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EXECUTIVE SUMMARY OF THE RESEARCH PROJECT REPORT

“EXPLORING THE LIFE STORIES OF SOUTH ASIAN WOMEN SURVIVORS OF SEXUAL VIOLENCE”

1 INTRODUCTION

This study explored the life stories of some South Asian women survivors of sexual violence. It aimed to gain an increased understanding of the multifaceted impact of sexual violations upon South Asian women. The perceptions, experiences, disclosures, honour and shame, personal journeys and support in relation to sexual violence were also explored.

This executive summary is a significantly condensed documentation of the research investigation. The full research project report is available in its entirety via www.manchesterrapecrisis.co.uk.

2 METHODOLOGY

This qualitative piece of research encompassed individual interviews with three participants whom were recruited via a purposive sampling strategy. The women were of diverse demographics and identities, with an age range of thirty-five – forty-two. The majority of interviews were conducted in English, with some participants’ sporadic dialogues in Arabic, Punjabi and Urdu.

A considerable amount of time was allocated in planning how the research was going to be undertaken to ensure that the research participants would be supported before, during and after the research process. The research focused upon ‘Exploring the Life Stories of South Asian Women Survivors of Sexual Violence’ and the women whom participated were extremely brave and courageous in sharing their painful experiences of abuse, which for some, spanned many decades. It was extremely important the research was conducted in a very safe, sensitive and ethically robust process so that the participants were offered the opportunities to share their narratives in a very autonomous way, which had the potential to be very empowering experiences for them.

The methodology was thematic analysis. Seven main themes were identified via thematic analysis of the data; Abuse, Feelings, Relationships, Culture, Gender Consequences & Journey and Islam. The theoretical framework included a humanistic approach. A predominantly insider researcher position was established, which was a major influence in eliciting the rich, deep and meaningful data which emerged in relation to the life stories of the participants. Ethical considerations, including safety, assessing/managing risk, trust and confidentiality were key components in how the research was approached, designed, conducted, interpreted and understood.

3 FINDINGS

This research illustrated how sexual violence was intertwined with psychological, emotional, physical, verbal and financial abuse. Data analysis identified sexual grooming commenced when some of the participants were aged 6 – 7 years old and for some, continued until they were women aged in their 20s and 30s. Hence, the perpetrators exerted male dominance and abused some of the survivors for decades. Some of the survivors did not feel they owned their bodies during their childhoods, adolescences and adulthoods as they appeared to have been conditioned to believe the abusers owned their bodies. Some of the participants resorted to outwardly compliance of the sexual violations in attempts to minimise the abuse they were being subjected to, whilst inwardly, they silently protested. The participants *never* consented to the sexual violations and despite the atrocities inflicted upon them, they had survived their ordeals.

This study identified that the psychological and emotional impact of sexual violations and subsequent traumas was intense and immense. Men whom sexually violated girls and/or women did not appear to be held accountable for their violations by their families or communities. Preposterously, the females whom were subjected to the abuse were the recipients of familial and societal repercussions. Some of the participants were exposed to an amalgamation of threefold toxic constructs; toxic masculinity, toxic femininity and toxic parents. Toxic masculinity (www.aurorand.org.uk; www.psychologyinaction.org) was evident in the narratives of the participants whom endured dominance, rapes, sexual assaults, misogynistic behaviours, aggression, physical abuse, verbal attacks, and so forth by some of the men in their lives. Patriarchal attitudes, values and belief systems appeared to underpin the oppressive and controlling environments, and relationships, the participants were subjected to at various points in their lives. The data from this investigation substantiated previous research as noted by Mansoor (2015b) that many South Asian British Muslim women lived in a patriarchal society of power, abuse and dominance.

It is proposed that some of the women in the participants lives may have exercised toxic femininity (McCann, 2020) as they appeared to uphold some patriarchal belief systems and conduct. Some women covertly and overtly practised gender based discrimination, which they imposed upon the participants. It is also possible that some of the participants' mothers/female relatives may have been entrapped in the complexities of toxic femininity themselves as there were narratives of some female kindred being subjected to male subservience, domestic servitude and prohibited from developing any independent support networks or social life due to male domination. Participants verbalised clear examples of when some family members appeared to have colluded in the physical and sexual violations. Some of the women talked about how they sensed their mothers knew about the sexual abuse, but never acknowledged this, which suggests some mothers chose to take on a bystander role.

Furthermore, drawing from the data elicited, it is attested that some of the participants were the offspring of toxic parents (Forward, 1991). There were a multitude of examples of psychological/emotional/physical/sexual/financial abuse and neglect. Some of the parents utilised fear, control and manipulation to harm the participants, curtailed their autonomy and attempted to annihilate them from developing unfractured relationships with other men, including platonic male friendships, husbands, and a brother.

The concepts of honour and shame were very much embedded within the sexual violence phenomena for South Asian sociocultural communities. The honour and shame complex appeared to be perpetuated by individual, familial and societal construct systems. It was apparent that gender based honour and shame differences existed, with negative outcomes for females perceived to have dishonoured and shamed themselves and their families. The data generated from this investigation corroborated with the doctoral study findings by Mansoor (2017) whom noted “... honour and shame was a socially constructed and controlled system, which was gender based and to the advantage of men” (p. 269). Previous research by Mansoor (2015a) concluded “Shame is an emotion and is defined by how one responds to a perception of lost honour. It manifests itself on two levels; internal and external. Internal shame is the sense an individual may have of feeling ashamed, shameful or shameless. External shame has a social element which is very closely connected to acts of punishment and enforced compliance by others” (p. 209).

Based upon the findings, it was apparent that character shaming of girls and women survivors of sexual violations was rife in some of the South Asian communities. The survivors’ families also felt a deep sense of shame by being connected to any overt or covert indicators of sexual abuse. Hence, there was a wall of silence placed by some families and communities pertaining to this topic. There was a sense the reputation of girls, women and their families would be tarnished and dishonoured by any associations of sexual violations within their kinship. These findings were in alignment with the conclusion identified by Mansoor (2006) whereby some South Asian communities negatively judged South Asian Muslim women from their own communities. Rife gossip was utilised as a powerful mechanism to convey messages of criticism and non acceptance of some South Asian Muslim women. The concept of honour and shame barriers perpetuated why sexual violence was not acknowledged, was a taboo subject and remained deeply hidden. There were indicators that honour was a collective entity and not solely individualistic. Thus, honour was gained and retained collectively. Perceptions of dishonour were also viewed as a collective experience. Hence, efforts were made to distance oneself and one’s families from any perceived shameful conduct as shame imbued the individual and their kinsfolk.

Due to the marital and non-marital rapes, some of the participants’ pregnancies resulted in births, one attempted miscarriage, two miscarriages, one termination and one incestuous birth. Some of the survivors’ rights to control their fertility were eradicated by their abusive husbands as they purposefully raped their wives with the intention to impregnate them. The abusive husbands knew the women’s vulnerabilities would be increased during their pregnancies, so they enforced consecutive pregnancies to ensure the women remained trapped within the abusive marriages.

It was a pivotal moment in the lives of some of the survivors when it became known to them that their children were being abused. One survivor unexpectedly witnessed her young daughter being sexually abused by the same perpetrator whom had abused her for decades. Another perpetrator physically abused a survivor in the presence of their young children so they

witnessed her being violated. He also physically abused their children in the presence of the survivor so she witnessed them being violated. The survivors reacted swiftly to protect their children and found the inner strength to challenge the perpetrators. They took action to ensure their children and they themselves were no longer being violated. Hence, some of the survivors broke the cycle of intergenerational abuse and familial collusion.

Some participants and their families were able to disconnect from the abusers, whereas, for others, this was not a viable option due to the ongoing, interfamilial connexions. Hence, some of the perpetrators remained at the periphery of the participants lives. Being associated with the perpetrators name due to the very close family associations, was another internal, lifelong struggle some of the participants endured. All of the participants being silenced for prolonged periods of times during their survivors' journeys appeared to be the nexus, which held some family relationships together. The concealment of the sexual violations resulted in the participants experiencing an internal disintegration of themselves.

The findings illustrated deeply entrenched silences, which appeared to encompass every aspect of sexual abuse. The perpetrators had concealed their abusive actions for years, at times decades, despite them and the survivors living in the same accommodation with other family members for many years. Perhaps, some of the most disturbing findings from the data were the perturbing narratives of how some of the survivors were subjected to violations during the day and/or at night whilst other family members were at home and, yet, no other adult appeared to notice, question or challenge the perpetrators behaviours.

The psychological and emotional impact of sexual violations and subsequent traumas was of a colossal magnitude. The participants had experienced some extreme levels of danger, distress and despair. They all encountered some key, defining moments in their lives, which directly contributed to them battling with their internal and external immeasurable struggles, and galvanised them into implementing some actions to stop the violations. Their resilience and determination helped them to alter the trajectory of their damaged lives. As their sense of self worth, self value, autonomy, empowerment and agency was imperceptibly restored, they found the confidence to challenge the perpetrators and to disengage with them from their lives to various degrees. Nonetheless, although some of the participants were not able to completely annihilate all connections with the perpetrators due to the strong familial associations, they had reclaimed the control and ownership of their bodies, sexual intimacies and their lives. The loving, caring and nurturing relationships they had developed with their children were a source of strength for all of the participants in their ongoing journeys as survivors. They recognised and accepted their struggles as survivors would be interspersed with enduring, daily challenges until they ceased to breathe.

The findings highlighted the importance for survivor's autonomy to be respected and how unhelpful it was for them when some, possibly, well-meaning professionals tried to lead them towards a legal route of action, when the participants chose not to embark upon any criminal process. They expressed that due to the ongoing intrafamilial connections with the perpetrators, it was impossible for them to even consider approaching the police due to the cataclysmic impact this would have upon their family relationships and dynamics. Their experiences of some professionals "pressuring" them to report the abuse increased their distress. The participants verbalised narratives of feeling some women professionals working in the fields of domestic abuse, sexual violence and therapy whom they had accessed for support, unfortunately, lacked adequate cultural knowledge and sensitivity. The cultural complexities, nuances, vocabulary and depth of sexual violations in South Asian communities appeared to

be absent in the comprehension of some of the professionals and service providers whom the participants had engaged with.

The detrimental impact of some professionals questioning the evidence of abuse or applying pressure on the survivors to report the violations cannot be underestimated. The survivors' mental health struggles and traumas were multiplied when they were the recipients of unhelpful responses from some professionals and services. Thus, it is imperative that professionals, including therapists, do not overtly or covertly apply any pressure on survivors to report their histories of sexual violations when they choose not to do so. It is imperative that the survivors' truth is acknowledged, respected, accepted and believed.

An astounding finding that derived from the data was the strongly held belief maintained by one of the perpetrators that he had the prerogative to have sexual contact with *any* females whom were not descendants of his male bloodline. Another unexpected and striking finding that emerged from the data was a religious belief that in the Hereafter, the deceased are to be resurrected by their biological father's name on the Day of Judgement. Hence, despite a participant's desire to detach her name and identity from being associated with the male parent whom abused her, unfortunately, this was impossible for her to achieve in the Hereafter due to her religious beliefs. This resulted in one of the participants feeling there was no respite, separation nor closure from her being connected to the perpetrators in this life or the next, and that the name of one of the perpetrators would remain associated with her even after she had taken her very last breath.

The research illustrated that despite the sexual violations occurring over a protracted period of time and the subsequent, extreme and complex levels of trauma, the survivors had managed to create lives that were meaningful for them and their children, including their husbands, for those whom were married. The psychological, emotional, physical and sexual wounds they sustained had left indelible imprints that were forever etched in their lives. Some of the wounds appeared to be sufficiently healed to allow them to live and thrive, rather than merely subsist. However, they were triggered daily by their past traumas and had to draw on their inner resources every single day in order to help themselves maintain a meaningful, quality of life. They were no longer merely existing as damaged and vulnerable beings. They were living, breathing and striving as strong, independent and empowered women. They were no longer living in their violent histories. They were articulate, vocal and seemed to be at junctures in their lives whereby they challenged oppressive, damaging and dehumanising practices. They were embracing the present and looking forward to their futures. They described themselves as survivors and not victims.

4 RECOMMENDATIONS

4.1 Recommendations for Service Providers

The data indicated the importance of support services providing group support for survivors with ethnic diversity amongst the professionals and attendees as this was considered healthy in survivors understanding abuse as violations of women and girls is a global issue and not confined to any particular demographic (www.unwomen.org). However, there were strong recommendations for homogeneity within groups as there would be a tacit understanding of their shared cultural nuances, backgrounds, linguistics, belief systems et cetera, which would be absent in a heterogenous group. A participant expressed that white ethnic survivors' experiences appeared to be the only ones publicised, which was not considered conducive and there was a recommendation for multicultural experiences to be highlighted as this reflected

the reality. There was also a recommendation for professionals, including counsellors, to have some understanding of the cultural norms that South Asians customarily do not talk about sex, sexual violence or rape. Hence, it was very common for South Asian survivors not to disclose their experiences of abuse to their families and/or communities.

Another significant theme that was elicited from the data was for professionals not to question why the survivors had not reported the sexual violations. The participants stressed it was imperative for professionals to have some prior understanding that due to familial and cultural implications, the survivors chose not to report the abuse to the authorities and had no intentions to do so. Honour and shame concepts and experiences were some of the reasons the participants did not report the abuse and it is suggested that some professionals could benefit from increasing their knowledge about this phenomena. It is also recommended that some professionals could acquire some new learning from undertaking (further) training in cultural competencies, particularly in the domains of BAMER (Black, Asian, Minority Ethnic and Refugee) communities, and domestic abuse and/or sexual violence to help increase their awareness, knowledge, understanding and acceptance of why preventing familial catastrophic outcomes silenced survivors.

Further recommendations derived from the data were for organisations to have a holistic approach in offering help and support to women so they worked in collaboration with each other, rather than disparate services. Professionals to increase their awareness of where the Rape Crisis Centres were located and to acquire knowledge pertaining to the referral procedures was considered a positive way forward. There was a strong recommendation for professionals working with survivors to be trained and educated in this field of work otherwise there was a risk they could be damaging the survivors if they did not have the competency skills to work with traumatised survivors. It was viewed that training for professionals working with survivors needed to be compulsory and trauma specific, rather than generic.

One of the participants strongly requested for the term ‘violence’ to be replaced with ‘violation’ and ‘violated.’ For the survivor, ‘violence’ was associating the control elements with the perpetrators. Whereas ‘violation’ and ‘violated’ represented the survivors having regained the control and emphasised their survival journeys. Hence, she asked for the focal point to be upon the survivors as recipients of being violated as opposed to the focus being upon the perpetrators’ actions whom meted the violence.

There were recommendations for GPs, teachers and the police to be educated about sexual violations so they could be more empathic and sensitive about the trauma the survivors experienced. People with status; i.e. political councillors and the police needed to go into the schools and the communities, and talk about sexual violations was also proposed. An opinion was expressed that people in the community would listen to people whom had a “status.”

Based upon these findings, there is a recommendation for all healthcare professionals to be aware of overt and covert levels of child sexual abuse and to be attuned to how the abuse may be deeply hidden within BAMER families and communities. There was a recommendation for children to be taught in schools about sexual violations, trauma, assertiveness, wellbeing and mental health.

Asma expressed concern that due to funding cuts, there was a reduction in the number of home visits undertaken by midwives and health visitors. There was a suggestion mothers being seen at the centres, rather than their home environments, may contribute to the professionals not

being aware of the “core needs of the family.” Thus, home visits by professionals supporting mothers and babies/young children were viewed as an important element in maternal health and wellbeing, and to ascertain if there were any risk factors within the home environments. Funding to continue for organisations such as the Sure Start Centres, Big Life Centres and Domestic Abuse Services were viewed as essential measures to assist survivors. Courses for women on topics such as ‘Confidence Building’, ‘Strengthening Families’ and ‘Parenting’ were also considered important in helping survivors to rebuild their lives, and to help them and their families receive the support they needed.

The data identified that in Ayesha’s experience, her being fluent in English contributed towards the lack of appropriate help she received following her disclosures of being a survivor. As such, it is recommended that equal assistance and consideration needs to be offered to survivors regardless of their linguistic differentiation and whether English is their primary or non-primary language. The participants recommended that for South Asian women whom may not understand or converse in English, it was important for services to reduce the linguistic barriers. All of the participants indicated the paramount importance for organisations developing trust with the survivors as this was the foundation of their professional engagement.

The participants talked candidly about how long waiting lists for accessing counselling had been detrimental to their psychological and emotional health as “the desperation then *grows*” (Ayesha, p. 43). However, the participants recognised that so many services were underfunded and overstretched, and were trying their best to help service users with the limited resources they had available. This study argues it is essential for the government to provide essential, financial help for women’s organisations, therapeutic services and mental health provision as insufficient funds are directly contributing to the longevity of women’s trauma.

The findings identified the participants initially did not know how or where to seek help for the sexual violations. They highlighted there was an absence of literature in public spaces and GP surgeries regarding sexual violence, and recommended leaflets needed to be visual, particularly in medical practices as the majority of people would visit their GP surgeries at various junctures. There were also requests for organisations to advertise the help they offered for sexual abuse in public domains as a way of being more accessible to service users.

There was a direct recommendation for the police to be more empathetic and sensitive towards survivors, especially during the process of a forensic medical examination (Rape Crisis England & Wales). There were concerns expressed that survivors receiving a predominantly clinical type of response was not conducive nor appropriate for the trauma they had endured.

Being signposted from one organisation to another was unhelpful for the participants and they expressed how this could be re-traumatising for the survivors. Direct referrals to the appropriate services, particularly by GPs, was considered more conducive. There was also a suggestion there should be some discreet telephone booths available for survivors to access to call for help.

4.2 Recommendations for Culturally Appropriate Groups for South Asian Women

All of the participants shared numerous accounts of how the South Asian Women’s Support Group had been pivotal in the transformation of their lives. They described how they had initially attended the group as deeply traumatised women whom were barely existing. The support of the group facilitators and peers, in addition to the culturally and linguistically adapted ‘Sexual Violence Recovery Toolkit’ (SVRT) (www.rockpool.life) helped them to

grow into independent, confident, assertive and empowered women whom were living and thriving to various degrees. Thus, it is imperative that culturally, sensitive groups continue and they receive the essential funding required as they could be a lifeline for some survivors and their families. The SVRT (www.rockpool.life) being incorporated into therapeutic work with South Asian survivors accessing individual counselling and groupwork was viewed as a vital component in assisting survivors on their recovery journeys. Continuing to adapt the language of the SVRT (www.rockpool.life) so that its linguistics were appropriate to the survivors was considered imperative.

4.3 Recommendations for South Asian Parents

Masooma stressed the importance of South Asian parents permitting their children to attend sex education classes in schools as this would provide them with some awareness about safety pertaining to sex. She had bravely challenged some Pakistani, Muslim parents' petitions to remove their children from sex education classes and their refusal to talk to their children about sex due to their notions of shame. She stated that if parents refused to talk to their children about sex and sex education, then they should allow the school teachers to cover these subject areas with their children.

Some South Asian parents denying their children to learn about sex, sex education and personal safety was considered a grave error of judgement. It was acknowledged that the parental intentions may have been underpinned by attempting to keep their children safe. However, it was viewed that the parents were actually doing a disservice to their children by keeping them ignorant about such topics as this was detrimental to their offspring's safety and wellbeing.

Views were expressed that parents had a responsibility to have age appropriate conversations with their children about personal space and safety, sexual grooming, sex education, sexual boundaries, marital relationships et cetera as a way of safeguarding their children from being at risk of abuse. Children being allowed to attend sex education classes at schools was also endorsed as an essential psychoeducational element to help them become aware of healthy/unhealthy sexual relationships and how to access help if there were any child protection concerns.

4.4 Recommendations to other Survivors from the South Asian Communities Looking for Support

There was a strong correlation in all of the participants emphatic message for other survivors to inform a professional or personal contact such as a school teacher, GP, refuse collector, dentist, Sure Start Centres, shopkeeper and potentially a neighbour that they had a controlling partner so they could then seek help and not to continue to suffer in silence. There was an unambiguous message that "help is always available." There was also a message for survivors to contact the police to ask for help even if they did not want to officially report the abuse nor take any legal action against the perpetrator(s). It was anticipated the police could then assist the survivors to access appropriate, professional help.

There were strong themes of survivors emphasising the fundamental requirements for girls and women, in particular, to be educated about grooming, power and control dynamics, personal safety, sexual abuse, consent, healthy/unhealthy sexual relationships, boundaries, marital rape and so forth. There was recognition that some boys and men were also subjected to abusive relationships. However, the focus remained on how invariably it was women and girls whom

were in vulnerable positionalities due to being incognizant about healthy and unhealthy intimate partner and/or familial relationships. Findings from the study also illustrated it was important for children to be taught about healthy and unhealthy physical contact and displays of affection, with clear boundaries within families, and beyond, about whom was permitted to kiss children on the cheek, hold their hands, bodily intimacy such as infants/children sitting on nonparental laps et cetera. Children and young people having a positive role model, whom had a clear understanding of Islamic rights, that they could trust and confide in was viewed as a valuable anchor in life. Parents encouraging their children to be assertive was considered an important part of child development.

Based upon the findings, it was apparent that some women survivors felt unable to disclose their sexual violation histories to their (current) husbands due to fear and risk of future reprisals by their spouses; i.e. manipulation, being controlled, being pitied, being abandoned and/or divorced by their partners. Hence, the prospect of potentially damaging ramifications for the survivors were direct contributory factors in the continuation of their internalised struggle and silence despite feeling acutely distressed at times. Yet, Masooma, assertively stated “Don’t be afraid of telling your husband because... if he’s going to leave you for that, then he’s not worth it. If he can’t accept you for something that’s happened to you that wasn’t your... choice or your doing, then he doesn’t deserve you... you deserve so much better” (Masooma, p. 75)

There seemed to be a resounding plea for survivors to seek help and to disclose to someone they trusted personally or professionally as a gateway to them accessing assistance. The participants conveyed to other survivors that their journeys towards healing would be a challenging and lifelong process and encouraged them to apply self care, self compassion and self love as they were entitled to live safe, happy and fulfilling lives.

4.5 Recommendations for Safeguarding Children and Parental Responsibilities

The participants vocalised strong opinions about how South Asian parents had a responsibility to talk to their children about the signs of grooming and how this could initially commence with what may appear to be a harmless, stroking of the child’s arm. It was considered important for children to know they could tell one of their parents if they felt uncomfortable by one parent touching them. If they felt uncomfortable by both parents touching them or if they felt the parental touch was inappropriate, then it was deemed necessary for children to know they needed to inform a school teacher or another adult. Thus, parents encouraging children to talk to adults about any experiences of feeling uncomfortable regarding physical contact and not to stay silent was viewed as an achievable approach to try to prevent any signs of grooming from escalating.

There were recommendations for parents whom were not survivors to also take responsibilities in making their children aware of sexual grooming. There were perceptions that stopping the continuation of grooming could be achieved by increasing children, young people and adults’ awareness and knowledge of this phenomena. People being informed, and not ignorant, of sexual grooming by talking about this could lead to the information being “spread like a virus” which was advocated as another strategy to reduce sexual grooming.

South Asian parents were urged to “*Don’t blindly trust a-n-y-b-o-d-y*” with their children whether this was in the context of babysitting, childminding, sleepovers or any other form of contact, which resulted in children not being visible to their parents in the same space. There was recognition that some parents trust was abused by the perpetrators as the violations

occurred when the survivors were left in the company of the men whom, unknown to the parents, abused their child.

4.6 Recommendations for Survivors

All of the participants talked with emotional depth as they spontaneously expressed their recommendations for other survivors. They encouraged other survivors to have self compassion, recognise their struggles, strengths and journeys. They also recommended for survivors take some form of action to help themselves, to try and establish a trusting relationship with someone learned and qualified in Islamic edification and the Qur'anic verses.

They emphasised the importance for survivors to never blame themselves for any of the violations they endured and to recognise the perpetrators were solely responsible for their actions. The survivors and their bodies were not at fault, nor accountable, for being violated.

Survivors were urged to recognise they had the mental capacity to look after and keep their children safe, and to state these facts to the professionals if there were any risks or fears of their children being removed from their care by the authorities. They were encouraged to not let language, vocabulary or a professional's position dictate to them their decision-making. They were requested to recognise the lives they have lived and to take that forward in positive ways, whilst being aware they would encounter many negative processes during their individual, survivors' journeys.

4.7 Recommendations for South Asians to Raise the Awareness of Sexual Violence, Domestic Abuse and Marital Rape

The participants expressed the need for authentic, Islamic education, not cultural conceptions, as a constructive approach to educating South Asian Muslims about female autonomy, healthy, marital and familial relationships, safeguarding, spousal rights, domestic abuse, sexual violence, marital rape, personal boundaries and so forth.

The dichotomy of some cultural beliefs superseding some Islamic practices, particularly in relation to women's autonomy, empowerment and status were to the detriment of girls and women, and to the advantage of boys and men. Cultural belief systems that parents and religious leaders were entitled to exercise corporal punishment upon children, and husbands being permitted to physically abuse their wives and have sexual relations without consent also materialised from the study. Hence, the findings signified there was an urgent requirement for some South Asian British Muslims to be educated about the differences between cultural and religious practices so that egalitarianism between girls/women and boys/men could be implemented, which was more in alignment with Islamic values and scriptures (Lyon, 2004; Kausar, Hussain and Idriss, 2011; Mahmood, 2013).

There were repeated recommendations for South Asian people to take some responsibility in being proactive in raising the awareness of sexual violence. There was a proposal for religious leaders to also take some ownership of undertaking this work as "they hold the most power." One of the participants suggested there should be separate classes for women, children and men when addressing the issues of sexual abuse as she insinuated this would be culturally appropriate and sensitive. Another participant advocated education about domestic abuse and marital rape should be provided to the Muslim communities, including in a mosque setting.

There were messages for people to stop being fearful of how South Asian communities may react or of causing offence by talking about sexual violations in the public domain.

There was a request for South Asian people to take the responsibilities for travelling into different local and national areas to talk about sexual violence and to make people aware of this damaging phenomena. It was hoped this collective approach could have a global, domino effect. South Asian people were encouraged to stop being scared of “Oh my God! What are people going to say?” (Masooma, p. 62) and to instead channel their energies into raising the awareness of sexual violence, as the impact of sexual violations was endured for the rest of the survivors’ lives.

4.8 Recommendations for Safeguarding Children in Mosques and Schools

There were recommendations for mosques and schools to install video cameras as protective factors as a participant disclosed that children were being physically and sexually abused in such establishments. Children being left in a room with only one, Islamic teacher was deemed unsafe for the children. A recommendation for multiple Islamic tutors being present with children was viewed as a method to reduce the possibility of children being violated. One participant expressed that children were being abused in schools and she knew for a fact that some school counsellors had abused children. There was an indication that some perpetrators abusive behaviour remained undetected as their actions were masked by the professional veneer they presented.

5 CONCLUSION

The participants offered unambiguous hope to other survivors. Despite experiencing lifelong and deeply traumatic sexual violations, which for some participants, spanned years, and at times decades, it was evident their human spirits had transcended the brutalities of their past lives. The following quote encapsulates one of the survivor’s journey:

*I’ve been in a **dark, dark, dark place... the lowest of the low you can go, I’ve b-e-e-n there... and I’ve c-l-a-w-e-d my way to the top, quite literally c-l-a-w-e-d my way to the top... [pause] and I want to pass that on, that you can do it... no matter h-o-w bad you feel, it can be done... and the more you do it, the more you tell yourself “It’s OK, it wasn’t your fault... like your body...” you know, affirmations and things... it gets easier and now, I can do it without even thinking about it** (Masooma, p. 60).*

The participants human spirits did not die. They survived. They gave detectible hope to other victims and/or survivors of sexual violations.

The findings from this research investigation cannot be extrapolated to all South Asian women survivors of sexual violence as they derived from a very small sample size.

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6 REFERENCES

- Aurorand. (2019). *What are the top 10 toxic masculinity behaviors?* Available at: <https://www.aurorand.org.uk/news/top-10-toxic-masculinity-behaviours>, [Accessed: 23 October 2022].
- Forward, S. (1991). *Toxic parents: overcoming their hurtful legacy and reclaiming your life*. London: Transworld.
- Greater Manchester Rape Crisis. (2023). *What will people say? South Asian women survivors of sexual violence*. Available at: <https://www.manchesterrapecrisis.co.uk/services/what-will-people-say/> (Accessed 26 February 2023).
- Kausar, S., Hussain, S. and Idriss, M.M. (2011). Does the Qur'an condone domestic violence?, in Idriss, M.M. and Abbas, T. (eds.) *Honour, violence, women and Islam*. Oxon: Routledge, pp.96-113.
- Lyon, S.M. (2004). *An anthropological analysis of local politics and patronage in a Pakistani village*. New York: The Edwin Mellen Press.
- McCann, H. (2020). Is there anything "toxic" about femininity? The rigid femininities that keep us locked in. *Psychology and Sexuality*, 13 (1), <https://doi.org/10.1080/19419899.2020.1785534> (Accessed: 03 October 2022).
- Mahmood, A. (2013). Feminist multicultural counseling psychology with American women, in Enns, C.Z. and Williams, E.N. (eds.) *The oxford handbook of multicultural counselling psychology*. Oxford: Oxford University Press, pp.221-239.
- Mansoor, N. (2006). *The culture and identity of South Asian British Muslim women*. MA. The University of Manchester.
- Mansoor, N. (2015a). Honour and shame: through the eyes of South Asian British Muslim men and women, in Miles, S. and Howes, A. (eds.) *Photography in educational research: critical reflections from diverse contexts*. Oxon: Routledge, pp.208-223.
- Mansoor, N. (2015b). The concept of honour and shame for South Asian British Muslim men and women, in Nolan, G. and West, W. (eds.) *Therapy, culture and spirituality: developing therapeutic practice*. Hampshire: Palgrave Macmillan, pp.56-69.
- Mansoor, N. (2017). *Exploring honour and shame for South Asian British Muslim men and women*. PhD. The University of Manchester.
- Psychology In Action. (2019). *What does psychology research have to say about toxic masculinity?* Available at: <https://www.psychologyinaction.org/psychology-in-action-1/psychology-of-toxic-masculinity>, (Accessed: 03 October 2022).
- Rape Crisis England & Wales. (no date). *Reporting to the police*. Available at: <https://rapecrisis.org.uk/get-help/reporting-to-the-police/> (Accessed: 01 October 2022).

Rock Pool Life. (2023). *Sexual violence recovery toolkit*. Available at: <https://rockpool.life/course/sexual-violence-recovery-toolkit/> (Accessed: 11 February 2023).

UN Women. (2022). *The shadow pandemic: violence against women during COVID-19*. Available at: <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>, (Accessed: 03 October 2022).