



Assessment of the need of BME and White Other women for sexual violence services in Northumberland

Carried out by:



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Acknowledgements

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About Grace

Grace Northumberland Rape Crisis (Grace) was established in 2009 by Rape Crisis Tyneside and Northumberland, in response to a gap in specialist support for women survivors of sexual violence in Northumberland. Grace is a feminist service run by women for women which: provides a range of services to support women who have experienced sexual violence at any time in their lives; raises awareness of sexual violence affecting women; and actively challenges the values, beliefs and behaviour which contribute to the perpetration of sexual violence against women. Grace offers counselling, a helpline service, awareness raising sessions and training for professionals. Grace employs a qualified female counsellor who operates from five outreach bases across Northumberland. They also offer a telephone helpline which operates on a Tuesday, Wednesday and Thursday evening from 6.00pm to 8.30pm.

More information: www.gracenrc.org.uk

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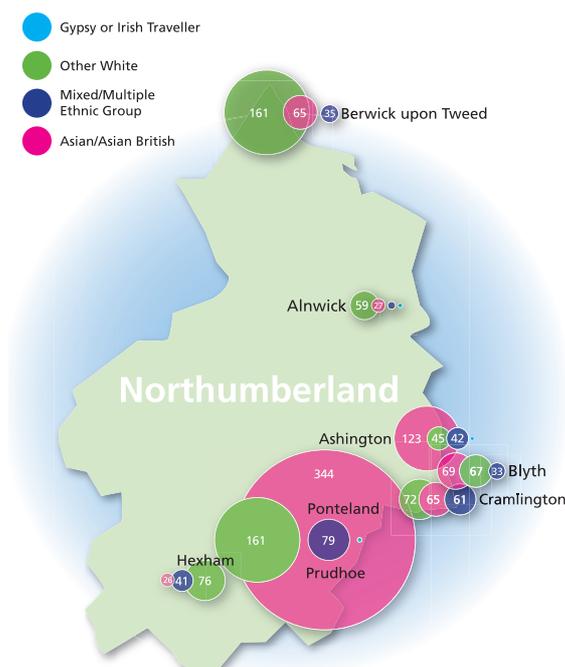
More information: www.barefootresearch.org.uk

Executive summary

Rape Crisis Tyneside and Northumberland (RCTN), known as Grace in Northumberland, wished to understand the sexual violence needs of women who were not White British in Northumberland. The reason for this came from Grace having been in Northumberland since 2009 but having had no Black, Minority and Ethnic (BME) or White Other clients. In December 2013, they commissioned this piece of research to look into how the organisation increased the participation of non-White British Women in their services.

Prevalence of sexual violence

When national prevalence rates are applied to Northumberland, we see that on average each year and in theory, 66 BME and White Other women experience sexual violence. However, since 2010/11, Northumbria Police has only received two reports from BME women of sexual violence. It would appear that sexual violence is not being reported. If we look at RCTN's caseload in other areas (on Tyneside), we see that it does deliver services to non White British women and this has varied between six and seven percent of their total caseload. So we know that that non White British women do access their services.



Ethnic composition of women in Northumberland

In 2011, there were a total of 2661 women aged between 16 and 59 and 4083 females (all ages) in Northumberland from BME and White Other groups.

There are two main locations in Northumberland where there is contact between ethnic groups other than White British and services:

Berwick and Blyth. These are groups of predominantly European (dominated by Polish) women (in Blyth it is a women only group, in Berwick it is a mixed gender group, although with higher numbers of women) who are supported by voluntary sector organisations.

Conclusion

There are a number of key findings which arise out of this needs assessment:

- There are small but significant non White British populations across Northumberland, with concentrations in the west, south east and north of the county. The most populous ethnic groups are South Asian and Polish.
- Reporting of sexual violence amongst BME groups is very low and confidence to report incidents also appears to be very low. There are subsequent low numbers of BME women who attend sexual assault referral services.
- Despite these low numbers in real terms, national prevalence percentages indicate that there are non White British people in Northumberland who are victims of sexual violence. Also, using regional percentages of the numbers of survivors who received or were referred to counselling services, we see that there are non White British survivors who may require counselling. In other words, although hidden, there are non White British who may require an intervention from RCTN.
- There was consensus on common elements for a service suitable and targeted for non White British women and these elements included:
 - A one-to-one service.
 - Delivered by a worker who was of the same ethnic background of clients and who spoke the same language.
 - Delivered from a local community-based centre which was already used by non White British women and during school times, i.e. after

9:30am and before 2:30pm in term times.

- Advertised in both community venues and on the Internet in a variety of different languages.
- Relationships and trust are key to disclosing incidents of sexual violence amongst non White British women.

Outside of these conclusions, we feel it is important to note a general low awareness of issues relating to violence towards women in Northumberland. We attempted to engage with different representatives from the Health Authority on this issue with little success. Also in discussions with local community-based workers, we found a general low service awareness of issues relating to sexual violence and local populations, both BME and non-BME populations. It would appear that this issue around service awareness needs to be tackled on a strategic level within Northumberland. This would best be achieved through the appointment of a strategic lead for violence against women and girls.

Recommendations

Based on these findings from the previous section, we make a series of recommendations for RCTN. These are:

- A programme of regular visits should be started at the BME meeting points in Northumberland and should take place on at least a six monthly basis. The objective of this activity would be to develop relationships with BME leaders and gatekeepers. To illustrate this recommendation, we refer back to the focus groups where although some women said that they would look on the Internet or look at other advertising points in the community, the majority of respondents said their preferred method would be to tell a trusted community worker, who could then access services for them. Thus, the key task of RCTN is to develop relationships and gain the confidence of those BME leaders and gatekeepers, as these where the BME referrals will come from.

- Similarly, a parallel programme of visits should take place across community-based agencies, to raise awareness of the issue of low reporting and a therapeutic need amongst BME communities. This is based on RCTN figures from outside of Northumberland, which show referrals of non White British women being made by such services, including health (particular mental health) services and voluntary sector organisations.
- RCTN has already invested considerable resources in translating advertising and publicity materials. However, in view of the findings of this needs assessment, the translation of advertising and promotional materials should be re-examined and re-drafted to include information about the universality of RCTN's services and to emphasise the fact that survivors do not need to report to their Police to be able to receive their service. During the research, there was an appreciation that some non White British women felt that services in the community were only for residents and not for them. It was also thought by some respondents that services were only available if a report had been made to the Police. Such information and directions to the service must be made available on the Internet as well as in the community venues identified in this research.
- A BME focused project/initiative can be constructed using the information in this needs assessment. It would seem sensible, because of low numbers (in proportional terms, i.e. because of an absolute lower number of non White British populations, there would be a lower number in real terms of prospective clients) to share such a service across the entire RCTN geographical area. This service would employ a South Asian and an Eastern European female worker (either full or part-time) to deliver services.
- There are several issues which arise from the guidance literature around BME involvement, some of which having already been started, such as a

translation of advertising materials and involving volunteers from BME communities and others which are recommended from this assessment, such as the placement of publicity materials in faith venues. A key point from the literature is the need for involvement of BME representatives on their strategic governance arrangements. We would advise adding a non White British woman on the Northumberland Advisory Group and the RCTN Board. It is good practice to have a range of ethnicities within strategic management to ensure representation at the heart of the organisation. There are other recommendations that arise from the literature, although many of these relate to resources and capacity, such as: developing service user groups; and developing group based support.

- RCTN already carries out awareness raising and training work in Northumberland about sexual violence. However, we recommend that targeted awareness raising work and training needs to take place across Northumberland to raise the profile of sexual violence within BME/non White British communities. This is a wider piece of work, which implicates local strategic authorities (health, community safety and local authority) but must go hand in hand with any initiative that attempts to increase the numbers of such clients in services. Grace is in a good position to lead this, either as a specific piece of work or by embedding the subject in existing awareness and training activities.

Finally, we would like to end with a recognition that the organisation has a proven track record of engaging with BME populations in Newcastle. However, in Northumberland, there must also be a recognition that engaging with and delivering services to non White British survivors will be a long and slow process, given the current low reporting, low service awareness of the issue of sexual violence and limited meeting points of such populations. Thus, if any targeted initiative is started, it needs to be given good time to become established and achieve results.

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1.0 Introduction

Rape Crisis Tyneside and Northumberland (RCTN), known as Grace in Northumberland, wished to understand the sexual violence needs of women who were not White British in Northumberland. The reason for this came from Grace having been in Northumberland since 2009 but having had no BME clients. In December 2013, they commissioned a piece of research to look into how the organisation increased the participation of non-White British Women in their services. The research brief specified the objectives as:

1. To identify ethnic composition of women residents of Northumberland.
2. To identify BMER groups in Northumberland.
3. To identify appropriate ways of approaching individual communities with a view to identifying what support survivors might want with regard to rape, sexual violence and childhood sexual abuse.

This report presents the findings of this research and provides recommendations.

Box 1.0 Key statistics, 2011

Northumberland has a total population of 311,066, with a total of 161,904 females. The ethnic make up is:

- 97.2 percent White British (n=307,097)
- 0.9 White Other (n=2980)
- 0.8 percent Asian/Asian British (n=2658)
- 0.5 percent Mixed/Multiple ethnicities (n=1692)
- 0.1 percent Black/Black British (n=338).

In 2011, there was a total of 4083 females of all ages in Northumberland from BME and White Other groups, of these there was a total of 2661 women aged between 16 and 59.

Data source: ONS Census, 2011

1.1 Research methodology

The research was carried out between December 2013 and March 2014 by a sector specialist¹. The research was carried out using a mixed methodology of qualitative and quantitative techniques. The qualitative methods included:

- Focus Group Interviews (FGIs) with women of ethnicities other than White British: a total of three FGIs were carried out. Three of these took place in Blyth. The ethnicity of participants included: six South Asian women; six Polish women: and one Romanian woman.
- Questionnaires completed by women in Northumberland of other ethnicities (appendix one): qualitative questionnaires were distributed at different opportunities including a multi-cultural heritage event in Blyth and through a language school in Northumberland. A number of questionnaires were designed and two were delivered. A total of 30 questionnaires were completed.
- Questionnaires completed by professionals (appendix two): questionnaires were distributed across networks in Northumberland (including those in the local authority, health authority and voluntary sector). The response to these was very poor (three responses).
- Semi Structured Interviews (SSIs) with professionals: administered face to face and the telephone. A total of 11 SSIs were carried out.
- A review of the literature and guidance concerning BME/non White British involvement in services.

The qualitative data produced by the FGIs were formatted into manageable data using framework analysis (Ritchie and Spencer, 1994²) and constant comparative methods (Glaser and Strauss, 1967³) were used to analyse the data to clarify meaning and examine, compare and contrast associations.

¹ Barefoot Research and Evaluation, see www.barefootresearch.org.uk

² Ritchie, J. and Spencer, L. 1994. Qualitative data analysis for applied policy research in Bryman, A. and Burgess, R.G (eds) *Analyzing qualitative data*, 1994, pp.173- 194.

³Glaser, B. G and Strauss, A. L., 1967. *The Discovery of Grounded Theory: Strategies for Qualitative Research*, Chicago, Aldine Publishing Company

Themes emerged from the different interviews and recurring themes across transcripts were taken to reflect shared understandings of the participants. The finding section (3.1) is structured according to those recurring themes.

It is worthy of note that it became apparent during the research that people do not like to talk about the subject matter of sexual violence. Indeed, there was a difficulty in finding women who would discuss the issue, with some women refusing and in other instances, gatekeepers refusing on the behalf of women. It is noteworthy that in the focus group with five South Asian women, they were not told about the discussion topic, because if they were, they would not have attended⁴.

There was a significant amount of investigative research carried out during the research. These investigations concerned canvassing opinions as well as investigating the existence of BME and White Other groups or opportunities where they meet. Contacts were made with:

- Alnwick, Berwick and Blyth CAB
- Ashington Community Development Trust
- BECON
- Blyth CVA
- CAADA
- Cease24
- Darlington Rape Crisis
- ESOL tutors (current and retired)
- Karma Nirvana
- Lancaster University, Social Work Department
- LGBT service (Trinity Youth)
- Mohr Language School
- NEPCO, Polish North East network

⁴ The researchers were unaware of this until after the focus group interview had been completed.

- Northumberland County Council: Adult Services, Education, Community Safety, Economic Policy
- Northumbria Police
- Northumbria Sexual Assault Referral Centre (SARC)
- South Tees SARC
- Sunderland University, Sociology
- VONNE
- Women's Health Advice Centre
- Women's Health in South Tyneside

1.2 Sexual violence prevalence amongst BME and White Other groups in Northumberland

In this section, we look at what national prevalence rates tell us when they are applied to local population figures.

National prevalence

The Government⁵ states:

Based on aggregated data from the Crime Survey for England and Wales in 2009/10, 2010/11 and 2011/12, on average, 2.5 per cent of females and 0.4 per cent of males said that they had been a victim of a sexual offence (including attempts) in the previous 12 months. It is estimated that 0.5 percent of females report being a victim of the most serious offences of rape or sexual assault by penetration in the previous 12 months.

Around one in twenty females (aged 16 to 59) reported being a victim/survivor of a most serious sexual offence since the age of 16. Extending this to include other sexual offences such as sexual threats, unwanted touching or indecent

⁵ Ministry of Justice, Home Office and the Office for National Statistics, (2013) An Overview of Sexual Offending in England and Wales, Statistics bulletin.

exposure, this increased to one in five females reporting being a victim since the age of 16.

Only 15 percent of victims/survivors of such offences said that they had reported this to the Police.

Northumberland prevalence

When these national prevalence rates are applied to Northumberland, we see that:

- On average each year, a total of **66⁶ BME and White Other** women experience **sexual violence** (including attempts)⁷; 13 women are victims of the most serious sexual offences. The experience of sexual violence can be broken down by ethnic group as: 28 White Other women; 23 Asian/Asian British women; 10 Mixed/Multiple Ethnicity; two Black/Caribbean women; two Other Ethnicity women; and one Gypsy/Traveller woman.
- A total of **532 BME and White Other** women in Northumberland have been a victim of **sexual offences** ranging from serious sexual offences to unwanted touching or indecent exposure. A total of 132 BME and White Other women in Northumberland have been a victim of a serious sexual offence since the age of 16.
- According to national prevalence rates, only **10 BME and White Other** women reported these offences to the Police

Local data from Northumbria Police shows that since 2010/11 to January 2014, 556 sexual offences were recorded. Only two victims were from a BME group. From available data supplied by the Northumbria Sexual Assault Referral Centre⁸ (SARC), we see that in 2010/11 they received 350 referrals,

⁶ These are 2011 estimates, as they use data from the 2011 Census.

⁷ This is derived from 2.5 percent of 2661.

⁸ These take referrals from across the Northumbria Force Area

of which five percent (n=18) were from '*various BME groups*⁹. In 2011/12, these figures were respectively 240 referrals and five percent (n=12). Based on the number of BME reports in Northumberland, these SARC figures must be from people in other local authority areas. From both Police and SARC data, we can conclude that BME reports of sexual violence are very low.

We looked at SARC data from another area¹⁰ (South Tees), which had more detailed information about referrals. Looking at that data, we see in 2012/13 they had a total of 441 referrals and of these there were nine BME referrals (representing two percent). Almost half of their referrals were either in counselling or had agreed to be referred to counselling services. This demonstrates, in South Tees, that a significant proportion of all referred survivors of sexual violence require counselling.

If we extrapolate and apply these proportions to Northumberland prevalence data (66 BME victims/survivors) and if we assume counselling is an appropriate and culturally relevant service for BME groups, then we would arrive at a number of BME survivors of sexual violence who require counselling, i.e. there is a need for counselling services for approximately 30 BME survivors in Northumberland.

1.3 Ethnicity of existing client base

The percentage of non White British clients within RCTN's total caseload have varied between six and seven percent in the years between 2011/12 and 2013/14 (figure 1.1). In the last three years (2011/12, 2012/13 and 2013/14), they have had a total of 44 women from ethnicities other than White British, with the highest numbers belonging to the African ethnic group (figure 1.2), followed by the Asian ethnic group.

⁹ Michelle Sheridan, Protecting Vulnerable Persons Manager, Northumbria Police, personal communication, February 2014.

¹⁰ We used data from here as data from the Northumbria SARC was incomplete and unavailable.

Figure 1.1 Total number of clients, showing non White British clients, 2011/12 to 2013/14

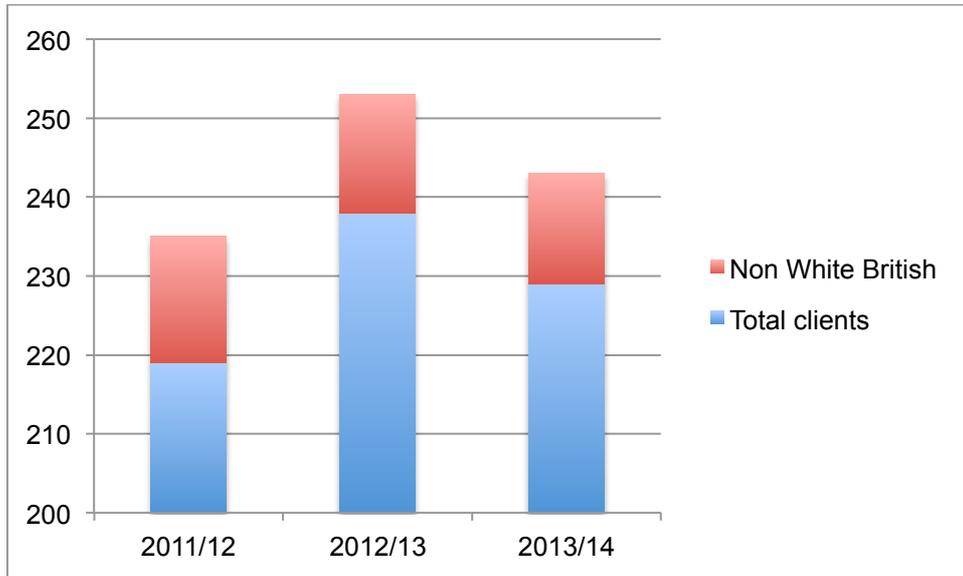
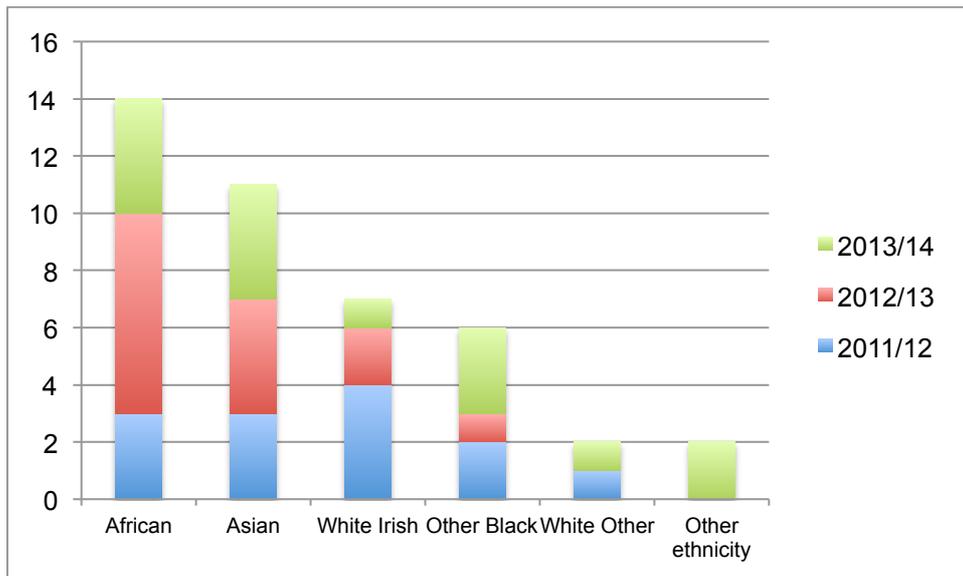
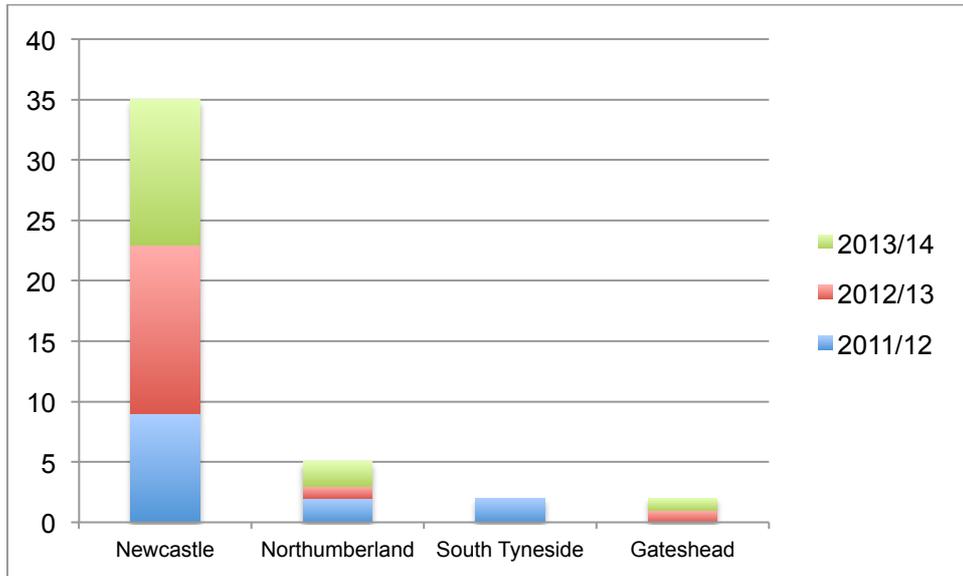


Figure 1.2 Ethnicity of non White British clients, 2011/12 to 2013/14



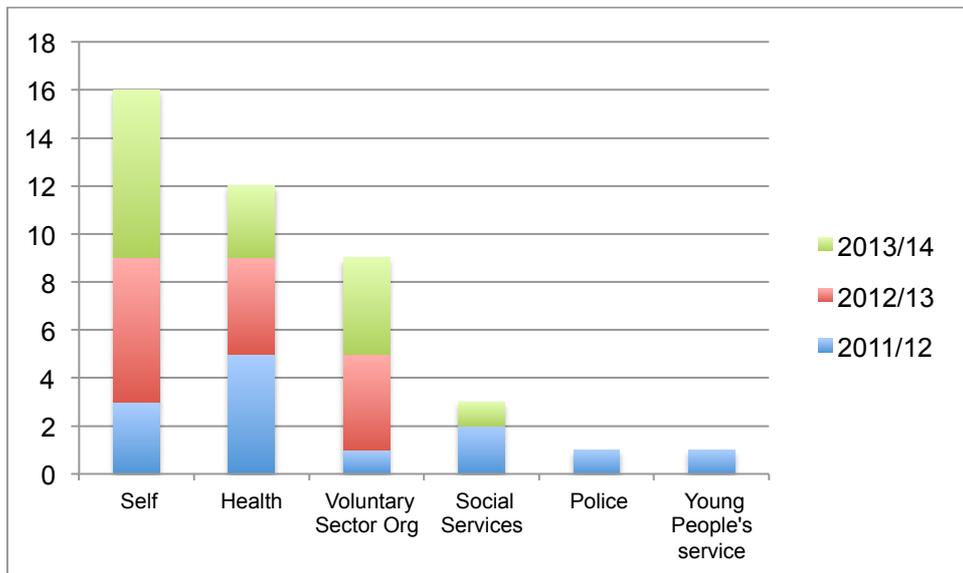
The majority of these clients live in Newcastle upon Tyne (figure1.3).

Figure 1.3 Areas of residence for non White British clients, 2011/12 to 2013/14



Clients of an ethnicity other than White British have been referred from four main sources: self referrals, health services (particularly mental health services), voluntary sector organisations and social services (figure 1.4).

Figure 1.4 Source of referrals for non White British clients



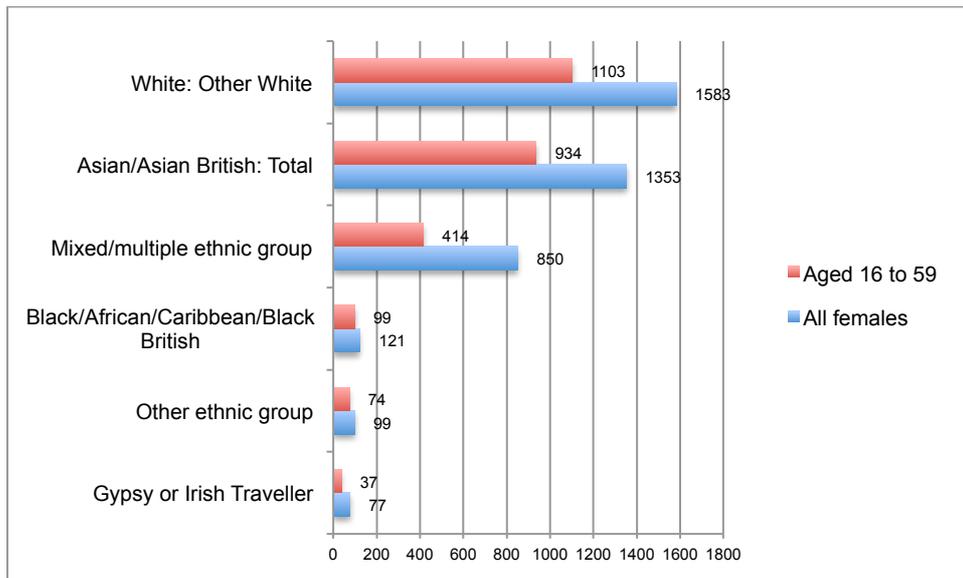
2.0 Ethnic composition of women in Northumberland

The most recent census data (2011) shows that 98.5 percent of the total Northumberland population is White British. The remaining 1.5 percent of the population in 2011 in Northumberland were non-White British.

For the purposes of this needs assessment, we are using a grouping of Black and Minority Ethnic (BME) groups and White Other (generally a BME definition only includes non-white ethnic groups). The largest White Other group in Northumberland are people from Poland (important groups also included are German, Lithuanian and Spanish). Also for the purposes of this study, we are only looking at females.

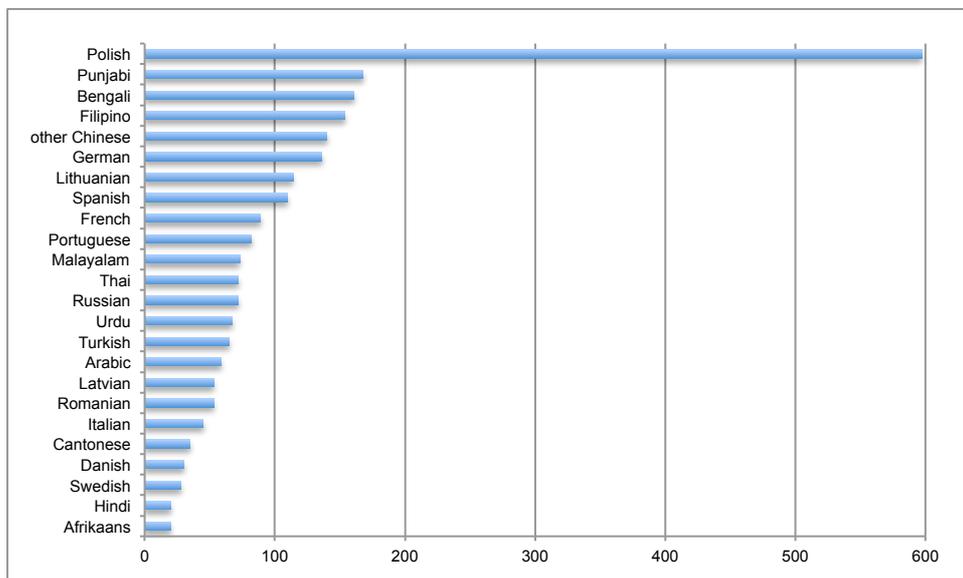
In 2011, there were a total of 2661 women aged between 16 and 59 and 4083 females (all ages) in Northumberland from BME and White Other groups. Figure 2.1 shows the numbers in relation to group: the most numerous being White Other.

Figure 2.1 Numbers of BME and White Other females in Northumberland, 2011: all females and those aged between 16 and 59



Data source: ONS Census, 2011

Figure 2.2 Main languages other than English spoken in Northumberland, 2011 (male and female)



Data source: ONS Census, 2011

The data in figure 2.2 tells us two important things:

Firstly, it tells us that whilst Polish is the dominant language of the White Other ethnic group, a number of other European languages and thus

nationalities make up over half of the grouping. These are in order of magnitude: German, Lithuanian, Spanish, French, Portuguese, Russian, Latvian and Romanian.

Secondly, it tells us that there are only a relatively small number of people speaking Chinese (n=208), Bengali (n=161), Punjabi (n=168) or Urdu (n=67) as their main languages in comparison to total numbers of Asian/Asian British. This tells us that the majority of this group (totalling 2658) are not first generation.

2.1 Population locations

In the following section, we present a series of figures which profile the female BME population in Northumberland, by ward using 2011 Census data. The data shows the following patterns.

- The highest BME and White Other female population in Northumberland is found in Ponteland and Prudhoe. Here we find the highest Asian and Asian British (n=628) female population and the equal highest White Other (with Berwick), n=161.

Ponteland and Prudhoe has 15 percent (n=628) of the BME and White Other population of Northumberland. This is also apparent in the school population, for example, 10 percent of the Ponteland school partnership are children from BME communities, compared to 1.1 percent in Coquet.

The next highest Asian and Asian British population is found in Ashington (n=225).

- The other equal highest White Other population site after Ponteland and Prudhoe is Berwick (n=161), followed by Alnwick (n=107).

- There are other small but significant BMER female populations found in Cramlington (Asian=65, Mixed Ethnicity=61 and White Other=72) and Blyth (Asian=69, Mixed Ethnicity=33 and White Other=67).