



# Childhood Sexual Abuse in UK's Tamil Community

A Report by ANBU UK

NOVEMBER 2022



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# Executive Summary

ANBU UK (Abuse Never Becomes Us UK), a charity supporting adult survivors of childhood sexual abuse (CSA), conducted a Needs Assessment in 2019, about CSA within the UK Tamil community. The main aim was to have an understanding of the awareness of CSA in the community and the research appears to have been the first of its kind for the UK Tamil community. The Needs Assessment was shared through online and paper forms in Tamil and English. The key findings were:

## **Knowledge about CSA**

1. There is a high prevalence of CSA in the Tamil community; those who identified as survivors reported a higher rate of knowing other survivors than those who did not identify as a survivor.
2. There is a good understanding of CSA and its impact in the Tamil community; however, there is a marked gap in knowledge about access to support and information.

## **Talking about CSA**

1. Nearly all of the respondents (98%) highlighted that it is important to talk about CSA, highlighting space for dialogue in the Tamil community.
2. Nearly all respondents (99%) said children should be taught about inappropriate touch.

## **Thinking about Disclosures**

1. There is high interest in wanting more information about supporting survivors emotionally, practically and legally within the Tamil community.

## **Healing, Transitions & Wellbeing for Survivors**

1. The community being involved is an important part of the healing process with all of the male survivors indicating that this is vital.
2. Raising awareness and educating the community was seen as one of the best options to involve the community.
3. Individual and collective approaches to healing were recognised as important, highlighting the need for a variety of support.

This report will further expand on these findings and recommendations. The report was due to be shared at ANBU UK's Research Symposium in 2020 but due to Covid-19, this had to be postponed to 2022.

# Key Practitioner Messages

1

A history of war, migration and resulting inter-generational trauma can be integral to the experience of Tamil survivors of CSA.

2

There is a call from the Tamil community to access CSA interventions which encompass collectivist community approaches.

3

There is a need for a sustained effort to apply an intersectional lens when assessing risks and responding to child sexual abuse.



## Dedication

ANBU UK dedicates its work to survivors of CSA in the Tamil community. We appreciate the courage it takes to seek support and speak about it.

ANBU UK would also like to dedicate its work to allies and collaborators within the community and the wider community.

## Acknowledgements

We would like to thank ANBU Canada for starting the first chapter of ANBU and laying an important and invaluable foundation.

ANBU UK Founder **Vanajah Srinivasan**

Director **Dr Anuja Suntharamoorthy**

Deputy Director **Shavena Vigneswara Kumar**

Data Analysis **Subitha Illango**

Trustees **Ahrabi Rajkumar, Gayathri Nagarajan, Jitesh Joshi, Nibarna Kannathasan, Vanajah Srinivasan & Vanisha Jassal**

We would also like to thank the current ANBU UK team, who have worked seamlessly to bring together the Research Symposium in November 2022. Finally, a big thank you to past members of ANBU UK for their insight, commitment and expertise.

## About the Authors

**Nibarna Kannathasan** works as a psychotherapist with survivors of rape and sexual assault within the NHS and has a small private practice.

At ANBU UK, Nibarna is a Trustee and Therapeutic Practice Lead.

Nibarna is currently completing her doctoral research focusing on Tamil families in the UK and the acculturation gap that arises from migration.

**Vanisha Jassal** is a Senior Lecturer and Director of Studies in Advanced Child Protection/Social Work at the University of Kent.

She has been a Trustee with ANBU UK since 2019, with a key responsibility for research.

She will soon be submitting her PhD, which explores child sexual abuse amongst British South Asian females.

# Glossary

<b>ANBU UK</b>	Abuse Never Becomes Us UK. UK registered charity working with Tamil adult survivors.
<b>CSA</b>	Childhood Sexual Abuse
<b>IICSA</b>	The Independent Inquiry into Childhood Sexual Abuse.
<b>TWP</b>	Transitions and Wellbeing Project, an ANBU UK led therapy group project for adult survivors of CSA in the Tamil community
<b>PTSD</b>	Post Traumatic Stress Disorder
<b>ISVA</b>	Independent Sexual Violence Adviser

# About ANBU UK

## VISION

We envision a future where Tamil people impacted by childhood sexual abuse can find their voice.

## MISSION

To provide healing and empowerment through holistic support, resources, and advocacy on behalf of Tamil people impacted by childhood sexual abuse.

### ANBU UK's Approach

- Survivor Centred Approach
- Co-production with the Community
- Culturally Adaptive and Sensitive
- Intersectional Approach
- Evidence driven
- Trauma-Informed

ANBU UK was founded by its sister organisation ANBU Canada. Following on from their community led approach to CSA the Tamil Community, ANBU UK was brought to the U.K in 2017 by its founder Vanajah Srinivasan.

Since its inception, ANBU UK has been led by a dedicated team of volunteers who offer psychoeducative outreach programmes within the Tamil community through Tamil schools, Tamil organisations, University workshops and online workshops. Additionally, ANBU UK offers survivor focused therapeutic support through groups.

ANBU UK aims to work with an intersectional and inclusive lens, especially due to discrimination, oppression and intergenerational trauma faced by many in the Tamil community. This includes traumas faced pre- migration and post- migration within their host countries.

## Four Pillars of ANBU UK

### CONNECT

*Connect with Tamil people who have been impacted by childhood sexual abuse, supporting the healing process and providing a platform to be heard.*

### COMMUNITY

*Engaging with existing partners in the community, complementing activities by integrating ANBU principles.*

### CREATE

*Create resources and holistic support material, explore innovative ways of reaching the diverse communities using traditional and non-traditional approaches.*

### COMPASSION

*Underlying all our work is to act with compassion and empathy.*

 @anbu.uk |  @abuseneverbecomesusUK |  @ANBU\_UK |  ask@anbu.org.uk

ANBU UK, charity registration number: 1178540. [www.anbu.org.uk](http://www.anbu.org.uk)



# Setting the Tamil Context

## ANBU UK's Values

- Culturally Adaptive and Sensitive
- Intersectional Approach
- Survivor Centered

## Culturally Adaptive and Sensitive

One of the earlier and ongoing challenges that ANBU UK identified was the lack of accessible languages that was mutually accessible across generations. This included language for body parts and childhood sexual abuse; one of the ongoing commitments is to create a bank of words to help inform the organisation and the community. To support survivors, it was important that language was accessible for those who had migrated from Tamil speaking countries and those who were born in the UK.

It was evident from the start that the Tamil community in the UK existed with collectivist values, meaning that there is an emphasis on family, groups and community and not only the individual. This has meant that all work has been considered with a systemic lens that factored in what it means to be a survivor within a family and community.

Through its work, ANBU UK also acknowledged that shame, self-blame and the presentation of trauma and distress needed to be considered from a wide range of perspectives to better understand the unique experiences of survivors within the Tamil community.

It was also acknowledged that justice-seeking within the Tamil community for survivors, didn't necessarily include the Criminal Justice System, as there are well-known barriers and fear of lack of culturally sensitive approaches (Thiara & Roy, 2020). These include a lack of accessible information and a fear of further traumatising by authority figures in a host country.

## Collective Trauma

An important consideration is the history of Tamils who have migrated from Sri Lanka (Sriskandarajah, 2005). Sri Lanka became independent from British colonialisation in 1948, and in its wake lay a further fragmented country. The country saw an emphasis on Sinhalese-Buddhist supremacy, which led to the discrimination, oppression and marginalisation of the Tamil, Muslim and Christian communities through legislation (PEARL, 2022).

Post the British Imperial rule, legislation such as the Sinhala Only Act in 1956 attempted to bring the Sinhalese community into more powerful positions than the Tamil community. This decreased access for the Tamil and other marginalised groups (PEARL, 2022).

Resistance came from the formation of the Liberation Tigers of Tamil Eelam (LTTE) in 1972, who had hoped for a separate state for Tamils whilst simultaneously being labelled a terrorist group by the Sri Lankan Government (Sriskandarah, 2005). This resulted in the government sanctioning anti-Tamil programs to disinhibit and disband any organisations threatening the government.

The country saw civil unrest between 1975 - 1983 with the Tamil community seeing cultural genocide through the burning of Jaffna library, the killing of those who identified as Tamil, with little government protection and intervention. Between 1983 and 2008, the country saw armed conflict resulting in missing people, displaced people and mass murders. This intensified with time, and civilians who would have led ordinary lives outside of a war context began being impacted (Hensman, 2015).

The war ended in 2009; however, the war's impact is still present today, with war crimes still unaccounted for (Hensman, 2015).

## Migration

Given Sri Lanka's past and current context, many people decided to migrate to other countries.

Migrating to a new host country can bring a new set of challenges. This includes perhaps not having adequate access to healthcare, jobs, and education systems all of which are limited by the status of refugees and asylum seekers. Here another sense of discrimination and alienation is faced by those migrating. Additional barriers can be seen through racism and othering of people from different ethnic backgrounds in predominantly white countries. More often than not, this has a negative impact on mental health (Tribe, 2015; Vostanis, 2014; Li et al., 2016).

Additionally, those who held skilled and professional roles in Sri Lanka find themselves in roles that are underpaid and not matching their skill level due to language barriers and a lack of support for roles that are more fitting. This can impact self-worth and self esteem which in turn impacts presence in family units which will be discussed in the intergenerational trauma section.

These compounding factors can impact people on an individual, family and community level, with migration research indicating an effect on mental health through anxiety, depression and post-traumatic stress disorder (PTSD) from both the country of origin and the host country (Bahu, 2019).

## Intergenerational Trauma

Intergenerational trauma is understood as unprocessed trauma being passed on from one generation to another consciously and/or unconsciously. Given some of the reasons Tamil people left Sri Lanka in particular, many left their home countries with grief, loss, and fragmentation from their families. Mental health difficulties present in the generation, such as anxiety and depression, and indicate a different presentation, such as pains related to the body. These symptoms often go unnoticed unless addressed from a culturally sensitive framework (Bahu, 2019).

This can instigate difficulties in personal wellbeing and family wellbeing through substance misuse, and domestic violence to name a few.

The intergenerational impact on children can result in parentification (where the child takes the parent role to help navigate systems), difficulties with personal wellbeing through low mood, anxiety and depression, and interpersonal relationships with peers and partners. Adding a Tamil context where children are raised in collectivist culture to preserve the wellbeing of the family and the community to a more Western individualist context, means that children are often caught between both worlds. This is also known as the acculturation gap between generations, which can have a detrimental impact on the wellbeing of an individual.

Due to the different complexities that arise many authors advocate for culturally sensitive frameworks for the Tamil community being crucial (Beiser et al., 2003; Pandalangat, 2013; Beiser et al., 2014; Bahu 2019).

## Intersectional Lens

Whilst we acknowledge some of the difficult experiences survivors may have already experienced prior to CSA, we also want to acknowledge that many survivors can come from different intersecting identities including but not limited to gender identity, sexual orientation, religion, socioeconomic background and oppressive systems of caste.

Through the work at ANBU UK, we acknowledge that there is no hierarchy to oppression as there is no hierarchy to trauma, the impact left and the meaning made by the survivors is what we work with.

## Survivor Centred

The context laid out so far is a very brief view into what a survivor might be facing alongside CSA which is important to name as it impacts the way in which a survivor seeks and accesses support. ANBU UK focuses on these different lenses as it means that support can be tailored to Tamil survivors as well as addressing the wider community in which Tamil survivors exist. Traditional support within the healthcare systems may not be aware of the holistic context of a Tamil survivor and therefore it is important to understand mental health and trauma needs from multiple lenses.



# Current Work

## 1 Community Collaborations

ANBU UK aims to co-produce its community collaborations with the Tamil community. This means working alongside community leaders who have strong relationships with different generations. ANBU UK has led and co-led outreaches on Healthy Relationships with University Tamil societies and Safeguarding Children within Tamil schools and parents.

ANBU UK also has an Ambassadors programme, whereby selected university representatives help organise events and workshops to spread awareness about CSA amongst university students and signpost survivors if they would like support.

## 2 Therapeutic Group Support

In 2019 ANBU UK launched its Transitions and Wellbeing Project (TWP). The project looked to provide a range of group support options that integrate traditional and non-traditional approaches, providing collective spaces to explore different pathways to healing. Support consists of talking therapy, trauma informed yoga and art therapy. TWP delivered activity in 2019, and later delivered a single in-person talking group in 2022 post pandemic. ANBU UK looks to provide regular psycho-educative spaces to support survivors and loved ones throughout the year.

## 3 Independent Sexual Violence Advocate (ISVA)

ANBU UK recognised that minoritised and marginalised communities often do not report childhood sexual abuse due to a lack of accessible information. With this in mind, we offer consultation support for survivors who are thinking about reporting or would like some information about the process from a Tamil trauma informed lens.

## 4 Research

There has historically been an under representation of black and minority ethnic groups in research and data around abuse, much less around childhood sexual abuse within the Tamil community. ANBU UK looks to establish and champion robust research base to inform interventions, making sure we continue to centre the needs of the community. We do this through feedback forms, surveys and assessment, contributing to lasting sustainable change in the community.





# Needs Assessment Report



# Introduction

Childhood sexual abuse is a global problem. Its impact on the lives of children and adults has been widely documented and reported, as has been the exploration of barriers to disclosure and ascertaining a true picture of the prevalence of this abuse. This report shares findings from ANBU UK's 2019 Needs Assessment which sought to provide baseline data about CSA within the UK's Tamil community, as very little is currently known about this. As far as ANBU UK is aware, this is the first such investigation, making it an important starting point from which further research can be developed. There is a slightly wider literature base examining CSA in British South Asian communities, of which the Tamil community is a part. This literature has provided a foundational research base for this report.

Recent years have seen an increase in CSA awareness and research, particularly due to the work of the Independent Inquiry into CSA, which completed its Final Report in November 2022 (IICSA 2022). Amongst its many sub-reports examining CSA, IICSA produced its June 2020 report entitled *"People don't talk about it": Childhood sexual abuse in ethnic minority communities* (IICSA 2020). This highlighted that survivors from minoritised ethnic communities across the UK were impacted by specific factors in their experience of CSA and that these required addressing in the context of how practitioners and services assess CSA risk and support survivors.

We are aware that within the CSA field survivors and/or victim is used, ANBU UK will be using the term survivor for the purpose of this report.

The 2020 IICSA findings were important and reiterated messages from previous research (Bernard 2001; Gilligan and Akhtar 2006; House of Commons Home Affairs Committee 2013; Office of the Children's Commissioner 2014, 2015; Fox 2016; Begum 2018; Gill and Harrison 2019; Jassal 2020). It also discussed how cultural barriers such as *shame* and *honour* could predominate individual experiences of CSA across South Asian communities. This involved survivors worrying about the implications of disclosure for family and community members.

ANBU UK is familiar with these concerns as since its inception, the organisation has created safe spaces for survivors to share their lived experiences and how cultural norms may have impacted this. Therefore, although the focus of this report is to share findings from ANBU UK's Needs Assessment, it is also pressing for greater inclusivity of experiences of CSA in national initiatives, strategies and policies, through the adoption of an intersectional lens.

Before sharing the research findings from the Needs Assessment, the following section will provide a brief overview of CSA and why efforts to explore and examine CSA should continue with vigour.

In addition, why integrating the experiences of minoritised ethnic communities should remain integral to these investigations. The Needs Assessment undertaken by ANBU UK has made an important contribution to both these aspects, as evidenced in the remainder of this report.



# CSA Background

## Impact of childhood sexual abuse

**CSA remains a prevalent and damaging form of abuse, making it imperative that the knowledge base about CSA continues to grow and strengthen.**

The trauma and psychological effects of experiencing CSA has been documented through a plethora of academic and government research across several decades (Herman 1981; La Fontaine 1990; Martin et al. 2014; Office of the Children's Commissioner 2014; McElvaney 2016; Dubowitz 2017; Kelly and Karsna 2018; Manay et al. 2022):

*There is a 'loss of one's childhood and ability to trust in relationships, loss of emotional and psychological well-being, loss of control over one's body, and the potential loss of significant people in one's life when the perpetrator is a family member' (Alaggio 2005, p453).*

Survivors can experience low self-esteem, anxiety, depression, anger, aggression, substance misuse, somatic difficulties, self-harming behaviour, suicidal tendencies and suicide (Lundberg 2016; McElvaney 2016; Dubowitz 2017; Lemaigre et al. 2017). Nelson (2016) argues that the physical effects of sexual abuse can include certain cancers, arthritis, inflammatory and general auto-immune diseases, diabetes, heart disease and morbid obesity.

## Incidence and prevalence of childhood sexual abuse

It is also widely reported that statutory recorded cases of CSA do not reflect the actual incidence of this abuse, with rates likely to be higher than those shown in official data sets (Finkelhor 1986; Martin et al. 2014; Office of the Children's Commissioner 2015; McNeish and Scott 2018; Ali et al. 2021). The prime reason for this is low disclosure rates of the abuse, with survivors often experiencing confusion, fear, shame, self-blame and guilt.

## Legislative Framework

The 1989 UK Children's Act is the key legislative framework for safeguarding and protecting children from abuse and neglect and includes sexual abuse (Children's Act 1989). In addition to this Act, all professionals working with children and young people are required to carry out their duties in accordance with the 2018 government guidance, *Working Together to Safeguarding Children* (HM Government 2018) This guidance defines CSA as that which:



## CSA in minoritised ethnic communities in the UK

*"Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children"*

*(HM Government 2018, p.5).*

The definition above applies to both CSA perpetrated by those known to the child and within the child's family and friends network (intra-familial) and CSA perpetrated by those who fall outside of this network (extra-familial). Although CSA outside of the family home and Child Sexual Exploitation (CSE) is an increasingly prevalent issue, the work of ANBU UK largely centres on survivors of intra-familial CSA, which is defined in the 2003 Sexual Offences Act as:

*Sexual abuse 'perpetrated by a family member or that takes place within a family context or environment, whether or not by a family member. These offences reflect the modern family unit and take account of situations where someone is living within the same household as a child and assuming a position of trust or authority over that child, as well as relationships defined by blood ties, adoption, fostering, marriage or living together as partners'*

*(Office of the Children's Commissioner 2014, p.10).*

CSA research focusing specifically on the experiences of minoritised ethnic communities in the UK is sparse and began to emerge from the turn of the 21st century, with Bernard (2001) documenting the experiences of Black communities and Gilligan and Akhtar (2006) providing insight into South Asian communities. International examples illustrate a similar dearth of research in this field, with Sawrikar and Katz (2017) reporting that CSA research 'among ethnic minority communities in Australia is essentially absent' (p.302) and Robertson et al. (2015) stating that:

*'Although the South Asian population in the US has increased significantly in the last several decades, there has been limited data and research on family violence in these immigrant communities and no published quantitative studies on CSA specifically' (p.922).*

Research across the UK to expand and strengthen knowledge in this field continues (Begum 2018; Gill and Harrison 2019; Jassal 2020, 2023 forthcoming), and ANBU UK's Needs Assessment is an addition to this. This report also recognises the work and contribution of grassroots organisations such as ANBU UK, which are connected directly with the communities of interest and, therefore, are critical in developing such research.

## Cultural norms impacting disclosures

Despite the paucity of research, there is a consensus that the proportion of reported cases of CSA is particularly low considering the proportion of the South Asian population in the UK. McNeish and Scott (2018) stated that '*BAME children are under-represented in child protection services when it comes to sexual abuse*' (pages 3-4) and the Gilligan and Akhtar (2006) study reported that:

*There is a 'consistent pattern of Asian children being under-represented both amongst those registered because of "sexual abuse" and amongst those receiving relevant services and interventions'*  
(Gilligan and Akhtar 2006, p.1364).

The study also provided an evidence base around some of the cultural factors linked to under-reporting of CSA within South Asian communities in Britain. Although respondents in the focus groups were not recruited as survivors of CSA, they were very much a part of the communities and shared that the abuse is likely to be under-reported due to concerns about familial/community shame.

Such cultural barriers continue to be discussed in policy reports, identifying them as a clear area of concern (House of Commons Home Affairs Committee 2013; Office of the Children's Commissioner 2015).

## The need to apply an intersectional lens to incidences of CSA

Prior research has therefore highlighted the need to further explore the experiences of minoritised ethnic survivors of CSA and barriers to disclosure and reporting. In addition, the importance of developing culturally sensitive practices and services (IICSA 2021) and working with greater vigour towards integrating ethnicity, race and culture into one's experience of abuse.

Such integration is facilitated by adopting an intersectional approach when supporting survivors, recognising the importance of exploring lived experiences in as much of a holistic way as possible. Considering gender, race, culture, ethnicity, sexuality, and disability as all forming a part of one's identity. This report primarily addresses the absence of Tamil survivors in current policy discourses about CSA, and secondly, contributes to the body of knowledge supporting intersectional approaches to examining CSA, highlighting how the ethnicity and culture of the Tamil people can be extremely integral to how CSA is perceived, experienced and responded to within the community.

In the context of intersectionality, the experiences of male victims/survivors across all ethnic communities remain a limited area of research, although gathering pace and strength in recent times. This report also addresses some of these gaps.



## Rationale

Through its work, ANBU UK learned that a much broader discourse was needed, so it set out to develop projects to enable discussions about CSA within the Tamil community was necessary as a baseline

ANBU UK also recognised that the Tamil community (as with all communities under the South Asian umbrella) has a history that it is still reconciling with. Whilst being mindful of this, ANBU UK designed the Needs Assessment research to explore current understanding and knowledge about CSA across the UK Tamil community.

## Method

Questionnaires were designed to gather data on respondent demographics, knowledge about CSA, talking about CSA, thinking about disclosures and healing and transitions and wellbeing of survivors.

These were disseminated in English and Tamil, via Google Forms and paper copies at ANBU UK in-person events.

A total of 123 responses were received. 91 responses in English and 6 Tamil responses were completed through Google Forms, and 26 paper copies with a mixture of Tamil and English responses.

Google Forms was designed to be anonymous. To ensure anonymity and confidentiality for individuals completing paper copies at in-person events, the ANBU UK team left a box for respondents to place their copies before collecting them at the end of the event.

Due to the nature of the Needs Assessment asking about childhood sexual abuse, ethical considerations were an important part of the research design. Signposting to Tamil and English support organisations was included at the end of the questionnaires so that respondents could seek support if needed, as well as contact information for ANBU UK.

All responses were then analysed and summarised by the data analyst in the team.

## Limitations

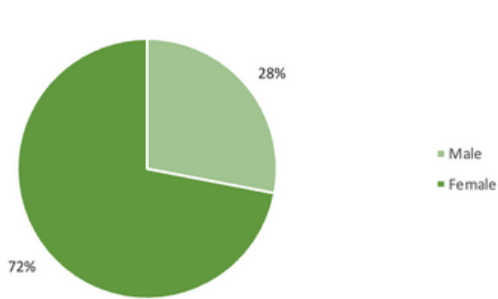
The main limitation of the research is the small sample size - 123 from an estimated British Tamil population of 500,000. However, this research is a starting point upon which further research can and will be developed. ANBU's direct involvement with Tamil survivors enables the charity to have a grasp on the rates of prevalence and this research project has provided some important baseline to date. Other limitations are around the age of respondents, with most being between 18 - 35, and the medium of online surveys as excluding additional responses.



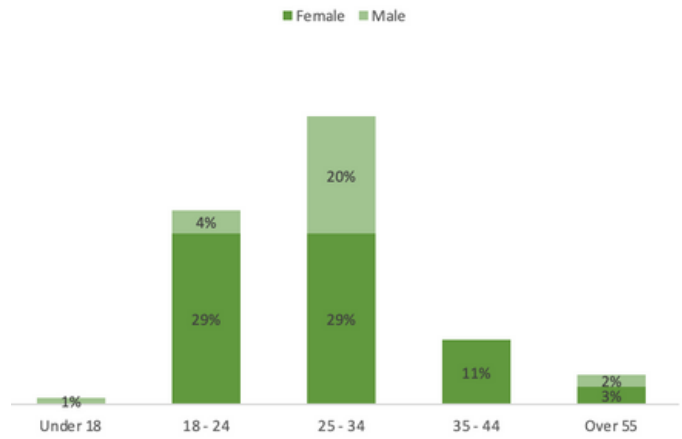
# Results

## Demographics

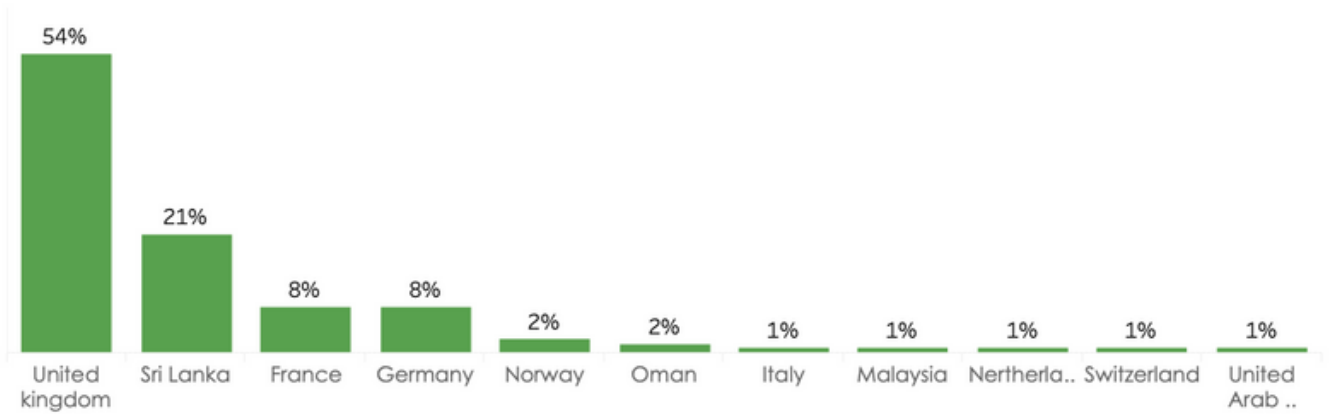
### Age and gender



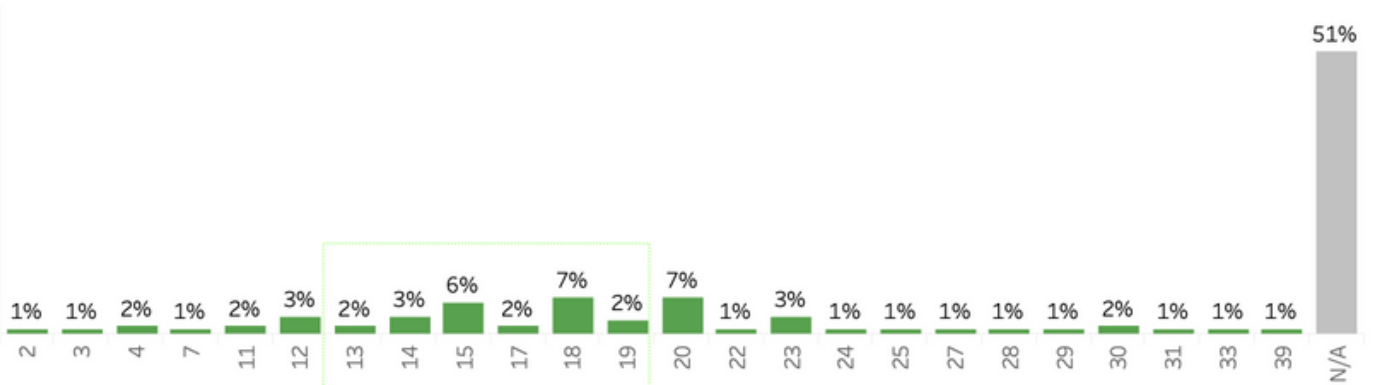
Options included: Male, Female, Trans, CIS, Gender neutral, Prefer not to be classified, Other

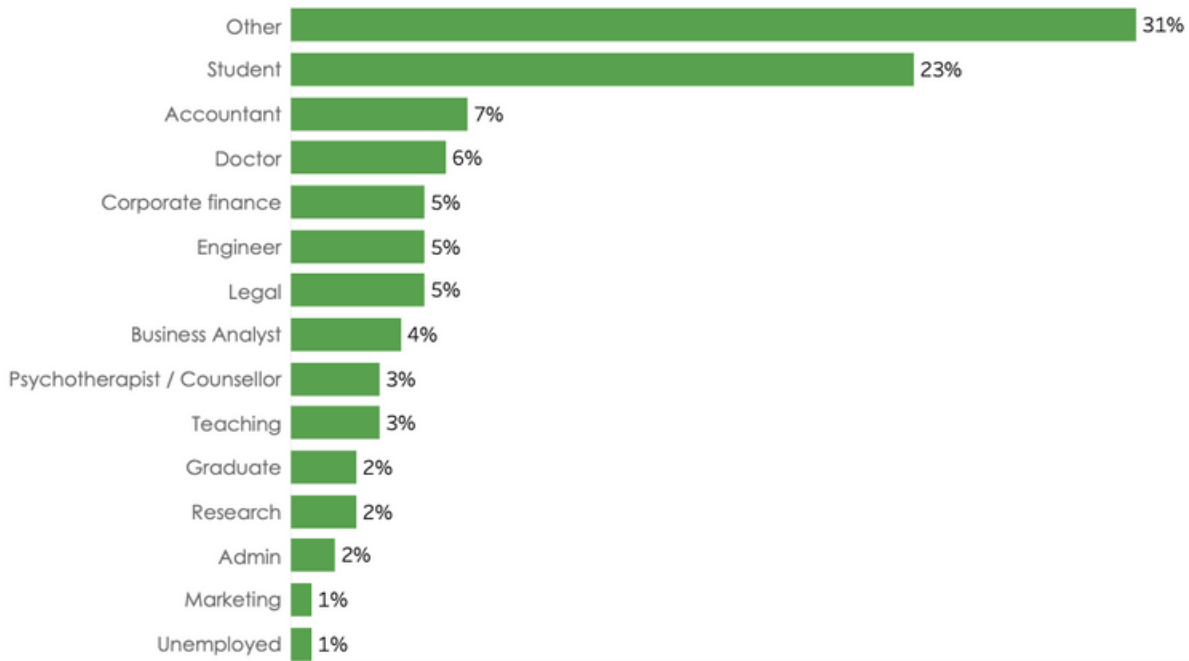


### Country of Birth



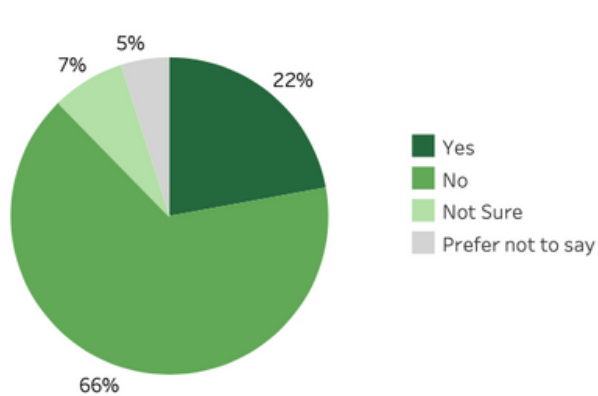
### If you were NOT born in the UK, How long have you been a resident of the UK?





## Knowledge about CSA

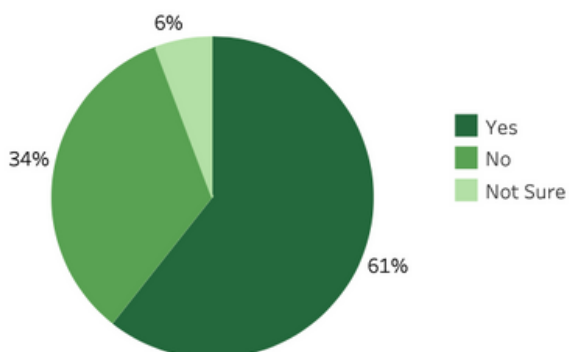
Would you consider yourself as a survivor of Child Sexual Abuse (CSA)?



Gender Split of Survivors

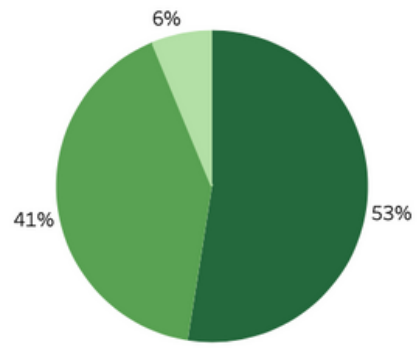
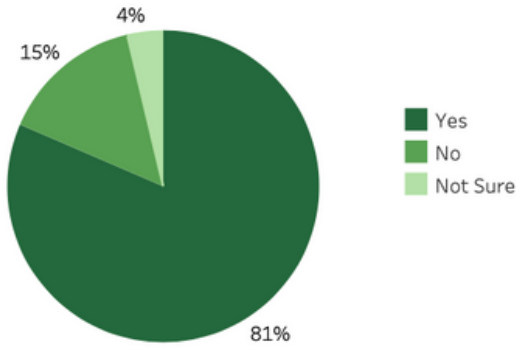


Do you know of anyone that has been affected by Child Sexual Abuse (CSA)?



**Do you know of anyone that has been affected by CSA? (Survivors)**

**Do you know of anyone that has been affected by CSA? (Non-Survivors)**



**Observations and Insights:**

Of those who stated that they were a survivor, 81% said they know someone who has been affected by CSA. Of those who stated that they were not a survivor, this proportion was significantly lower, at 53%. Could survivors more likely to initiate conversations about CSA, thus becoming aware of others who have been affected?



**I am aware that Child Sexual Abuse happens in the Tamil speaking community.**



**I understood what Child Sexual Abuse was before reading the definition by the HM Government, 2015**



**I know where to go if I needed to find out more about child sexual abuse**



**I am aware of the impact of child sexual abuse on adult development and relationships.**



**I know how to support someone who is a survivor of Child Sexual Abuse.**



**Observations and Insights:**

From this set of questions, we can see that a high proportion of respondents have a level of awareness and understanding of CSA. However, respondents are less informed on how to find more information on CSA, and how to support survivors.



# Talking about CSA

Strongly Disagree Disagree Neutral Agree Strongly Agree

I am comfortable talking about Child Sexual Abuse with my friends.



I am comfortable talking about Child Sexual Abuse with my family.



It is important to talk about child sexual abuse.



Children should have access to sex education at an early age.



Children should be taught what good touch and what bad (inappropriate) touch is.



### Observations and Insights:

It is clear that comfort levels amongst respondents for talking about CSA is low, particularly when talking to family (47% are not comfortable).

However, 98% agree that it is important to talk about CSA.

Although there were a few respondents disagreed that children should have access to sex education at an early age, 99% agreed that teaching what good touch and bad (inappropriate) touch would be helpful.



# Thinking about Disclosures

## Thinking about disclosures

■ Strongly Disagree   
 ■ Disagree   
 ■ Neutral   
 ■ Agree   
 ■ Strongly Agree

I am confident in emotionally supporting a disclosure from a survivor of Child Sexual Abuse.



I am confident with the processes involved with supporting a disclosure from a survivor of Child Sexual Abuse.



I am aware of the legal processes associated with Child Sexual Abuse.



I would like to know more about supporting disclosures emotionally.



I would like to know more about supporting disclosures practically.



I would like to know more about supporting disclosures legally.



### What would you like to know about disclosures?

The complete process from beginning to end on how to support a survivor of CSA	43%
Supporting disclosures emotionally	32%
Supporting disclosures practically and legally	21%
Who would be the best person for a survivor to contact	4%

### What would be the best way to receive this information?

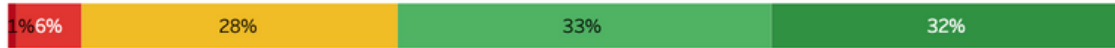
E-mail	34%
Seminars/Workshops	26%
Social Media	13%
Website	12%
In Person Meetings	5%
Video/Documentary	4%
Leaflet	3%
Debate	1%
Research	1%



# Healing, Transitions & Wellbeing for Survivors

■ Strongly Disagree   
 ■ Disagree   
 ■ Neutral   
 ■ Agree   
 ■ Strongly Agree

The healing journey of a survivor should involve the community.



If you agree that the healing journey should involve the community, how do you think this could be achieved?

Raising awareness & educating the community	20%
Group sessions / workshops	18%
Community Groups	17%
Conversations about sex should not be seen as taboo	15%
Mentor Scheme / informal chats	10%
No shaming of victims	7%
Unsure, it is dependent on the individual's wants	6%
Counselling	3%
The community should NOT be involved	3%
Individual Support Clinics	1%

Which healing activities would you as a survivor (or if you are not a survivor, as someone supporting a survivor) find helpful in the healing journey? (You can tick more than one box)

Individual therapy	24%
Mindfulness groups	21%
Psychotherapy groups	17%
Art Therapy groups	13%
Psycho Educational groups	13%
Yoga groups	12%

**Other suggestions for healing options included:**

- Support groups
- Sport based activities
- Anonymous group chats / helplines
- Cognitive Behavioural Therapy (CBT), Interpersonal therapy
- Hobby based activities (eg. gardening, music)
- Educational activities

Have you engaged in any forms of healing activities for child sexual abuse before, if so what where they and how did you find it?

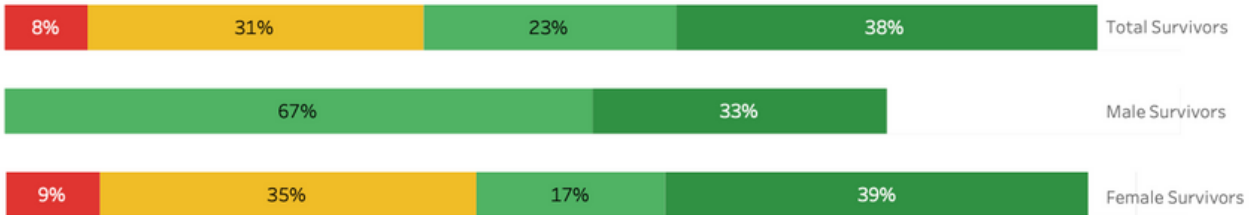
Other	58%
Therapy	18%
Counselling	9%
I had my own healing process. Anbu also helped with my healing process for the past year.	3%
Boxing / Karate	3%
I went counselling at solace woman's aid centre, the humanistic approach was very helpful	3%
Support Group	3%
Yoga	3%



# Healing, Transitions & Wellbeing for Survivors – survivors responses

■ Disagree    
 ■ Neutral    
 ■ Agree    
 ■ Strongly Agree

## The healing journey of a survivor should involve the community.



## If you agree that the healing journey should involve the community, how do you think this could be achieved?

Raising awareness & educating the community	35%
Community Groups	18%
Mentor Scheme / informal chats	18%
Conversations about sex should not be seen as taboo	12%
Group sessions / workshops	6%
No shaming of victims	6%
The community should NOT be involved	6%

## Which healing activities would you as a survivor (or if you are not a survivor, as someone supporting a survivor) find helpful in the healing journey? (You can tick more than one box)

Individual therapy	24%
Mindfulness groups	21%
Psychotherapy groups	17%
Art Therapy groups	13%
Psycho Educational groups	13%
Yoga groups	12%

### Other suggestions for healing options included:

- Support groups
- Sport based activities
- Anonymous group chats / helplines
- Cognitive Behavioural Therapy (CBT), Interpersonal therapy
- Hobby based activities (eg. gardening, music)
- Educational activities

## Have you engaged in any forms of healing activities for child sexual abuse before, if so what were they and how did you find it?

Therapy	36%
Other	18%
I had my own healing process. Anbu also helped with my healing process for the past year.	9%
Boxing / Karate	9%
Counselling	9%
I went counselling at solace woman's aid centre, the humanistic approach was very helpful	9%
Support Group	9%

# Findings and Discussion

This section will summarise the findings from the Needs Assessment and outline key points of discussion and learning.

A total of 123 respondents completed the survey, with a significantly higher proportion completing the online survey. The online medium appears to be an effective means of gathering data due to its accessibility and anonymity features. It is also significant that although Tamil questionnaires were circulated as online and paper copies (at in-person events), these were completed at a much lower rate. This suggests that community members for whom English is not the first language remain quite an unknown group and whose voice remains unheard:

- **Learning point: Consider a variety of means of undertaking research with the Tamil community and reflect on how the reach can be extended.**

Findings indicate that CSA is occurring at a rate similar to national trends. Although most members of the community state a high level of awareness and understanding of CSA, they appeared less aware of how to find out more information on CSA and how to support victims/survivors:

- **Learning point: Explore and develop mechanisms of how information about CSA can be made more accessible to the Tamil community.**

The majority of respondents expressed a desire to be more active and knowledgeable about supporting survivors emotionally, practically, legally and holistically. This provides important information with regard to designing awareness-raising initiatives, and encouraging community involvement:

- **Learning point: Identify new and innovative channels through which the Tamil community can begin and remain involved in CSA related initiatives and projects.**

Although almost all respondents agreed it was important to talk about CSA, they generally felt uncomfortable doing so, especially with family members. This indicates an inherent tension between wanting to talk about it and knowing how to or feeling comfortable enough to do so. There was also a significant difference to note in the data illustrating that respondents were more comfortable talking about CSA with their friends rather than family members:

- **Learning point: Explore and examine the barriers to talking about CSA within family units.**

There were also some differences between survivors and non survivors, in their response to what types of approaches with community involvement would be preferred and what types of support for survivors themselves:

- **Learning point: consider and conduct a closer analysis of designing appropriate and effective interventions.**

# Recommendations & Challenges

This report has earlier outlined how the charity has already achieved much in raising the profile of CSA within the UK and Tamil community. The Needs Assessment was an important illustration of this and this section will set out specific recommendations stemming from the Needs Assessment. These are shown in blue in the table, mapped against existing ANBU UK work areas. Once again, the charity wishes to thank all those who have helped ANBU UK to reach this point.

WORK AREAS	PROJECT DETAILS	MEASURING OUTCOMES
<p><b>SURVIVOR SUPPORT</b></p>	<ul style="list-style-type: none"> <li>• Therapeutic Groups</li> <li>• Workshops</li> <li>• ISVA support</li> <li>• Explore with survivors what kind of emotional and practical support would be helpful from family and friends following disclosure</li> </ul>	<ul style="list-style-type: none"> <li>• Outcome measure forms</li> <li>• Feedback sessions and forms</li> <li>• Optional 1-1 feedback sessions</li> </ul>
<p><b>COMMUNITY</b></p>	<ul style="list-style-type: none"> <li>• Outreach workshops</li> <li>• Ambassador Programme</li> <li>• Explore new and creative mechanisms to explore the lived experiences of CSA across a broader range of Tamil community members</li> <li>• Develop targeted and innovative means of communicating information about CSA and providing clear guidelines as to how survivors can be supported</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback forms</li> <li>• Consultations with the community for feedback</li> <li>• Optional 1-1 feedback sessions</li> </ul>
<p><b>WIDER CONTEXT</b></p>	<ul style="list-style-type: none"> <li>• Continue collaborative national partnerships seeking to develop knowledge about minoritised ethnic experiences of CSA</li> <li>• Raising the profile of Tamil experiences of CSA through developing and disseminating research</li> <li>• Integrate into developments following the 2022 IICSA Final Report, particularly learning from and sharing best practice examples about culturally sensitive service design and delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Activity log tracking for outreach and external events</li> <li>• Annual trustee review of ANBU UK's five year plan factoring in feedback from survivors and the Tamil community</li> <li>• Developing feedback mechanisms with partners and collaborators.</li> </ul>



- Alaggia, R. (2005). Disclosing the trauma of childhood sexual abuse: a gender analysis. *Journal of Loss and Trauma*, 10: 453-470.
- Ali, N., Butt, J. and Phillips, M. (2021). Improving responses to the sexual abuse of Black, Asian and minority ethnic children. CSA Centre. Available via <https://www.csacentre.org.uk/documents/improving-responses-csa-of-black-asian-minority-ethnic-children/>. Accessed 4 August 2022.
- Bahu, M. (2019). War, trauma and culture: working with Tamil refugees and asylum seekers using culturally adapted CBT. *the Cognitive Behaviour Therapist*, 12.
- Beiser, M., Simich, L. and Pandalangat, N., 2003. Community in distress: mental health needs and help-seeking in the Tamil community in Toronto. *International Migration*, 41(5), pp.233-245.
- Begum, H. (2018). An exploration of how British South Asian male survivors of childhood sexual abuse make sense of their experiences. PhD thesis. De Montfort University. Available via <https://dora.dmu.ac.uk/handle/2086/18315>. Accessed 13 Dec 22.
- Beiser, M., Goodwill, A. M., Albanese, P., McShane, K., & Kanthasamy, P. (2015). Predictors of the integration of Sri Lankan Tamil refugees in Canada: pre-migration adversity, mental health, personal attributes, and post-migration experience. *International Journal of Migration, Health and Social Care*.
- Bernard, C. (2001). *Constructing lived experiences: representations of Black mothers in child sexual abuse discourses*. Abingdon: Routledge.
- Children's Act 1989. Available via <https://www.legislation.gov.uk/ukpga/1989/41/contents>. Accessed 3 Aug 2021.
- Dubowitz, H. (2017). Childhood sexual abuse and exploitation – a global glimpse. *Child Abuse & Neglect*, 66, 2-8.
- Finkelhor, D. (1986). *Child Sexual Abuse. New Theory and Research*. USA: Macmillan.
- Fox, C. (2016). 'It's not on the radar'. The hidden diversity of children and young people at risk of sexual exploitation in England. Barnardos. Available via [https://www.basw.co.uk/system/files/resources/it\\_s\\_not\\_on\\_the\\_radar\\_report\\_0.pdf](https://www.basw.co.uk/system/files/resources/it_s_not_on_the_radar_report_0.pdf). Accessed 14 Jan 2022.
- Gill, A.K. and Harrison, K. (2019). "I am talking about it because I want to stop it": childhood sexual abuse and sexual violence against women in British South Asian Communities. *The British Journal of Criminology*, 59(3), 511-529. <https://doi.org/10.1093/bjc/azy059>
- Gilligan, P. and Akhtar, S. (2006). Cultural barriers to the disclosure of childhood sexual abuse in Asian communities: listening to what women say. *British Journal of Social Work*, 36, 1361-1377.
- Hensman, R., 2015. Report to the UN Human Rights Council on Sri Lanka: An Evaluation. *Economic and Political Weekly*, pp.17-20.
- Herman, J.L. (1981). *Father-Daughter Incest*. Cambridge: Harvard University Press.
- HM Government (2018). *Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children*. Available via [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/942454/Working\\_together\\_to\\_safeguard\\_children\\_inter\\_agency\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf). Accessed 8 Feb 2022.
- House of Commons Home Affairs Committee (2013). *Child sexual exploitation and the response to localised grooming*. Available via <https://publications.parliament.uk/pa/cm201314/cmselect/cmhaff/68/68i.pdf>. Accessed 9 Oct 2021.
- IICSA (2020). "People don't talk about it": childhood sexual abuse in ethnic minority communities. Available at <https://www.iicsa.org.uk/document/%E2%80%9Cpeople-dont-talk-about-it%E2%80%9D-child-sexual-abuse-ethnic-minority-communities>. Accessed 14 Dec 22.
- IICSA (2021). *Engagement with support services for ethnic minority communities*. Available at <https://www.iicsa.org.uk/key-documents/26008/view/engagement-report-ethnic-minority-communities-29-april-2021.pdf>. Accessed 13 Jan 22.
- Jassal, V. (2020). *Sexual abuse of South Asian children: what social workers need to know*. Available via <https://www.communitycare.co.uk/2020/08/20/sexual-abuse-south-asian-children-social-workers-need-know/>. Accessed 5 Jan 2022.
- Jassal, V. (2023 forthcoming). 'Preserving what for whom?'. *Female Victim/Survivor Perspectives on the Silence Behind Child Sexual Abuse in Britain's South Asian Communities*, In A.Gill and H.Begum (Eds.) *Child Sexual Abuse in Black and Minoritised Communities: Improving Legal, Policy and Practical Responses*. Palgrave Macmillan.
- Kelly, L. and Karsna, K. (2018). *Measuring the scale and changing nature of child sexual abuse and child sexual exploitation: scoping report*. Barkingside: Centre of Expertise on Child Sexual Abuse. Available via <https://www.csacentre.org.uk/documents/scale-and-nature-scoping-report-2018/>. Accessed 13 Jan 2022.
- La Fontaine, J. (1990). *Childhood sexual abuse*. Cambridge: Polity Press.
- Lemaigre, C., Taylor, E.P. and Gittoes, C. (2017). *Barriers and facilitators to disclosing sexual abuse in childhood and adolescence: a systematic review*. *Child Abuse & Neglect*, 70, 39-52.
- Li, S.S., Liddell, B.J. and Nickerson, A., 2016. The relationship between post-migration stress and psychological disorders in refugees and asylum seekers. *Current psychiatry reports*, 18(9), pp.1-9.
- Lundberg, M. (2016). *Identifying and Healing Childhood Sexual Abuse*. USA: Millenium Press.
- Manay, N., Collin-Vézina, D., Alaggia, R. and McElvaney, R. (2022). "It's complicated because we're only sixteen: A framework for understanding child sexual abuse disclosures to peers. *Journal of Interpersonal Violence*, 37(3-4). Doi: <https://journals.sagepub.com/doi/10.1177/0886260520933052>
- Martin, L., Brady, G., Kwhali, J., Brown, S.J., Crowe, S. and Matouskova, G. (2014). *Social workers' knowledge and confidence when working with cases of child sexual abuse. What are the issues and challenges? NSPCC*. Available via [https://www.basw.co.uk/system/files/resources/basw\\_113949-6\\_0.pdf](https://www.basw.co.uk/system/files/resources/basw_113949-6_0.pdf). Accessed 15 Dec 2021.
- McElvaney, R. (2016). *Helping children to tell about sexual abuse. Guidance for helpers*. London: Jessica Kingsley Publishers.
- McNeish, D. and Scott, S. (2018). *Key messages from research on intra-familial childhood sexual abuse*. Centre of Expertise on childhood sexual abuse. Available via <https://www.csacentre.org.uk/resources/key-messages/intra-familial-csa/>. Accessed 9 Oct 2021.



# References

McNeish, D. and Scott, S. (2018). Key messages from research on intra-familial childhood sexual abuse. Centre of Expertise on childhood sexual abuse. Available via <https://www.csacentre.org.uk/resources/key-messages/intra-familial-csa/>. Accessed 9 Oct 2021.

Nelson, S. (2016). Tackling childhood sexual abuse: radical approaches to prevention, protection and Support. Bristol: Policy Press.

Office of the Children's Commissioner (2014). "It's a lonely journey": a rapid evidence assessment on intrafamilial childhood sexual abuse. Available via <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/07/Its-a-lonely-journey-REA-on-Intrafamilial-child-sexual-abuse.pdf>. Accessed 10 Sept 2022.

Office of the Children's Commissioner (2015). Protecting children from harm: a critical assessment of childhood sexual abuse in the family network in England and priorities for action. Available via [https://dera.ioe.ac.uk/25409/3/Protecting%20children%20from%20harm%20-%20executive%20summary\\_0.pdf](https://dera.ioe.ac.uk/25409/3/Protecting%20children%20from%20harm%20-%20executive%20summary_0.pdf). Accessed 16 Oct 2022.

Pandalangat, N., Rummens, J.A., Williams, C. and Seeman, M.V., 2013. The social dimensions of health and illness in the Sri Lankan Tamil diaspora-implications for Mental Health Service delivery. *Journal of Preventive Medicine*, 1(3), pp.36-42.

People for Equality and Relief in Lanka (PEARL)(2022). State-sponsored Sinhualization of the North-East. [online] <https://pearlaction.org/>. Washington, USA: People for Equality and Relief in Lanka. Available at: <https://pearlaction.org/wp-content/uploads/2022/03/State-Sponsored-Sinhualization-of-the-North-East-March-2022.pdf> [Accessed 13 Oct. 2022].

Robertson, H.A., Nagaraj, N.C., Vyas, A.N. (2016). Family Violence and childhood sexual abuse Among South Asians in the US. *Journal of Immigrant and Minority Health*, 18: 921-927. Available via <https://link-springer-com.chain.kent.ac.uk/article/10.1007%2Fs10903-015-0227-8>.

Sawrikar, P. and Katz, I. (2017). Barriers to disclosing childhood sexual abuse (CSA) in ethnic minority communities: A review of the literature and implications for practice in Australia. *Children and Youth Services Review*, 83, 302-315.

Sriskandarajah, D., 2005. Tamil diaspora politics. *Diaspora*, 1, pp.3-7.

Thiara, R. and Roy, S., 2020. Reclaiming voice: Minoritised women and sexual violence. Imkaan, London.

Tribe, R., 2002. Mental health of refugees and asylum-seekers. *Advances in psychiatric treatment*, 8(4), pp.240-247.

Vostanis, P., 2014. Meeting the mental health needs of refugees and asylum seekers. *The British Journal of Psychiatry*, 204(3), pp.176-177.

