

A large, light pink brushstroke graphic that serves as a background for the text. It has a soft, painterly texture with some darker pink highlights and a slightly irregular, hand-painted edge.

‘Why Should Our Rage Be Tidy?’
**Minoritised Survivors’ Experiences of
Mental Health in the context of
Violence-Abuse**

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The Study

Collaboration between University of Warwick, Imkaan and Women and Girls Network.

Largely qualitative - in-depth interviews; key expert interviews; focus groups with practitioners; survey.

Advised by a group of survivor activists – also did a ‘listening project’ aspect.

- Highly diverse group of women aged between 22-52 years.
- 6 had children and one was pregnant.
- Largely African, Caribbean, Pakistani and Indian – also Afghani, Iraqi-Kurdish, Bangladeshi and Mixed heritage.
- Almost a third had insecure immigration.
- Supported for between 2 months and 4.5 years by the organisation through which they were approached to participate.

Lived experience of V/A = extreme coercive control

Greater levels and intensity of V/A over longer period

Extreme coerced social isolation and emotional neglect

Multiple perpetrators

Immigration status-abuse

High levels of sexual violence

High level of economic dependence

Multiple silencing factors

Betrayal and Loss

I was just feeling in a dark place, crying and breaking down ... I felt empty and that things were missing... I was stressed and I was thinking where do I fit in and then I realised that I definitely need to seek help.

I was losing my confidence, losing my concentration... I noticed that this is not me... I became low in mood, then I started to disengage from my family... my esteem went low, my personality changed. I was never a crying person, not that I never cried, but I became so emotional... .. so I'm thinking to myself why do I keep on crying, why can't I be the person that I was... it got to a point where I felt like that everything that was me was now dying.

I became very emotional, I became very quiet. I became very sensitive and at the same time I became very angry... it was more like unsettled anger...

- **Resisting stigma and shame – ‘coping on your own’ – ‘holding it in’**

The stigma if you look for help...then you are crazy, you are not normal, no one will hire you for a job, you will have a bad record and it might come up when you have children that you've had mental health.

I realised that it's better for me to swallow my pride than commit suicide because I realised it's not about what people think or about what the community thinks but it's about how can I live a happy life. I think the majority of the time people block it out ... they just hold it in and then something bad happens.

- **Pressure to be strong – Strong Black Woman Trope**

As a female and as a Black woman it's just one of those things... it is viewed as taboo to have mental health issues... mental health is like a White people thing, it's not a Black people thing... if I expressed myself, I would get shut down. There's always that stigma there, you have to be black and strong.

Multiple Silencing Factors

A Re-traumatising system

Racialised assumptions:

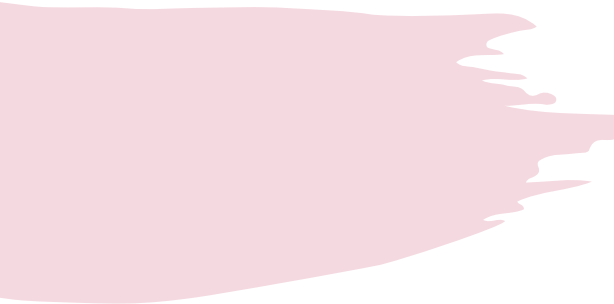
- the 'undeserving victim'
- 'angry Black woman'
- 'overly oppressed by culture'

You have to fit a certain narrative – a damsel in distress to be a deserving victim. Many of us don't fit that.

Services are unable to meet our needs, they don't even understand what our needs are because they're not listening. They don't want to understand.

We already escaped the trauma of the violence that we've been in. And then it's like we jump into another abusive situation.

Accessing mental health services has itself caused mental health issues, like feelings of isolation and weariness of who I can trust, having to explain myself a million times over. All of that I feel like it triggers stuff in you or it creates a new mental health issue and that is ironic. I'm trying to seek help and you're causing me more stress.



**'Less than
Human' –
violence of
de-
humanisation**

That [insecure status] does not let me heal myself completely, so I do not know right now how to plan my future, or what to expect from my future... or how to move on... I don't belong anywhere,.. I'm not planning anything because all these years my hands have been tied up... so right now I feel like I am wasting my years ... Why is it that they won't give me a second chance?

Instead of empathy, they think she mad. She must be mad... It's more than just being mad. Remember, they still think of us as animals, we're still thought of as animals or less than, you know.

This is the insidiousness of the state... We're living inside structures that don't even understand us and don't care too and pay a lot of lip service... we've been living this for decades. We have been and expected to survive and be sane... And if you go against it, you're the mad one... like they sit with their arms closed ... because there's no connection.

Medicalised Response = Failure to engage with roots of trauma

These services in themselves, they perpetuate abuse. You have no control. You are labelled, you know, especially the BPD. We know that is not a good label to have because you're automatically looked at in a certain way and looked at negatively and judged... You're less likely to go to court, you're less likely to be taken seriously. People are told not to believe people who have that. The one diagnosis that they're throwing out like sweets. Sweets, literally.

Mental Health services don't ask about the trauma, Women have to keep raising it and it's retraumatising.

I was offered medicine five times before he mention the word therapy to me and I think my reason for wanting the drugs in the end was because I just wanted to stop feeling how I was feeling.

I didn't need medication, I just needed to talk. I took it cos' the GP said you need it to calm you down.

Diagnosis – pathologisation

- Racialised context heightens potential for misdiagnosis.

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Having that diagnosis [BPD] makes me feel very resentful because I feel like I have been cheated, wronged. It's an injustice. I want to scream and say how dare you label me, I've been through trauma... it's so easy to misdiagnose people and especially women of colour. It's very easy to label us with these really bad things because you don't even know who we are, our culture and the way we are....



It was a bit like I was colour blind then all of a sudden I could see in colour and that's how it felt. I slowly started to see the reds and then the blues started to come in and then the yellow, and that's how it felt, it started to be colourful.

Only now I have stopped feeling guilty about my situation after 15 years ... I'm finally getting to the root of why I feel the way I feel, what has reverberated and impacted me all this time. I've only just realised that now with my counsellor at [specialist service], and if I had had that back then, I don't think it would've taken me so long to get to this point.

Disrupting Harms

My support worker, she's almost like a bullet proof vest for me. I do still feel the heaviness, the weight of this process at times, but she feels it first and she can dilute it. She can prepare me for what's coming ... Life doesn't stop when you start an investigation, I still have to go to work, change my bedsheets, wash my dishes and water my plants. That doesn't stop and so it is important to have her there to almost be the front of house for the visitors coming and you can prepare yourself in the back ... she takes the fury that I speak at times.

For you, it's a job, but for me, you're my sanctuary.

What survivors value in their healing?

What I hear repeatedly from Black and minoritised survivors when they are working with (mainstream) practitioners is that they don't feel trusted, they don't feel they are seen and they don't feel validated in those spaces.

- Importance of '**slow work**' 'being seen as a whole person' and for practitioners to have '**a wraparound sense of understanding**'
- Specialist by and for trauma-informed intersectional therapeutic support/advocacy from **outset** – understanding of specific contexts, pressures, systemic discrimination
- Support to '**un-silence**' - identify the links between violence/abuse and trauma
- **Stability and safety** before they felt ready to heal
- **Continuity** of support
- **Longer term support** helped to make decisions that felt impossible earlier
- Building relationships with a **supportive community of survivors** - validation /reduced social isolation
- **Not just talking** – flexible bespoke informal emotional support at the point they needed it, rather than formal weekly sessions, EMDR techniques, having an advocate that could *walk with them* to hold multiple agencies to account
- **Earlier access** to the right type of holistic support

**Specialist
Providers
'picking up
the pieces**

We create a cycle of women coming in and out of the system and I think that's part of the crisis with the NHS ... most people are coming back into the system over and over again because they haven't had the in-depth intervention that they need because of the crisis of not being able to offer more long-term work ... a woman I was working with was in and out of the system for about 28 years. On average, most of the women I've met have been in the system at least 7 to 8 years before they came to me”

They [NHS/MH] don't get or have the preparedness to support or to work in unison, so we can do our bit and they can do theirs. I always get a sense that they want these women off their books, the women are problematic to them, nothing is going to change so, can you just see them, do your trauma stuff and be on your way. It's really weird, all we do is go back and forth back and forth.

Survivor Charter - Resisting the System

7 Demands for Dignity

- Recognise racial /gendered ripples of trauma
- Don't pathologise – see the harm not the label
- Recognise our vulnerability –but not through stereotypes
- Healing is not neat or linear – recognise our strength and resilience
- Provide spaces of restoration, visibility, validation and healing – be VAWG and racial justice informed led by minoritised women.
- Invest in whole-society prevention and awareness-raising

'Why Should Our Rage be Tidy?'

Minoritised Survivors' Experiences of Mental Health in the context of Violence Abuse

Resisting the System

A Charter developed by survivor activists

This charter is a collective call from Black and minoritised survivors of violence, trauma and abuse – women and girls with lived experiences. It's a guide, a declaration, and a set of non-negotiable principles on how those in positions of power – change-makers, policy makers, and supporters – should engage with Black and minoritised survivors. Our voices have often been sidelined, sanitised, or ignored, but with this document we insist on a more respectful, responsive, and culturally appropriate approach.

Seven demands for dignity

01. Recognise racialised and gendered ripples of trauma – 'body remembers' – and our resilience



- Violence against women and girls (VAWG) is compounded by racism. Both impact our mental health.
- Be VAWG informed through a lens of racial justice.
- Don't make the harm – or those who perpetrate it – invisible; whether the system, community or individuals.
- See us as a whole person – not just symptoms – and provide holistic and connected care.
- End disconnection between VAWG and mental health, in the practice of mental health professionals.

Don't pathologise us or ply us with medication and diagnosis. See the harm, not the label

02.

- We are more than our symptoms.
- Diagnosis and labels persist and stigmatise us – see us as a whole person.
- Delve into our trauma and its causes, before giving a diagnosis.
- Symptoms are a reaction to trauma and labelling is unhelpful.
- Don't make us adapt to the system, change the system.



Call to Action: policymakers, local and national government

- Increase understanding and address the mental health impacts of VAWG on minoritised women and girls, as well as the barriers to support at the national level.
- Government to prioritise health/mental health in forthcoming VAWG strategy.
- Convene a national working group with Imkaan/WGN, its members, NHS, Home Office, Department for Health and Social Care to better understand care pathways, barriers to access, mental health inequalities.
- Mental Health commissioner to advocate for the needs of minoritised women.
- Engage health services in the holistic, intersectional practices developed by specialist Black and minoritised-led by and for VAWG organisations.
- Local integrated care boards/commissioners improve collaboration with local *by and for* specialists to create mental health strategies with a stronger, specific focus on race, gender and VAWG – prevention, crisis and longer-term recovery.
- Treat access to mental health support as **a form of social justice**.



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Download the full report and feedback from our recent parliamentary launch:

<https://www.imkaan.org.uk>

[Why Should Our Rage Be Tidy | Mental Health Report | Imkaan — Imkaan](#)