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## Institutional Responses to Child Sexual Abuse in Ethnic Minority Communities

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They forgot about the person that was being hurt.  
(Female focus group participant)

### Introduction

Child sexual abuse affects all communities but less is known about how child sexual abuse affects ethnic minority communities in England and Wales. There is a general consensus that victims and survivors from ethnic minority communities often face additional barriers to disclosing

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child sexual abuse, and research has shown that people from Caribbean, African and Asian backgrounds in the UK 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). This chapter seeks to explore how people from ethnic minority communities experience and perceive institutional responses to child sexual abuse, and the support needs of victims and survivors from these communities.

This chapter is predominantly based on a research study carried out by the Independent Inquiry into Child Sexual Abuse ('the Inquiry') in collaboration with the Race Equality Foundation, a national UK charity that aims to tackle racial inequality in order to improve the lives of Black, Asian and ethnic minority communities. Set up as a statutory inquiry in March 2015, the Inquiry was tasked with considering the extent to which state and non-state institutions in England and Wales have failed to protect children from sexual abuse and exploitation and to consider the steps which it is necessary for these institutions to take to help ensure that children are better protected from sexual abuse in the future, and to publish a report with recommendations. The research findings of the study entitled *'People don't talk about it': Child sexual abuse in ethnic minority communities* was published by the Inquiry in June 2020 ('the research report'). The research findings arising from the study do not constitute formal recommendations by the Inquiry's Chair and Panel and are separate from evidence obtained in investigations and hearings.

The aims of the research, discussed in detail in the report, were to explore:

1. how different ethnic minority communities perceive and experience barriers to disclosing and reporting child sexual abuse;
2. their experiences of, and interactions with, institutions in relation to child sexual abuse; and
3. the support needs of victims and survivors from ethnic minority communities

The first phase of the study entailed a literature review, focusing on research from England and Wales published between 2009 and 2019.

The second phase comprised 11 focus groups, carried out with 82 people across England and Wales between September 2019 and January 2020. Participants came from a range of ethnic minority communities, particularly from Caribbean, African and South Asian<sup>1</sup> ethnicities. Three focus groups were with victims and survivors of child sexual abuse. The remaining eight were with members of the public who had no known experiences of abuse, recruited by the Race Equality Foundation through organisations that work with people from ethnic minority communities. Sixty-eight participants identified as female, 13 as male and one participant identified as both female and transgender. As male voices tend to be underrepresented in research in this field, a male-only focus group was carried out to ensure their inclusion. The age of participants ranged from 19 to 74 years old, with over three quarters of participants aged between 30 and 59 years old.<sup>2</sup>

This small-scale, qualitative research provides contemporary insight from people in these communities and amplifies their voices and experiences. However, the research findings are based on a small sample and cannot be generalised to all ethnic minority communities. This chapter also references a number of more recent studies regarding child sexual abuse and ethnic minority communities, which do not appear in the research report. They are referenced in this chapter to provide updated information about research carried out in this area and to provide examples of how interactions with institutions might be improved. This chapter also offers further reflections on the findings from the research study. The views expressed here are those of the authors alone.

## Definitions

There is no universal definition of child sexual abuse. The research report and this chapter use the term ‘child sexual abuse’ to refer 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. Although demographic data on perpetrators of child sexual abuse is lacking, data has shown that abuse can be perpetrated by adults or peers, and perpetrators often tend to be male, although sexual abuse can also be perpetrated by females (Kelly and Karsna 2018).

Terminology associated with ethnicity can be problematic and often exclusionary, in part due to a lack of consensus regarding what constitutes an ethnic group and because membership of an ethnic group is 'self-defined and subjectively meaningful to the person concerned' (Office for National Statistics 2019). For this chapter, we have used participants' own words when describing their ethnic backgrounds and we use the phrase 'ethnic minority communities' as an umbrella term.

However, we recognise the limitations of the term 'ethnic minority communities', as well as the limitations of specific ethnic group categories that are often used (e.g. the Office for National Statistics' categories of 'Black', 'Black Caribbean', 'Asian' and 'Indian'). These refer to a number of different aspects of identity, including nationality or country/continent of heritage (e.g. 'Asian') and physical attributes (e.g. 'Black'), as well as tacit associations with immigration status, nationality and religion. 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 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. We use the term culture to describe the ways of life, customs, habits and beliefs of a particular group of people. Cultural competency within an institution includes factors such as having an ethnically diverse workforce,

trained interpreters, regular staff training, multicultural framework and mandatory data collection (Sawrikar 2020).

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. Statutory institutions are institutions set up by law to carry out public activities, for example the police and children’s social care services. Voluntary sector organisations are non-governmental and non-profit organisations that undertake activities for social benefit, including charities. Formal support refers to support services that are provided by professionals in statutory and voluntary sector organisations. Informal support refers to support provided by peers, family and the wider community.

## Literature Review Findings

The literature review highlighted how ethnic minority victims and survivors can face additional barriers to disclosing and reporting child sexual abuse, with these barriers often linked to ethnic background and gender. This can sometimes be a consequence of institutional racism or conversely, the desire among professionals to appear culturally sensitive can mean that they may not intervene and respond appropriately in cases of suspected sexual abuse.

Research has revealed some institutions’ resistance to acknowledging that ethnic minority children can be victims of sexual abuse (Ali et al. 2020). Among Asian victims, this has been attributed to a lack of awareness among professionals of the risk of exploitation, particularly in relation to boys, due to masculinity and stigma, and also due to professionals being better at identifying inappropriate relationships between men and girls than men and boys. Resistance has also been attributed to a failure to believe the victims’ accounts, a lack of coordinated services (Gohir 2013) and to the media portrayal of the ‘Asian perpetrator/white victim’ dynamic of child sexual exploitation (The Children’s Society 2018). In some organisations, appropriate responses can be thwarted

by institutional racism, which can stem from harmful personal beliefs, assumptions and narratives about ethnic minorities, and unconscious bias resulting from a less diverse workforce (Cowburn et al. 2015; Thiara et al. 2015; Fontes and Plummer 2010; Gilligan and Akhtar 2005). However, there is also research evidence that some organisations are managing to identify victims from ethnic minorities, in particular ethnic minority, faith, and statutory and voluntary sector youth justice agencies (BereLOWITZ et al. 2012).

The desire to be culturally sensitive can mean that professionals may fail to investigate instances of child sexual abuse through fear of disrupting community cohesion and perceived potential resistance by communities (Gohir 2013). Fears of allegations of racism can also affect responses and result in a different level of service being provided to ethnic minority communities (O'Neill Gutierrez and Chawla 2017). Much of the literature suggests that there is a disproportionately low take-up of statutory, formal support services from ethnic minority victims and survivors. This can stem from a lack of awareness of services and how to access them (Sawrikar and Katz 2017b; Cowburn et al. 2015; Rehal and Maguire 2014; Gilligan and Akhtar 2005). There can also be a mistrust of services, 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) and concerns around the potential consequences of engaging with services (Sawrikar and Katz 2017a, b; CEOP 2011; Fontes and Plummer 2010; Gilligan and Akhtar 2005).

Some studies suggest that specialist, local services that are directed towards the specific priorities and needs of ethnic minority communities are more accessible and there is a perception that an ethnically or culturally similar professional could aid disclosure (Harrison and Gill 2017; O'Neill Gutierrez and Chawla 2017; Rehal and Maguire 2014). However, for some, this could act as a barrier as there may be a fear that if the professional is from 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 2005, 2006; Webb et al. 2002).

Informal support, from families and communities, is often utilised more than formal support services in ethnic minority communities. However, some victims and survivors may receive negative responses from families (Rehal and Maguire 2014) and informal support systems may also prevent victims and survivors from accessing further help through fear of bringing shame upon the family (O'Neill Gutierrez and Chawla 2017). Overall, the literature highlights how victims and survivors from ethnic minority communities are less likely to report sexual abuse and are often less likely to be recognised as victims by statutory services. The literature also reveals how victims and survivors may have less positive interactions with institutions due to experiences of racism and poor responses from professionals. These themes were explored in depth during the second stage of the research study, which comprised focus groups with people from ethnic minority communities. The following sections discuss the findings from these focus groups, in particular drawing on the experiences of victims and survivors.

## **Participants' Perceptions and Experiences of Institutions in Relation to Child Sexual Abuse—Focus Group Findings**

Discussions regarding institutions and child sexual abuse generally revealed negative perceptions and experiences, particularly in relation to statutory services like the police and children's social care services. Although it was occasionally not clear whether participants were referring to statutory institutions or voluntary organisations, most of the discussions around institutions focused on statutory services.

## **Knowledge of Institutions Responsible for Identifying and Responding to Child Sexual Abuse**

Participants identified a number of institutions as having a responsibility to respond to child sexual abuse, including the police, children's social care services, schools, health services, religious institutions and voluntary sector organisations. 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)

The safeguarding role of children's social care services was also recognised by participants, particularly victims and survivors who often had direct experiences of them, and a few participants recognised the support that they can offer. There was also an acknowledgement of the importance of religion and faith in some communities, with a shared view that people should be able to disclose sexual abuse to religious institutions and receive support from them.

## **Factors That Influence Willingness to Engage with Institutions**

Although many participants recognised the role of statutory institutions in responding to cases of child sexual abuse, there was a lack of consensus among participants regarding their willingness to engage with institutions. Some participants said that they would notify authorities, but often highlighted that other members of their community would not. Other participants expressed a reluctance to report to statutory institutions, saying they would prefer to deal with child sexual abuse



within their own community or to report to voluntary sector organisations. There was a perception among some participants that institutional responses would '*make the situation worse*'. Some of the reluctance to engage with institutions reflected concerns about the ability of institutions to deal with cases of child sexual abuse and handle information confidentially. Other concerns were more explicitly related to how these services may interact with people from ethnic minorities; specifically, how misconceptions and stereotypes about ethnicity and culture on the part of professionals may mean that they fail to identify or acknowledge child sexual abuse, and may also fail to respond appropriately and offer the support and help that all children are entitled to.

## Competency in Dealing with Child Sexual Abuse Cases

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)

Some participants, particularly victims and survivors, talked about having little confidence in the system, perceiving institutions to be insufficiently resourced and '*not set up properly*', with '*holes, gaps everywhere*'. In particular, several victims and survivors described negative experiences with police and the criminal justice system. Participants talked about the police's general approach as being off-putting, of not acting '*quick enough*' or being '*not really that interested*'. One victim and survivor talked very angrily about the '*serious, serious, serious negligence*' in the way the police had handled her case.

A number of participants expressed doubts about whether the police were best placed to deal with allegations of child sexual abuse. Some participants argued that the needs of the victim should come first and this may not include reporting to police:

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)

One participant discussed how it is '*a bit of a myth that Black people don't call the police*' but what is relevant are the circumstances in which they will call the police. There was a perception that the police are better able to respond to more general crimes, such as burglary, than child sexual abuse. Some participants recognised the challenges police face and queried whether they have sufficient resources to put into issues like child sexual abuse. There was also a perception that they lack the sensitivity needed, with one participant highlighting that police '*are just not trained in the art of dealing with people psychologically*'.

Experiences with the criminal justice system were also described by victims and survivors of child sexual abuse as difficult and talking about these experiences left some participants 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*'. Some participants believed that the professionals had made mistakes in their cases. In some instances, victims and survivors had to wait years for their case to get to court and they were not always kept properly informed throughout the process.

## Information Sharing and Confidentiality

A common theme in the focus groups related to concerns about how institutions would share information about disclosures of child sexual abuse, and with whom. There was a strong concern that information shared with institutions may then be passed on to other institutions without the person's consent or knowledge and may get back to other members of the community or family.

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)

Some participants expressed how they would not want others in their community to know if they reported child sexual abuse to an institution. This was related to not wanting others to know about the sexual abuse and also to the shame associated with informing authorities. In particular, some South Asian participants described how it was not regarded as a good thing to '*name and shame*' by reporting sexual abuse and that this leads to '*a lot of covering up*', for example by adults removing a child from harm but not notifying authorities of sexual abuse and not seeking support for the victim. Participants said that some people from their communities may not be aware of confidentiality and the laws that protect the anonymity of the victim and survivor. It was suggested that if people were more aware of the processes they might be more willing to come forward.

## **Failing to Identify Child Sexual Abuse**

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)

Victims and survivors gave numerous examples of institutions failing to identify signs of child sexual abuse and described the considerable impact this had had on their lives. In some cases, these failures were a consequence of professionals failing to recognise that participants were victims and instead viewing them as children displaying behavioural problems. In particular, several participants described how schools failed to pick up on changes in behaviour that should have been warning signs that something was wrong. 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 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)

In some cases, these failures were a consequence of victims being overlooked by professionals as a result of stereotyping. One participant felt that his ‘*bad*’ behaviour was interpreted by professionals as ‘*typical*’ for a Black child and he believed that a White child would have been responded to more effectively:

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)

Stereotyping according to gender and family background was also noted by participants. 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 described how she was behaving erratically at school, but was taken to one side by a teacher and told that she should be ‘*grateful*’ for the family she had as she was one of the few children in a two parent household. Similar concerns about being stereotyped were expressed more broadly by participants in the focus groups and were cited as reasons for not disclosing child sexual abuse to institutions. One participant stated that social services frame ethnic minorities as ‘*actually quite dysfunctional*’ and several participants revealed a perception that involving children’s social services could lead to a child being removed from the family and taken into care, sometimes due to cultural misunderstandings.

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)

Similarly, another participant described how '*the police frame us [ethnic minorities] as actually being quite criminal*'. Participants described the police as '*the enemy*' who may be contacted for help but would actually be scrutinising people from ethnic minorities or low income backgrounds. 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)

## **Failing to Respond to Disclosures of Child Sexual Abuse**

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)

In some cases, victims and survivors described how professionals failed to respond appropriately to disclosures of sexual abuse because of what appeared to be a lack of cultural competence. This can arise in part from a lack of cultural diversity within institutions and was cited as a reason by some participants for not wishing to engage further with statutory services. A lack of diversity can exacerbate a sense of difference for people from ethnic minorities, even when the services are helpful:

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 professionals' fears of '*stepping on cultural sensitivities*' and of '*the community accusing them of being racist*', resulting in failures to respond appropriately to allegations of child sexual abuse. One victim and survivor described how this left her 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)

For other participants, racist stereotyping and misunderstandings were the reasons for poor responses. Participants suggested that professionals sometimes 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 and acceptable in Asian ethnic groups.

Among many participants, a fear of being stereotyped or 'othered' by professionals created a feeling of mistrust. Participants discussed discrimination 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*".

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)

Some victims and survivors explicitly linked the poor response they received from professionals to the fact that they were from an ethnic minority and the professional was White. These experiences related to both physical and sexual abuse. Two participants discussed revealing they had been physically abused to a teacher at school, but nothing was done in response. In one of these cases the victim and survivor was told that it was a “*culture clash*”. Another victim and survivor shared her experience of disclosing sexual abuse as a child to a social worker and revealed how the sexual abuse was denied, with the abusive behaviour instead attributed to her culture:

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 then described how she 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.*” In this case, the failure to acknowledge the sexual abuse became a traumatic experience in itself. Conversely, one participant spoke about how she would prefer not to see a professional from the same ethnicity as herself. This was due to a concern of being judged by that person—fearing that consideration of ethnicity and culture may take precedence over her needs as a victim and survivor. This view was echoed by another participant who described how she was told by her Bengali GP to consider the impact of disclosing sexual abuse on her family:

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)

However, not all experiences were negative and a few participants did experience positive responses from institutions in relation to child sexual abuse. What helped make these experiences positive, which was lacking

in so many other accounts, was the acknowledgement of the sexual abuse—naming what had happened—and the support that was offered throughout the process. One participant approached the police to talk about the sexual abuse of another child, but found that they helped her to recognise and name her own sexual abuse:

‘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)

## Support Services for Victims and Survivors of Child Sexual Abuse—Focus Group Findings

Many participants recognised that victims and survivors of child sexual abuse may require professional help and support, possibly over an extended period of time. However, victims and survivors often spoke about not receiving adequate support for sexual abuse as a child and in general described how services offering support were just not available. Sometimes this lack of support was related to gender or class. In one focus group, male participants talked about how institutions are not able or willing to hear the views of young, aggressive males and suggested that there are more opportunities for females to access help from institutions. Another participant explained how she was unable to access support at the university she attended as they were used to admitting ‘*White, very very middle class, private school educated kids*’ and they did not know how to support her. This participant felt unable to continue with her medical degree as a result, which she described as one of her biggest regrets.

Where victims and survivors had accessed services, although some experiences were positive, many participants spoke about poor experiences that were related to a lack of understanding on the part of professionals about child sexual abuse or about ethnicity and culture. Overall, there were conflicting views regarding whether support should



be formal or informal and whether institutions are able to provide trauma-informed, culturally appropriate care.

## Professionals' Understanding of Child Sexual Abuse

Because nobody ever – unless they've gone through it, they will never really understand.

(Female focus group participant)

Some victims and survivors attributed negative experiences with support services to the fact that the professionals involved did not seem to understand how they may have been affected or how to treat them. One participant discussed being made to take anti-depressant medication prescribed by a psychiatrist that she felt was not a suitable treatment for a child under 18. Another participant described how his therapist assumed that as a consequence of experiencing child sexual abuse he would possibly commit a sexual or violent offence, highlighting the prejudice that victims and survivors can face:

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)

Such accounts demonstrate how responses were not trauma-informed. Some participants felt that they needed to share their experience with someone who had had a similar experience in order to be understood, though others disagreed. 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.

## Professionals' Understanding of Culturally Appropriate Support

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)

The fears around stereotyping and a lack of cultural competence discussed in relation to statutory services were also expressed with regards to support services. 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 and the fear of being misunderstood:

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)

In many of the focus groups, participants reflected on the benefits of receiving support from someone with a similar ethnic or cultural background. Some victims and survivors described how important it had been not to have to explain how their culture had influenced the experience and the impacts of sexual abuse. Knowledge of culture and ethnicity often intersected with other factors, such as gender or personal experiences of sexual abuse, as helping to foster understanding around the particular struggles individuals may face:

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)

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 be judgemental. However, several participants highlighted that what matters the most is someone's understanding of the issues and emphasised that this does not have to mean that a professional is from the same ethnicity. Some victims and survivors spoke about positive experiences with professionals from White ethnicities and in one focus group, some male participants expressed scepticism of the view 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, which can be reflective of the institutional practices within which they work, rather than their background or heritage:

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)

## **Informal Support for Victims and Survivors of Child Sexual Abuse**

Many participants spoke about the value of peer support in helping them to process the experience of child sexual abuse. The importance of this may be heightened by people's negative experiences with institutions, and may also reflect the significance of collectivist values to some ethnic minority communities (Sawrikar and Katz 2017b). As some victims and survivors can be ostracised from their families and communities as a

consequence of talking about child sexual abuse, this kind of support can play a crucial role for victims and survivors.

Without the opportunity to talk about child sexual abuse with other victims and survivors, some participants described feeling isolated. For some victims and survivors, participating in the focus group was the first time that they had met with people with similar experiences. After one group, some victims and survivors stayed behind to chat and exchanged contact details in order to keep in touch.

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)

Participants also described how meeting with others with similar experiences could help build strength among victims and survivors. This was seen as part of a process of starting to open up a wider conversation within communities about child sexual abuse and gradually break down the wall of silence:

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.

(Female focus group participant)

Due to a lack of culturally aware 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.  
(Female focus group participant)

## Reflections

Child sexual abuse is an issue that affects all communities, ethnicities and cultures. There are many experiences in relation to child sexual abuse that are common across communities, including difficulties in talking about child sexual abuse and poor responses to disclosure. However, experiences are not universal and this research has highlighted some experiences that are specific to ethnic minority communities. These include experiences of institutional racism and discrimination, and professionals' concerns about appearing culturally sensitive, that can impede the identification and disclosure of, and responses to, child sexual abuse. However, addressing these issues is complex; there was a lack of consensus among participants regarding the need for specialist support services and participants expressed sometimes contrasting views on the type of support they would like to receive. These research findings highlight the need to ensure that services can respond to a diverse range of needs and are responsive to the individual.

In participants' accounts, some professionals appeared to demonstrate bias in relation to children from ethnic minority communities. In comparison to children from majority ethnicities, some professionals appeared to have a different threshold for judging whether behaviours described by victims and survivors from ethnic minority communities were sexually abusive. Professionals also appeared to demonstrate a different threshold for judging behaviours among ethnic minority children, particularly boys, to be troubling or disruptive. These kinds of biases can lead to differences in the reported prevalence of child sexual abuse and to differences in interventions and treatment; research in the US for example has demonstrated racial bias in the substantiation of child sexual abuse cases, with children of Native North American or

Latinx ethnicity having a reduced likelihood of substantiation<sup>3</sup> (Fix and Nair 2020).

The accounts of victims and survivors from ethnic minority communities point to their struggles in dealing with the trauma of the sexual abuse alongside the trauma of interacting with institutions that, through bias, may have heightened their vulnerability to sexual abuse, failed to identify it and failed to provide an appropriate, supportive response. Racist stereotyping and assumptions about culture led some victims and survivors to question their own experiences and even created confusion about their own culture. As accounts highlighted, where responses fail to acknowledge a person's experience or they devalue the person, the response itself can become a trauma.

Participants' accounts revealed how fear of discrimination and racist stereotyping can prevent people from ethnic minority communities reporting cases of child sexual abuse. This can sometimes mean that sexual abuse is dealt with within the community or may not be dealt with at all, leaving the victim and other children at risk of further abuse. Victims and survivors may not be able to access formal support and may not receive suitable support from within the family or community, further compounding the impacts of child sexual abuse (Rodger et al. 2020). It can also mean that children from ethnic minority communities are underrepresented in prevalence statistics and service data, making it challenging for practitioners and policymakers to appreciate the scale of the issue and plan effective, culturally appropriate responses.

There were a number of occasions where participants spoke positively about changes that are occurring, both within communities and institutions. For example, some participants said their communities now have a better understanding of child sexual abuse and its impacts and are more open to talking about it. Participants described younger generations as being better informed due to media and education and said that they would sometimes pass this understanding on to older generations; some participants who were parents described learning from their children about how to respond appropriately to abuse. Some participants also felt that institutions, particularly schools, are in a better position to respond to child sexual abuse and one participant felt that the criminal justice system is becoming more supportive of victims than it used to

be. However, many of the research findings from this study echo findings from previous research and highlight how change is not happening quickly enough to ensure that all children are protected from child sexual abuse.

What many participants in this research wanted was for professionals to see and acknowledge their experience for what it was, without it being distorted by assumptions about victims and survivors, their ethnicity or any other demographic characteristics. In particular, naming the experience can be important for victims and survivors and can be particularly powerful for children from communities where experiences of sexual abuse may be shrouded in silence and shame, and the words or language needed to communicate what has happened might not be available.

## **Improving Interactions with Institutions**

This study did not speak directly with professionals but it has highlighted that many victims and survivors felt that professionals had fallen short in terms of providing support that is both trauma-informed and culturally aware. Professionals face the challenge of needing to avoid cultural blindness—assuming that victims and survivors of child sexual abuse are a homogeneous group who face universal issues—while also avoiding cultural incompetence, whereby behaviours that are abusive fail to be recognised or responded to appropriately. Participants also highlighted how racism and stereotyping continue to impede prevention, identification and responses to child sexual abuse among ethnic minority communities. Participants' accounts suggest that there are a number of factors that could improve interactions with institutions for people from ethnic minority communities, including institutional measures such as training and diversity, and community-based measures such as peer support and community engagement.

## Appropriate Training for Professionals Coming into Contact with Victims and Survivors

Participants highlighted how professionals need appropriate training, both to improve understanding of ethnicity and culture, and to improve understanding around child sexual abuse. Such training was regarded as important for all professionals, regardless of background or personal experience. Participants also highlighted how peer supporters need to be trained in order to know how to support victims and survivors effectively.

In terms of the specific areas in which professionals may benefit from training, Sawrikar (2020) suggests that service providers should be educated about the following:

- Child sexual abuse (prevalence, perpetrators and myths).
- Cultural knowledge (awareness of the importance/relevance of supportive responses, racism and family reputation).
- Cultural competency (ethnically diverse workforce, trained interpreters, regular staff training, multicultural framework and mandatory data collection).
- Pros and cons of medicalising mental illness due to child sexual abuse over the use of a sociological framework.
- The importance of encouraging additional self-help, family and group therapy.

Participants' experiences of racial, gender and class bias highlight how any interventions designed by service providers need to be culturally aware and intersectional. In one study, service professionals suggested using an intersectional approach to design a framework/tool for professionals working with Black, Asian and ethnic minority communities, which would focus on both prevention of child sexual abuse in those communities and one-to-one work with children and young people affected by child sexual abuse. They considered that this framework/tool should be informed by the experiences—in terms of disclosure, the legal and court system, and therapeutic services—of victims and survivors from Black, Asian and minority ethnic communities (Ali et al. 2020).



## Access to Support Services that Meet People's Preferences

In terms of support, there was no consensus among participants regarding the need for specialist support services targeted at victims and survivors from ethnic minority communities, highlighting the need for diversity and choice within services. Some participants pointed to the limitations of “*all-White organisations*” in being able to understand the traditions and lifestyles of ethnic minority communities and argued for support services targeted at these groups. Other participants felt they would prefer not to see a professional from their own ethnicity. Choice about the gender of professionals was also mentioned by some participants. 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.

Some victims and survivors said that they would prefer to be supported by someone who has experience of child sexual abuse. They felt that other victims and survivors can provide the most empathic support and that professionals who have experienced sexual trauma are more likely to understand the impacts of child sexual abuse. Other researchers have highlighted how some professionals who work with this cohort will be victims and survivors, and providing adequate support and training for these practitioners is essential. Sanchez et al. (2019) discuss how a trauma-informed approach recognises that those providing support are often victims and survivors but point out that there can often be little space for professionals to be open about their experiences due to a fear of stigmatisation from colleagues. They argue that trauma-informed organisations will create opportunities for healing among staff and celebrate the strength that they bring.

Other participants, however, felt that as child sexual abuse is an issue that affects all communities, there are no specific support needs for particular communities. In talking about what participants wanted from professionals responding to child sexual abuse, being ‘*human*’, non-judgemental and seeing the whole person were emphasised by

participants, reflecting a person-centred approach that takes into account a person's ethnicity and culture, without reducing their experience to cultural factors.

## **Peer Support and Informal Ways of Sharing Experiences**

Participants spoke about the value of peer support in enabling victims and survivors to talk to other people with similar experiences and from similar backgrounds. Forums were therefore suggested as one way to help people move forward. One such example comes from Siblinghood Survivor Listening Circles, a project run with survivors of child sexual abuse, which was held with culturally specific organisations in the US from 2016–2017. Using a focus group format, the groups explored themes on healing, trust and safety, and justice and accountability. The authors suggest that practitioners, rape crisis centres and culturally specific organisations should be exploring these concepts to support survivors who are healing individually, without family and community support, and also consider their role in healing communities (Sanchez et al. 2019).

## **Initiatives That Engage the Community**

Many participants spoke about the need to open up the conversation around child sexual abuse and engage members of their communities in these discussions. Other research has suggested that services can play a role in raising awareness of child sexual abuse within communities (Ali et al. 2020). One participant for this research 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.

Sanchez et al. (2019) argue that central to the approach of many trauma-informed, community-based organisations is the embeddedness of communities and the creation of approaches alongside and led by community members and survivors themselves. Such approaches can also

help to raise the visibility of services; research has shown that support services are insufficiently visible and accessible, particularly to people who do not speak English fluently (Ali et al. 2020). However, researchers emphasise the need to recognise how family, community and peers can be an important source of support in some cases but may also be a source of trauma (Sanchez et al. 2019). One way of navigating this complexity, advocated by participants in this research, is through approaches that empower children and young people, and victims and survivors. Placing the voice of the victim and survivor at the centre of any response or treatment can help professionals to determine where community involvement may be beneficial and where it may not.

## Conclusion

This chapter was based on a study with people from different ethnic minority communities that explored their perceptions and experiences of the barriers to disclosing and reporting child sexual abuse, their experiences and interactions with institutions, and the support needs of victims and survivors of child sexual abuse from these communities. The focus of this chapter has been participants' interactions with institutions and experiences of support services. The research findings revealed how, while some victims and survivors reported positive experiences with institutions and support services, many reported negative experiences that can create barriers to disclosing child sexual abuse. These negative experiences include a lack of cultural competence in institutions and experiences of racism and stereotyping. Participants also raised concerns about confidentiality and the competence of institutions to manage cases of child sexual abuse. These negative perceptions and experiences of institutions are one reason why victims and survivors from ethnic minority communities may be less likely to disclose sexual abuse. The tendency of some professionals to stereotype also helps to elucidate why victims from ethnic minority communities may be less likely to be recognised as victims by institutions and may not receive the support they are entitled to. However, the varying needs and experiences of victims and survivors and the lack of consensus on some issues, such as specialist

support services and sharing characteristics with professionals, highlight how victims and survivors would benefit from flexible and multifaceted responses from institutions.

Some positive messages did emerge from this research. Some participants acknowledged the important role that institutions like schools and children's social care services play in responding to child sexual abuse, and there was some indication that younger generations of people from ethnic minority communities are more willing to approach authorities. More work remains to be done however, and participants discussed how improved training for professionals, increased diversity within institutions, and better engagement between institutions and communities would improve relationships and outcomes for victims and survivors of child sexual abuse from ethnic minority communities.

### **Summary—Participants' Suggestions for Change**

Participants' accounts highlighted how many victims and survivors experienced cultural incompetence and racism or discrimination from institutions in relation to child sexual abuse. Some victims and survivors also felt that professionals lacked knowledge and understanding in relation to the impacts of child sexual abuse. Many victims and survivors cited peer support from those with similar backgrounds as important for their recovery and talked about the need to open up the conversation around child sexual abuse more widely. To improve institutional responses in the future, participants suggested the following.

1. Appropriate training for professionals coming into contact with victims and survivors:
  - Training on ethnicity and culture, and child sexual abuse, with culturally aware interventions.
2. Access to support services that meet people's preferences:
  - Diversity within services and choice in relation to seeing professionals with similar or different characteristics.
3. Peer support and informal ways of sharing experiences:
  - Forums and other groups that provide a safe space for victims and survivors to discuss their experiences with others who have had similar experiences.

#### 4. Initiatives that engage the community:

- Institutions working closely with the community to improve responses to child sexual abuse.

Further research in this field could explore victims and survivors' experiences with different service models and approaches. Research could also explore the characteristics of peer support that aid recovery.

## Notes

1. 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.
2. It should be noted that as all victims and survivors in this study were adults, their experiences of child sexual abuse were non-recent.
3. Meaning a case was founded or determined to have occurred by state law.

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