Understanding Racialised and Gendered Violence in the UK: An Evidence Review

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Race Equality Foundation

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1. Introduction

Violence remains a critical public health issue. Clinical evidence highlights that the long-term impact of violence on health can lead to persisting mental health conditions, neurological difficulties and chronic disease (Mehta et al., 2021). Evidence in the UK indicates unequal exposure to some forms of violence among Black, Asian, and minoritised ethnic communities. For example, victimisation rates of violence, including homicide and hate crime remain highest amongst Black and Asian communities (Office for National Statistics, 2025; Home Office, 2026a). Current interventions often focus on a criminal justice response after violence has occurred, with limited engagement with the root causes of violence. Instead, a public health approach to violence looks at the conditions that make violence possible, treats violence as preventable, and advocates for a comprehensive, cross-sector approach (World Health Organization, 2005) to ensure community safety.

Importantly, while Black, Asian, and minoritised ethnic communities are more likely to experience certain forms of violence, the causes cannot be attributed to their racial or ethnic backgrounds. Such ‘culturalisation’ of violence, whereby causes of violence are deemed intrinsic to certain groups due to their cultural background and practices (Walker, 2020), operates on a deficit model and overlooks the wider social structures such as deprivation and racism that expose certain communities to violence and prevent people from accessing support. The idea of ‘cohesion’, for example, is often used to blame communities for not conforming to particular ‘British values’ (Cooper-Stubbs, Butt, Jeraj and Marx, 2025). The ecological approach, developed by the Krug et al. (2002) for the World Health Organization, is one way in which the structural risk factors for violence, and the interplay between them, can be understood and addressed. Operating at the four levels of individual, relationship, community, and societal levels, this model can be used to analyse the interactions of various risk factors, and guide the formulation of preventative measures that address the root causes of violence at the population level (World Health Organization, 2005). The Race Equality Foundation adapts this ecological framework to better account for the causal mechanisms and complex relationships between different risk factors at various levels. This adapted model will be explained further in Section 5.

This evidence review synthesises quantitative and qualitative evidence to provide an overview of the racialised and gendered violence in the UK and its implications for prevention. It examines current public health approaches, the ways violence is categorised, and community and institutional responses, using the adapted ecological framework to connect the risk factors and preventative measures. The core questions this review aims to answer is: What are the different forms and prevalence of gendered and racialised violence? What are the common responses and prevention strategies? The final section applies the adapted ecological framework to two examples of racialised and gendered violence: the 2024 racist riots and gendered Islamophobia.

2. Method

Searches were conducted across Cochrane Library, ProQuest, and Google Scholar using different combinations of search terms such as ‘racial violence’, ‘gendered violence’, ‘violence prevention’, ‘public health approaches to violence’, ‘response to violence in the UK,’ ‘intersectionality’, ‘gendered Islamophobia’, ‘Southport riots’, and ‘anti-racism’.

Peer-reviewed journal articles, book chapters, policy reports, and government data dated from 2016-2026 were included. Non-peer reviewed community evidence, such as interviews with Black, Asian and minority ethnic communities conducted by community organisations, were included to ensure community perspectives are integrated into this evidence review. Titles and abstracts were screened to ensure their relevance with the included keywords and search terms. Publications were excluded from this if they lacked relevance or were based on populations or contexts outside of the UK. Data synthesis was performed using a narrative approach as the main method to analyse recurring themes and patterns within the literature.

3. Definitions, forms, and prevalence of racialised and gendered violence

Definitions of violence

How violence is defined and categorised matters because it determines whether and how it is addressed. In the UK context, violence is defined and measured in ways that are unclear and narrow, inconsistent across policy areas, and remain largely unresponsive to the intersections of race and gender. Definitions and categorisations of violence face two main issues: lack of clear definition, and conflation of violence with criminal acts (Davies et al., 2024).

For example, the Police, Crime, Sentencing and Courts Act (2022), and the subsequent Statutory Guidance (the Home Office, 2022), imposes a duty on local authorities to prevent and reduce ‘serious violence’ in the local area. However, they do not provide a definition of what constitutes violence, merely stating that specified authorities in a given local area should work together to prevent it. Local authorities have therefore followed their own definitions of serious violence specific to their locality. It is also important to note that definitions of violence are not stable and change over time. For instance, following campaigning by organisations like Women’s Aid, the Serious Crime Act (2015) expanded the definition of domestic violence to include coercive control.

In terms of definitions of violence in datasets, the Office for National Statistics states that “there is no single measure of violent crime” (ONS Centre for Crime and Justice, 2024). Note here that violence is narrowly defined as criminal acts. The ONS uses two datasets on violent crime, the Crime Survey for England and Wales (CSEW) based on a self-reported survey of people’s experiences of crime, and police-recorded crime statistics. Those two datasets define violence in different ways: CSEW’s category of ‘violence with and without injury’ includes wounding, assault with minor injury, violence with injury, while police-recorded statistics’ category of ‘violence against the person’ including violence with injury, assault with intent to cause serious harm, violence without injury, and death or serious injury - unlawful driving (ONS Centre for Crime and Justice, 2026c). Davies et al. (2024) show that the current measures of violence in CSEW underplay the gendered nature of violence as well as the emotional impact of violence. They also found that the number of violent incidents could be up to four times higher if a more expansive definition of violence is used.

CSEW and police-recorded statistics do collect data on ethnicity and gender, but not consistently and they cannot always be cross referenced to examine how race and gender impact violence in combination. For example, CSEW releases the gender and ethnic background of victims in annual supplementary tables (ONS Centre for Crime and Justice, 2026a) but they are treated as separate variables. Similarly, the ONS releases the ethnicity breakdown of homicide victims but not breakdown by gender (ONS Centre for Crime and Justice, 2026b).

In short, existing definitions of violence tend to conflate violence with individualised criminal acts. The most commonly used datasets fail to provide insights on the intersections of race and gender due to lack of disaggregation by ethnicity and gender. This makes it harder to understand which forms of violence continue to pose harm to Black, Asian and minoritised ethnic individuals and communities, how they are gendered, and what interventions are needed.

In contrast, when the World Health Organisation (Krug et al., 2002, p.5) formulated a public health approach to violence, it defined violence more capaciously:

> "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation".

This inclusion of psychological harm, maldevelopment and deprivation within this definition allows for an exploration of the socioeconomic dimensions that shape experiences of violence. It also acknowledges how power dynamics shape violence, highlighting that violence does not require an act to lead to physical injury. Violence can also operate on the basis of psychological and coercive control, leading to poorer outcomes in emotional and physical wellbeing. WHO's broader definition of violence, moving beyond individual criminal acts, enables policymakers to account for patterns of harm that are continuous and structural (Krug et al., 2002).

Prevalence and victims of racialised and gendered violence

Common forms of racialised and gendered violence are hate crimes, homicide, and gender-based and sexual violence. In the year ending March 2026, 58% of recorded hate crime offences were racially or religious aggravated offences, which includes assault with injury. According to police-recorded statistics, race hate crimes increased by 9% and religious hate crimes by 13% in the past year (Home Office, 2026a). Notably, religious hate crimes targeting Muslims increased by 15%, and those targeting Jewish people increased by 10%.

In terms of the gendered dynamics of homicide, the Home Office Homicide Index shows that while men are more likely to be victims and perpetrators of homicide in general, women account for 68% of domestic homicide victims and 32% men (the Home Office, 2025a). However, this dataset does not cross-reference sex and ethnicity. The same dataset also shows that Black people are four times more likely to be victims of homicide than white people, and over three times higher than Asian people (the Home Office, 2025a). Notably, over a quarter of Black homicide victims were aged 16-24.

In terms of domestic abuse, according to CSEW the prevalence rate was 9.1% for women and 6.5% for men over the age of 16 (the ONS Centre for Crime and Justice, 2025a). A significantly higher proportion of women are victims of domestic and partner abuse. The most common forms of domestic abuse are emotional abuse, threats, economic abuse, domestic stalking, and domestic sexual assault. The CSEW for the year ending March 2025 found that most differences in domestic abuse prevalence across ethnic groups were not statistically significant. The exception was that prevalence was significantly higher among people in the Black ethnic group (11.5%) than among those in the Asian or Asian British group (6.1%) (the ONS Centre for Crime and Justice, 2025a). With this dataset, there is no cross-referencing between sex and ethnicity.

Moreover, while there is growing evidence and data collection on how domestic abuse is gendered, official statistics use a binary gender system of men or women, without regard for gender modality, the relationship between someone's gender and their sex assigned at birth (English, 2025). This contributes to underreporting and a failure to understand the extent to which domestic violence affects Black, Asian, and minoritised ethnic trans, non-binary, or other gender-variant people. Existing evidence comes from smaller, non-representative studies. For example, a survey in Scotland found that 80% of transgender respondents had experienced domestic abuse (Roch, Morton and Ritchie, 2010), and an analysis of Galop service users found that 40% of Black, Asian and minoritised ethnic LGBT+ respondents reported abuse from family members, compared with 10% from white respondents (Magić and Kelley, 2018). These findings cannot be generalised, but they indicate gaps in official data.

According to CSEW, an estimated 3.0% of women and 0.7% of men over 16 years old experienced sexual assault (including attempts) in the year ending March 2025 (ONS Centre for Crime and Justice, 2025b). The victim characteristics for the same period shows that among 'White', 'Mixed','Asian or Asian British', 'Black or Black British', and 'Other ethnic group', women from Mixed backgrounds experience the highest rate at 7.0%, compared with 3.2% for White backgrounds, 2.1% for Black or Black British backgrounds, and 1.0% for Asian or Asian British backgrounds (ONS Centre for Crime and Justice, 2025c). Other factors may be at play, for example the age of the respondents as those between 16-34 years old are more likely to experience sexual assault (ONS Centre for Crime and Justice, 2025b). In terms of those who have a gender identity different from the sex registered at birth (which may include trans, non-binary or genderqueer people), the prevalence of sexual assault is 11.7% for everyone in this group, compared with 1.8% for those whose gender identity is the same as the one assigned at birth. For trans women this rate is 19.3%, compared with cis women at 2.8%. ONS notes that the data for trans men has been "suppressed" for CSEW estimates due to disclosure constraints. While there is some breakdown by sex, gender modality and ethnicity, again it is not possible to cross-reference all three.

With the integration of digital media into everyday life, technologically-facilitated sexual violence has emerged as a phenomenon, such as online sexual harassment, cyberstalking, and image-based sexual abuse (Henry and Powell, 2016). Emerging research on the specific experiences of Black, Asian, and minoritised ethnic women's experiences

demonstrate how digital platforms facilitate racist and sexist abuse. For example, women experienced platforms' lack of cultural competency, refusing to remove content that does not explicitly include nudity or sexual acts (Dhir, 2026).

This section has discussed the common forms of racialised and gendered violence. Some patterns in the limitations regarding existing data have become clear. First, there are issues with data disaggregation and presentation. There is a lack of disaggregation of data by sex, gender modality and ethnicity, and there is no data that enables cross-referencing to understand how race and gender intersect. Second, there are issues with data categorisation, for example the omission of gender modality, which erases the experiences of gendered and racialised violence by trans, non-binary, and genderqueer people.

Responses to racialised and gendered violence

This section focuses on mainstream responses to racialised and gendered violence discussed in the previous section, namely hate crime, gender-based violence, and sexual violence.

Hate Crime

In 2016, the government published the Hate Crime Action Plan setting out a four-year programme to tackle hate crime in England and Wales in five ways: preventing hate crime by challenging beliefs and attitudes, responding to hate crime within communities; increasing reporting; improving support for victims; and building a better understanding of hate crime (HM Government, 2018). While no comprehensive or independent evaluations have been carried out on this action plan, existing evidence highlights the shortcomings of government responses to hate crime and drivers behind it. The Equality and Human Rights Commission (2025) published an assessment of UK government action on hate crime and hate speech, following the United Nations' recommendations. In terms of the societal factors that facilitate hate crime, such as hate speech and xenophobia online and by politicians and public figures, and stereotypes and hate speech propagated in traditional media, some legislations have been passed including the Online Safety Act (2023). However, the UK government has not adopted specific measures to prevent xenophobic and racist hate speech or racist representations in the media.

With regard to police responses to hate crimes, based on extensive surveys and interviews with victims, Chakraborti (2018) found three main limitations: barriers to reporting; police's failure to engage with minority communities; and failure to deliver meaningful criminal justice interventions.

The Leicester Hate Crime Project found that fewer than one in four respondents had reported their experience to the police, and even fewer had sought support from other organisations or people (Chakraborti, 2018). Similarly, in a survey with East and South East Asian victims of hate crime, only 5% had sought support from anyone (Protection Approaches, 2024). The main barrier to reporting is the perception that the police will not prioritise or take the report seriously, and LGBT respondents expressed reservations about being outed or risk of retaliatory attacks (Chakraborti, 2018). Victims also said they are more likely to seek support from culturally relevant and community-based support services that are

accessible, for example, anonymous reporting, online chats, or quick access to counselling (Protection Approaches, 2024). This speaks to the importance of community-based third-party reporting centres such as Tell MAMA (Measuring Anti-Muslim Attacks), Community Safety Trust and Stop Hate UK and the need to increase awareness of their existence (Walters and Brown, 2017).

While the police names engagement with diverse communities as a priority, such communities are often characterised as “hard to reach”, with little engagement from state or third sector service providers (Chakraborti, 2018). This is due to lack of long-term, meaningful communication with communities, whereby the police and local authorities have preconceived notions about who comprises the community and appoint “self-styled community leaders” who tended to be “male, older and out of touch with the range of challenges experienced within their communities” as the main point of contact (Chakraborti, 2018, p.396). In reality, people may feel part of a myriad of communities depending on their backgrounds and identities. People are able to share their experiences at smaller voluntary and community-based services such as mental health support circles, women’s networks, homeless shelters or refugee support groups.

Even when people report hate crimes, the response may be inadequate to the victim. According to CSEW, in the year ending March 2025, only 40% of hate crime victims who reported their experience to the police were “very” or “fairly satisfied” with how the police handled the matter, which is lower than the victims of all CSEW headline crime (54%). Hate crime victims are more likely to be “very dissatisfied” (42%) than all CSEW headline crime (24%) (the Home Office, 2025c). This is due to victims feeling that they were not listened to, taken seriously, or offered empathy at the point of reporting, compounded by the complicated and slow criminal justice system that often fails to bring perpetrators to justice (Chakraborti, 2018).

Gender-based and sexual violence

In terms of gender-based violence and sexual violence, the Labour Party’s 2024 manifesto pledged to halve violence against women and girls (VAWG) by 2034. The Labour government also published its VAWG strategy in December 2025 (Home Office, 2025b), which frames VAWG as a “public health emergency” (p.65) and sets out three objectives: prevention and early intervention to address root causes; pursuit of perpetrators; and support for all victims. It takes a “whole society approach”, recognising that punishing individual perpetrators using the criminal justice system alone cannot prevent violence. It seeks to tackle causes and risk factors such as sexist, misogynistic, and victim-blaming attitudes and online content, child poverty, and intergenerational abuse through education, awareness-raising campaigns, investment, and tailored support.

End Violence Against Women (EVAW, 2026) welcomed the government strategy’s public health approach, especially its focus on primary intervention targeted at children and young people, as primary intervention can prevent harmful attitudes and behaviours. The government names education as a key prevention strategy, and aims to incorporate positive conceptions of masculinity and femininity, impacts of misogynistic online content including AI-generated content and deepfakes into the Relationships and Sex Education curriculum (the Home Office, 2025b). The strategy also seeks to provide teachers, parents and

caregivers with the tools and confidence to identify harmful behaviour, talk to children about healthy relationships, and equip them to challenge harmful behaviours. Child poverty and adverse childhood experiences are named as risk factors that increase vulnerability and limit opportunities for children and young people, and increase the likelihood of victimisation or perpetration of violence. The government aims to decrease child poverty, and provide tailored support to families to break the cycle of intergenerational abuse.

However, EVAW (2025) points out that more funding is needed to meet the government's plans, as increased awareness of VAWG will lead to an increase in referrals and demand for specialist services that have faced chronic underfunding and long waiting lists. Funding cuts have especially impacted by-and-for services for Black, Asian and minoritised ethnic women, Deaf and disabled women, and LGBT+ survivors (EVAW, 2025), who provide vital services to people who experience a combination of racialised and gendered violence, for example Black, Asian and minoritised ethnic LGBT+ people who are at a higher risk of domestic abuse from family members (Magić and Kelley, 2018). An increase in funding for specialised support services can increase their capacity to provide not only support to victims but also early intervention and community outreach (EVAW, 2025).

Although the government's VAWG strategy mentions the importance of housing and the role of financial services in supporting victims to live free from abuse, a key area that is missing is addressing hostile migration policies and rhetoric which are more likely to impact victims of racialised and gendered violence. As Women for Refugee Women (2025) highlights, while the strategy recognises how fears of criminalisation and immigration detention can further marginalise migrant, asylum-seeking and refugee women, the strategy fails to acknowledge immigration status as a risk factor for VAWG, commit to provide safe asylum accommodation, or end the hostile asylum and immigration policies. In this way, despite claiming to take a whole society approach to VAWG, the experiences of marginalised groups are overlooked, and how state policies like immigration policies can enact harm on women and girls are ignored (EVAW, 2026). EVAW (2026) recommends that the government include resourcing and reforming public institutions, including housing, healthcare, welfare system, children's social care, criminal justice system, and immigration system, based on the understanding that all of those systems shape the prevalence and impacts of VAWG, especially on marginalised groups.

When it comes to criminal justice responses, persistent mistrust in the police is a key issue. Gill and Anitha's (2026) UK study of policing practices in VAWG found that only 42% of cases involving Black, Asian and minority ethnic women were investigated, compared with 72% of cases for white British counterparts. Police officers frequently stated the source of low community trust was the "cultural values of particular communities'' (p.558) instead of taking accountability for poor policing practices. While this is one specific study, combined with the evidence shared in the previous section around the normalisation of racialised and gendered violence, it displays clear grounds for how institutional failure of care and safety is likely to contribute to negative mental, physical and emotional health outcomes. Black, Asian and minoritised ethnic victims' mistrust in the police is situated in the broader context of the overpolicing of such communities, especially Black communities. The Baroness Casey Review (2023) concluded that the "institutional racism, misogyny and homophobia" in the Metropolitan Police cannot be addressed by merely removing individuals who behave poorly or cause harm to communities. Instead, it requires an institutional approach to addressing

the culture, processes, and outcomes that enable racism. Until such institutional failings are addressed, police responses will remain insufficient to tackle VAWG.

4. Evidence on public health approach to violence and intervention

The World Health Organization (Krug et al., 2002; WHO, 2005) established a public health approach towards addressing violence. This approach is characterised by defining violence and systematically collecting data; identifying risk factors and relationships through research; design, implement and evaluate interventions based on evidence; and implement effective interventions to a range of settings to evaluate impact (WHO, 2005, p.12). Rather than being mutually exclusive, criminal justice can be part of a public health approach to violence. For example, the Serious Violence Duty Statutory Guidance states that "enforcement and criminal justice-based activity is a critical part of a public health approach" (p.10). However, as WHO (Krug et al., 2002) notes, criminal justice approaches to violence must be part of a wider, cross-sector public health approach, and how a particular criminal justice system defines and deals with violence matters. It should also be noted that criminal justice approaches to violence operate at the tertiary level of prevention, after violence has already occurred.

WHO categorises violence into three types based on who commits violent acts: self-directed, family and intimate partner and community, and collective violence (WHO, 2005). In terms of specific forms violence can take, WHO categorises them into four acts: physical violence, sexual violence, psychological violence, or involving deprivation or neglect (WHO, 2005). Figure 1 below illustrates those categorisations.

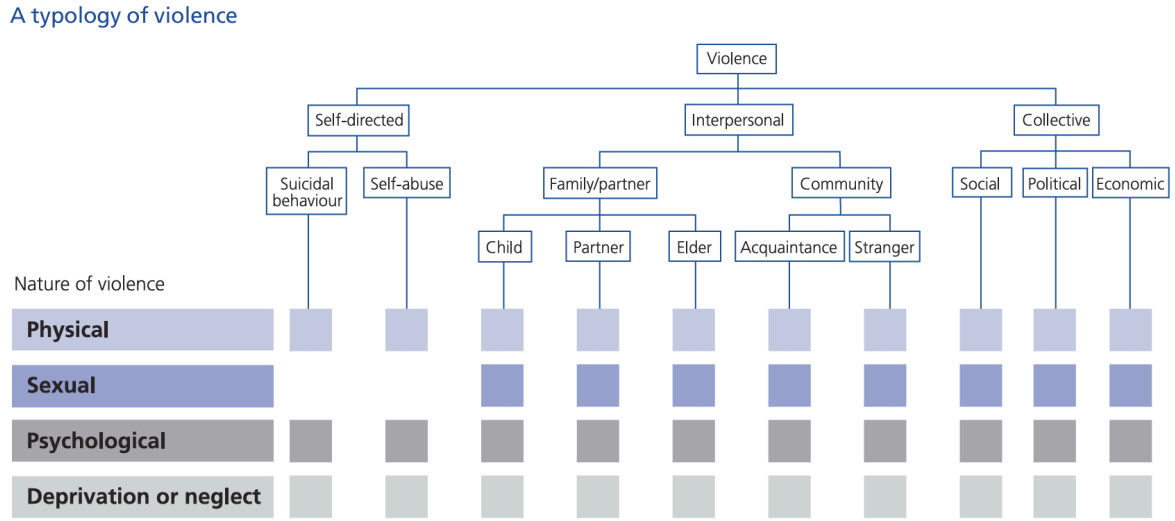


Figure 1: WHO's typology of violence (Krug et al., 2005, p.7)

The ecological framework of violence understands violence as caused by risk factors at four levels, which interact with each other: individual, close relationships (for example, family, friends, and intimate partners), community (for example, schools, neighbourhoods, and work), and societal levels (for example, socioeconomic factors, gender and ethnic inequalities) (WHO, 2005).

Public health approaches to intervention take place at three levels of prevention. Primary prevention aims to stop violence before it occurs by addressing risk factors and social conditions that cause violence. Secondary prevention targets individuals or communities showing early signs of risk and implementing strategies to prevent escalation. Tertiary prevention takes place after violence has occurred and interventions are aimed at preventing the recurrence of harm. Effective preventative measures are often implemented through a joined up approach across all three levels. The following section provides a brief discussion of the existing evidence on the efficacy of a public health approach to tackling violence, including dating violence, domestic abuse, and youth violence.

Primary prevention

Primary prevention aims to stop violence before it occurs by addressing its root causes. Key public health interventions within this space have centred on dating violence and domestic abuse prevention.

Early Intervention Foundation (Wilson and Lilly, 2013) highlights universal primary prevention programmes as effective early interventions. These programmes aim to provide education and pastoral support to young people, helping them to develop a greater sense of identity and understand the role of healthy relationships within their lives. British Columbia Centre of Excellence for Women's Health (2013) performed specific evaluations of programmes running within the US for the National Institute for Health and Care Excellence (NICE), such as "Love US: Communication Smarts", which showed a significant reduction in negative communication and stronger emotional skills when navigating conflict within relationships. Similarly, another US based programme titled "Safe Dates", a school based violence prevention programme aimed at 11-18 year olds, showed a reduction in physical and sexual dating violence at a four-year follow up (British Columbia Centre of Excellence for Women's Health, 2013). However, while this evidence is promising, the change reported is largely attributed to shifts in attitudes and behaviours over a specified period of time, within a particular cultural context, in this case the US. This limits what can be inferred about the applicability to UK settings and also the cultural relevance of these programmes to young, Black, Asian and minoritised ethnic people within UK schooling systems. Evaluations of early intervention programmes remain limited to the US, and further development and innovation is needed. Future UK approaches should aim to build on these US-based interventions and look at the wider family system by including programmes that offer interpersonal relationship support for parents.

Secondary prevention

Secondary prevention aims to provide interventions for those displaying early signs of engagement in violent behaviour.

Mentoring is one intervention that is most debated at this level. WHO's INSPIRE resource (2016) does not define mentoring as a separate category within its seven strategies. Instead, it is reflected within the education and life skills strategy, as a specific type of support that contributes to improving the determinants of health, alongside broader education and life skills. The Early Intervention Foundation (2025) guidance also found the role of mentoring to

be beneficial when combined with other forms of holistic support. The Youth Endowment Fund's (YEF) recent toolkit data evidences considerably stronger impact of mentoring. The data found that on average mentoring reduces violence by 21%, all offending behaviour by 14%, and reoffending behaviour by 19%, with high confidence of the reoffending findings based on 23 studies (Youth Endowment Fund, 2024). YEF's latest practical guidelines on violence prevention amongst children and young people also highlight the importance of youth club access and one to one mentoring programmes being provided at key risk times. Taken together, it is evident that these differing perspectives on the role of mentoring are less about a genuine disagreement in its efficacy, and more a reflection that its impact is dependent on its implementation as part of wider programmes.

Tertiary prevention

Tertiary prevention takes place after violence has occurred, aiming to prevent recurrence of harm.

Hospital based interventions (HVIPs) sit at the tertiary end of prevention, taking place at the point of injury. The intervention was first developed in the US, with services being introduced in 1994. In the UK, the first HVIP programme took place in 2005 in Glasgow, Royal Infirmary Scotland; and King's College Hospital, London (NHS Violence Reduction Academy, 2022). The aim of the intervention is to provide immediate support to young people who have experienced an injury due to violence and also have acute physical and mental needs. A 2025 review by the NHS London Violence Reduction Academy found HVIPs to have a stronger evidence base than other health-based interventions, identifying trusted relationships and community-led co-produced approaches as key mechanisms of success. However, the review also advised caution against overreliance on individual interventions at the expense of a wider, trauma-informed preventative approach (McMullen and Shakoor, 2025).

Tertiary interventions also include programmes aimed at those who perpetrate abuse. One particular example is the "Strength to Change" programme, developed in Hull in 2009, which supports men who self-refer through extensive individual and group sessions. Other more recent examples in the UK are the Drive Project (2025) and Building Choices (2023) (Drive Partnership 2026; Ministry of Justice, 2025). However, similar to the limitations identified with the US based programmes in the earlier section on primary intervention, the evidence for efficacy of these interventions largely reflects a specific cultural context. "Strength to Change" was developed and evaluated in Hull where 91.8% of residents are White (Office for National Statistics, 2023). This does not diminish the value of the programme and its ability to provide local support in deprived and isolated areas such as Hull. However, it does highlight that little remains known about how such approaches work where race and gender intersect. The more recent programmes are situated within a criminal justice framework, which could also limit their application given the emphasis is placed on reducing violent behaviour as opposed to preventing it.

The rollout of Violence Reduction Units (VRUs) has been an approach to violence prevention that has taken place since 2019. Since then, VRUs have been expanded within a whole system's approach to all 43 police areas in England and Wales (Home Office, 2026b). However, while the intention has been for VRUs to operate as multi-agency partnerships that

bring together police, local authorities, health services, education providers and youth justice services, their approach to violence prevention has come under scrutiny. Researchers within public health have emphasised that while preventative interventions at the secondary level are important for ensuring appropriate support is provided to minimise further harm, more must be done at the primary level for addressing the root causes of serious violence (Ponsford, Thompson and Paparini, 2019).

This section has explored public health interventions to violence prevention across primary, secondary and tertiary levels. This analysis has highlighted a number of limitations within the evidence base. First, many of the primary prevention programmes have been conducted within the US, which limits its transferability to other cultural contexts or populations, such as the UK or Black, Asian, and minoritised ethnic groups. Second, the evidence base is concentrated on young people, which risks neglecting other groups, such as older adults. Third, the emphasis on secondary prevention by VRUs may contribute to this skew, indicating that more must be done to implement a coordinated approach across all three levels, particularly the primary level. Ultimately, the efficacy of any public health approach is dependent on the coordination of how programmes are delivered, and how they are embedded into a whole systems approach.

5. Using an Adapted Ecological Framework to examine the evidence on racialised and gendered violence (2000)

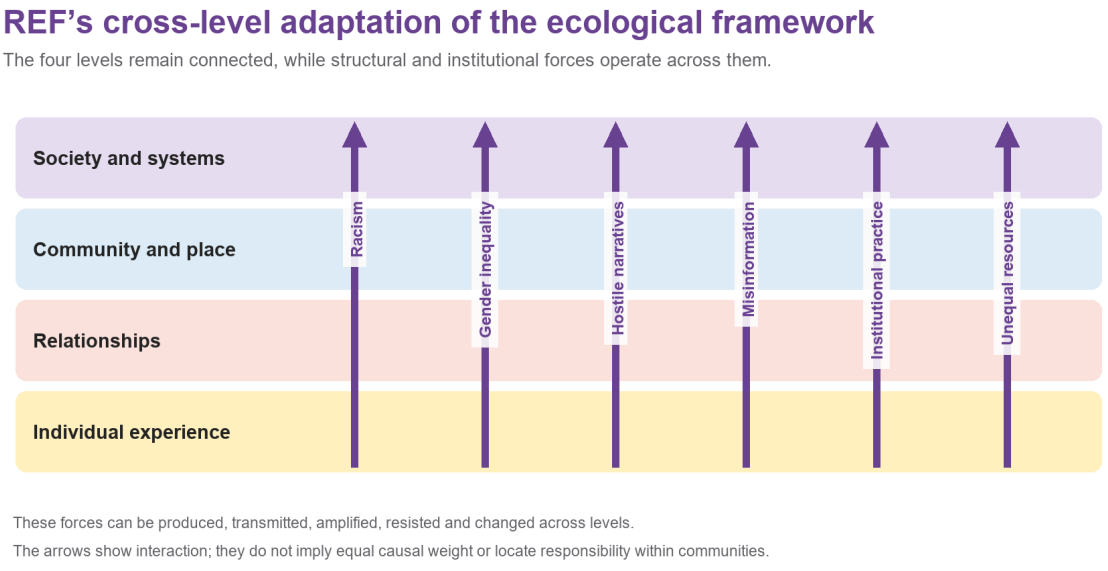


Figure 2: REF's adapted ecological framework for preventing racialised and gendered violence, created by REF

In this section, we apply the adapted ecological framework above to the examples of 1) the racist violence in 2024 and 2) gendered Islamophobia in the UK to to analyse how violence was produced, experienced, prevented and responded to at each level. For each level of

individual, relationships, community and place, and society and systems, we ask four questions:

1. How was violence experienced?
2. How was violence produced or facilitated?
3. What were the prevention mechanisms in place, or how could it have been prevented?
4. What was the response to the violence?

The 2024 Racist Violence

Between 30 July and 7 August 2024, 27 towns and cities in the UK experienced widespread racist riots targeting Black, Asian and minoritised ethnic and religious communities, especially mosques and asylum accommodations (Downs, 2024; the Home Affairs Committee, 2025). The riots exploited the tragic murders in Southport, as false rumours about the identity of the attacker were spread online, with a potential reach of 1.7 billion people (Center for Countering Digital Hate, 2024).

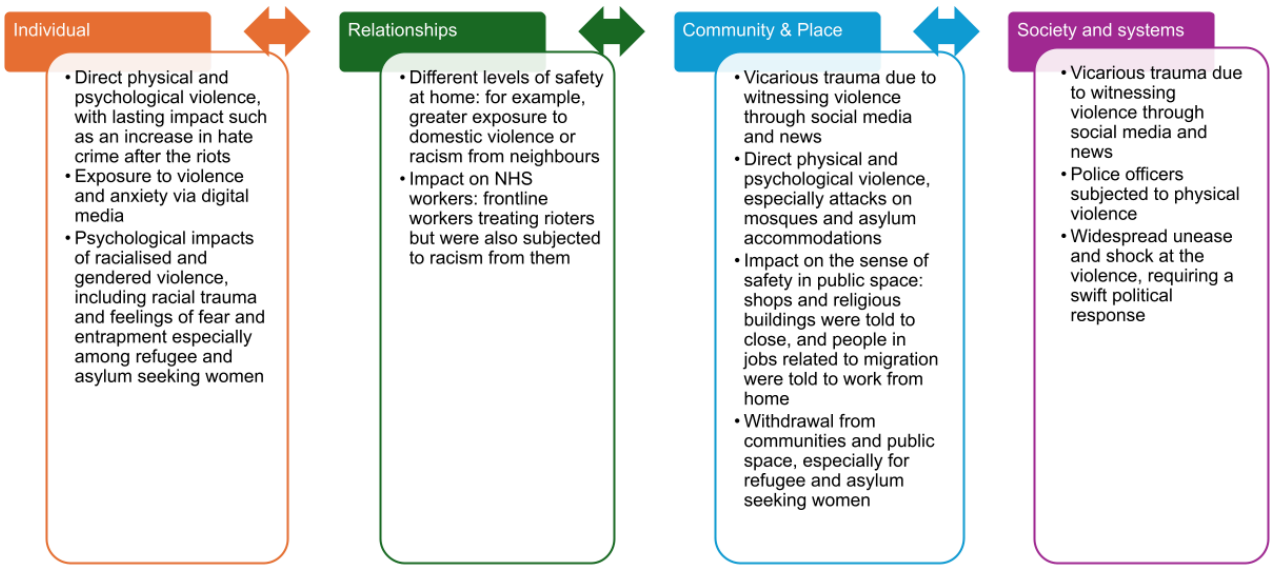
In reviewing the police service's response to the riots, His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (2025) concluded that there was no single cause. Some of the main reasons cited are: social deprivation, austerity and economic downturn, political policies and decisions on migration and asylum, and decreasing trust and confidence in policing.

Who was involved in the riots?

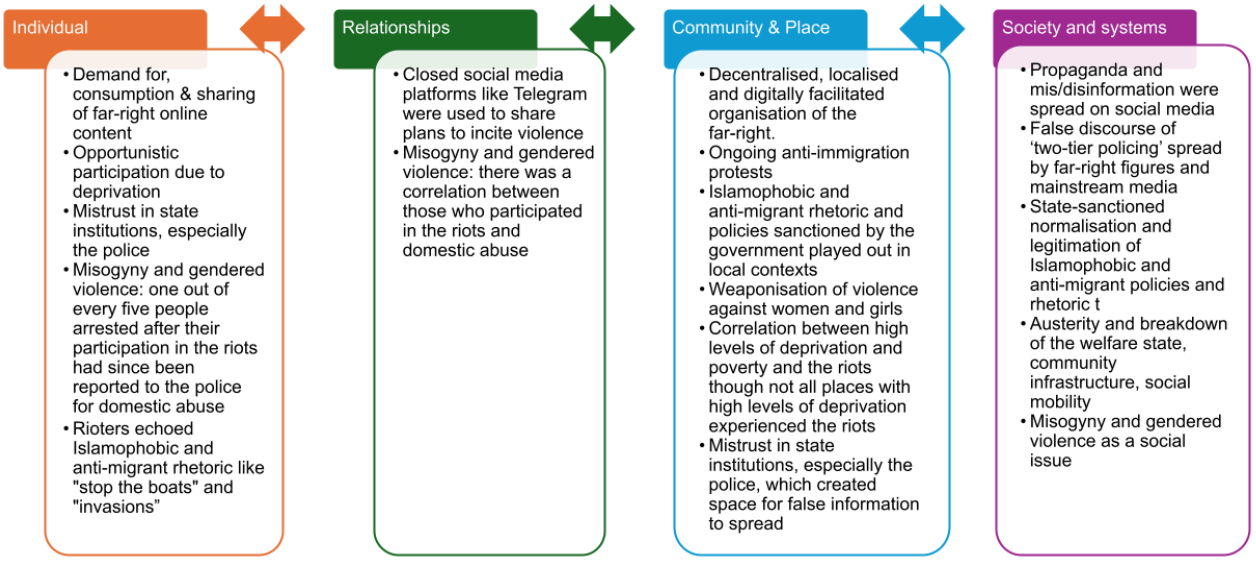
There is no conclusive or compelling evidence that the riots were deliberately premeditated and coordinated by any specific group or network. This makes an ecological approach to understanding the violence even more appropriate, as contributing factors materialised at different levels. While right-wing rhetoric and digitally facilitated decentralised far-right networks contributed to the violence as explored below, Drury et al. (2026) caution against the conclusion that participants were homogeneous or that they were all far-right sympathisers. There is no evidence to support such a conclusion, and it also inflates the perceived capacity of the far-right. Most events were organised locally in a decentralised manner, some of whom were connected to online far-right spaces (Hope Not Hate, 2024; Venkataramakrishnan, 2025). The majority of people who participated were local to the area, with no prior convictions of disorder-related offences (His Majesty's Inspectorate of Constabulary and Fire & Rescue Services, 2025). Overall, the rioters were overwhelmingly male and older: 34.6% of the first 500 rioters charged in 2024 were over 40 years old (Duncan, García, Goodier, Lee and Clark, 2024).

The following four diagrams synthesise the key points for each level, which are explored in more detail below:

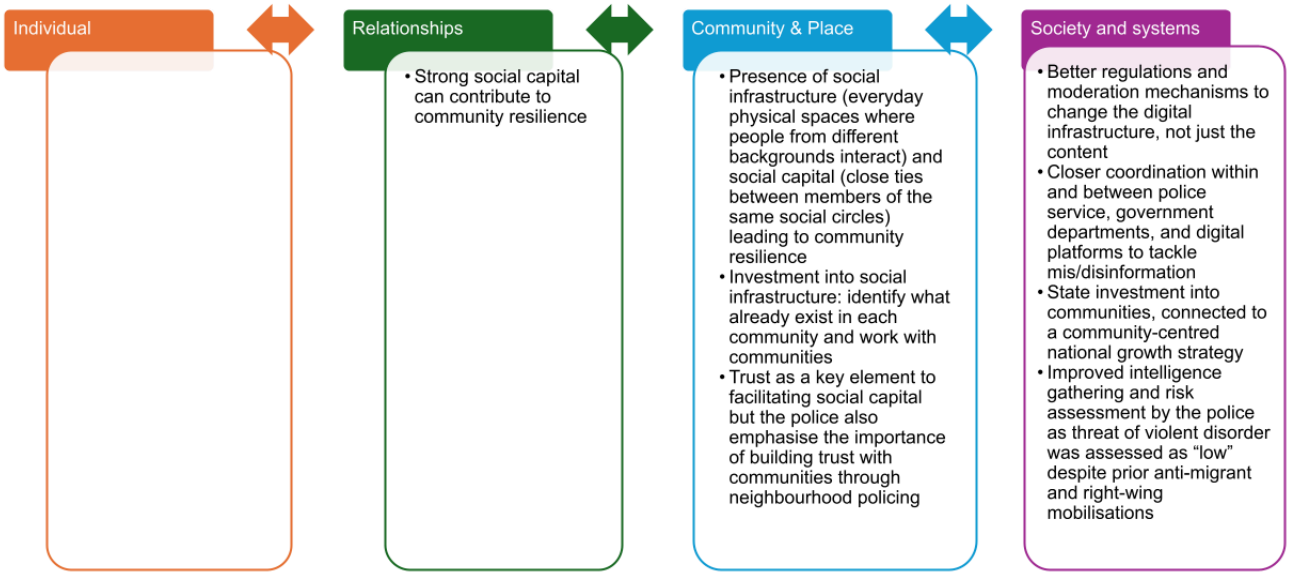
How was violence experienced?



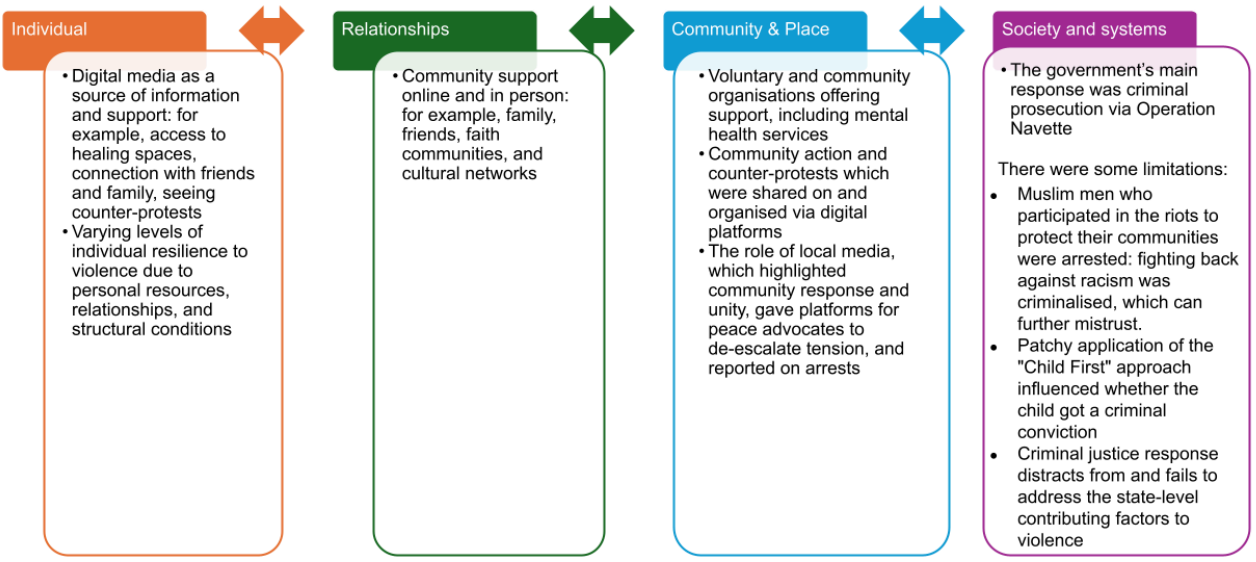
How was violence produced or facilitated?



What prevention mechanisms were in place, or how would it have been prevented?



What was the response?



Figures 3, 4, 5, 6: Created by the Race Equality Foundation based on the narrative review

Cross-cutting factors

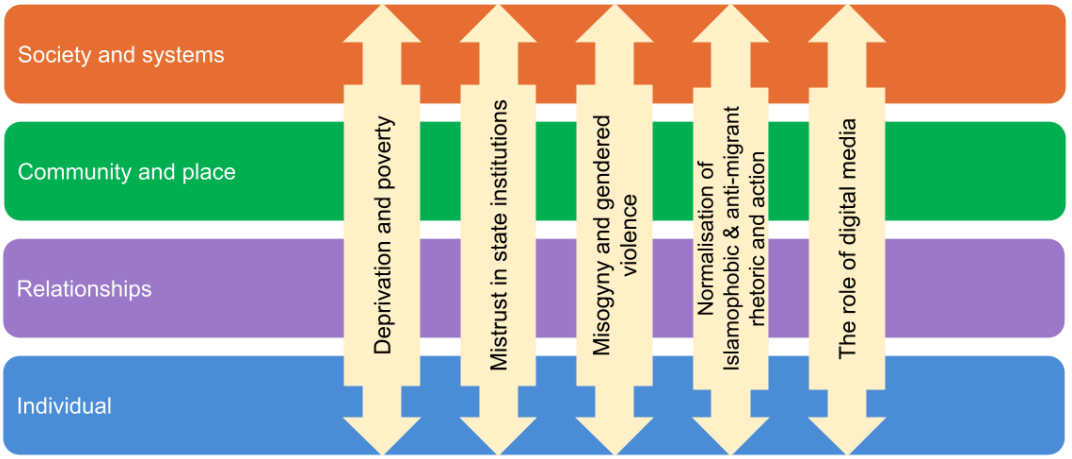


Figure 7: Created by the Race Equality Foundation

The following analysis demonstrates the five main factors that contributed to the violence at multiple levels:

- Deprivation and poverty, linked to social infrastructure, social capital and community resilience
- Mistrust in state institutions, especially the police
- Misogyny and gendered violence
- Normalisation and legitimation of Islamophobic and anti-migrant rhetoric and action by political leaders and through state policies, which trickle down to the individual level
- The role of digital media platforms as a source of support and information, but also as a facilitator of violence

Society and systems

Experience: In terms of state institutions, the police service was not prepared for the level of violence, with individual police officers subjected to physical violence. There was a sense of widespread unease and shock at the violence happening across the UK, which were broadcast on digital platforms.

Contributing factors: Although the Home Affairs Committee (2025) is cautious to describe digital media as a specific driver of the riots, there is sufficient evidence to suggest that digital platforms amplified mis/disinformation and local events, while moderation mechanisms remained insufficient (Kingdon, 2026; Centre for Countering Digital Hate, 2024). State-sanctioned Islamophobic and anti-migrant rhetoric and policies legitimated and normalised such views among individuals and communities, and austerity and erosion of community infrastructure led to deprivation that undermined trust in public institutions. They in turn fuelled anti-migrant and Islamophobic sentiments (Cooper-Stubbs, Butt, Jeraj and Marx, 2025).

Prevention: In terms of prevention, what worked well in some areas that experienced riots was a coordinated response to monitoring and acting on online activities. As an example, the Essex Police established a multi-team misinformation desk and identified potential protests in the area, and worked with local communities to minimise the risk of mobilisation (His Majesty's Inspectorate of Constabulary and Fire & Rescue Services, 2025). Overall, though,

there was a lack of coordinated response between the police, government departments, and digital platforms to tackle mis/disinformation, with the police failing to accurately assess the risk of anti-migrant and right-wing disorder despite a series of such events in the preceding months (His Majesty's Inspectorate of Constabulary and Fire & Rescue Services, 2024; 2025). The infrastructure of the digital platforms requires better regulation, as they profited from algorithmic engagement and facilitated mass production of AI-generated content (Kingdon, 2026). Finally, state investment into communities, with a community-centred national growth strategy, are said to create stronger community infrastructure and therefore resilience to violence (Burnett, 2026; Westerling, Plumb and McNabola, 2024).

Response: The dominant response at the state level was a swift criminal justice response led by police's Operation Navette (The Home Affairs Committee, 2025; His Majesty's Inspectorate of Constabulary and Fire & Rescue Services, 2025). The police arrested 1,804 people and brought 1,071 charges against suspects (His Majesty's Inspectorate of Constabulary and Fire & Rescue Services, 2025). There were limitations of this response, including prosecution of predominantly Muslim men who participated in counter-protests and acted in self-defence, which can fuel further mistrust (Burnett, 2026); prosecution of children and insufficient adoption of the 'Child First' approach (Children's Commissioner, 2025); and detraction from state-sanctioned legitimation of Islamophobic and anti-migrant views that seeped into other levels (Hope Not Hate, 2024; Venkataramakrishnan, 2025; Sisters Not Strangers, 2025; Burnett, 2026).

Community and place

Experience: At the community level, safety in public spaces was disrupted. Mosques and asylum accommodations faced targeted attacks; the police told shops and religious buildings to close; and people especially working in migration-related jobs were told to work from home (Hope Not Hate, 2024; Drury et al., 2026). Community members who were specific targets of violence, such as asylum seeking and refugee women, withdrew from communities and public space due to fear (Sisters Not Strangers, 2025). Vicarious trauma also affected people who witnessed violence through social media and news (Torkington, Anderson & Millar, 2025).

Contributing factors: Islamophobic and anti-migrant rhetoric and policies sanctioned by the government and political leaders played out in local contexts (Burnett, 2026), within the broader context of ongoing anti-migrant protests for example around asylum accommodations (Khan-Ruf, 2023). Slogans like "Save Our Children" were used to weaponise the narrative of protecting women and children (Hope Not Hate, 2024; End Violence Against Women, 2026). Deprivation is a key contributing factor at the community level, as there is a correlation between high levels of deprivation and the occurrence of riots (Letki, 2008; Coutts and Velásquez, 2025; Westerling, Plumb and McNabola, 2024; Duncan, García, Goodier, Lee and Clark, 2024; Cooper-Stubbs, Butt, Jeraj and Marx, 2025). However, there are other factors such as community resilience at play as not all areas with high levels of deprivation experienced riots (Drury et al., 2026).

Prevention: Investment into strong social infrastructure and social capital supports community resilience (Coutts and Velásquez, 2025). To avoid the culturalisation of violence and blaming communities for their lack of integration (Burnett, 2026; Cooper-Stubbs, Butt, Jeraj and Marx, 2025), it is necessary to avoid top-down approaches and work with communities to identify social capital and spaces that already exist in the community and how they can be supported better through investment (Coutts and Velásquez, 2025). As

mistrust in state institutions, especially the police, allowed false information to spread and some to join the violence (The Home Affairs Committee, 2025; Cooper-Stubbs, Butt, Jeraj and Marx, 2025), trust is a key preventative factor at the community level (Coutts and Velásquez, 2025). The police force highlights the importance of neighbourhood policing in building trust (His Majesty's Inspectorate of Constabulary and Fire & Rescue Services, 2025).

Response: Communities played a key role. Voluntary and community organisations offered frontline support, including mental health services (Torkington, Anderson & Millar, 2025; Cooper-Stubbs, Butt, Jeraj and Marx, 2025). Communities also organised counter-protests, using digital media to share information and organise (van der Geest, Pervez, Lolansen, 2026; Khan and Hopkins, 2025). Such community response may have played a role in de-escalating violence by demonstrating its unacceptability (Drury et al., 2026; Sisters Not Strangers, 2025). Local media gave a platform to influential local figures and peace advocates, and emphasised unity and community response (Department for Culture, Media & Sport, 2026).

Relationships

Experience: As people were told to stay home to avoid violence, not everyone's home was safe. Some refugee and asylum seeking women were exposed to domestic violence, and some faced racism and Islamophobia from neighbours (Khan and Hopkins, 2025; Sisters Not Strangers, 2025). At work, NHS workers experienced racism and inadequate levels of support, as they were also the ones to treat rioters (Torkington, Anderson & Millar, 2025; Cooper-Stubbs, Butt, Jeraj and Marx, 2025).

Contributing factors: Closed social media platforms like Telegram were used by rioters to plan and incite violence (Center for Countering Digital Hate, 2024). Misogyny and gendered violence were enacted at this level as many of the rioters were found to be perpetrators of domestic violence (Murray and Syal, 2026).

Prevention: As discussed at the social and community levels, strong social capital - close ties between members of the same social circles - can contribute to community resilience (Coutts and Velásquez, 2025). However, social capital can be exclusionary and attention needs to be paid to ensure inclusionary social capital is supported.

Response: Family, friends, faith communities and cultural networks provided practical help, validation, and emotional support both online and in person (van der Geest et al., 2026; Sisters Not Strangers, 2025). In particular, asylum seeking and refugee women, who were too afraid to go outside, found solace in online support groups hosted by community groups (Sisters Not Strangers, 2025).

Individual

Experience: Especially Muslim and migrant communities were subjected to direct physical and psychological violence, which can lead to lasting psychological impact including racial trauma (van der Geest, Pervez, Lolansen, 2026; Hope Not Hate, 2024; Drury et al., 2026). Digital media mediated experiences of violence by acting as a source of information and support as well as a medium through which people were exposed to violence (van der Geest, Pervez, Lolansen, 2026; Sisters Not Strangers, 2025).

Contributing factors: Societal level factors are enacted at the individual level. Deprivation and mistrust in state institutions, especially in the police, led to opportunistic and anti-police participation (The Home Affairs Committee, 2025; Children's Commissioner, 2025).

Misogyny also operates at this level, as there was a correlation between perpetrators of gendered violence and those who participated in the riots; one out of every five people arrested after their participation in the riots had since been reported to the police for domestic abuse (Murray and Syal, 2026; Cooper-Stubbs, Butt, Jeraj and Marx, 2025). Societal-level Islamophobic and anti-migrant rhetoric were also enacted through slogans like “stop the boats” and rhetoric of “invasions”, as rioters spoke of “defending” the country against Muslims and migrants (Burnett, 2026). Finally, the demand for and consumption of far-right content is generated at the individual level, as it is more likely that digital platforms exploit pre-existing demand for such content rather than radicalising users with moderate views (Kingdon, 2026; Center for Countering Digital Hate, 2024).

Prevention: While there may be actions that people can take at an individual level to minimise risks of harm as discussed below, focusing on individual-level prevention mechanisms risks blaming the victims of violence. Prevention must occur across the four levels.

Response: There are varying levels of individual resilience to violence due to personal resources, relationships, and structural conditions (van der Geest, Pervez, Lolansen, 2026). Some Black, Asian, and minoritised ethnic people used information on social media to adapt their own behaviours to minimise risk (van der Geest, Pervez, Lolansen, 2026), while other more marginalised groups like refugee and asylum seeking women withdrew from public spaces and communities entirely (Sisters Not Strangers, 2025). Some people joined counter-protests.

Gendered Islamophobia

Gendered Islamophobia is a term that was coined by Jasmin Zine in 2004. Zine defines gendered Islamophobia as anti-Muslim racism that “specifically targets Muslim women through the use of negative stereotypes, harassment and discrimination based on religious identity” (Zine, 2004).

Examples of gendered Islamophobia can be seen in a range of different environments. The most prominent examples are the workplace and public, everyday spaces. Workplace studies have shown that the percentage of visibly Muslim women receiving job offers is significantly lower than that of non-Muslim candidates with similar qualification levels (Khandoker et al., 2024). Further evidence from Faith Matters, a UK faith-based organisation, found that one of the most prominent issues regarding workplace-based discrimination for Muslim women is being visibly identifiable as Muslim through religious attire. It was reported that 43% of Muslim women felt they ‘were treated differently or encountered discrimination at interviews because they were Muslim’ (Ganesh, Bharat & Abou-Atta, 2016). Everyday examples include rising hate crime and street harassment (Mason-Bish & Zempi, 2019; Zempi & Chakraborti, 2015). Scholars such as Zempi & Chakraborti (2015) have found, through their work exploring the experiences of veiled Muslim women in the UK, that their presence is often viewed as a ‘threat’ to the Western way of life, particularly notions of public safety and security, which continues to make them a target of violent abuse in public spaces.

Taken together, these examples show that individual prejudice is only one layer of gendered Islamophobia, which is sustained by several structural factors. These structural factors are: misogyny and stereotyping; the role of traditional and new media (e.g. online forums and

social media) through which online harassment and stalking takes place and remains unregulated; and the normalisation of Islamophobic and far-right rhetoric.

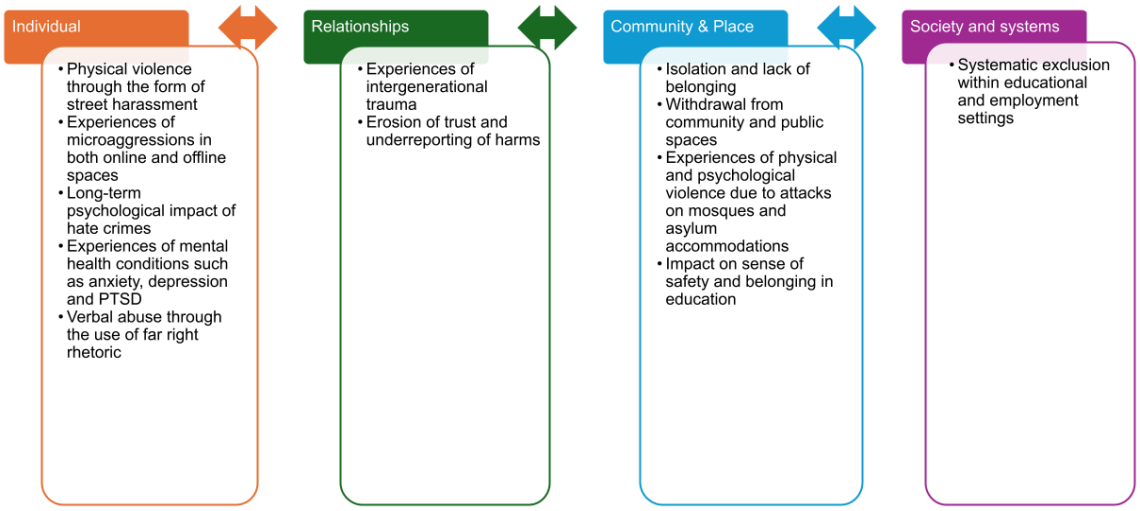
Who are the victims and perpetrators of Gendered Islamophobia?

Evidence from anti-Muslim hate monitoring organisation Tell MAMA states that 71% of perpetrators of gendered Islamophobia are White men between the ages of 20-50 (Tell MAMA, 2023).

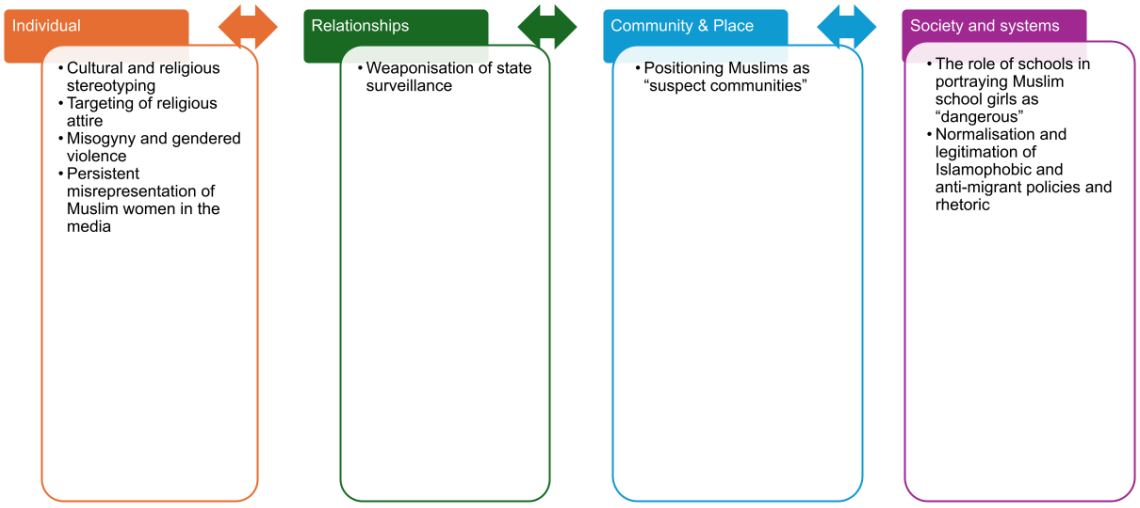
Gendered islamophobia is predominantly enacted through street and public harassment, which can often be sexualised in its nature. Qualitative studies have explored the longstanding psychological and emotional impact of street harassment on Muslim women. They highlight that perpetrators of the violence are usually White men, and that the nature of the harassment is often sexual in the form of sexualised jokes and threats (Mason-Bish & Zempi, 2019; Allen, 2015).

The following four diagrams synthesise the key points for each level, which are explored in more detail below:

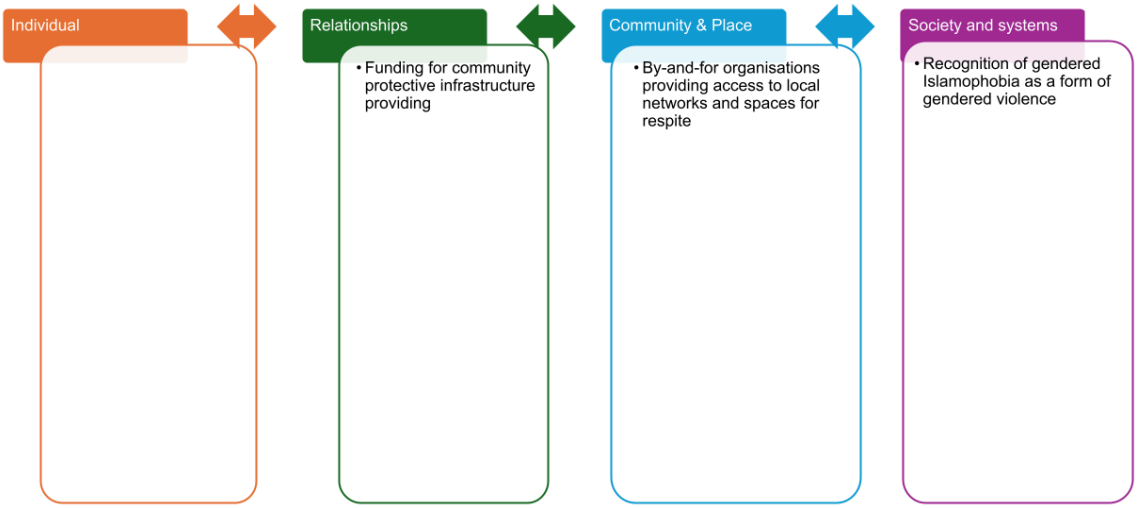
How was violence experienced?



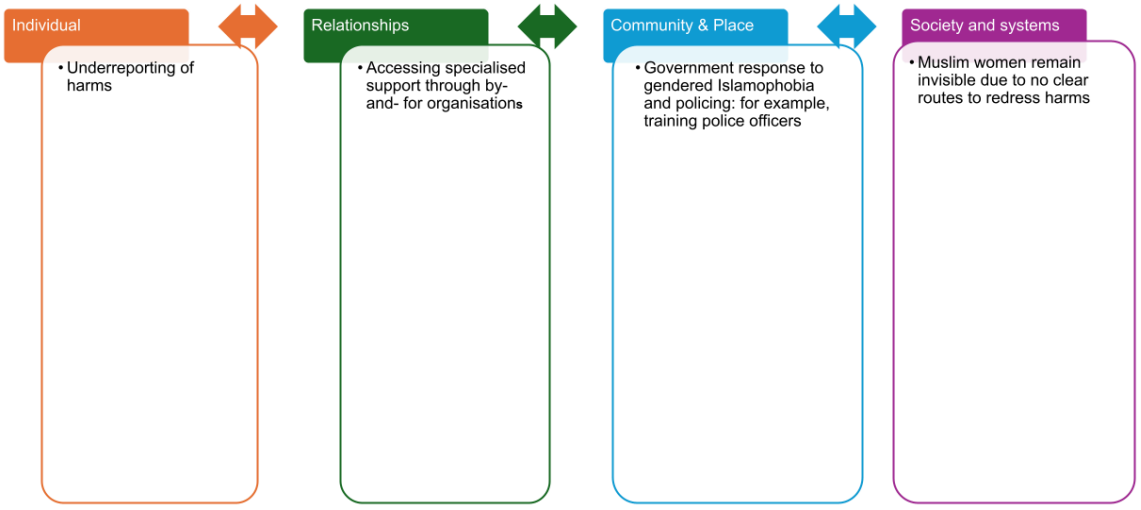
How was violence produced or facilitated?



What prevention mechanisms were in place, or how would it have been prevented?



What was the response?



Figures 8, 9, 10, 11: Created by the Race Equality Foundation based on the narrative review

Cross-cutting factors

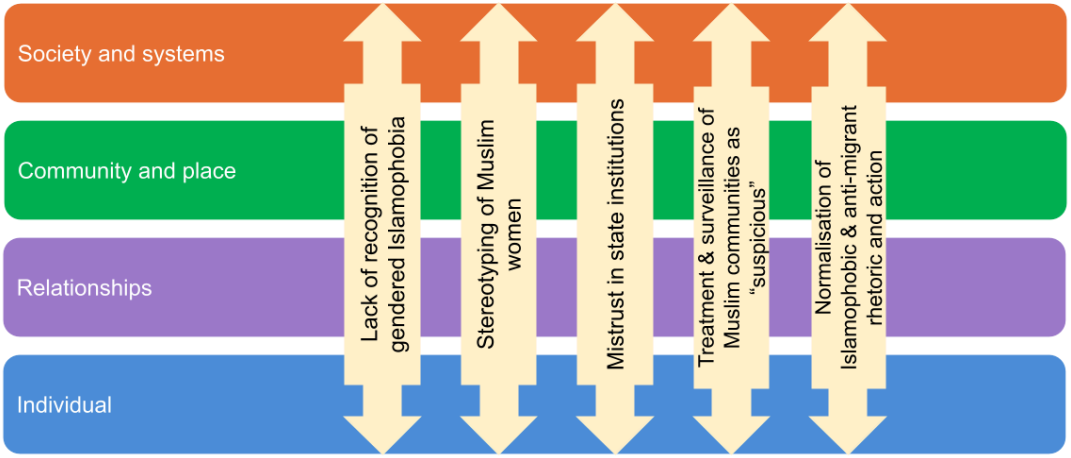


Figure 12: Created by the Race Equality Foundation

The following analysis demonstrates the five main factors that contribute to gendered Islamophobia at multiple levels:

- Lack of recognition and legitimisation of gendered Islamophobia as a form of gendered violence
- Gendered and racialised stereotyping of Muslim women in the media, schools and everyday spaces
- Mistrust in state institutions, especially the police
- Treatment of Muslims as "suspicious communities" legitimising the weaponisation of counter-terrorism policies such as Prevent
- Normalisation of Islamophobic and anti-migrant discourse through institutions and state policies

Society and systems

Experience: Policies impact how violence is experienced on an individual level. For example, young Muslim women experience violence through being socially excluded and dismissed within educational settings (Shaw, 2025). Qualitative studies have shown that they felt that teachers did not actively respond to requests of reporting abuse and discrimination, which deepened their distrust of institutions understanding the intersecting nature of the abuse experienced across the lines of religion and gender (Maleki and Farooqi, 2025).

Contributing factors: While gender equality remains an integral part of educational policy, evidence highlights that for young Muslim women, the policy approaches taken remain entrenched in narrow and negative cultural stereotyping of Muslim parental values (Mirza, 2015). As a result of these exclusionary practices, young Muslim women experience double discrimination through suffering from a form of 'counter surveillance', that they are viewed as 'dangerous' in the educational system, while simultaneously remaining unprotected by policy or law (Mirza, 2015).

The normalisation of Islamophobic and anti-migrant discourse further evidence how gendered Islamophobia is reproduced across broader systems. Venkataramakrishnan (2025) notes the rise of anti-migrant extremism and the growing prominence of the term “remigration” rapidly spreading across digital media. This increasing hostile environment online is contributing to the hostile narratives playing out in physical spaces. Tell MAMA (2025) recorded over 6,000 anti-Muslim hate incidents in 2024, the highest in its twelve year history, while the Women and Equalities Committee (2026) found visibly Muslim women disproportionately targeted.

Prevention: At a societal level, approaches to prevention should begin with recognising gendered Islamophobia as a form of gendered violence. Gendered Islamophobia has been theorised for over two decades (Zine, 2004), yet it is rarely named in policy as a form of gendered violence. This leaves it outside the frameworks, funding streams and professional training through which violence against women and girls is addressed. Naming it as such would bring it within the same duties and accountabilities as other forms of gendered violence.

Response: Muslim women’s experiences are well theorised, but this learnedness has not translated into legitimating language or access to culturally attuned support. When harm is documented, but those experiencing it have no name for it and no clear route to redress, the failure to recognise them is itself a form of dehumanisation. Young Muslim women are described as “dangerous” yet remain unprotected by policy or law (Mirza, 2015), and their reports of abuse remain unacted upon in schools (White, Finlay and Hopkins, 2024). Current recording practices fail to capture the intersecting nature of religious, racial and gendered abuse (Zempi, 2025), and distrust of institutions contributes to underreporting (Muslim Women’s Network, 2024; Zempi, 2020), meaning that Muslim women remain invisible. Without societal and systems recognition of their experiences, there is little to direct support towards, and little reason for Muslim women to expect that there will be a response.

Community and place

Experience: For many Muslim women, violence at the community level is experienced as isolation and loss of belonging (Atkins, 2024), leading some to withdraw from community and public spaces (Ulhaq, 2025; Atkins, 2024). Attacks on mosques, such as during the 2024 racist riots, brought physical and psychological violence into places of worship across the UK (Sönmez, 2025). The Home Office recorded a 19% increase in anti-Muslim hate crime in the year following the 2024 racist riots (Women and Equalities Committee, 2026). Schools and universities were also reported as places that no longer felt welcoming or safe (Ulhaq, 2025; Stride and Allen, 2024; Allen, 2023; Akel, 2021).

Contributing factors: At the community level, violence is produced partly through how counter-terrorism policy is delivered locally. Runnymede Trust (2024) highlights concern over the “suitability and efficacy of Prevent as a tool to uphold the safety of the British public (p.1).” Qurashi (2018) argues further that Prevent operates as an institutional strategy of upholding power, directly shaping policies and practices that prioritise the interest and safety of white people while reinforcing the marginalisation of Muslims. Together with the positioning of Muslims as “suspect communities” (Zempi & Awan, 2026; Bruchhaus & Abbas, 2026), this makes everyday contact with local services a source of surveillance rather than protection. For Muslim women, this suspicion intersects with gendered stereotypes

(Alimahomed-Wilson, 2020), and the normalisation of Prevent has structurally reinforced the reproduction of Islamophobia.

Prevention: At a community level, prevention is reliant on protective infrastructure that Muslim women can rely on at each stage of prevention. By-and-for organisations are central to this, as they offer specialist support through trusted local networks and providing space for respite and recovery. This infrastructure is sustained by stable funding and links with public services. As discussed within the relationships section below, the current governmental model for funding limits the services that by-and-for organisations can offer (Goyal et al., 2026; Gohir, 2025).

Response: The Women and Equalities Committee (2026) asked that police officers are given appropriate training to deal with hate crimes targeted against Muslim women. The government has recognised the need for police officers to be appropriately trained to recognise hate crime offences affecting Muslim women (Women and Equalities Committee, 2026). However, barriers to accessing this response still remain. Zempi et al. (2026) argue that police recording methods fail to capture the overlapping vulnerabilities of visibly Muslim women. Training is therefore unlikely to be enough given that the state apparatus fails to understand the intersecting experiences of abuse that Muslim women face.

Relationships

Experience: Violence in relationships is experienced as erosion of trust and subsequent isolation. Muslim women's trust in the people and institutions around them is weakened, which contributes to the underreporting of harm (Women and Equalities Committee, 2026; Muslim Women's Network, 2024; Zempi, 2020). The trauma of harms is also carried across generations, with families absorbing and passing on the effects of repeated experiences of hostility (Ulhaq, 2025).

Contributing factors: At the relationship level, hostile norms operate through the everyday relationships in which Muslim women live, work and learn. State surveillance has been weaponised in ways that turn professional relationships with teachers, public services and officials into sites of suspicion (Qurashi, 2018). Stereotypes about Muslim women, their families and their values can shape how peers, colleagues and professionals relate to them (Mirza, 2015).

Prevention:Trusted relationships remain one of the most important forms of prevention; however, they are largely reliant on sustained funding. Gohir (2025) argues that the current funding model systematically excludes by-and-for organisations, as charitable organisations must have a certain income threshold to qualify for funding, which most Black, Asian and minoritised ethnic-led organisations do not reach. Other by-and-for organisations such as Imkaan, a feminist organisation specialising in addressing violence against Black and minoritised women and girls have found that, one generic organisation bidding for VAWG funding in the England received twice the income of 36 specialist by-and-for organisations across the UK, further highlighting the need for urgent reform of the government's current funding model (Goyal et al., 2026).

Response: Trusted support is most likely to come from by-and-for organisations that understand the overlapping nature of the abuse. Barriers include limited capacity, short-term funding and the distrust of statutory services described above.

Individual

Experience: Muslim women experience heightened levels of abuse in both public and online spaces, through the form of street harassment (Zempi, 2020; Mason-Bish & Zempi, 2019) and microaggressions (Jackson and Rashid, 2026). The impact of this abuse is cumulative, resulting in long-term psychological distress (Perry, 2014) and mental health conditions such as anxiety, depression and PTSD (Shaw, 2025; Perry, 2014).

Contributing factors: At the individual level, violence is produced through cultural and religious stereotyping (Mason-Bish and Zempi, 2019; Chakraborti and Zempi, 2020) and the targeting of visibly religious attire (Akthar and Jenichen, 2025; Alimahomed-Wilson, 2020; Chakraborti & Zempi, 2012). Notably, misogyny plays a huge role in how this abuse is perpetuated (Shaw, 2025) and the misrepresentations of Muslim women within the media as being “oppressed” and “needing to be saved” justifies and embeds this cycle of abuse (Bouchama, 2025). Material circumstances also contribute to how violence is produced at this level. Labour market exclusion (Khandoker et al., 2024; Ganesh, Bharath and Abou-Atta, 2016) limits Muslim women’s economic security and employment opportunities, which shows how harm is shaped by structural factors beyond their control.

Prevention: At the individual level, protective factors include access to specialist support from by-and-for organisations, where Muslim women can have their experiences understood without having to explain or justify their identity. While this support remains crucial for building community infrastructure that seeks to protect and help Muslim women, it does not reduce the necessary preventative measures that need to be implemented at the state level.

Response: Muslim women’s agency in responding to violence is shaped by support that they’re able to access and trust. Specialist organisations such as Tell MAMA offer direct routes to reporting and support. However, underreporting remains significant (Muslim Women’s Network, 2024; Zempi, 2020), reflecting doubts about whether reports will be taken seriously and understood in their intersectional context. Previous experiences of dismissal by institutions reinforce this reluctance, highlighting the lack of institutional accountability on behalf of their repeated failings of protecting Muslim women.

6. Limitations of the review

While we attempted to incorporate as wide a range of evidence as possible, including community-produced reports in addition to peer-reviewed articles and government reports, it was not possible to provide a systematic approach to the existing evidence due to time and capacity constraints. Consequently, the findings are not reproducible or generaliseable. However, this is also the strength of the review, in that one of the key findings is that understanding and preventing violence requires contextualisation. It must be situated in the specificities of particular communities who experience violence to understand how cross-level factors and drivers interact, what social infrastructures and relationships already exist in communities, and how different stakeholders can work together to prevent and address racialised and gendered violence. This provides a strong basis for the Race Equality Foundation’s plan to implement the adapted ecological framework to prevent racialised and gendered violence in the specific localities of Lambeth, Ealing, and Manchester.

Given that this review is based on a narrative review where we attempted to find recurring patterns and themes in the literature, this process involves interpretive judgement and

potential bias. We attempted to minimise this by two team members cross-checking the work, with another team member reviewing the draft.

Due to time and capacity constraints, the evidence reviewed here - especially in the earlier sections - are mostly focused on quantitative evidence on violence, which encounter several issues with data collection and categorisation as discussed in Section 3. While quantitative evidence is useful in understanding the prevalence of racialised and gendered violence, it needs to be complemented by qualitative evidence to understand people's experience, and what kinds of preventative measures and support mechanisms are most effective. The Race Equality Foundation's workshops will provide further qualitative data to address this gap.

7. Conclusion

This review asked what the different forms of gendered and racialised violence in the UK are, its prevalence, and the common responses and prevention strategies. There are four findings that stand out.

First, how violence is defined and counted contributes to who is protected under policy and law. In the UK, policy and law tend to treat violence as a criminal act, which has led to inconsistent definitions of what can be constituted as violence. It also fails to acknowledge the intersecting nature of how violence can occur across racialised and gendered lines.

Second, a public health approach is widely cited in policy such as the use of mentoring intervention and dating and relationship interventions in schools. However, the evidence and evaluations for these interventions largely draw on US programmes that specifically focus on targeted interventions for young people, who also tend to be from white backgrounds, alongside also being largely focused on secondary and tertiary prevention rather than at the primary level.

Third, applying the adapted ecological framework to the 2024 racist riots and gendered Islamophobia showed violence being produced and sustained at every level through deprivation, misogyny, mistrust of institutions and the police, and the normalisation and legitimisation of Islamophobia and anti-migrant rhetoric in political discourse and state policies. Responses were dominated by a criminal justice approach or otherwise left to under-resourced community and by-and-for organisations.

These findings explain why the WHO model needs to be adapted. Where approaches are designed from a top-down perspective, they overlook the specific needs of the communities that are most affected, whose voices remain unheard. This review points to the importance of working with local communities to build on the social infrastructure that they already have, and centering the work of by-and-for organisations, whose capacity to support Black, Asian and minoritised ethnic communities depends on a funding model that currently excludes them. Local action is dependent on local ownership; without it, it is unlikely that communities will remain committed to long-term change. An adapted model should be enacted from the bottom up, with support at the state-level being recognition and investment, so that communities can decide what preventative measures should be implemented locally, as opposed to them being predetermined.

Finally, this review has established the different forms and severity of racialised and gendered violence, but it has not looked at how specific communities in the UK experience this violence. It is crucial that we understand localised experiences of violence, especially in relation to community violence. The co-production approach for this project aims to fill this gap. The Race Equality Foundation's work in Lambeth, Ealing and Manchester will explore localised experiences of gendered and racialised violence through the use of creative workshops and learning review sessions to build a public model for violence prevention that speaks to their local needs.

Turning to the next stages of the project, the insights from this evidence review will be incorporated into the design and content of the workshops and learning reviews. The focus will be creating space through learning reviews and workshops for lived-experience participants and community organisations to build on or challenge our interpretations of the adapted model; identify preventative and protective factors for violence and evidence that we may have missed; and help set local priorities in understanding and addressing racialised and gendered violence in the localities of Ealing, Lambeth and Manchester. Statutory partners will help us identify who has the power and resources to act. The adapted ecological framework will be refined based on the insights and feedback from lived-experience participants, community organisations and relevant local or wider-system partners. We will feed back what changed as a result of their involvement, and decide what is feasible and most relevant to test in each locality.

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