### 7.1.3 Impacts on those around the victim and survivor

The impacts of child sexual abuse extend to those around the victim and to wider society as a whole. Knowing about, or witnessing abuse, can alter and affect people’s behaviour. One male participant discussed how his sister’s experience of abuse, about which he knew very little because it was not discussed openly within the family, had affected his own behaviour with his children and trust of other people, making him more protective in certain situations:

“It does alter – even if you haven’t actually had any direct abuse, altering your behaviour, your trust in others, you know?”

Male focus group participant

Parents in the focus groups often spoke about how knowledge of abuse, whether gained through the experiences of family and acquaintances, or from the media and internet, would lead to them feeling more protective and taking steps to keep their children safe.
7.2 The support needs of victims and survivors from ethnic minority communities

7.2.1 Access to support services

Many of the victims and survivors in the sample did talk about having either attempted to access, or having accessed, support services. However, as the victims and survivors were members of a network of victims and survivors, their experiences of support may be different from those of the victim and survivor community more generally. When talking about support services, it was not always clear whether participants were discussing support provided by statutory or voluntary organisations.

Some participants described having to actively seek out support services, often not knowing where to go and not being signposted by services. In particular, victims and survivors spoke about not receiving adequate support for abuse as a child; in one focus group, victims and survivors spoke about not knowing of any voluntary organisations that could have supported them as a child. Victims and survivors described how, in many cases, services offering support were just not there:

“The institutions weren’t there, the people that you could speak to weren’t there, and I had to do all of this work my own self, and that’s pretty much a case with, I’m sure, a lot of people who have suffered some similar experiences.”

Male focus group participant

Where victims and survivors accessed services as adults, it was often a counsellor, psychologist or psychiatrist, with some participants taking medication. Participants had also accessed voluntary support organisations for victims and survivors. Not all victims and survivors accessed support services for child sexual abuse directly. One victim and survivor described how he had been referred to counselling services following support for related issues:

“I originally went there to deal with my addiction, but they – they’d talk to you about what lies underneath your individual addiction, and it was through cutting down the drink and drugs that this started to come out and then I was referred to counselling and so on.”

Male focus group participant

Other participants accessed support services following a disclosure to a professional such as a GP or the police. One participant said that this had been a prerequisite for getting support, as some organisations will not take clients without a referral. Given the challenges victims and survivors face in reporting to the police or other institutions, this can be a barrier for some people receiving support. There was also recognition among participants that some victims and survivors may need specialist support for a long time, possibly a lifetime.
7.2.2 The need to be able to share an experience

Just as the impacts of child sexual abuse vary between individuals, so do the support needs of victims and survivors. However, the most discussed support need for victims and survivors of child sexual abuse was to be able to share their experience. The opportunity to talk about the sexual abuse is an antidote to the message many participants had received as children, that they must remain silent. Some victims and survivors had waited years to have that opportunity:

“I’m 65, and The Truth Project is the first support I’ve felt I’ve had in my whole life where I can actually tell a story. So I’ve waited a very long time. I’m so grateful that this has happened.”

Female focus group participant

For some victims and survivors, the need to talk was on a personal and cathartic level. As noted in section 5.3.5, some people may not want their disclosures to go any further, and a male participant pointed out how reasons for sharing an experience may vary:

“So, is the issue about justice and repercussions for the perpetrator, or is it about the victim and how that victim is treated, respected, healed; who’s to say what the type of healing is? Is it about trust, is it confidence; does a person not necessarily want to be healed, as such, but maybe they just want to share? I’m assuming it may vary one person to the next as to what it is they expect; maybe – and with no disrespect to anyone, because I just don’t know – it might be a case of they just want to share their experience, and that gets a large chunk off, and then they can start the journey.”

Male focus group participant

Several victims and survivors mentioned writing books about their experience, as a way of sharing their experience and moving forward. In some cases, victims and survivors felt that the need to talk about the sexual abuse in order to process it was often not understood by those around them. Participants described how the pressure to remain silent applied not only to the occurrence of the sexual abuse, but also to the long-lasting impacts of abuse and how daily life is affected. One participant described how people would encourage her to move on, telling her she was strong, rather than allowing her to feel vulnerable and acknowledge her struggles. This came up a number of times in the victim and survivor focus groups, as participants reported examples of being asked why they had not got over the abuse. One participant pointed out how it could be difficult for people to understand the lasting impacts of child sexual abuse:

“Maybe some of us in our past tried to talk to friends or family and they’ll say, ‘Oh, just get over it’ or, ‘You’re depressed for a long time and aren’t you over that now?’”

Female focus group participant

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23 The Truth Project is part of the Independent Inquiry into Child Sexual Abuse. It offers victims and survivors of child sexual abuse the chance to share their experiences and be heard with respect.
Some participants described how others would minimise the harmful impacts of child sexual abuse, for example by claiming, “Oh, it happens to everybody”. Such responses invalidate the pain that victims and survivors can experience and the challenges they face in dealing with the aftermath of abuse. A lack of understanding about the impact of abuse on victims and survivors can be behind these views. In some cases, these attitudes can reflect prejudice about child sexual abuse and ethnic minority communities:

“Yeah, I think, you know, the – it’s a kind of racism where there’s a minimisation, like it doesn’t matter, or these people are different; they deal with it differently.”

Focus group participant

Some participants however, said that the impacts of child sexual abuse are now better understood compared to previous generations:

“Now, we have much more knowledge and understanding; in those days, in our grandfather’s day, they thought, ‘I’ll hush it up’, nobody knows about it, the respect is kept, but they didn’t see the effect – they didn’t relate the effect that that child has for the rest of his life.”

Female focus group participant

Although there was a strong consensus on the importance of victims and survivors being able to share their experience, some participants had opposing views on how to cope with the aftermath of abuse. One participant described how not speaking about the experience but using certain distractions and mechanisms had been part of the healing process in her culture in the 1970s:

“There was a time where we had a strong culture of the Rastafarian faith back in the ‘70s and that was your circle of offloading. But you don’t speak. It’s a thing called reasoning, where you play the drum, you go through scriptures, and that was your healing mechanism. You just don’t speak. And this is something that I saw back in the ‘70s and you almost embrace that as part of your counsel. That is how you deal with your situation.”

Female focus group participant

Some participants talked about how perpetrators may also have been victims and may require support. They also talked about how perpetrators may need help to address their offending behaviour:

“I think we need to talk about the perpetrator as much as the victim, because my feeling is, if you don’t deal with the perpetrator, you’re always going to have that victim. The perpetrator needs support as well as the victim.”

Focus group participant
7.2.3 Formal support for victims and survivors

Formal support refers to support services that are provided by professionals in statutory and voluntary sector organisations. Participants discussed how some people may prefer group support while others may prefer to keep their experiences private with a preference for one-to-one support. Whether support was one-to-one or group based, a common theme from the focus groups was that being able to access support from someone similar can be helpful or even essential, in ensuring the degree of empathy required. Participants often spoke about the benefits of being supported by someone who shares key characteristics, such as ethnicity and gender, and understands how the impacts of child sexual abuse can be compounded by these factors, or someone who has been through a similar experience.

Culturally appropriate support

In many of the focus groups, participants reflected on the benefits of receiving support, particularly from therapists and counsellors, from someone with a similar ethnic or cultural background. Echoing research findings discussed in Chapter 6, some victims and survivors described how important it had been to have someone similar to them when they received support, particularly in terms of not needing to explain how their culture will have mediated the experience and the impacts of abuse. Knowledge of culture and ethnicity often intersected with other factors, such as gender or personal experiences of abuse, as helping to foster understanding around the particular struggles individuals may face:

“\textit{She understood not only as a black woman being abused, sexually abused. She ticked all my boxes. Everything I said she got me. And I realised how important, how much I needed that. Someone that I could look at, I recognised, but understood me.”}

Female focus group participant

“\textit{It meant so much to me ... that my paediatrician was Hindu and, later on, that my psychiatrist was Muslim, because they understood what it’s like being a woman in the Asian community. I didn’t need to explain.”}

Female focus group participant

Other benefits of being supported by someone from the same ethnicity or culture related to them being more likely to understand the language and not pass judgement. Participants pointed to the limitations of “\textit{all-white organisations}” in being able to understand the traditions and lifestyles of ethnic minority communities and the need for support services targeted at these groups. In particular, participants were concerned that racist views, whether implicit or explicit, might affect the support that someone from an ethnic minority community would receive. Participants also described how services can be less accessible for people from ethnic minority communities due to the gap in understanding, the fear of being misunderstood, uncertainty about the consequences of reporting and the risk of racism negatively impacting the whole process:
“And a lot of the organisations that are out there that can offer the support do not look like yourselves, so therefore you may be reluctant to go to them, because they will not be culturally aware of what’s going on for you, or they may not be able to comprehend, or even – they may not be able to recognise what’s going on for you, just because there are so many differences.”

Focus group participant

There was an awareness, however, that there needs to be appropriate training around cultural similarities and differences to accompany support:

“I think counsellors – in quotation marks – ‘therapists who might look like you’, but there still has to be proper training on identifying the differences.”

Female focus group participant

Some participants expressed contrasting views however. Some participants felt that as child sexual abuse is an issue that affects all communities, there are no specific support needs for particular communities. In one group, when asked if there were particular support needs for people from ethnic minority communities, participants replied; “It’s not a Muslim issue or it’s not a Hindu issue. It’s just a general issue”. Some victims and survivors spoke about positive experiences with professionals from white ethnicities, and some participants felt that people should be able to see anyone in any kind of organisation, although professionals need an understanding of different cultures. In one focus group, some male participants expressed scepticism that simply because an individual looked like them they would therefore be able to provide more effective support. One participant felt that a professional’s behaviours and understanding will be shaped by the training and induction process within institutions, and that this will be more influential than their background or heritage. This echoes research findings discussed in Chapter 6, around how the behaviour of professionals is sometimes seen to be reflective of the institutional practices within which they work:

“But there’s a real dilemma there that I have with that, which is about the assumption that because somebody’s skin tone looks like mine he’s going to be able to understand my worldview. So, for somebody to go into any of the general professions, they are trained to not be themselves.”

Male focus group participant

In some cases, a professional’s own culture and ethnicity may influence the kind of support and advice that they offer patients or clients. One participant spoke about being told by her Bengali GP to consider the impact of disclosing abuse on her family and another spoke about how she preferred not to be seen by professionals who were from the same ethnic group due to the judgements that may be made:

“When I told her [GP], she told me, she’s Bengali, so she was like, ‘In your community … you’ll have to weigh up the pros and cons of telling the family, how the family will take it, and whether or not you should report it to the police.’”

Female focus group participant
"If I go to the doctors and the person from my background is the doctor, I don’t want to see them. It’s – yeah, I – it’s not that I dislike myself for being from that community I just – I just find it’s so judgemental because I don’t fit their ideology of what I should be and the fact that I don’t have any communications with my family.”

Female focus group participant

**Gender-specific support**

As discussed, gender, along with ethnicity, was often cited as an important characteristic to share with those providing support. In one group, participants argued for the need to have gender-specific support, such as women’s centres, which were seen as bringing women together and strengthening them. Participants also pointed to the need for safe havens for men who have experienced abuse and suggested that men may prefer to talk to another male about abuse. For some participants it was gender, rather than ethnicity and culture, which had helped them connect with others:

"I don’t believe it’s to do with ethnicity. I think it’s to do with being a woman, and like, having centres like these more available to other women."

Female focus group participant

"So, if you’re from a community in which there is maybe a hyper-masculinity, or masculinity is seen as an upright man who is very strong etc., doesn’t necessarily interact with his emotions, it becomes quite complex about how you share or who you share that information with – the white community aside – and whether you can access services, internally, within your own community, becomes very challenging."

Male focus group participant

**Professionals with experience of child sexual abuse**

Some victims and survivors indicated that they would prefer to receive support from someone who has also experienced child sexual abuse. As one participant explained: "Because nobody ever – unless they’ve gone through it, they will never really understand." For some people, this shared experience may be more important than a professional’s training; one victim and survivor described feeling more comfortable talking to other victims and survivors than a trained specialist, unless the specialist had also been through a similar experience.

Some victims and survivors related negative experiences with support services to the fact that the professionals involved did not seem to understand the impacts of child sexual abuse. One participant discussed being made to take anti-depressants prescribed by a psychiatrist that she felt were not suitable for someone under the age of 18, and another participant described how he saw a psychologist who had little understanding of the impacts of child sexual abuse and this led to him leaving the therapy:

"The psychologist had this thought that I would turn out to be a rapist or a murderer myself out of some sort of revenge, and I was so disgusted I stopped going."

Male focus group participant
However, not all participants felt that they needed to share their experience with someone who had had a similar experience in order to be understood. One participant felt that "sometimes you don’t want people around you that have walked [in] your shoes", and said that she would prefer to access the kind of support that would give her the tools and resources required to move on. Another participant, who had volunteered with Childline, pointed out that other volunteers were able to offer support to callers without having had the same experience:

“I mean, I worked at Childline for a while, and most of them – a lot of them had gone through similar experiences personally, but for the majority who hadn’t they’re still able to hold that chat, and hold the feeling, and listen to them and do the business.”

Male focus group participant

Person-centred approaches

Person-centred approaches that empower children and young people, and victims and survivors, were advocated by participants. One way of achieving this is to ensure that support is available from a range of sources in order to be responsive to the needs and circumstances of the individual. One participant discussed the need for both statutory and community organisations providing support in the locality to work together in partnership. Another participant emphasised the difference between support that may come from those identifying abuse, and those supporting the victim to recover. He felt that community and faith leaders may be well placed to provide the former, with trained experts required for the latter:

“You’ve got to distinguish here: so, there’s the person who’s supporting the victim on a medium to long-term basis, even a short-term basis, and then there’s the person who’s helping to identify and signpost; those are two different skills. So, when I’m talking about community and faith leaders, for example, I’m just talking about being able to identify, and then you’ve got experts who are trained, experienced to support that victim.”

Male focus group participant

7.2.4 Informal and peer support

Victims and survivors’ accounts of how people have responded to their abuse (see section 5.3) emphasises how understanding and a lack of judgement can be difficult to find. The importance of relationships in helping people to recover was frequently discussed; some victims and survivors spoke about how their children kept them going and many spoke about the importance of personal relationships, with partners often cited as an important source of support:

“The way that he received me and took it all on board, for me he’s been a rock more than what my so-called family have been, and he’s a Muslim.”

Female focus group participant
Support from other victims and survivors
As discussed, some participants felt that other victims and survivors could provide the most empathic support. Without the opportunity to talk about child sexual abuse with other victims and survivors, some participants described feeling isolated, as though they were the only ones to have gone through such an experience. For some victims and survivors, participating in the focus group was the first time that they had met with people with similar experiences and a number of participants from the victims and survivors focus groups said how attending the group and being able to share their experiences had been important for them. After one group, some participants stayed behind to chat and exchanged contact details in order to keep in touch. Forums, where victims and survivors can talk to other people with similar experiences and from similar backgrounds, were therefore suggested as ways to help people move forward.

“This is also the first time I’ve come together with a group of people who’ve had that experience, and it’s very moving for me and very supportive and cathartic and everything, just to be in the room with the people who’ve been through experiences of abuse.”
Female focus group participant

“But just interacting with other people, I think there needs to be more groups like this just talking openly about it.”
Female focus group participant

Participants also described how meeting with others with similar experiences could be part of a process of starting to open up a wider conversation within their communities about child sexual abuse. Acknowledging child sexual abuse and building strength among victims and survivors was seen as a route to gradually breaking down the wall of silence. Groups and forums can also be a way of raising awareness about child sexual abuse within communities and encouraging others to open up:

“The more we talk about it the more strong we get and then the more we might collectively have a voice to say, ‘It happens and it’s happening in our community and, do you know what, we need to talk’. But we need to build that strength like it needs to start from somewhere. So, we need somewhere where we can get together and get healing. Because I hadn’t had any experience with anybody except the psychotherapist was a black woman, when I went to the Truth Project. That was great for me.”
Female focus group participant

“You’re sort of counterbalancing the silence within the community by getting people within the community to talk about it and become skilled in peer support. It’s sort of growing from that way [...] Because I always feel, and have felt, that when I’ve heard somebody who has a similar experience who is of a similar background or culture, them talking about the situation has sort of like sparked something in me and made me want to talk about it.”
Female focus group participant
In order to be effective, some participants argued that peer support needs to be regular and persistent, and that people need to have processed the experience and undergone training in order to be able to help others:

“Peer support done well is actually really valuable. Now, that means that it’s not just enough to have an experience, but you actually have to be able to process the experience, to then be able to step back and be able to skilfully support somebody else.”

Male focus group participant

Due to a lack of culturally sensitive support services, some participants had started their own support groups for ethnic minority communities. One participant described how she would be setting up a support service because in her view white members of staff do not have enough in-depth understanding of the traditions and lifestyles of other cultures. Another participant had set up a peer support organisation for people from ethnic minority communities, with an emphasis on sharing what works:

“I set up an organisation myself, and we get people from different BME communities. Peer empowerment is so important. We’re able to come together once a month, and able to empower and encourage each other. We don’t sit around talking about our childhood experiences, but it’s about looking at issues surrounding abuse, and sharing with each other things that have worked for us and things that haven’t worked for us.”

Female focus group participant

Where peer support cannot be found in the surrounding environment, the internet can be a means of connecting with others with similar backgrounds and similar experiences. One participant described how social media can signpost people to the work of others and this can serve as a source of inspiration and moral support:

“Just like you spoke about [the writer] Maya Angelou, it’s like again she’s never seen me, never heard of me, however when I read her book and look at many of the things that she’s done – to heal herself, I can take pieces of that and look at ways of healing myself. And this is one of the most powerful tools we can use today – dangerous but powerful – is the social media as one of the tools I find that by experience many women go to from an Afro-centric point of view.”

Female focus group participant
7.2.5 Summary of suggestions for improving support

This chapter has highlighted a number of factors that participants felt would improve support and recovery for victims and survivors of child sexual abuse from ethnic minority communities. These suggestions are outlined in Figure 7.1.

Effective support helps victims and survivors to process their experiences and move on. In a few cases, due to the support that some participants had received, they felt that they had reached a point where they were no longer as negatively impacted by the sexual abuse:

“I’ve accessed help, I’m in a much better place in my life, like I’ve got a really rewarding career and I’ve got a great partner and all of that stuff.”

Female focus group participant

“I can sit here and say that even though that happened to me as a child, it doesn’t affect my life anymore.”

Female focus group participant
**Figure 7.1:** Participants' suggestions for improving support for victims and survivors of child sexual abuse from ethnic minority communities

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Support Options</th>
<th>Access to Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multiple opportunities to share an experience through</strong>...</td>
<td>... effective signposting to services</td>
<td>... access to services without requiring a referral</td>
</tr>
<tr>
<td><strong>Access to services that meet people's preferences, for example</strong>...</td>
<td>... the option of long-term support</td>
<td>... support from professionals with experience of child sexual abuse</td>
</tr>
<tr>
<td><strong>Informal ways for sharing experiences including</strong>...</td>
<td>... peer support from people from ethnic minority backgrounds with experience of child sexual abuse</td>
<td>... forums to raise awareness</td>
</tr>
<tr>
<td><strong>Appropriate training for people supporting victims and survivors, including</strong>...</td>
<td>... training on awareness of culture and child sexual abuse</td>
<td>... training for peer supporters</td>
</tr>
<tr>
<td></td>
<td>... a range of support options, such as group or one to one</td>
<td>... support from professionals from ethnic minority backgrounds</td>
</tr>
<tr>
<td></td>
<td>... forums for victims and survivors to share experiences</td>
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</tbody>
</table>
This chapter concludes the report by highlighting seven key research findings.

8.1 Reflections

This research included participants from a range of ethnic groups and in the discussion there were themes that applied:

- across all communities, regardless of ethnicity;
- across many or all of the ethnic minority communities that took part;
- only to some ethnic minority communities and, sometimes, only to a subset of these communities.

It was not always clear in the research, even to participants, which of these categories some of the themes applied to and sometimes they fitted into more than one. For example, child sexual abuse is difficult to talk about in all communities but the research highlights that the extent to which this is the case and the reasons for it can be specific to particular communities. The impact of racism and cultural stereotypes was a prominent theme for participants across different ethnic groups and is a unique issue that these groups face. However, the way in which these manifested differed considerably both between ethnic minority groups and in relation to other intersecting identities, for example, age, gender, religion and class. Participants identified these distinctions between and within ethnic minority communities as important and cautioned against the conflation of individuals and groups with different backgrounds and different needs.

Developing an understanding of what sits behind those problems and barriers to dealing with child sexual abuse that are specific for some ethnic minority communities can also be challenging. This is particularly true when the concepts of ‘ethnicity’ and ‘community’ are multi-layered and sometimes contested.

Achieving this specificity was challenging within a small-scale research project and with research aims focused on ethnic minority communities in general rather than one specific group. As we have done in our reporting, readers should therefore also keep in mind the need to avoid conflating different groups and making assumptions based solely on ethnic group, as well as the study’s limitations (as set out in section 3.7), when interpreting and making use of our research findings.
8.2 Seven key research findings

1. Cultural stereotypes and racism can lead to failures on the part of institutions and professionals to identify and respond appropriately to child sexual abuse. They can also make it more difficult for individuals in ethnic minority communities to disclose and speak up about child sexual abuse.

Racism and cultural stereotypes were a consistent theme running through the discussions. These were seen to have an impact on many areas of how child sexual abuse is understood, identified, disclosed and responded to. This research has identified two broad mechanisms through which this impact operates and these are illustrated in Figure 8.1.

Stereotypes about who perpetrates and who is a victim and survivor of child sexual abuse often have a racial element: for example, ideas that certain ethnic groups are more likely to perpetrate child sexual abuse (e.g., the narratives around ‘Asian grooming gangs’) or that children from an ethnic minority are unlikely to be victims. Participants were aware of these stereotypes and had been negatively impacted by them. These stereotypes often had in common the sense that professionals and others had a different idea of what is ‘normal’ for ethnic minority children and families compared to white children and families. The stereotypes at play varied between ethnic groups and were also based on other characteristics such as gender, age and class. For example, participants mentioned long-held problematic historical narratives that sexualise black people or that suggest that intra-familial sexual relations are common in Asian ethnic groups and that this is acceptable.

Figure 8.1: Mechanisms for the impact of racism and cultural stereotypes on the identification of and response to child sexual abuse
Participants had clear examples of where institutions and professionals had failed to identify or intervene when they, or others from ethnic minority communities, had been sexually abused as children. In some cases, the impact of stereotypes based on ethnic groups may have been subtle, for example, teachers failing to identify behavioural problems as being a sign of something wrong in the child’s life because of stereotypes that ethnic minority children typically behave badly. In others, these stereotypes were more overt, with participants being told by professionals that what they experienced was not abuse but was part of or related to their ‘culture’. These responses had a profound lifelong negative impact on those who had experienced them, with the specific phrases that professionals had used being remembered by participants decades later.

The broader context of racism in society also influences how child sexual abuse in ethnic minority communities is responded to. Participants emphasised the importance of pride and reputation in some ethnic minority communities. Participants linked this to the negative views and discrimination such communities have experienced and the tendency for anything that happens in an ethnic minority community to be seen as representative of that entire community or ethnic group. By disclosing or even discussing child sexual abuse in ethnic minority communities, there was a perceived risk that “they’ll think we’re all like that”. Participants across different ethnic groups also felt that a lack of intervention can be a result of professionals’ misguided fear of appearing ‘racist’, supporting previous research focusing on South Asian women that found this to be a problem (O’Neill Gutierrez and Chawla, 2017).

2. Some professionals only see a person’s ethnic group rather than the whole person

Participants gave examples of where professionals had seen the ethnic group before the person and how they had been negatively affected as a result. These assumptions and stereotypes can be inaccurate and harmful. Such one-dimensional views also negate the complex and dynamic aspects of identity and belonging within an ethnic minority community and the way that a person’s ethnic group interacts with other elements of identity, such as gender, religion and generation.

While participants identified benefits of having professionals from the same ethnicity providing support around child sexual abuse, others challenged the notion that professionals who “look like them” will understand them. Some participants even expressed concern that professionals of the same ethnicity may be more judgemental of them or may threaten their confidentiality. In talking about what participants wanted from professionals responding to child sexual abuse, being ‘human’, non-judgemental and seeing the whole person was emphasised by participants.

3. Shame and stigma were frequently mentioned by ethnic minority participants as leading to a code of silence

Shame and stigma are often attached to child sexual abuse across all communities. However, research has indicated that they can play a crucial role in influencing responses to child sexual abuse in some ethnic minority communities, specifically in some South Asian communities where honour is central to value-systems (Gilligan and Akhtar, 2006). Our research uncovered a number of ways that shame and stigma can operate across different ethnic minority communities, leading to negative outcomes for children and victims and survivors of child sexual abuse.
The shame and stigma of child sexual abuse was seen by participants from a range of ethnicities, including South Asian, African and Caribbean, as contributing to a situation where it was known that abuse took place but this was an open secret that could not be talked about. The sense of shame and stigma could lead to responses to abuse designed to protect the individual, family or community honour rather than to meet the needs of the victim and survivor. For example, dealing with abuse within the community rather than reporting to the authorities or ostracising victims and survivors and their families. These powerful disincentives to disclose were summed up by this participant, who described what she thought would happen if someone in the community disclosed they had been abused:

“You’ll be hated; you’ll not be accepted; nobody would marry you; nobody would like you; your parents will disown you.”

Female focus group participant

In addition to the negative outcomes for victims and survivors, inaction on the part of those around the child to report child sexual abuse to the authorities can lead to perpetrators not being brought to justice and children being left at risk of abuse.

Previous research has identified ‘cultural’ factors in the operation of shame and stigma as a barrier to disclosure and reporting of sexual abuse, such as the importance of honour within value systems or the value assigned to women’s honour in some patriarchal societies (Cowburn et al., 2015; Gilligan and Akhtar, 2006). Our research has corroborated these points, but has also identified how pride and a strong social identity, in the context of discrimination, can contribute to responses to child sexual abuse that prioritise family and community reputation above the needs of victims and survivors.

4. Child sexual abuse can have a serious impact on victims and survivors’ sense of identity and belonging within their communities

A common narrative among victims and survivors in the groups was no longer feeling part of their community or having been cut off from it, in part or entirely related to the sexual abuse they experienced as children and how their community responded.

Some participants described being cut off by family members and their wider communities, others of being intimidated by the community or of leaving for their own personal safety. A sense of betrayal and blame that family members or the community could allow child sexual abuse to take place or fail to respond adequately also drove some participants to withdraw from the communities they had grown up in.

The risk of being cut off from their community was seen as a barrier to disclosing child sexual abuse. Victims and survivors reflected on how the way they had been treated following disclosure might affect other children in their community, such as being more likely to keep quiet about abuse.

While the impact of leaving a community and in some cases becoming estranged from family members could be negative, participants also described positive choices they had made to build new lives away from their communities, for example, choosing new names for themselves and meeting supportive partners and friends.
Victims and survivors who participated in the research commented on the benefits of peer support and sharing their experiences with others from similar backgrounds. In light of the isolation some victims and survivors may face from their communities, peer support could constitute an important part of supporting victims and survivors following abuse, and throughout their lives.

5. The way that child sexual abuse is seen and responded to in ethnic minority communities is linked with expectations about gender within those communities

Child sexual abuse was understood in gendered terms with boys not generally being considered as potential victims and survivors of child sexual abuse and women not being seen as potential perpetrators. Expectations around masculinity left some male participants feeling unable to talk about child sexual abuse and some male victims and survivors feeling, or being seen as, emasculated because of the abuse. They also make it harder for abuse of male victims and survivors to be identified and recognised as abuse.

Child sexual abuse was seen as having especially negative connotations for girls in some communities, in particular, in relation to marriage prospects. This was raised, in particular, by participants from South Asian communities and was linked to notions of honour and, for women and girls, of these being tied to the concept of virginity. There were examples of victims and survivors being under pressure to keep quiet about abuse in order to protect their marriage prospects or marriages or even of being encouraged to marry their abuser. The discussion on marriage highlighted the importance that some communities place on women getting married.

6. Participants’ perceptions and experiences of institutions in relation to child sexual abuse were mixed but tended to be negative

While not applying to all participants, there was a general sense of mistrust and lack of confidence in institutions handling child sexual abuse.

Many participants had specific examples of experiencing racism and cultural stereotypes from professionals in relation to child sexual abuse. More generally, the context of wider relations between certain institutions and minority ethnic groups, for example institutional racism within the police, influenced how participants felt about approaching them about child sexual abuse. There were also views among some participants that institutions were “white” and that a lack of cultural diversity in institutions is off-putting to members of ethnic minority communities and hampers the ability of institutions to respond. Negative experiences of interactions with institutions in relation to child sexual abuse described by participants spanned across: police; children's social care services; schools; courts; and health services. It should be noted that not all of these experiences were identified as relating to racism or cultural stereotypes.
Some participants had more positive perceptions and experiences of institutions, these included:

- participants acknowledging the important role of institutions in responding to child sexual abuse;
- some participants feeling confident and willing to report child sexual abuse to the police in England and Wales, in contrast to how they would feel in some other countries;
- schools being considered as key to raising awareness and educating children about sexual abuse and being seen by some participants as a good place for children to disclose.

7. Although better than in the past, more can be done to raise awareness, remove barriers to disclosure and improve responses to child sexual abuse in ethnic minority communities

There was a consensus that children growing up in England and Wales today were more likely to be aware of child sexual abuse and to have the confidence to report it. Some participants also felt that communities were less likely to keep quiet about abuse than in the past. Additionally, some participants believed that ethnic minority communities in England and Wales would respond to child sexual abuse better, and be more likely to involve the authorities, than those in countries they or their communities had migrated from.

Improvements in awareness were seen as resulting from education in schools and media coverage of child sexual abuse related issues. Participants also described their own role in raising awareness and in safeguarding their own children from child sexual abuse, for example through encouraging conversation about the issue within their families and communities. Participants commented on the need to open up discussions about child sexual abuse both for victims and survivors and within communities more widely.
Appendix A: Methodology

Methodological approach for the primary research

A qualitative approach is useful for gaining insights into the views and experiences of individuals and groups. The data can tell us about the underlying concepts, understandings and meanings that are associated with child sexual abuse and recognises the importance of lived experience and situated knowledge (Haraway, 1988). The data are non-numerical and are therefore not quantified in any way. Due to the small-scale qualitative nature of the study and the lack of a comparison group with people from white ethnicities, it is not possible to generalise these research findings to ethnic minority communities. Consequently, the research findings here may apply to other ethnic groups and may also reflect other factors, such as socio-economic status, education and marginalisation. Where themes are linked to ethnicity, or to other factors, these links have been made by the study participants.

A potential limitation of focus groups is that participants may not feel sufficiently at ease to express their honest views and opinions, particularly on sensitive subjects. Consequently, steps were taken to ensure participants would be comfortable and open: the groups were kept fairly small to ensure all voices had the opportunity to be heard; groups were held in safe and comfortable environments, often community centres and organisations frequented by participants; the groups were carefully facilitated to encourage everyone's participation and to monitor any distress or concerns; and ground rules were established at the start of each group, such as confidentiality and respecting the views of others, and these were adhered to throughout.

The benefits of carrying out research with ethnic minority communities have to be balanced against the risk that research may reproduce bias, contribute to ‘othering’ or misrepresent the opinions of individuals and groups. This can occur through the hierarchy and (potential) power imbalances within research relationships (Harding and Norberg, 2005) and in the analysis and reporting of the material, for example in choosing which points to highlight and which messages to emphasise. The authors of this research have attempted to mitigate these risks by emphasising the personal experiences of people from ethnic minority communities and by commissioning the Race Equality Foundation, who are experts in carrying out focus groups with people from diverse backgrounds, to facilitate the focus groups. Inquiry staff adopted an observer role only in the focus groups, to assist with accurate interpretation and analysis. During the focus groups the facilitators undertook ‘communicative validity’ through reflecting comments back to participants and clarifying what had been said to help ensure ‘validity’ and faithful interpretation (Flick, 2014). Verbatim transcripts were used as part of the analysis, so the interpretations of the narratives were ‘co-constructed’ (Hunter, 2010). Upon completion of the focus groups, the Inquiry and Race Equality Foundation held a reflective session to explore the themes emerging from the research, and the Race Equality Foundation also reviewed the report, along with two other academic experts in the field.
Limitations of the research sample

The sample for the research is diverse and the male-only focus group reflects a strength of the research. However, there are some voices that are underrepresented, in particular male voices from Wales and from South Asian ethnicities. The project also aimed to carry out up to two focus groups with children and young people from ethnic minority communities, one of which would consist of victims and survivors. However, engagement with organisations that could ensure the safe participation of children proved too challenging, and after extensive efforts it was decided to include only adults in the sample. As discussed, the research also took place in a small number of sites and the views of people in other areas, including rural locations, areas with lower levels of deprivation, and areas with fewer residents from ethnic minority populations, may be different. The participants for the research opted to take part and their opinions and experiences may be different from people who were not available or did not wish to take part in a focus group about child sexual abuse.

Ethics

Fieldwork

All facilitators and researchers involved in the project had enhanced DBS clearance and a disclosure protocol was in place should any concerns arise during the fieldwork. The focus groups were run by two facilitators to ensure one staff member could deal with any concerns or distress, while the other staff member could stay with the group.

For a number of the groups, a member of the Inquiry’s Safeguarding and Support Team was on the premises to offer advice and support to participants if required. Participants from the victims and survivors’ focus groups were offered a follow-up call in the weeks following the fieldwork should this be needed, although this offer was not taken up by any participants. All participants received a booklet on how to manage their wellbeing after the fieldwork.

Informed consent

Prior to each group, participants received an information sheet covering the purpose of the research and what to expect, how to withdraw at any stage, confidentiality and anonymity, audio recording and how their information would be used and stored. At the start of each group one of the facilitators reiterated this information, ensuring participants understood and had the opportunity to ask any questions. Each participant then filled in and signed a consent form.

Confidentiality

Participants were informed that any information they shared during the focus groups would be kept confidential and would only be accessible to those working on the research project, and that they would not be identified in any reports or publications. It was explained that only in cases where participants disclosed information that suggested that either themselves or someone else was at risk of harm, or they disclosed any illegal activity, would this information be shared with the appropriate team within the Inquiry and may be passed on to third parties. Each group commenced with a conversation about ground rules, which included not talking outside the group about what had been discussed and respecting the confidentiality of every member of the group.
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| **'Honour' killings** | The term 'honour' killings is controversial, as it may appear to provide a justification for violence and abuse against women. Others have argued that progress in ending 'honour-based' violence has been made using the term and that it is understood within the communities where such violence occurs. We have used the term in this report to reflect the language used by participants and have used the following definition, written by the Iranian and Kurdish Women’s Rights Organisation (IKWRO, 2014):

> “'Honour' based violence is normally a collective and planned crime or incident, mainly perpetrated against women and girls, by their family or their community, who act to defend their perceived honour, because they believe that the victim(s) have done something to bring shame to the family or the community.

> It can take many forms including: 'honour' killing, forced marriage, rape, forced suicide, acid attacks, mutilation, imprisonment, beatings, death threats, blackmail, emotional abuse, surveillance, harassment, forced abortion and abduction.” |
| **Impact** | A marked effect or influence on someone or something. It is used in this report to describe what victims and survivors themselves reported about the effects of the child sexual abuse they experienced. |
| **Institution(s)** | We use the term 'institution' to refer to a range of organisations, that is a group of people who work together in an organised way for a particular shared purpose, and settings where such organisations are based. For example, a government department, the police, children's social care services, hospitals, prisons, schools or religion-based settings. |
| **'Jungle justice'** | Often used to refer to public extrajudicial killings in Sub-Saharan Africa. |
| **'Kangaroo court'** | An unauthorised or unofficial judicial proceeding conducted by individuals who have taken the law into their own hands. |
| **Narratives** | Refers to:
- the participants' spoken accounts of their experiences;
- societal ideas, norms and understandings about issues/topics such as child sexual abuse and exploitation and gender. These narratives can come from different sources such as the media, the law and beliefs. |
| **Patriarchy/patriarchal** | Describes a social system that is organised to perpetuate the interests and power of men over women throughout society and within individual relationships. |
| **Perpetrator** | A person who has committed a harmful, illegal or immoral act. |
| **Qualitative research** | Qualitative research uses words and themes, rather than numbers, to answer research questions. Qualitative social research seeks to observe and understand social situations without measuring them using numbers, for example, through interviews with people involved. |

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24 For further discussion, please visit: [http://safelives.org.uk/practice_blog/honour-and-violence-against-women-%e2%80%93-whats-name](http://safelives.org.uk/practice_blog/honour-and-violence-against-women-%e2%80%93-whats-name)
### Statutory institutions
Institutions set up by law to carry out public activities, for example the police and children's social care services.

### Victims and survivors
Defined in this report as individuals who have been sexually abused as children.

The words 'victims' and 'survivors' have different connotations and varying personal meanings for individuals. Some people identify as victims and some as survivors, we therefore use the words 'victims and survivors' together when referring to people who have been sexually abused.

### Voluntary sector organisations
Non-governmental and non-profit organisations that undertake activities for social benefit, including charities.


