

What Will People Say? Project Report

South Asian Women Survivors of Sexual Violence

Background and Summary Findings

Shabana Baig and Sarah Forster

What Will People Say? Project Report South Asian Women Survivors of Sexual Violence

What will people say? is a project that Greater Manchester Rape Crisis (GMRC) ran from autumn 2019 to spring 2023. It explores the life stories of South Asian women affected by sexual violence and was funded by the National Lottery Heritage Fund.

As well as recording the life stories of a small group of individual women known to GMRC, the project ran workshops to explore older women's views of sexual relationships more broadly, talking to South Asian women aged 55 and over.

We want the project's findings and key messages to inform both communities and professionals in order to promote learning and awareness raising, community conversations, and better professional practice.

Key messages

1. *Impact of Sexual Violence*

We have captured the experiences of five South Asian Muslim women about the prolonged, extensive and shocking sexual violence they experienced and have survived, and the long term deep and enduring impact on their health and well-being and their lives overall, as well as those of their children and sometimes their wider families.

2. *Culture and Faith*

We have learnt how the cultural and religious norms, expectations and behaviours in South Asian communities for sexual relationships, especially marriage, have made it extremely difficult for women to talk about or leave sexually violent relationships

3. *Resilience and Support*

We have heard how the five women have survived their experiences of sexual violence through a combination of their own personal resilience alongside external support from both professionals and their personal networks.

4. *Developing professional practice*

We have heard of some good practice by the professionals supporting South Asian women with sexual violence. We have also heard how poor or uninformed practice has sometimes hampered good outcomes for women and their families.

These key messages need to be understood in the overall context of our work. Whilst the five women who have been interviewed are all Muslims, Greater Manchester Rape Crisis knows from experience that sexual violence occurs in all communities, including South Asian communities, irrespective of ethnicity, religion and class.

The 'What Will People Say' Project website has all of our project films and reports:

<https://www.manchesterrapecrisis.co.uk/services/what-will-people-say/>

Background to the What Will People Say? Project

Widening our community reach

The origins of GMRC in the British women's equality movement in the 1970s are part of why the organisation has historically been seen as for white middle class women. Many of the original women's equality campaigners across the country were white middle class, and some are still around on the equalities scene. This is exacerbated by the lack of public visibility of the organisation – our services are carried out on the phone and in confidential spaces, and by the taboos, myths and secrecy in all communities of society about rape and sexual violence. Counselling can also be perceived by some as being for white women. In reality, until recent years, many (but not all) of our clients, staff and volunteers were white. And although the Board has long had BAME members, diversity was not regularly discussed by the Board.

Until recent years, diversity within GMRC occurred largely organically, according to who came to the organisation. The shift in recent years to the inclusion of a wider range of clients has been deliberate and led by our management team. There has been a coming together of like minds of managers with a passion for inclusion. Our current clinical lead, who is of South Asian origin, came into post in 2015 having been involved with the organisation in different roles since 2007. There is also greater consideration of diversity issues at Board level.

Through our deliberate focus on diversity GMRC has undergone a significant transformation in our client and staff base over the past seven years, which has been achieved by a combination of passionate determination, focused efforts and making good use of staff and volunteers who are attracted into the organisation.

South Asian Women's Group

The first step we took to address BAME diversity was to research what sexual violence services were available for South Asian women in the area - which found the answer: 'nothing'.

In 2014, GMRC started a South Asian Women's Group (SAWG) supported by our staff from the South Asian community. The group, which works on building confidence and peer support, was advertised through doctors' surgeries and other services and was inundated with referrals. It is a very highly appreciated service which has increased our organisational expertise and knowledge, and group work has expanded within the organisation. The SAWG group remit also expanded to include women from a wider range of communities.

Over the years 200 women have been members of SAWG. Weekly meetings have usually had about 8 to 10 attendees. Members have formed close bonds and friendships and many have regular contact with each other outside of the group. Due to their traumatic experiences some of the members have also accessed counselling at GMRC.

What Will People Say?

We realised that the women we were supporting through SAWG have important stories to tell about their experiences of sexual violence and how they have survived it. These are stories that are never usually heard. We have developed a position of being explicit about the hidden subject of rape and sexual violence, even with communities where the topic is not discussed.

We also wanted to further utilise and develop our knowledge and experience and disseminate themes and issues about sexual violence to communities and professionals.

We obtained funding from the Heritage Lottery Fund for this project to record the life stories of a small group of South Asian women that we know, and to explore South Asian women's views of sexual violence more broadly.

'What Will People Say?' became the name of the project as it was a commonly used phrase that came up during SAWG discussions.

"We have to call it out for what it is, its not jinn possession, black magic, madness, depression or because she is bitchy, or moody or bad or comes from a depressed family. We have heard all the so called given reasons for a survivors behaviour. Its sexual violence, sexual abuse, domestic violence, coercive control, oppression and the list goes on. This project is about these 5 women calling it out, saying exactly what it is".

Shabana Baig Project Lead / Counselling Services Manager

What we did

Training

At the beginning of the project, all project staff received training in:

- Oral History
- Sexual violence
- Social media

Community organisations involved in the project received training in sexual violence. The five individual women received specific training in oral history.

Five South Asian women's experiences

Our researcher met individually with five South Asian women to hear and document their experiences of sexual violence, the impact on their lives, and how they have survived. We were very careful to give substantial support to the women, before, during and after the interviews, as we are fully aware of the impact of trauma, and that this could be re-lived in the telling and documenting.

The Covid pandemic struck whilst we were part way through this work which led to illness both within our staff team and amongst the women and their families. We had to adapt how we did the interviews to enable them to be completed. As well as the details in this report, we have the following records for the individual interviews:

3 women: Tapes and transcriptions of the interviews. Summarised details of the interviews.

2 women: Summarised details of the interviews.

These records are all being stored in the archives of the Ahmed Iqbal Ullah RACE Centre and Education Trust at Manchester University. They are embargoed for 100 years to protect the identities of the five women.

We also have a summary report from the main researcher on the project about her findings from the interviews. [\[Link\]](#)

Older South Asian women's views of sexual relationships

We planned to hold workshops with groups of South Asian women aged over 55 to explore their beliefs and expectations about sexual relationships and how these have changed with experience. We used our relationships to identify the groups through existing community organisations. We had planned 4 to 5 groups with 8 to 12 participants each. All participants were to be offered ongoing support, as we were aware that the workshops might trigger traumatic responses for some women.

When the Covid pandemic struck we had completed three workshops involving 23 women, and the discussions with those women were not finished. We were not able complete this work due to the risks of meeting face to face with older women.

As well as the details in this report, we have a summary document of the findings from the workshops with older women.

Covid experiences

We asked the five women who have been interviewed about how the Covid pandemic has affected them. The short report of these experiences is appended to this report.

Key Message 1

Impact of Sexual Violence

We have captured the experiences of 5 South Asian Muslim women, talking about the prolonged, extensive and shocking sexual violence they have experienced and survived and the long term deep and enduring impact on their health and well-being and their lives overall, as well as those of their children and sometimes their wider families.

Although each woman's experience is unique to them, many themes have been highlighted within their experiences. Some of the key themes are sexual and physical violence, domestic abuse, psychological abuse, long term journey, insecure childhoods, parenting children, individual and collective honour and shame. The work has highlighted that the impact is severe, far reaching and largely underestimated. It takes a huge toll on mental and physical health.

Domestic violence

Domestic violence has been part of every story including all other forms of aggression and abuse. This has included marital rape, physical, emotional, verbal, psychological & financial abuse and coercive control.

Long term impact

For all of the women, the sexual and domestic abuse happened over a long period. The significant trauma arising from this abuse has had a long term, deeply rooted impact on their lives. The participant's past traumas remain with them and fluctuate from being at the forefront, centre point or background of their lives. This affects their feelings, mental and physical health and relationships within and outside of their families. The damage is far reaching and there is a sense of years of the women's lives being lost.

Mental health and psychological impact

The women experienced a loss of sense of self, feelings of intense shame, fear and shattered trust in other people. The ongoing impact on their mental health resulted in depression, breakdowns, flashbacks, panic attacks, episodes of profound distress and crying, nightmares and feeling disconnected from their bodies. Two participants displayed some of the symptoms of DID (Dissociative Identity Disorder). For some this led to self-harm, suicidal thinking and suicide attempts.

Ongoing physical health impact

There was evidence that indicated there was long term physical ill health due to their past experiences of sexual abuse. The physical symptoms included severe migraines, back problems, mobility issues, nerve /neurological damage, chronic fatigue, unhealthy relationships with food, One survivor was diagnosed with complex PTSD and most of the others believed they had undiagnosed PTSD. Most of them have learned to adapt and recognise their triggers and contain the extent and depth of their symptoms.

Parenting and impact on children -

The impact on the women's parenting of their children has been ongoing. Their confidence and understanding of boundaries and rights has been massively impacted which carries through into their parenting. They have experienced deep seated trust issues and have been hyper vigilant for the safety of their children and very protective of their children. Most of the children have witnessed the perpetrators physically abusing their mothers and some of the children were the recipients of physical abuse by the same perpetrators. Despite all the children now being in safe and loving home environments, the impact of the damage from the past is still present to various degrees.

Accessing support late

When support comes very late, the impact can be devastating. The women have lived for years and years trying to hide what's happened to them because of the shame and not knowing how to get help or help themselves. They lost the ability to function well at a day to day level.

Key Message 2

Culture and Faith

We have learned how the cultural and religious norms, expectations and behaviours in South Asian Communities for sexual relationships, especially marriage, have made it extremely difficult for women to talk about or leave sexually violent relationships.

Culture of silence and fear of talking about experiences

The women's stories highlight that the South Asian community does not openly discuss sex, sexual abuse or rape. Marital rape in particular is often not recognised. There are also differing views of the rights of women and the hierarchy of men and women. The fear of being stigmatised or rejected by the community is very strong. Shame and embarrassment about disclosing or talking about the issue has been one of the factors stopping women asking for help. The concept of honour also functions to prevent women from reporting abuse and destroys their sense of self. As part of this, many of the women were told to stay silent about sexual violence by other women in the community.

Family dynamics and the impact of reporting

The extended family system in the South Asian community makes it very complicated to disclose and creates a fear to report. The reason for this is that the perpetrator has usually been a close family member or closely connected. Reporting or disclosing would impact many connected to both the perpetrator and the victim. The women have usually opted for keeping the wider family together rather than report, in many cases the impact is too huge and women have often felt it not worth it. In one woman's case there is also a child born from incest which would impact the child massively.

This family dynamic system also impacts on recovery and some of the women cannot get complete closure as the perpetrator is still within the family networks.

Lack of knowledge and confidence

The women have identified that not being informed about sex, sexual violence and their rights denies them the knowledge and ability to protect themselves. This is damaging to both them and their children. Women can be very vulnerable in marital relationships because they don't know if what is happening is healthy or safe.

Islam used to justify unacceptable behaviours

Four of the five women are South Asian Pakistani and living in a Pakistani household after marriage. They are all practising Muslim women. It is common in the Pakistani South Asian community for culture to override religion in many aspects of life. Not consenting or disagreeing is viewed as not conforming to the norms and therefore causing problems in married and family life. Society and family are powerful, so identity and being connected to them has overridden the women's personal choices and beliefs. This has come at a huge cost to the individual women.

In one of the cases Islam was used and misinterpreted to justify sexual violence. It is clear from scholars and text that this is completely unacceptable and not part of the Islamic faith. There is a common hadith (saying and actions of the holy Prophet Muhammed) quoted to control and justify forced sex especially in marital situations. Many women have believed this to be true and conformed to keep the peace and unwittingly not go against their faith.

Islam and talking about sexual relationships

The women reported that talking about sexual relationships is viewed as crass, immodest, shameful and unacceptable behaviour. This goes against authentic Islamic advice. There is a lack of awareness and knowledge within the community about what is acceptable and what is not from a faith perspective. There is a confusion about modesty and explicit unacceptable discussion and behaviour. We have identified the importance of awareness about the difference between being explicit and asking for help. Shame and modesty has its place in Islam but not at the cost of the health and lives of women.

Islam and marital rape

The women have reported many years of living with regular and brutal marital rape. They often thought this was their husband's right within the marriage, and there was no challenge to this within their close circles, usually the opposite. It is clear that Islam does not condone any form of sexual violence. Every text related to women and how to deal with them indicates that no harm should come to them. Like many other issues in faith, some people have misinterpreted texts to justify their behaviour. It is then perpetuated because of a lack of knowledge and awareness on the part of the victim. Alongside this where long term abuse has taken place the victim often loses their sense of self and the confidence to be able to challenge any of these incorrect messages/behaviours.

Key Message 3 Resilience and Support

We have heard how the five women have survived their experiences of sexual violence through a combination of their own personal resilience and faith, alongside external support from both professionals and their personal networks.

Faith as a supporting factor

Faith has been the ultimate supporting factor for many of the women. It provides a spiritual guide and a secure base. This is despite that within the women's experiences faith has been misused to perpetrate sexual abuse and poor marital relationships.

Children as a supporting factor

Children have been the driving force for the survival for the women. As parents they have the universal desire to have the best for their children. In addition, through their experience, they have either been left to support their children alone or recognised the danger they are in of being abused themselves, which has mobilised the women to stop history repeating itself.

Men being supportive

Although we know that most perpetrators of sexual violence are male, conversely, there have been good examples from the women's families of male family members – for example brothers and cousins - being supportive. When they have become aware of the violence they have helped to remove them from the situations and pay towards solutions. The supportive males in the families may well have also felt dishonoured but felt more that they wanted to protect their female family members from the abuse.

Two of the women have remarried, one told her new husbands of the prior abuse. The new marriages are proving to be more supportive and healthy relationships for the women.

Family upbringing as a supporting factor

For some of the women, their early experiences of living in physically and emotionally safe family environments has given them a sense of security that they bring to their survival. This helps them to also forge new supportive relationships with friends and neighbours.
3 out of the 5 women grew up in safe homes

Good professional support

The women had good support from a range of professionals including from the NHS (including mental health services and GPs), the police and charities (including Women's Aid). The support, counselling and group support they have received from Greater Manchester Rape Crisis were key elements in positively changing the trajectory of their lives. (See Key Message 4 for more details.)

Key Message 4

Developing professional practice

We have heard of some good practise by the professionals supporting South Asian women with sexual violence. We have also heard how poor or uninformed practice has sometimes hampered good outcomes for women and their families.

Fear of going to professionals

Some of them women were uninformed about UK social work and legal practices and were fearful of seeking help in case their children were removed from them.

Examples of poor practice

Some examples of poor practice once a women had disclosed abuse include:

- A range of professions, including counsellors and GPs, pushing the woman to report the abuse to the police. Not understanding why a South Asian woman culturally would not wish to do that.
- Lack of appropriate housing being provided by statutory services for the woman and her young children – a nine year wait.
- Police not using interpreters correctly to gain correct and full evidence, leading to a very long drawn out and delayed court process against the perpetrator.
- Insufficient professional legal support available out of office hours

Helping one woman effectively has far reaching effects: it helps her children, her family and the wider society. There is a lack of knowledge within services and the community about how to respond to disclosures of sexual violence and support survivors appropriately.

Good practice examples

Some examples of good practice once a women had disclosed abuse include:

- Practical support from Women's Aid and the Iris Project, including home visits
- Sensitive support from GPs including monitoring correct levels of anti-depressant medication and referrals to support projects
- Ongoing relationship with one professional, for example NHS mental health support worker
- Police acting quickly in response to ongoing need for them to be called
- Counselling at GMRC from someone who understood the woman's religion and culture

GMRC South Asian Women's Group (SAWG)

All five women felt their lives had been transformed by attending the SAWG, which was facilitated by GMRC staff from the South Asian community. For years, maybe decades, each woman had thought they were the only one to have been sexually violated as they had not met any other known survivors at all, or not outside their immediate family circle. The SAWG (which ran from 2012 to 2019) provided the survivors with a confidential and safe space for them to be their authentic selves and be accepted for the women they were. They received and gave individual and collective understanding and support, and listened

and shared without any judgements. Being part of group with people of similar backgrounds and tacit understanding helped them to talk about their cultures, religion, thoughts and feelings. They all felt the group was sensitive to their histories, current circumstances and their ways of thinking and processing. The women said that attending the group helped them to learn, grow and heal themselves, in addition to assisting other group members to heal.

Within the group, the women also undertook the *Sexual Violence Recovery Toolkit* (SVRT). This is a group programme that uses a trauma informed and a psycho-educational approach to enable people to move forward from the trauma of experiencing sexual violence. It supports participants to develop positive lifestyle and coping strategies, restoring a sense of safety and enabling people to return to active citizenship. GMRC used a linguistically and culturally adapted version of the SVRT. The women said it helped them to grow into independent, confident, assertive and empowered women who were living and thriving to various degrees. They saw it as a vital component in assisting them on their recovery journeys.

Appendix

Impact of the Covid Pandemic on 5 interviewees

Introduction

The project was affected by the Covid pandemic in a number of ways – especially delays, altered methodologies and staff absences due to illness. We asked the 5 survivors who were interviewed for the project what affect the pandemic had on them and their families. These discussions were held individually with each survivor once at differing points in the pandemic – according to when the project was in contact with them for their interviews. We are recording their responses here, but this is not a comparative or exhaustive investigation.

Summary of issues discussed

Experiences of Covid

- One woman had Covid twice including long Covid which has had a significant effect on her functioning – she had little energy, memory loss and her sight, hearing and vocabulary were affected. She is slowly recovering but it's an ongoing journey.
- One woman had typical Covid symptoms – lack of smell and chest pains - and was checked thoroughly in hospital and told she her tests were clear. She later had a test in the community and this was positive. Her children then all tested positive. None of them were very ill – mainly loss of taste and smell. The two week isolation period was very difficult. It took 6 months for her sense of smell to return.
- The women had various experiences of people in their wider networks having Covid, quite often mild cases, but some more serious.

Family life

- Three women described how being at home with their families – especially children – had helped renew and develop their relationships. They talked about the games and activities (eg cooking) the family did together and the bonding/closeness and enjoyment from this. One of these women talked about this helping her understand that her children are more grown up and she doesn't need to worry about them as much. She was able to relax more and feel safe.
- Two women described how being at home with her children was very hard. One of these women moved house in the middle of the pandemic and didn't want to let her children out due to coronavirus. Her children missed school and she feels they are very behind. The school provided them with laptops which she was very appreciative of. One of these women struggled with having no visitors and not seeing wider family. However her children did enjoy it – she gave them a routine for school work and for social times. She kept to the restrictions strictly. Being able to have a social bubble did help. She is worried about the effect on her children both academically and socially.

Life changes

- One woman talked about how she was exhausted prior to the pandemic and being at home helped her re-energise. She also learnt new ways of managing her household, eg online shopping.
- A close family member of one woman – whose job was suspended due to the pandemic - wrote a book during lockdown and it has been published.
- One woman was more able to study as other pressures were reduced by being at home.

Responses to the pandemic

- One woman described how scared she was at the beginning of the pandemic. Her job stopped (she was on furlough), schools closed and she said it felt like the end of life, like a war was about to start. She was scared and became very cautious with her children. When her child had a medical problem she was scared to take them to the doctors, although she did take them and it was fine. She now questions whether coronavirus was really a big deal or did people make it into a big deal. She thinks the pandemic reaction was overdone and made people more scared than they needed to be. There was a lot of misinformation in the community. She feels the emphasis should have been more on older people or those who already had health conditions.
- One woman described how she was very panicked at the beginning of the pandemic, especially because of the fear of what would happen to her children if she caught Covid. She made an arrangement with a family member which gave her some reassurance. She hasn't caught Covid and is still scared of going out in the community.