

EXECUTIVE SUMMARY

Sexual Assault and Abuse (SAA) Needs Assessment for
Racialised Communities in the West Midlands

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“ Oppressed groups are frequently placed in the situation of being listened to only if we frame our ideas in the language that is familiar to and comfortable for a dominant group. This requirement often changes the meaning of our ideas and works to elevate the ideas of dominant groups. ”

PATRICIA HILL COLLINS

Black Feminist Thought, 1990



ABOUT THIS REPORT

Acknowledgements

We thank all who took part, all who supported, and all who amplified our voices. We hope we have honoured your trust, your solidarity, and your unwavering faith in our aims, our work, and our mission.

Funding statement

This work was commissioned by NHS England and the West Midlands Office for the Police and Crime Commissioner (WMOPCC), and focused on the experiences and support needs of racialised communities affected by sexual assault and abuse in the West Midlands. Its purpose was to support multi-agency partners in improving the cultural responsiveness, equity, and effectiveness of pathways, provision, and strategic responses to sexual assault and abuse.

This aligns with the priorities set out in the West Midlands Sexual Assault and Abuse Strategy 2020–2023 and the NHSE Strategic Direction for Sexual Assault and Abuse Services 2018–2023. We Are Frieda CIC was awarded the funding and conducted this work between March and October 2024.

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Full report

For access to the full report, please contact: wmpcc@westmidlands.police.uk

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SECTION 01

There's Power in Language

“Oppressive language does more than represent violence; it is violence; it does more than represent the limits of knowledge; it limits knowledge.”

TONI MORRISON

1.1 Understanding the Term Racialised

This report uses the term racialised to describe people who have been systemically forced into marginalisation due to their racial identity. Racism is commonplace and pervasive, woven into the fabric of society and embedded in the everyday functioning of social systems and institutions. The social construction of race, and the related concept that different groups are racialised in distinct ways at different times, depending on the shifting needs and interests of the dominant society, determines that race and races are products of social thought and processes.¹²

The language of racialised is not intended to replace ethnicity and nationality but instead to describe a social and political process only. The concept of racialisation refers to the processes of attributing racial meaning to people's identity and, in particular, as they relate to social structures and institutional systems, such as housing, employment, and education. In societies in which certain groups of people have economic, political, and social power, processes of racialisation have emerged from the creation of a hierarchy in social structures and systems based on race. The visible effects of processes of racialisation are the racial inequalities embedded within social structures and systems. This means that this is a needs assessment based on communities who have limited access to resources, justice and support on account of the socially constructed idea of race.

1.2 Race Is a Social Construct

Race is not objective, inherent, or fixed by nature. The language of racialised brings the historical, social, and political processes to the forefront of the institutionalisation of racism. The term racialised allows for the understanding that all people hold a racial identity, and that race is a social construct. The concept of 'race' is the taxonomic separation of human beings based on physical characteristics (largely focusing on skin colour) created during an era of exploitation and othering, meaning that for some³, racialisation is an inherently negative process, born from social, political, and institutional devaluing. This results in negative

3. Bernard, W.T. and Daniel, E. (2015) 'Social work with racialized groups: Frameworks for practice', International Encyclopedia of the Social & Behavioral Sciences., doi:10.1016/b978-0-08-097086-8.28031-8.

3. Delgado, R. and Stefancic, J. (2001) Critical Race Theory: An Introduction. New York University Press.

3. Rutherford, A. (2021) How to argue with a racist: History, science, Race and reality. 2nd edn. London: Weidenfeld & Nicolson.

associations and treatment, such as discrimination, oppression, and resource restriction across various domains, including education, employment, health, and social care, as well as inequitable engagement in society.

1.3 Why Not Ethnic Minorities?

Using language such as ethnic minorities without proper emphasis on and understanding of minoritisation as the result of intentional societal, structural, and institutional systems built on inequity and oppression, rather than on numerical minority status, is problematic.

Similarly, terms such as BME/BAME homogenise racially and ethnically diverse people. This work rejects the categorisation of individuals as simply 'non-white' and the underlying rhetoric of superiority and supremacy of the dominant group inherent in such terms. Instead, it spotlights systems which have, throughout history, successfully marginalised, minoritised, and othered certain groups. To offer any hope for remedy and response, our language must acknowledge this reality both societally and in the context of prevention and intervention provisions and strategies for victims and survivors of sexual violence and abuse.

1.4 The Importance of Language in Social Justice

The language of racialised, alongside specific national, cultural and ethnic identifications where contextually appropriate, demonstrates heterogeneity and recognises the social processes and practices involved in oppression of people based on their racial, cultural and ethnic characteristics, thereby holding these systems and their practitioners accountable. By capturing a process as opposed to solely the physical characteristics of a person or a group, reformation of systems and practice through language becomes possible. Through this research the aim is to inspire this practice among professionals and agencies alike.

SECTION 02

Executive Summary

In the spring of 2024, the West Midlands Office for the Police and Crime Commissioner (WMOPCC) and NHS England commissioned We Are Frieda CIC to carry out a needs assessment. Its aim was to understand the needs of victims and survivors of sexual violence from racialised and ethnically minoritised (REM) communities.

The OPCC's aims with this research were to identify and recognise inequalities persisting for racialised individuals and communities in local areas in the West Midlands. Some of the key focuses included, but were not limited to:

KEY FOCUS

Local analysis of need and provision, to better identify and address under-representation of Black and minoritised individuals in local areas.

Geographical location and accessibility of services

Presentation of disclosure or discovery of SAA in services

Local barriers to equal and equitable access

Gaps in provision or accessibility

Survivor voice and diversity of survivor experience

Provision of feedback into the system from service users

Cultural competence and confidence of statutory partners

Intersectional practice

Commissioning landscape

Racialised forms of sexual assault and abuse

Examples of good and bad practice

Future recommendations for improvement

2.1 Our Focus

We Are Frieda's focus centred on cultural competemility, anti-racism, and intersectionality from organisational, professional, and victim/survivor perspectives. The aim of this work was to understand victims' and survivors' needs, experiences, and service satisfaction across the West Midlands. It also aimed to support the creation of an accessible and evidence-based framework rooted in a combination of survivor voices, existing literature, and current research findings. This framework is intended for prevention and intervention efforts within the context of domestic and sexual violence and abuse, including but not limited to commissioning efforts. This work is important because racial inequities continue to affect victims of sexual violence and abuse.

The needs assessment was conducted using a mixed-methods design, which allowed the research team to take an exploratory approach to the research questions. As seen in Figure 1, this involved an extensive literature review, qualitative one-to-one interviews, and quantitative survey data collected within the West Midlands.



Figure 1: The three strands of the evidence base

“As social conditions change, so must the knowledge and practices designed to resist them.”

PATRICIA HILL COLLINS

SECTION 03

Background

3.1 Introduction to SVAA and the Erasure of Racialised Women

Sexual violence, assault, and abuse (SVAA) is a pervasive human rights violation⁴ affecting one in four women and one in ten men in their lifetime (World Health Organisation, 2013). The most recent data comes from the Office for National Statistics (ONS) Crime Survey for England and Wales (CSEW) for the year ending March 2022. It indicates that approximately 798,000 women and 275,000 men over 16 in England and Wales experienced sexual assault⁵ (including attempted assaults) within that year. This represents around 1.7% of the population^{6,7,8}. Within these figures, true prevalence remains unknown, hindered by factors such as under-reporting and limited access to reliable data.

Under-reporting is influenced by many factors, including but not limited to victims'/survivors' willingness and capacity to come forward. Disclosure depends on building trust, safety, comfort, and confidence in systems, institutions, and the people within them, something that is at best inconsistent under current provisions. Many fear repercussions, worry they won't be believed, or fear interacting with the criminal justice system, which has both individual and systemic implications. The global women's⁹ human rights movement has worked tirelessly to bring these issues to the forefront. This work prompted the international community to recognise gender and sex-based violence and violence against women as a severe human rights abuse, and to establish laws to address it. Despite this, accurately quantifying the true prevalence of sexual violence remains a major challenge. Consequently, a lack of reliable data hampers the ability to understand the full scope of sexual violence and effectively respond to it, creating obstacles at the very first hurdle.

Wider contextual disparities persist for racialised victims and survivors, including through the systemic erasure of racial identity in SVAA data collection and public discourse. Institutional neglect perpetuates the invisibility of racialised women and people. Despite evidence of disproportionality in prevalence, inadequate data collection practices around race and ethnicity persist. The ethnicity of the victim is not documented in sixty-one percent of police-recorded sexual violence cases¹⁰, rendering victims unseen, unheard, and unprotected^{11,12,13}. This broad institutional failure to recognise the importance of racial identity extends across identification, risk and needs assessment, intervention, and advocacy. It requires a critical examination of the structural gaps that often render communities invisible. These practices also undermine the ability to accurately assess and respond to known vulnerabilities, limiting, by erasure,

13. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

13. Office for National Statistics. (2022). Crime Survey for England and Wales (CSEW): Year ending March 2022. Retrieved from <https://www.ons.gov.uk/>

13. Elkin, M. (2023a) Sexual offences in England and Wales Overview: Year Ending March 2022, Sexual offences in England and Wales overview - Office for National Statistics.

13. End Violence Against Women (2024) Police still failing too many victims, Inspectorate finds, End Violence Against Women.

13. Park, N. (2023) Population estimates for England and Wales: Mid-2022, Population estimates for England and Wales - Office for National Statistics.

13. We use the terms victim-survivors, survivors, and women interchangeably throughout this research, as our sample consists exclusively of women. However, we acknowledge the needs and victimisation of all sexes and gender identities.

13. His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) (2023) Race and Policing: An inspection of race disparity in police criminal justice decision-making.

13. Decker, M.R. et al. (2019) "you do not think of me as a human being": Race and gender inequities intersect to discourage police reporting of Violence Against Women', *Journal of Urban Health*, 96(5), pp. 772-783. doi:10.1007/s11524-019-00359-z.

13. Hine, B., Graham-Kevan, J. and Graham-Kevan, N. (2022) 'Comparing abuse profiles, contexts, and outcomes of help-seeking victims of domestic violence: Part III—LGBT clients', *Partner Abuse*, 14(1), pp. 77-113. doi:10.1891/pa-2022-0019.

13. Valentine, S.E. et al. (2017) 'Disparities in exposure to intimate partner violence among transgender/gender nonconforming and sexual minority primary care patients', *LGBT Health*, 4(4), pp. 260-267. doi:10.1089/lgbt.2016.0113.

efforts to address both interpersonal and systemic harm. They fail to acknowledge, identify and meet the unique needs of racialised women and people. Forced invisibility in data and discourse has profound implications for service provision, design, policy and funding. Without accurate, consciously collected, and inclusively categorised data, statutory and support services are ill-equipped to provide culturally intersectional support that addresses the unique barriers these individuals face. This is due to a lack of awareness and the absence of evidence needed to substantiate and address these needs.

Furthermore, the absence of appropriate racial and ethnic identifiers perpetuates a homogenous understanding of victimhood and reinforces the marginalisation of racialised women and their communities. It further positions whiteness as the standard and default characteristic of victimisation. Addressing these gaps (of which data collection practices are just one example) requires responding to broader systemic failings and recognising the critical role ethnicity plays in meeting the needs of racialised survivors. By acknowledging the historical and systemic erasure of racialised people from data and decision-making processes, this assessment shows the need for an intersectional, culturally competent approach to supporting victims of sexual violence. For racialised victims and survivors, true visibility means more than representation. It requires policies and practices that recognise and respond to the distinct realities they face across various levels, and that build safety, accountability, and empowerment.

“The most dangerous part of any form of oppression is that it can make people believe that there are no alternatives.”

ANGELA SAINI

3.2 Negative Racialisation

The West Midlands, particularly Birmingham, Solihull, and Coventry, is home to a culturally rich and ethnically diverse population. In Solihull, approximately 11% of residents identify as Asian¹⁴, 1.8% as Black¹⁵, and 3.5% as mixed or multiple ethnic groups. Coventry’s population includes around 18.5% Asian, 8.9% Black, and 3.4% mixed or multiple ethnic group residents. Birmingham has 31% Asian, 11% Black, and 4.8% mixed or multiple ethnic group residents.¹⁶

Considering these demographics, services must stand firm in their skills, knowledge, and commitment to inclusivity and anti-oppressive practice. People and communities who have been negatively racialised continue to face a multitude of risks across various levels ranging from individual level harm to systemic and structural level harm. Agencies, commissioners, and professionals share a responsibility to respond to the diversity inherent in racial, cultural, ethnic, and religious identities by offering choice in service provision. This choice should be offered with trust, integrity, compassion, and confidence in meeting intersecting risk and need effectively.

16. Asian, Asian British or Asian Welsh

16. Black, Black British, Black Welsh, Caribbean or African

16. <https://www.ons.gov.uk/census>

There is a duty to interrupt and prevent subjugation to both overt and covert interconnected oppressive and dehumanising social structures, practices and institutions. These prevent victims and survivors from meeting their basic needs, accessing justice and support, and aiding their emotional, psychological, and physical healing. Unless this duty is fulfilled, there remains a continuous impact on racialised people's right to live freely, safely and with the appropriate and necessary protections. Effective services, support, and advocacy for racialised individuals must therefore consider the full context of their lived experiences, acknowledging both personal and service or system-generated harm. They must respond with cultural competency, anti-racist practice, and an intersectional approach.

SVAA is both a cause and consequence of inequality, functioning as the conceptual glue that binds and sustains intersecting systems of domination and oppression.

Insights from survivors, advocates, and researchers in the field reveal SVAA to be both a cause and consequence of inequality. This inequality runs along gender lines and also across axes of race, ethnicity, class, sexuality, disability, citizenship, and nationality. SVAA functions as the conceptual glue that binds and sustains intersecting systems of domination and oppression. Within¹⁷ this understanding, particular attention is given to the heightened vulnerabilities faced by racialised, Indigenous, refugee, and migrant women. These groups experience distinct, compounded risks and are often disproportionately impacted by austerity measures and under-served by mainstream services, intensifying the barriers they face in accessing support and justice¹⁸¹⁹. While SVAA affects all demographics, the structural inequalities and systemic discrimination faced by racialised, Indigenous, and migrant women exacerbate their exposure to violence and abuse.

Additional challenges, such as language barriers, cultural insensitivity within services, and a greater likelihood of under-reporting due to mistrust of institutions, further disrupt safety. These challenges widen the divide between survivors and the systems meant to support them. Mistrust is often rooted in historical and contemporary experiences of discrimination, making it more difficult for racialised women to engage in help-seeking behaviours. These intersecting factors significantly reduce the scope of support available to them and deepen the existing gaps in service provision.

The experiences of SVAA for racialised survivors span multiple intersecting and interdependent levels (individual, social, cultural, and structural), which interact in ways that compound challenges, barriers, risks, and prevalence. A web of intersecting oppressions embedded within these levels entrenches marginalisation, producing entrapment and restrictions on autonomy and fundamental freedoms. Each level reinforces the others, amplifying the propensity for harm and abuse while reducing opportunities for protection, help-seeking, and meaningful intervention.²⁰²¹

21. Collins, P.H. (2017). On violence, intersectionality and transversal politics. *Ethnic and Racial Studies*, 40 (9), 1460–1473. <https://doi.org/10.1080/01419870.2017.1317827>

21. <https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-elimination-violence-against-women>

21. Women's Resource Centre, Life-Changing and Life-Saving, Funding for the Women's Sector, 2018

21. Crenshaw, K. (1991) 'Mapping the margins: Intersectionality, identity politics, and violence against women of color', *Stanford Law Review*, 43(6)

21. Jones, R. (2010a) 'Putting privilege into practice through' intersectional reflexivity:' Ruminations, interventions, and possibilities', *Faculty Research and Creative Activity*, 3.

Any effective approach to addressing SVAA as a human rights issue must include targeted support and culturally responsive services for racialised, Indigenous, refugee, and migrant women and people. Without this focus, efforts to prevent and address SVAA will fall short of meeting the needs of the most marginalised. This ultimately undermines the human rights framework and the pursuit of justice for all victims and survivors.

ABOUT THIS SUMMARY

This executive summary provides only a snapshot of the broader findings and context explored in this assessment. A more comprehensive exploration of the structural, historical, and socio-cultural dynamics surrounding sexual violence, racialisation, and systemic inequality can be found in the full report. It includes full data analysis, survivor testimonies, and service mapping. To access the full report, please contact: wmpcc@westmidlands.police.uk.

SECTION 04

Methodological Overview



The objectives of this work were to explore the experiences, understandings, and needs of racialised victims/survivors, and the knowledge and understanding of professionals working within the sexual violence and abuse sector. Drawing on these insights and a review of existing literature and evidence, the work aimed to inform the development of a Cultural Social-Ecological Framework. The framework is for the prevention and intervention of domestic and sexual violence and abuse. This included identifying six key socio-cultural factors influencing the prevalence and experience of harm, and examining how these factors manifest in different contexts. It also included defining and embedding principles of Cultural Competemility, Anti-Racism, and Intersectionality throughout. The research also sought to assess how these principles are currently understood and applied in practice, and to highlight strengths and barriers. It also sought to provide evidence-based recommendations to strengthen and improve service design and delivery, and to support equitable, anti-racist commissioning across the West Midlands.

4.1 Phase One: Literature Review

To comprehensively understand the needs of racialised victims/survivors of SVAA, data was sought and analysed from various sources, including prevalence estimates from national statistics, police-reported crime, and service-level access data. The analysis aimed to identify recurring themes and issues pertinent to this demographic. An extensive review of existing literature was also conducted, focusing on evidence regarding the specific experiences, needs and challenges of racialised victims/survivors. The review explored the critical roles that cultural competemility, anti-racism, and intersectionality play in both intervention and prevention strategies. By examining these elements, the review aimed to make visible the systemic barriers and unique challenges faced by racialised individuals in accessing and benefiting from support services. It also aimed to show the value of a culturally competent professional response.

Key findings from the literature highlighted that racialised individuals often encounter significant disparities in the provision of care and support due to a combination of individual, systemic, societal, and institutional inequities²². These disparities manifest as barriers to help-seeking, inadequate and culturally insensitive service provisions, and discriminatory practices within support systems. The literature showed the importance of integrating cultural competency, anti-racism, and intersectionality into service delivery to address these inequities effectively.²³

As a result, this review established a foundational perspective for the project: recognising that race profoundly influences the experiences of victims/survivors of sexual violence. This understanding shaped the direction of subsequent investigations, ensuring that they were guided by a framework that prioritises the incorporation of cultural competency/competemility, anti-racism, and intersectionality. This approach aimed to create more inclusive, equitable, and effective prevention and intervention strategies and recommendations tailored to the needs of racialised victims/survivors.

Building on this foundation, an enhanced Cultural Social-Ecological Framework was developed to better understand violence and abuse within the context of racialised individuals' experiences. This framework incorporates the Navigational Principles of cultural competency, competemility, anti-racism, and intersectionality to address the complexities of prevention and intervention strategies across six key levels. This approach aims to address immediate support needs and also emphasises the importance of commissioning services responsive to the structural and institutional barriers faced by racialised individuals.

²³. Imkaan. (2020). Reclaiming voice: Minoritised women and sexual violence – A response to the criminal justice system consultation. End Violence Against Women Coalition.

²³. Khan, T., & Thomas, R. (2023). A narrative of silencing: Exploring sexual violence against women at the intersections of power and culture. In S. Patel & M. Johnson (Eds.), *Handbook of sexual violence and intersectionality* (pp. 499–518). Springer.

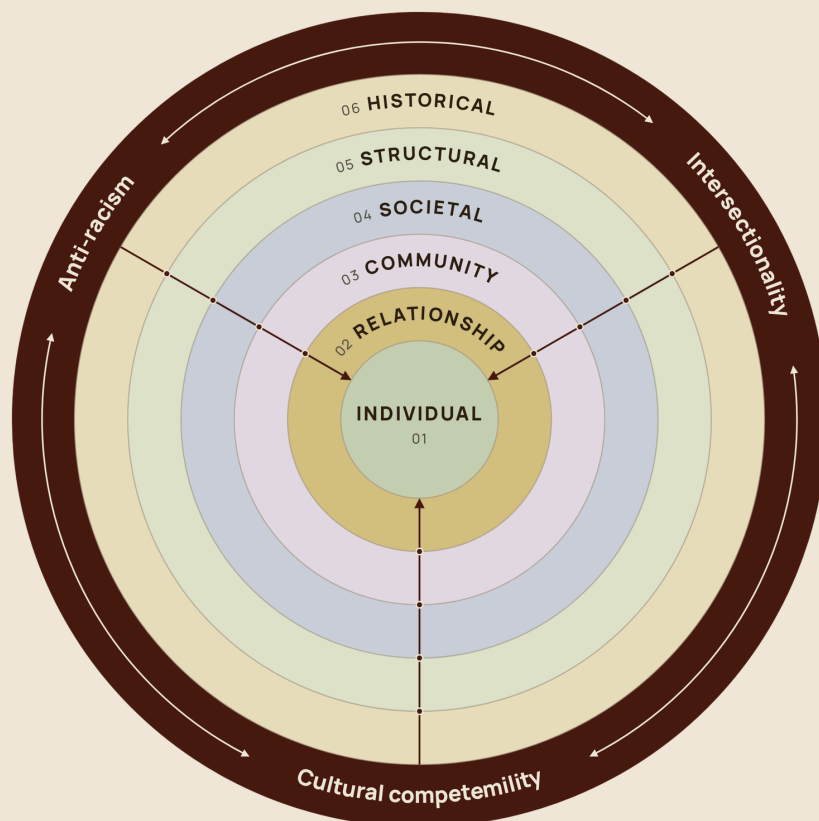


Figure 1: The Freedom Framework. Six levels and three interacting navigational principles.

Definitions of key terms and competencies were established to support best practice standards. These definitions clarify the essential elements of cultural competency, cultural competemility, anti-racism, and intersectionality, ensuring that all stakeholders have a shared understanding. This framework and set of definitions are intended to guide the development and implementation of policies and practices that support racialised victims/survivors and to promote more just and equitable service provision.

4.2 Phase Two: Qualitative Data Collection

Twenty-five stakeholder interviews were conducted to gain insights into various aspects of service delivery related to the support of victims/survivors of sexual violence and abuse. Key stakeholders included professionals from local voluntary services providing specialist support and other relevant organisations, as well as racialised victims and survivors of sexual violence and abuse.

The research team prioritised victims and survivors in this needs assessment, recognising their unique perspectives and experiences and ensuring their voices were central to the research process. By engaging directly with those who have experienced sexual violence and abuse, the study aimed to capture first-hand accounts of their challenges, needs, and interactions with support as racialised people. This approach recognised the importance of their input and aimed to identify gaps in existing services and

inform the development of more effective, responsive intervention strategies. The insights from these interviews shaped a comprehensive understanding of the needs of racialised victims/survivors and will help ensure that their experiences guide future policy and practice improvements.

VICTIM AND SURVIVOR INTERVIEWS EXPLORED

- Service utilisation and perceived barriers
- Preferences for service design and delivery
- Experiences with service engagement and support
- Experiences of representation and cultural sensitivities

STAFF INTERVIEWS EXPLORED

- Knowledge and confidence in cultural competency and culturally competent practice
- Knowledge and confidence in intersectionality and intersectional practice
- Accessibility to specialist training
- Confidence in addressing issues of race and social injustice
- Operational barriers to providing culturally competent, anti-racist, and intersectional intervention

4.3 Phase Three: Quantitative Data Collection

The quantitative phase involved the dissemination of two surveys, one aimed at professionals and one at victims and survivors. Survey contents were based on qualitative findings, taking an exploratory approach to gather further insights.

STAFF SURVEY KEY THEMES

- Knowledge, importance and confidence in anti-racism
- Knowledge, importance and confidence in intersectional practice
- Knowledge, importance and confidence in culturally competent practice

VICTIM AND SURVIVOR SURVEY KEY THEMES

- Importance of representation
- Safety in service engagement
- Feelings towards anti-racism in service delivery
- Support preferences
- Barriers to help-seeking

4.4 Phase Four: Analysis

All twenty-five interviews were analysed by the research team, employing reflexive thematic analysis to identify key themes within the data. This allowed a nuanced understanding of the participants' perspectives and ensured that the analysis was grounded in the data while remaining flexible and

responsive to the evolving insights. Concurrently, the survey data underwent statistical analysis, providing a quantitative complement to the qualitative findings. The integration of these approaches ensured a comprehensive analysis, with the thematic insights enriched by the empirical evaluation.

4.5 Sampling and Limitations

Participants were selected by their respective organisations rather than through a random sampling strategy employed by We Are Frieda. This selection process has certain limitations, such as selection bias, since organisations may have chosen individuals they deemed most knowledgeable or favourable. This may have led to an overrepresentation of positive perspectives, skewing the true picture of current practices. Additionally, discomfort around discussing issues like racism and fears that identifiable gaps might impact current or future funding can further distort the responses.

Consequently, these factors may result in less diverse and less candid feedback, limiting the overall representativeness and accuracy of the findings. To address this limitation, researchers asked participants about their motivation to take part, to distinguish genuine interest from selection bias. Participating agencies included Coventry Rape and Sexual Abuse Centre (CRASAC), Rape and Sexual Violence Project (RSVP), Mountain Healthcare Sexual Assault Referral Centre (SARC), and Black Country Women's Aid (BCWA). Agencies contacted that did not elect to take part included Sikh Women's Aid, Roshni and Panahghar.

SECTION 05

Key Findings



5.1 Interactions with the Criminal Justice System

Case Dismissals

Survivors reported a lack of thorough investigation, poor communication, and dismissive attitudes from police, leading to case dismissals.

“

They are bullies. They are supposed to serve us, but they serve themselves.

VS03

Poor Communication

Survivors often received inadequate updates on their cases, resulting in confusion and disillusionment.

Procedural Failures

Negligence in evidence gathering and failure to inform victims of their rights were common, undermining trust in the justice system.

Disillusionment and Secondary Trauma

The cumulative effect of these experiences led to profound distrust in law enforcement and exacerbated trauma.

5.2 Inadequate and Traumatic Healthcare Experiences

“

I've kind of struggled going back to the GP since...and I'm kind of still to this day, almost avoid doctors and thing.

S01

Dismissal by Healthcare Providers

Survivors frequently felt dismissed by general practitioners and mental health services, often encountering inappropriate questioning.

Lack of Specialised Support

Difficulty in accessing culturally sensitive and trauma-informed care was a significant barrier, leading to further distress.

Secondary Trauma from Services

Inappropriate or insensitive responses from healthcare providers often resulted in secondary trauma, making victims hesitant to seek further help.

5.3 Inadequate and Superficial Support from Specialist Services

Importance of Representation

Survivors emphasised the need for services to reflect the racial and cultural diversity of the communities they serve, as this builds a sense of safety and belonging.

Cultural Understanding and Awareness

There is a critical need for support services to develop and demonstrate deeper cultural competency, including understanding the intersections of race, gender, and trauma.

Challenges in Implementation

While the importance of cultural competence is recognised, there is often a gap in translating this understanding into practice.

“

They can have knowledge that racism affects people, but they need to have a passion so that they can take action.

S04

5.4 Fostering Cultural Competence and Inclusivity in Support Services

“ The fact that I was judged, you went out with this person so this happened, and then you went out with that person, so that happened so. There was a feeling, you’re an Indian woman but not the right kind of Indian woman.

S06

Superficial Cultural Understanding

Professionals frequently demonstrated only surface-level cultural competencies, which victims and survivors perceived as failing to meet their needs.

Harmful Practices and Victim-Blaming

Some specialist services engaged in harmful practices, including victim-blaming and reinforcing stereotypes, further alienating victims and survivors.

5.5 Desire for Culturally Aligned Support and Choice

Preference for Black Women-Led Services

All Black women expressed a preference for support services led by Black women, as they felt these services better understood their experiences.

“ Although sexual violence is something that we can relate on as women, the treatment of black people and black women, it is something entirely different.

S04

Demand for Specialist Services

Both survivors and professionals identified a need for more specialised services tailored to the specific cultural and racial needs of different communities.

Impact of Racial and Ethnic Matching

Racial matching between survivors and service providers is seen as beneficial, but it is insufficient on its own without the integration of specialised knowledge in areas such as sexual violence.

5.6 Challenges in Receiving Culturally Sensitive Support

Intercultural Differences

Survivors often found that shared racialised identity alone was insufficient for effective support, due to intercultural differences that impacted the quality of care. There was a preference for shared ethnic identity, especially from Black women.

“ Just because you’re with a brown person that doesn’t mean that space is safe.

S02

Lack of Understanding from White Professionals

Survivors reported that white professionals frequently failed to understand the racial aspects of their experiences, leading to a sense of being silenced or dismissed.

5.7 Navigating Controlling Images, Stereotypes, and Seeking Belief

Impact of Stereotypes

Survivors often had to navigate pervasive stereotypes that influenced how they were perceived and treated by service providers, which often hindered their ability to seek and receive support.

“ I don’t think there’s a very good understanding just due to stereotypes of black women. And I think if there was a large understanding, then we wouldn’t be having this this conversation.... I think they just have their preconceived ideas and it’s easier to believe that than to actually help.

S03

Not Fitting “Perfect Victim” Stereotypes

The mismatch between survivors’ experiences and societal expectations of a “perfect victim” often led to what felt like ridicule and disbelief from service providers.

Desire for Professional Understanding

Survivors expressed a desire for professionals to demonstrate and act on their understanding of controlling images and stereotypes within their work and advocacy efforts.

5.8 Empowerment and Advocacy

Self-Advocacy as a Necessity

Due to systemic and institutional failings, many survivors found themselves needing to advocate for their own needs and rights, often without adequate support.

“ I hate speaking to these people, but I have to do it because that’s the only avenue I have to access anything close to justice.

S01

Challenges in Advocacy

The need for self-advocacy often stemmed from a lack of understanding and support from services, especially in addressing the unique challenges faced by Black women.

Intersectional Advocacy

Survivors reported that effective advocacy was characterised by compassion, understanding, and resourcefulness, with an emphasis on intersectional approaches.

5.9 Complexities of Racial Categorisation

“

This is why I don't like BAME as a category I mean, we're both women of colour, but we're different. And every time I brought up something specific to that, she got really dismissive, you know?

S01

Colourism and Discrimination

Victims highlighted the complexities of racial categorisation, including the impact of colourism and the lack of unity within broad racial categories such as “BAME”.

Inadequate Representation in Services

Broad categorisations like “BAME” often fail to capture the specific needs and experiences of different racial groups, leading to inadequate support.

5.10 Racism, Anti-Racism, and Cultural Competency

Lack of Organisational Commitment to Anti-Racism

Many services were perceived as lacking a clear commitment to anti-racism, and where efforts existed, they were often experienced by survivors as superficial or tokenistic.

“

Maybe they have some black staff but that doesn't mean they're anti-racist.

S09

Experiences of Racism in Service Engagement

Victims shared encountering racism within support services, which compounded their trauma and further eroded trust in these systems.

5.11 Inadequacies in Training for Working with Racialised Victims

“ The time I’ve been at [redacted] I have asked for training...it had kind of dawned on me. I’ve done every other kind of training bar anything to do with racism [the request] was received OK, but it never happened.

P08

Lack of Intersectional and Culturally Competent Training

Existing training for service providers often lacked depth and failed to adequately address the intersectional needs of racialised survivors.

Absence of Specialist Training

There is a significant gap in the specialist training on anti-racism and cultural competence that staff have undertaken or sought, leaving them unprepared to effectively support racialised survivors.

5.12 Fear and Discomfort in Addressing Racism

“ I think people are genuinely worried about talking about it for fear of being called racist.

P03

Reluctance to Engage in Discussion on Racism

Both staff and organisations often exhibited discomfort and fear when addressing racism, which hindered the development of effective anti-racist practices.

Need for Deeper Engagement

While awareness of racism exists, there is a pressing need for deeper engagement and actionable steps to combat racism within support services.

5.13 Cultural Competence (Competemility)

“ OK, so cultural competency. You know what I don’t know where to begin.

P12

Superficial Understanding

Cultural competence was often not known or well understood, and existing training was seen as superficial. This training failed to equip staff with the necessary skills to understand and support racialised victims effectively. Some professionals could discuss cultural competency but did not always translate this into actionable steps.

5.14 Understanding of Intersectionality

“

I wouldn't be able to define intersectionality...people feel they should know everything about equality and racism, so they just try to blag through it.

P12

Limited Understanding

Intersectionality was often understood in a descriptive manner, conflated and confused with intersecting identities. There was also a lack of practical application, limiting its effectiveness in informing practice.

Self-Directed Learning

Where a deeper understanding of intersectionality existed, it was usually the result of self-directed learning rather than organisational training and initiatives.

5.15 Creating Safe Spaces

“

[How do you create safe spaces for Black women?] I think that I'd need to ask them...whilst we've done a lot of research on the Asian communities, that has been something that we haven't done as much on.

P01

Challenges in Practice

Racialised staff, motivated by lived experience, often took proactive steps to create safe spaces for survivors. There was, however, a general lack of organisational support and guidance on how to do so effectively. Non-racialised staff shared how they were not certain what is required to create a safe space for racialised women, specifically Black women.

5.16 Motivation to Participate

“ It was like private conversations were had with racialised staff about participation... non-racialised colleagues felt this wasn't for them.

P02

Selection Based on Racial Identity

Participation in the research was often driven by organisational selection based on racial identity or perceived subject knowledge rather than voluntary engagement. This reflects broader issues of tokenism and a lack of genuine inclusivity.

5.17 Challenges and Experiences of Racialised Staff

Educating Colleagues

Racialised staff felt a significant burden to educate non-racialised colleagues about racism and cultural issues, often without institutional support. This constant pressure created frustration and exhaustion.

Stereotypical Client Allocation

Racialised staff were often disproportionately allocated racialised clients based on assumptions about their ability to relate, leading to feelings of being overburdened.

“ I've had to step in and have conversations when colleagues missed obvious red flags about cultural sensitivity.

P14

Expectation to Provide Culturally Competent Support

Racialised staff often faced expectations to correct or guide colleagues on how to provide culturally competent care. They felt this additional responsibility was not reciprocated by non-racialised staff.

Lack of Organisational and Professional Commitment

Racialised staff felt fatigued by the lack of personal and organisational commitment to self-educate on anti-racism. This placed an unfair responsibility on racialised individuals to lead these efforts.

5.18 Understanding of Racism and Policies

Superficial Understanding of Racism

Staff generally had a limited understanding of racism, often focused on individual bias rather than systemic and structural issues.

Absence of Anti-Racist Policies

Despite acknowledging the importance of anti-racism, no formal anti-racist policies were in place within organisations, leaving racialised staff and victims and survivors without institutional support.

“

My understanding of racism is when you prejudge someone based on the colour of their skin... it's not always about systems or structures.

P03

“

We try to recruit diverse staff, but the majority of our team is still white... we have internal policies, but they're not specific to anti-racism.

P13

SECTION 06

Quantitative vs. Qualitative Data Discrepancy

6.1 Quantitative Findings

A survey of thirty-three professionals revealed that a significant proportion expressed confidence in their understanding and application of cultural competency, intersectionality, and anti-racist practices.

85%

of respondents reported feeling confident in their ability to integrate intersectional approaches into their work.

80%

of respondents reported being proficient in anti-racist practices and understanding.

6.2 The Discrepancy

Despite the confidence levels reported in surveys, the qualitative data reveals a clear lack of practical skills and deeper understanding necessary to support racialised victims effectively. This discrepancy between the quantitative and qualitative findings suggests several possible explanations.

Overconfidence

Professionals may overestimate their competence in these areas, believing that their basic awareness is sufficient for effective practice.

Social Desirability Bias

Professionals may have reported higher levels of confidence in intersectionality and anti-racism due to a desire to align with socially accepted norms, rather than reflecting their true capabilities.

Funding Concerns

Some organisations were concerned that acknowledging knowledge gaps in intersectionality and anti-racism could jeopardise their funding. This fear may have influenced the survey responses, as organisations sought to present themselves as fully competent in these areas to secure continued financial support.

SECTION 07

Recommendations

7.1 Cultural Social-Ecological Review

Conduct a comprehensive cultural review

Assess SVAA services in the West Midlands across six key factors (individual, interpersonal, community, societal, structural, and historical). The review should gather insights into how current service offerings address cross-cultural and systemic needs in relation to SVAA support and intervention. It should also identify gaps in meeting these holistic and intersectional needs.

Co-design and lead

Involve survivors, frontline practitioners, community representatives, and experts in intersectionality, anti-racism, and cultural competemility. Their involvement ensures the review is grounded in lived experience, frontline realities, and specialist knowledge. Together they can co-develop solutions that are equitable, culturally responsive, and systemically informed.

Power analysis

Identify and address power imbalances within the sector, ensuring meaningful support, recognition, and resourcing for culturally competent grassroots organisations led by and for racialised communities.

7.2 Training and Education Overhaul

Enhance racial literacy

Implement mandatory, multi-tiered training in racial literacy, intersectionality, cultural competemility and anti-racism across staff levels.

Training budget requirement

All commissioned services should include a ring-fenced budget for ongoing professional development. This budget ensures that training remains responsive to evolving needs, grounded in intersectional and anti-racist practice, and reflective of the lived realities of the communities served.

Oversight and accountability

Track training outcomes and integrate progress into performance reviews; ensure alignment and equitable access for grassroots organisations.

7.3 Staff Network Groups

Establish support networks

Establish staff network groups to facilitate peer learning, mutual support, and the sharing of best practices in Cultural Competemility, Anti-Racism, and Intersectionality. These networks should aim to build collective confidence, challenge harmful practice, and embed reflective, equity-driven approaches across teams and organisations.

Encourage collaboration

Create cross-organisational networks between mainstream and specialist services, supporting growth and partnerships between grassroots and larger providers.

7.4 Service Design and Evaluation

External service audits

Mandate independent service audits that include meaningful survivor involvement to evaluate how well services apply intersectionality, address systemic inequalities, and meet the complex, layered needs of racialised victims and survivors. Independent audits are essential to ensure impartiality and to bring in the specialist knowledge and critical insight that may not exist within services themselves.

Continuous feedback

Embed continuous feedback mechanisms that centre survivor voices to drive ongoing, iterative improvements in service design. Changes should be Specific, Measurable, Achievable, Relevant, and Time-bound (SMART), and services should remain responsive, inclusive, and grounded in lived experience.

7.5 Policy Development

Strengthen policies

Require clear, accountable policies that embed Intersectionality, Cultural Competemility, and Anti-Racism across all aspects of service delivery. These policies must be subject to annual review and adaptation, using feedback from staff and service users. They must also include mechanisms to evaluate their influence on day-to-day practice, outcomes, and organisational culture. Such policies and reviews must be non-negotiable commissioning requirements, and commissioners must go beyond requesting them to critically evaluate their quality, implementation, and effectiveness in practice.

7.6 Commissioning and Service Provision

Offer diverse choices

Include culturally aligned support options, empower community-based organisations, and prevent smaller services from being overshadowed.

Regular service evaluations

Require evidence of culturally competent practices and survivor-centred approaches in all commissioned services.

7.7 Advocacy Enhancement

Institutional and independent advocacy

Ensure advocacy models are designed to meet the intersectional needs of survivors, recognising the compounding impact of race, gender, class, disability, and other identities on their experiences. Advocacy should extend beyond immediate crisis support to include long-term empowerment, system navigation, and sustained accompaniment. This enables survivors to access justice, healing, and stability within and beyond traditional service pathways.

Survivor engagement

Survivor engagement must be central to the design and delivery of advocacy services, ensuring that lived experience informs both frontline practice and strategic decision-making. Involving survivors meaningfully, through co-production, consultation, and leadership opportunities, can help drive systemic change, challenge institutional harm, and create services that are accountable to the communities they serve.

7.8 Outreach and Barrier Reduction

Proactive outreach

Commission community-based, culturally sensitive outreach to make services visible and accessible to racialised communities.

Engagement and feedback

Adapt outreach efforts based on ongoing community feedback.

7.9 Consistency and Coalition Building

Strengthen referral pathways

Improve consistency and collaboration between services; create co-location models to provide comprehensive, integrated care.

Grassroots partnerships

Encourage equitable partnerships and support for smaller organisations through collaborative commissioning.

7.10 Representation and Intersectionality

Targeted services

Prioritise commissioning by-and-for services with deep cultural competence and sustained funding for victims and survivors who identify as Black and Black mixed heritage.

Outcome-driven action plans

Require services to monitor outcomes like engagement, trust, and satisfaction for racialised survivors. Monitoring should use evidence-based tools to ensure consistency, comparability, and accountability across service providers.

7.11 Consideration of Power

Address power imbalances

Develop funding models that support grassroots organisations' voices and decision-making power within the sector and within partnership models.

Survivor advisory panels

Empower survivors in service design, focusing on autonomy and addressing institutional harm.

7.12 Integration Between Services and Co-location of Practitioners

Enhance service integration

Develop multi-agency hubs and a framework for operational integration, reducing care fragmentation.

Pilot and evaluate co-location

Test co-location in high-need areas to assess impact on survivor outcomes.

7.13 Further Research into Sexual Violence, Race, and Sexual Health

Research focus

Fund research on intersections of sexual violence, race, and sexual health, with an emphasis on pregnancy, coercive control, and healthcare disparities.

Longitudinal studies

Prioritise research on healthcare access and outcomes for racialised survivors, informed by survivor voice.

7.14 Funding with Accountability

Critical funding evaluation

Prioritise funding for organisations with a genuine commitment to anti-oppressive values, avoiding superficial fixes for deep-seated issues.

Organisational readiness audits

Require comprehensive cultural audits and readiness assessments for anti-oppressive funding.

Prioritise anti-oppressive foundations

Allocate funding to services that are demonstrably committed to equity and anti-oppressive care.

Cultural shift over policy

Set benchmarks for transformative cultural change, with funding tied to specific anti-oppressive outcomes.

Accountability for use of funds

Implement a review system with metrics on diversity, survivor outcomes, and systemic change progress.

SECTION 08

Conclusions



The findings from this research reveal widespread systemic and institutional failings in how racialised victims and survivors of SVAA are supported across the West Midlands. Despite decades of advocacy and ongoing reform efforts, racialised survivors continue to be silenced, underserved, and harmed. This harm comes from services that fail to recognise or respond to the intersectional nature of their experiences. Professionals working within the sector often lack the tools, training, and institutional backing required to deliver culturally competent, anti-racist, and equitable support.

This needs assessment reiterates that these failures are not isolated but deeply embedded within the structures and cultures of service provision. The gaps are pervasive and deeply consequential, ranging from under-reporting due to systemic mistrust to the ongoing erasure of racial identity in data and discourse. They also include a widespread lack of specialist training and of genuine organisational commitment to anti-racism.

Yet the findings also point to a path forward, with survivors and practitioners alike articulating a clear vision for what equitable, responsive services should look like. That vision includes culturally aligned support, intersectional advocacy, long-term accompaniment, meaningful representation, and services grounded in lived experience. Grassroots and by-and-for organisations, in particular, were recognised as vital to this landscape. They hold the trust of communities, offer holistic and identity-affirming care, and push the sector towards transformation.

To meet the needs of racialised victims and survivors, the SVAA sector must undergo a structural and cultural shift. This shift must prioritise the leadership of those most impacted, embed anti-oppressive values at every level, and move beyond tokenistic gestures towards deep-rooted, measurable change. Intersectionality, cultural competency, and anti-racism must be treated as essential, non-negotiable foundations of ethical, effective service delivery.

Without this commitment, racialised survivors will continue to fall through the cracks of systems never built to protect them. But with it, the West Midlands can lead the way in building services that are trauma-informed, survivor-centred, just, accountable, and capable of creating real safety for all.



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