

## Key findings on sexual violence and Black and minoritised women's interactions with the Criminal Justice System (Reclaiming Voice, 2020)

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### Introduction

Imkaan welcomes the government's cross-sector end-to-end review into how rape and sexual violence cases are handled across the criminal justice system (Home Office, 2016-20), in response to a legal challenge by the End Violence Against Women (EVAW) coalition and the Centre for Women's Justice (EVAW, 2019). We urge the Home Office to take this opportunity to meaningfully address the failures of the criminal justice system (CJS) for victims who interact with it; these failures have been illustrated by decreasing rates of conviction and prosecution. This briefing makes the case for urgently addressing the differential and harmful structural impacts of the CJS on Black and minoritised women and girls.

In the context of the current public health crisis, which obliges people in the UK to stay indoors for extended periods of time, it is critical to recognise that women, young women and girls are at increased risk of experiencing sexual violence and exploitation. **Our research<sup>1</sup> shows that the majority of victim-survivors were subjected to sexual violence within a domestic violence context; the stay indoors policy means that women and girls are likely to be at heightened risk of sexual violence.** This context - with the public spending more time indoors, interacting with less people and increased communication via the internet and digital channels, is also likely to increase the risk and severity of online harm and abuse<sup>2</sup>. It is therefore essential that the government's response to Covid-19 recognises and addresses the links between different forms of violence and abuse.

Imkaan<sup>3</sup> is the UK's only national second-tier organisation with over two decades of experience working to end violence against Black and minoritised women and girls; our nuanced understanding of the grave impact of public health crises on minoritised women is corroborated by evidence published by DFID on 16 March 2020 ('Impact of COVID-19 Pandemic on Violence against Women and Girls') confirming an increased risk of domestic violence during the Covid-19 pandemic due to "forced coexistence, economic stress, and fears about the virus".

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<sup>1</sup> Dr. Ravi Thiara, University of Warwick & Sumanta Roy, Imkaan (2020) Reclaiming Voice: Minoritised Women and Sexual Violence Key Findings (2020)

<sup>2</sup> ITV, 2020. Public urged to keep reporting child welfare concerns. [online] Available at: <<https://www.itv.com/news/utv/2020-05-04/public-urged-to-keep-reporting-child-welfare-concerns/>> [Accessed 4 May 2020].

<sup>3</sup> Imkaan holds over two decades of experience of working around issues such as domestic violence, forced marriage and 'honour-based' violence. We work at local, national and international level, and in partnership with a range of organisations, to improve policy and practice responses to BME women and girls. More info: [www.imkaan.org.uk](http://www.imkaan.org.uk)

Our open letter sent from the specialist 'by and for' Black and minoritised ending VAWG sector to the prime minister on 26 April<sup>4</sup> which makes reference to the emerging findings of Imkaan's member monitoring survey on COVID-19, states that perpetrators are using COVID-19 and social distancing measures to deliberately exploit and inflict violence on women and girls who are already extremely vulnerable. Our member services report an emerging pattern of a heightened state of escalation in abuse before women make contact for external support, and we believe this will become worse as the weeks progress.

### **This briefing - Reclaiming Voice (2020)**

**The inconsistent recording of ethnicity prevents an accurate picture of service use. However, the data does suggest that South Asian, Mixed, and Black women were the largest groups accessing support services<sup>5</sup>. National data suggests that where ethnicity was known, 23% accessing support through the Rape Crisis network were Black and minoritised women and data from four promising practice case studies, indicated that a high proportion of women accessing support for sexual violence approached Imkaan members, 'by and for' BME ending-VAWG organisations. The most common type of sexual violence was rape-sexual assault-sexual violence, CSA, sexual exploitation and trafficking, image-based sexual abuse, and grooming, though stalking and harassment, FGM and forced marriage appeared in small numbers.**

This briefing is based on a recently-published report and **draws on the findings connected to women's engagement with the CJS as part of their help-seeking journeys-** *Reclaiming Voice: Minoritised Women and Sexual Violence* by Dr Ravi Thiara (University of Warwick) and Sumanta Roy (Head of Research & Development, Imkaan) – based on the first national study conducted on this scale in the UK. It outlines the context and effects of sexual violence on Black and minoritised women survivors and presents case studies to detail the 'social silencing', which in many cases includes collusion between family members and professional agencies to invisibilise women's experiences and prevent them from seeking support and healing.

**Method:** The research included 36 in-depth interviews with survivors across diverse ethnicities and aged between their late teens and late 50s. Women bravely shared painful and harrowing accounts of the sexual violence they were subjected to and the on-going impacts of this in their lives. Importantly, they also spoke powerfully about what they had overcome and achieved as part of their different recovery journeys. The research also included site visits to seven specialist women's organisations including five independent specialist rape crisis centres and four specialist Black and minoritised led 'by and for' ending-VAWG specialists; individual and group interviews with 37 practitioners undertaking different strategic and support roles within their respective organisations, and an Action Learning Set comprised of eight practitioners from two rape crisis centres and three BME-led ending-VAWG organisations.

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<sup>4</sup> <https://www.imkaan.org.uk/waha-imkaan-letter-homelessness-cov>

<sup>5</sup> If the categories of Black and Mixed are taken together then this forms the largest group.

## **Minoritised victim-survivors' experiences of sexual violence**

It is widely acknowledged that sexual violence remains far too common and has far-reaching consequences for victim-survivors<sup>6</sup>. Globally, one in four women and one in 10 men have experienced sexual violence in their lifetime (World Health Organisation, 2013). As a result of their intersectional location within national and transnational contexts, some groups of sexual violence survivors, such as minoritised women and those who are refugees, face additional risks (Love et al., 2017; Refugee Council, 2009). However, minoritised<sup>7</sup> survivors are disproportionately impacted by austerity and under-served by services nationally (Imkaan, 2015; Women's Resource Centre and Women's Budget Group, 2018).

Numerous intersecting factors and 'multiple silencing strategies' enable and inhibit women's voice and agency with regard to sexual violence. The case studies within this briefing demonstrate how the processes of silencing operate to negate their experiences and suppress their voice, whether through self-silencing, shame and self-blame, denial, pressures to be 'strong', fear of consequences, protecting family and community and collusion between families and agencies, including throughout the CJS. Within this, it is important to consider the extent to which 'silence' may form a part of women's coping strategies or indeed shape the strategic choices women make about who they tell (if they tell), which is a part of the larger construction of what is 'speaking' and silence. Instead of a 'cultural' framing of silence and shame, the ways in which silence functions and has consequences for all women impacted by sexual violence has to be understood and for minoritised women, considering how silence and shame is constructed and further shaped by their intersectional location, is crucial (Crenshaw, 1991).

There are many reasons why we need a more in-depth understanding of minoritised women's experiences of sexual violence. Despite enhanced awareness of the issue - due to high-profile cases surrounding perpetrators such as Jimmy Savile, the institutional failures towards victims of institutional abuse which prompted a national child sexual abuse (CSA) enquiry, and the survivor-led #MeToo movement - sexual violence and its impacts on minoritised women specifically remain largely invisible within a UK policy and programming context. A long-standing issue is that VAWG and its consequences for minoritised women continue to be reduced and exceptionalised to specific manifestations, such as forced marriage, female genital mutilation and 'honour-based' violence. This continues to create short-term and siloed policy and practice responses.

## **CJS and policy responses to minoritised survivors' experiences of sexual violence**

Significant policy attention has been given to how the CJS can improve its response to victim-survivors. A review by Dame Elish Angiolini DBE QC (2015) into the investigation and prosecution of rape in London notes increased police reporting due to the 'Yewtree effect'. However, there is little data to confirm what is known about Black and minoritised victims when noting specific barriers linked to stigma following disclosure, service accessibility, lack of trust in and experience of poor policing responses, and gaps in sustainable service provision.

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<sup>6</sup> We use the terms victim-survivors, survivors and women interchangeably, as our research only includes women and in recognition that the majority of victim-survivors of sexual and other forms of violence are women.

<sup>7</sup> We use this term to signify women who are discursively constructed as 'minorities' through processes of marginalisation and exclusion; however, we also recognise that it is a broad term that can overlook differences.

Whilst accessing justice via the CJS is an important objective for many survivors, and system responses need to be improved, minoritised women's interaction with the CJS has to be understood in its entirety. It cannot be separated from a wider context of institutional racism, which has led to historic and current over-policing (Bowling and Phillips, 2007), surveillance and hyper-visibility of Black and minoritised communities within the CJS (McPherson, 1999; Bowling and Phillips, 2007; Lammy 2018). The hyper-sexualisation of Black women and the inadequate service responses towards them also have to be understood against a history and legacy of the institutional use of rape as part of a wider system of oppression linked to colonisation and slavery (Hill Collins, 1990).

Minoritised women from particular contexts and communities are more likely to be criminalised, viewed as complicit in violence towards them and thus less likely to be considered 'victims' of sexual violence. They are also subject to harsher sentencing with less access to specialist support (Prison Reform Trust, 2017). Research on criminal justice outcomes in sexual violence cases shows that white suspects are significantly more likely to avoid further investigation, especially if a victim is from a minoritised group, whilst offenders are more likely to be prosecuted if they are from a minoritised group (Hohl and Stanko, 2015), reinforcing systemic racialised responses to minoritised women. Their intersectional location undoubtedly has a specific and significant impact on minoritised women and their families and on how communities perceive and define safety, protection, and justice and indeed whether the CJS is viewed as an avenue for achieving this.

The urgent need to expand our understanding of sexual violence in the lives of minoritised women to inform effective policy and practice is reinforced by a recent report from the Truth Project which emerged from the Independent Inquiry into Child Sexual Abuse (IICSA, 2017), established to address institutional failures to non-recent victims of child sexual abuse. The report provides powerful and important feedback from 482 sessions and 180 written testimonies with survivors, the majority of whom identify as 'white' (93%). Recognising a gap in the diversity of survivor experiences represented, the authors cite that they are 'currently developing means of increasing the participation of people from black and minority ethnic (BME) communities' (p.11) as a key objective of the enquiry. The 2018-2023 NHS strategy on sexual violence also highlights the gap in and need to focus prevention efforts on groups which may find it harder to report to support agencies, including Black and minoritised, lesbian, gay, bisexual and transgender (LGBT) and disabled groups. The authors highlight other groups which may fall through the gaps of support and be less visible to agencies as victims of violence because they are working in the sex industry or may have a history of offending.

The introduction in 2019 of the government's Domestic Abuse Bill further raises questions about the needs of sexual violence survivors continuing to go unaddressed, despite the greater awareness and increased demand for specialist sexual violence provision. Several agencies have expressed concerns about the Domestic Abuse Bill's narrow focus on domestic abuse rather than VAWG, as well as the exclusion of minoritised women with unresolved immigration status from protection from violence (EVAW, 2018; Imkaan, 2018; LAWRS, 2018). Because of the persistent challenges facing the BME ending-VAWG sector, Imkaan published the Alternative Bill (2018) which outlines a gendered and intersectional response to VAWG that moves away from a focus on criminal justice and policing and focuses instead on sustaining and resourcing expert 'by and for' women's organisations.

The case studies below, directly drawn from *Reclaiming Voice*, illustrate the experiences and challenges faced by Black and minoritised women victim-survivors of sexual violence when

navigating the CJS in particular. Further information is available in the downloadable report: <https://www.imkaan.org.uk/reclaiming-voice>

### **Case studies 1: Perpetrators use of survivors' insecure immigration status as a silencing tool**

As part of enforced secrecy and normalisation, perpetrators use abuse strategies aimed at securing women's silence about sexual violence. At the same time, the knock-on effect of hostile environment policies which include the practice of data-sharing between the police and Home Office, and the known use of immigration enforcement action against migrant victims of crime in general<sup>8</sup>, is that migrant women and those with insecure immigration status are less willing and able to access the CJS. Survivors recount being targeted by men who know that they will remain quiet about their violations, exploiting fears about deportation and/or the removal of their children (Refugee Council, 2009; Gill and Harrison, 2016). Perpetrators are more able to control those women who knew nothing about recourse to help (CRASAC, 2014).

*I don't want to go back home. If I go back home now they take my daughters from me. This guy knows I don't want anything to do with the police. I don't want the things he was doing to me. He felt that I cannot go to the police because I have no documents. But that's what I did. (Mercy)*

*All the pictures he stole from my phone, some personal pictures, he is going to put them on the Internet, he was threatening me. He said he's going to immigration because he knows I have no document because he himself is a British citizen... .. (Alice)*

### **Case studies 2: Collusion between family and professionals/agencies**

Although minoritised women are reluctant to seek help from mainstream agencies, responses from some statutory services – police and social services – when they did so reinforced the silencing that they experienced from their families. Some also reported professionals from their own ethnic backgrounds/cultural contexts advising them not to pursue any action when they needed to be positively supported to do this.

*They got one solicitor to talk to us about any kind of legal things. Even she wasn't very helpful. She was like because you are Asian, it's a difficult thing... afterwards, we thought well we don't want to hear that. We've got our own family telling us that, this is because of our culture, because of that we are going to cause this trouble to the family... so it was frustrating having to hear that there as well. (Riyaa)*

*They don't like any police getting involved, so everyone, like my uncles got together. Everyone got together and they said this is the story we're gonna tell and everyone stick to this story and then everyone acts like nothing happened. And because I was 15, the police got in touch with my parents rather than me and my parents just brushed it off and said everything is fine. (Miriam)*

### **Case studies 3: Experiences with police**

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<sup>8</sup> <https://stepupmigrantwomenuk.files.wordpress.com/2019/05/the-right-to-be-believed-full-version-updated.pdf>

Women recounted both positive and negative experiences when they sought help from the police. When they had no other advocacy or support police responses left women feeling disempowered, not believed, and not understood, where explanations based on 'culture' were prioritised. Black Caribbean women in particular said the responses were sluggish and stereotypically cast them as aggressive rather than 'victims that needed help'. Women received a more positive response from the police once they were supported by specialist women's services and often remarked on the difference between the 'before' and 'after'.

Women encountered numerous officers before they received a positive response and the attitude of police officers made the difference in women talking, or not, about their situations. Where valued support was provided by individual officers, being kept informed and having the same officer deal with their case was a positive experience for women.

*The gentleman police was kind and made me start speaking... this time the guy I spoke to was very encouraging, they made me feel comfortable, the police sometimes can be standoffish. (Alice)*

Women's fears of the police were reinforced or amplified when the responses they received were negative. A lack of understanding or assumptions about their situations on the part of police officers was commonly highlighted (see Gill and Harrison, 2016). Women's conflicted feelings towards their families were not understood, especially young women who wanted to be safe from family violence but not to hurt or prosecute their parents/families. Young women were rarely given information about their options.

*The police said to me, you're 15, and by law, unless we hear you say you don't want to go back home, we have to send you back home. They didn't offer me no social care, they didn't offer me to be in a hostel or nothing or in a safe house or nothing. Instead they threatened my family and arrested them and put them in the police van ... that was just...not the way to handle the situation. So that was really difficult for me... ... I felt the pain I was giving my parents you see... I was scared of him, I was terrified and I was telling the police I can't do it and they said well we have to send you home... they forced me to face them and I shouldn't have been put through that ... so there was completely a lack of understanding about my situation. (Jasmin)*

*All that time the police never said, they just wanted me out of the house instead of thinking why is the police always called to this address... maybe they look at me and think I'm a drunkard or something not realising there was a problem behind this man and investigating him... ... they could have investigated better I think, then at least they could've been solving the situation, not put me in the street. After that, knowing that, actually I was afraid. I was like why should I tell the police? Why should I tell anybody? (Naomi)*

Where the police were the first point of contact for help, women were rarely given information about specialist women's services or other specialists, let alone referred to them. Some only had male police officers dealing with their cases, something that created great anxiety, and women tended not to disclose the full details, even in court. The majority of women preferred female officers in being able to speak openly about what had happened.

*So he came to my house, my initial thought was, why are you sending a man and he was a man on his own... ... when you've got the strength in yourself and you have to describe*

*some things like I've just said to you, the man in the home in the upstairs room, my mouth had to go to there, yeah, I couldn't say that to them, so the court case do not know about that side of it... I couldn't say anything and I can't talk in front of this man... ... I think having a female there would have made a difference in that respect, woman to woman. (Doreen)*

#### **Case studies 4: Experiences of the courts**

A few women had supported a prosecution and had varied experiences. They described the CJS process as a traumatic one, where they were treated as the guilty party. They were often unprepared for what transpired in court even if they had been taken through what to expect by police officers and specialist support workers.

Inconsistent and poor communication and the length of time it took for criminal investigations to complete were identified as some of the inherent challenges. The CJS process required women to put their lives on hold for many months and sometimes years, whilst they also had to contend with on-going family pressure in that time. The length of the CJS process was especially hard for women with mental health issues; if their cases took two years, women could forget details, particularly if they wanted to forget in order to cope with their situations.

*The process is too long ... it takes time that is why it makes me upset and I have anxiety as well if I go to court... and because it takes a long time I forget everything. How can I remember? And one thing as well, every time I would like to forget, I want to finish my problem. I want to move on... I want to leave everything behind me because I want to continue my life, a new life. (Mercy)*

The specific traumatic impacts of engaging with criminal justice agencies for minoritised women were highlighted, which are linked to historical and on-going experiences of racism and discrimination. This often resurfaced in the form of problematic narratives about 'victims' and victimhood and a view among the police and juries that minoritised women contribute to their victimisation. This results in poorer criminal justice outcomes but also impacts on women's views of justice and whether the CJS can realistically provide this.

*You know they are very stereotyping of Black women, she's angry, she's a single parent, she's involved in social care, so obviously she must have asked for all this and she created her own victimisation. So I do feel that when we think about recovery we have to think about how do we then create a sense of community for BME women, something about that there is an acceptance from other BME women that you are our equal.*

Practitioners emphasised the importance of specialist support delivered by BME women skilled and sensitised to the combined impacts of racialised patriarchies. When women received support from a specialist women's service this made a significant difference to their experiences throughout the CJS compared to when this was not in place.

*They gave me the most amazing kind of support and information that I had not known from the first time cos going through the first court period it felt like nothing. I remember it felt very flat... the second day when we were walking in, he was standing outside having a cigarette. There were no proper precautions to not bump into him. But the second time round after meeting [ISVA], everything was so much better and I remember the second*

*court period everything was so much more intense and a lot more difficult but I learnt to be okay, to let out my emotions ... so I became more comfortable to not feel bad about doing that. So I was able to be my full self in that process and having [ISVA] there was just amazing. She was with me through every step. (Riyaa)*

### **Case studies 5: Culture and ‘cultural framing’ by agencies**

Professionals frequently showed a lack of understanding about the entirety of women’s intersectional contexts, instead making assumptions about the issues affecting them. Research has shown how ‘culture’, viewed as unchanging and homogenous, is a barrier to effective responses by service providers who use it as a basis for non-intervention (Batsleer et al., 2002; Burman et al., 2004). The existence of a limited understanding of ‘culture’ was evident in the professional responses to women. The association of certain communities with particular forms of violence (such as forced marriage and so-called ‘honour-based’ violence) was also common and led to the reframing of sexual violence as ‘cultural’ forms of violence in the response of statutory professionals, especially in cases of South Asian young women.

*They were all white, they try and understand Pakistani women but they really don’t understand it properly. When I first got here I was like to [specialist worker], I don’t need no police getting involved. So she helped me call them up and then the first question they kept asking me was oh are you scared of forced marriage and because they’re white and stuff they just assumed she’s Pakistani, any problem she’s gonna have is a forced marriage. Even [specialist worker] was really confused, she was like in the statement we’ve never said anything about forced marriage. That’s the only thing they were looking at. (Miriam)*

Linked to such ‘cultural’ framing and reductionism was a lack of effective safety and needs assessment by statutory agencies, leading frequently to inappropriate actions. A woman had little choice but to run away from home when the police failed to find alternatives for her away from the family and made her confront her family instead. Women suggested that any assessment of their situations should be tailored to capture nuance and complexity.

*It was such a standardised risk assessment, they didn’t really look into why I was so scared to report it and why I didn’t report it earlier and stuff like that. The risk assessment was made asking what’s happening to you, how do you feel and stuff like that. They were just looking at me but not the wider picture of why it was happening and why you can’t report or the type of violence you experiencing or from whom. (Jasmin)*

### **Case studies 6: The importance of intersectional advocacy**

Not only did ‘by and for’ BME VAWG organisations provide a sense of belonging and safety but they also helped women to give voice to their experiences and needs. BME support providers were valued by women for ‘being there’. Having someone who understood stand alongside and advocate through the CJS whilst being cushioned from racism and other forms of discrimination was crucial to women’s sense of safety and support. This lifted a lot of anxiety for women.

*She comes with me to all my meetings, she helps with all the paperwork and if I am scared to speak on the phone to someone she calls them up for me and then speaks to them. (Grace)*



Support and advocacy from BME organisations (and specialist women's services) led to qualitatively different experiences for women and more positive and proactive responses from the police and other agencies. After receiving support for sexual violence from BME organisations women described the changes that had occurred as liberating and transformative.

*Feeling liberated is one of the biggest things...when you think of your liberation you think of freedom and I think you do feel like a prisoner to the problems you've had. So to almost be set free I don't think you could want anything more than that. (Sophie)*

**The women we spoke to articulated what justice looked like for them from a personal, social cultural, economic and political perspective and this included:**

- **Having access to the right type of specialist support which heals and empowers – this should be available when they needed it and accessible to all**
- **Not to be seen as the person at fault by communities and families**
- **Not be subject to racialised assumptions and stereotypes that cause harm and have a silencing impact**
- **To be recognised for their achievements, strengths and not solely through the lens of being a victim-survivor**

Given Black and minoritised women's poor experiences with the criminal justice system, it is important that the evidence provided in this submission is considered within the government's Rape Review. Any amendments to policy and practice as a result of the Rape Review must be rooted in meaningful recognition and understanding of the particular experiences of survivors of violence and abuse who live at the intersection of oppressions along lines of race, gender, class, immigration status and more. Addressing the racialised and gendered rape myths and stereotypes which perpetuate poor agency responses whilst ensuring access to wrap around support from the specialist 'by and for' Black and minoritised ending VAWG sector is critical to enabling survivors access to justice and healing.

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## **FULL RECOMMENDATIONS**

### **(1) Agencies should commit to transforming the norms, structures and power relations that create inequality, invisibility and marginalisation of minoritised women**

WHO: Statutory agencies (frontline staff in health, police, social care, schools, housing/homelessness, safeguarding adults and children)

HOW:

- Review current systems of routine enquiry, assessment and referral for their effectiveness in creating pathways to specialist sexual violence support for minoritised women.

- Co-ordinate local discussions with sexual violence specialists including BME women's 'by and for' ending-VAWG organisations to assess current ways of working and establish mutually workable structures for multi-agency working and referral.
- Staff most likely to come into contact with victims/survivors of sexual violence should access ongoing training/professional development opportunities to strengthen their understanding and practice. It is important that multi-agency training is delivered by specialist women's practitioners with the relevant expertise and sessions capture the skills and knowledge required.
- It is important that training sessions cover sexual violence within an intersectional framing. There should be a specific consideration of systems of power, privilege, micro-aggressions and the intersections of race and gender, class, sexual orientation, disability and age.

WHO: Specialist women's sector

HOW:

- Specialist, independent rape crisis centres should review the accessibility of existing sexual violence provision. This should include a discussion with local BME-ending VAWG providers to establish mutually agreed systems of referral and joint working. It is important that joint working approaches create structures for leadership / co-production which are resourced and do not undermine the expertise and reach offered by small, local BME providers and reinforce inequality.
- Both specialist, independent rape crisis centres and BME-ending VAWG organisations should invest in supporting staff, volunteers and management to access training and development opportunities to strengthen current responses to minoritised women subject to rape and sexual abuse.
- BME 'by and for' ending-VAWG organisations who are likely to come into contact with minoritised women seeking support for sexual violence should support staff (management and frontline) to access ongoing training/development opportunities to strengthen their policy and practice in relation to sexual violence.
- Spaces for skill-sharing between sectors could provide an effective avenue for strengthening current practice. Training and practice development initiatives should be delivered by specialists on sexual violence and intersectionality

**(2) Minoritised women should be able to access, specialist sexual violence support in a way that is timely, effective, and relevant to their lived experiences**

WHO: National, regional and local policy makers and service planners.

HOW:

- Integrate inquiries on sexual violence and responses to minoritised women as part of local needs-assessment and commissioning processes related to ending-VAWG. Establishing a group of sexual violence experts, BME women's organisations and experts by experience (survivors) would help to shape and inform the process.
- A review of current systems of data collection to assess whether they are fit for purpose for collecting desegregated data on sexual violence (as part of a VAWG data-set) on gender and the intersection with race, disability etc.

WHO: National and regional funders, commissioners and grant-making bodies.

**HOW:**

- Support the development of models of sexual violence provision which respond to current gaps in responses to minoritised women. This should support both the 'by and for' ending VAWG Black and minoritised sector and Rape Crisis centres without sensitised support to minoritised women to build their capacity and strengthen practice.
- Support models should be developed to recognise the need for bespoke and accessible wrap-around support for groups that are most likely to encounter intersectional barriers, exclusion and institutional discrimination.
- Commissioning processes linked to the development of sexual violence provision should be informed by an equality impact assessment (EIA) and adhere to Section 149 of the Equality Act (2010) to eliminate discrimination and harassment.
- Support providers to develop systems of data collection and conduct impact evaluations which provide evidence of what works best for minoritised women.

**You can download the key findings report here: <https://www.imkaan.org.uk/reclaiming-voice>**

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