Ethnic Minorities and Youth Support Team Wales | Tîm Cymorth Lleiafrifoedd Ethnig ac Ieuenctid Cymru

Hyb ACE Cymru
ACE Hub Wales

DO YOU SEE MY TRAUMA?

The lived realities of minority ethnic individuals

Selima Bahadur, EYST Wales and **Dr Shehla Khan**, University of South Wales

EYST Wales

This report presents findings from a research project led by Ethnic Minorities and Youth Support Team (EYST Wales). EYST Wales supports more than **4000** clients every year, with over **85** staff members who are based Wales-wide including in rural areas, and over **75%** of the workforce coming from minority ethnic backgrounds.

EYST Wales has a proven track record in advancing equality, social justice and human rights for ethnic minorities across Wales. Our long-standing mission aligns with addressing the challenges faced by these communities, including systemic racism, marginalisation and the profound effects of racial traumas.

CONTENTS

Introduction 5

Background 5

Purpose and aims 5

Data collection 6

Findings

Focus Area 1 – the racial traumas 9

1.1 Layer upon layer of racial traumas 9

1.2 Unseen scars; the human cost of racial trauma 11

1.3 The lived realities of racial traumas 12

1.4 Terminologies in community languages 20

Focus Area 2 – manifestations 21

2.1 Do you see my trauma? The impacts and missed signs of racial traumas 21

2.2 Pathway to silence; barriers to reporting 24

Focus Area 3 - what needs to change? 26

3.1 Racial traumas; what's missing and what needs to change? 26

3.2 What it means for Welsh society 29

3.3 **Conclusion**: Implications for service providers 31

Recommendations 32

Acknowledgments 37

One boy was a top scorer at football at school; got chosen for team, people said he is taking the position away from white people and he should "go back to Afghanistan". It's difficult, if you are not good at school people hate you and if you are too good people hate you as well. You have to blend in, but you can't outshine other people."

(comment from North Wales)

INTRODUCTION

Background

In 2023, EYST Wales hosted a forum titled *"Do You See My Trauma? A Minority Ethnic Perspective"*, featuring a panel of experts in mental health and trauma. The discussion focused on the unique and frequently overlooked experiences of minority ethnic communities, including refugees and asylum seekers, in having to deal with racism and racial traumas. The forum highlighted that trauma can look different across cultures, that racial trauma is often not well understood in existing systems and by services, and that support services need to be truly trauma-informed - going beyond surface-level understanding to meet minority ethnic people's real needs.

Racial trauma stems from a wide range of experiences including childhood racism, forced displacement, everyday discrimination, and systemic injustice. In minority ethnic communities, trauma often presents differently than in the White population, leading to misdiagnosis or inadequate support due to cultural misunderstanding.

To deliver effective and equitable services, service providers and practitioners must understand these distinct, culturally influenced experiences. Standard therapies like Cognitive Behavioural Therapy may not resonate with collectivist cultures unless adapted, highlighting the need for culturally sensitive approaches that prioritise safety, inclusion, and respect.

In Wales, achieving the goals of the *Anti-Racist Wales Action Plan*[1] and the *Criminal Justice Anti-Racism Action Plan*[2] requires a clear understanding of the current lived realities of racism and racial trauma. The Trauma-Informed Wales Framework, co-led by ACE Hub Wales and Traumatic Stress Wales, has five underpinning principles, of which the 'Inclusive' principle specifically states *"a trauma-informed approach recognises the impact of diversity, discrimination and racism. It understands the impact of cultural, historic and gender inequalities and is inclusive of everyone in society"*[3]. The practice levels recognise that good provision at the Trauma-Enhanced level is met when "cultural, gender and historical traumatic experiences are recognised and an appropriate response is provided. Trauma specialist requirements are recognised and support facilitated.[4]"

Differences in cultures need recognition and consideration in service provision. Building trust through culturally attuned approaches is key to promoting long-term resilience in the aftermath of trauma. Without this, service provision will continue to fall short. Facing these issues directly with environments which are safe and inclusive is essential if we are to build a truly anti-racist nation where all communities feel valued and heard. The first step is to understand the lived realities of people from minority ethnic backgrounds in Wales in relation to racial traumas.

Purpose and aims

This research was commissioned and funded by ACE Hub Wales and aims to gather Wales-specific insights into the everyday racism experienced by people from minority ethnic backgrounds, including young people. The research builds upon discussions at the EYST Wales "Do You See My Trauma? A minority ethnic perspective" forum in 2023.

[1] Anti-racist Wales Action Plan: 2024 update [HTML] | GOV.WALES
[2] Criminal_Justice_Anti-Racism_Action_Plan_for_Wales_-_Interactive.pdf
[3] Trauma-Informed-Wales-Framework.pdf
[4] Ibid

All information was collated during 2024 and 2025. Through in-depth interviews and focus groups, the project explores the lived realities of racial trauma and its impact on individuals and communities and inform the commitment to a racially trauma-informed approach in Wales. This report will directly support the implementation of the Trauma-informed Wales Framework, and commitments in the Welsh Government and CJS anti-racism Plans.

Focus areas:

1. To capture and understand personal accounts of racial traumas and the various forms of racism experienced in Wales.
2. To identify the signs and responses to racial trauma within minority ethnic communities, aiding practitioners in recognising and addressing these experiences.
3. To evaluate existing service provision to assess its effectiveness in supporting those affected by racism, and to explore what needs to change in Wales.

Data Collection Method

Data was gathered using a mixed-methods qualitative approach to capture the lived realities of racial trauma across different contexts in Wales.

Participants were based across Wales, including rural areas. Participants ranged in immigration statuses, including asylum seekers, refugees, resettled individuals, and British ethnic minority communities. A total of 147 participants contributed to the research, with an age range of 9 years to 60+, and from the widest range of ethnic backgrounds from around the world, including South Asian, African, Arabian, Eastern European and Central American.

Five primary methods were employed:

Method	No. of participants	Description
Team Meetings/ Group Discussions	19 participants in group discussions Team Meetings total 30 participants: • BME CYP team 7 participants • Sanctuary Team – 8 Participants • Swansea Based Refugee Resettlement Project (RRP) – 7 participants • Race and Policy team – 5 participants • Carmarthenshire Resettlement team - 3 participants	Group Discussions: Professionals with lived experience and those supporting minority ethnic individuals; explored definitions of racial trauma, racist and discriminatory inc idents and service gaps, in online breakout rooms Team Meetings – Held online and in-person, with information from the RRP team gathered via written responses
Interviews	27 individuals and family members	Detailed individual/family accounts capturing lived experiences of racial traumas, interactions with services, and long-term impacts

Focus Groups	Total 36 participants: • Fcs 1: Swansea – 9 participants • Fcs 2: Wrexham – 10 participants • Fcs 3: Cardiff – 8 young people • Fcs 4: Swansea – 9 participants	Four separate focus groups (two in Swansea, one each in Wrexham and Cardiff) capturing racist experiences both individual and shared, community perspectives, and thematic patterns
Training Session Feedback	12 participants	Insights from Unaccompanied Asylum-Seeking Children (UASC) at a racism impact training session discussion
Survey – MS Forms Responses	23 participants	Survey input from minority ethnic individuals who speak languages other than English
Total participants	**147**	

All discussions and interviews were facilitated by trained staff and, where needed, interpreters. Data was recorded through detailed contemporaneous notes, and in some cases, anonymised transcripts from audio recordings. Identifying information was removed during transcription, and quotes were attributed using generic descriptors (e.g., "female participant," "focus group member") to maintain confidentiality. The anonymised data was then thematically analysed to identify recurring patterns and unique experiences across service areas.

In shops, if I touch clothes and then put the hanger back on the rail, the shop assistant will pick the hanger back up off the rail and rearrange it in an aggressive way as if it is bad that I have touched it, if she sees someone else from a white background doing the same she doesn't do the same to them people."

(female from El Salvador)

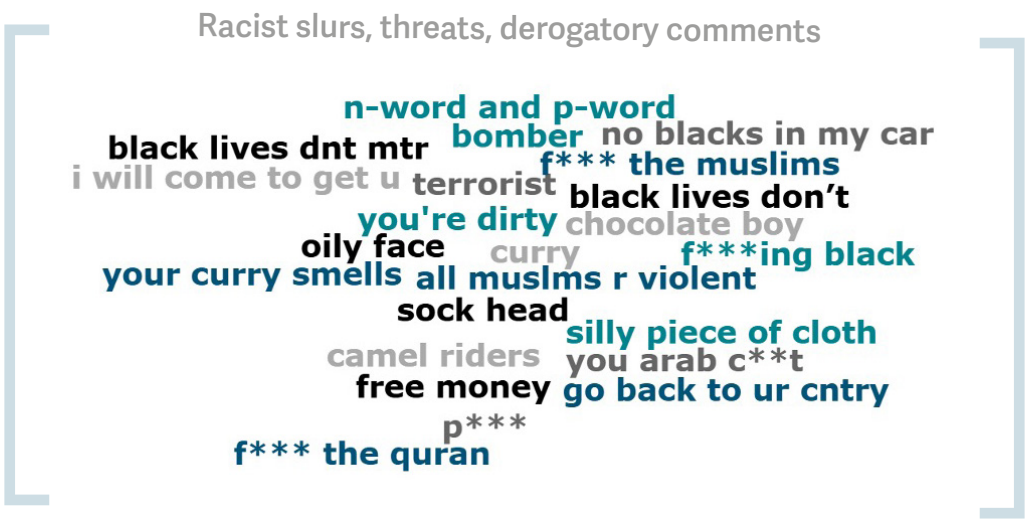
FINDINGS

Focus area 1 – the racial traumas

1.1: Layer upon layer of racial traumas

From the research, people described experiencing racial traumas in several ways but most common themes that emerged across the various groups were:

- **Direct verbal abuse** – racist slurs, threats, derogatory comments about religion or ethnicity.

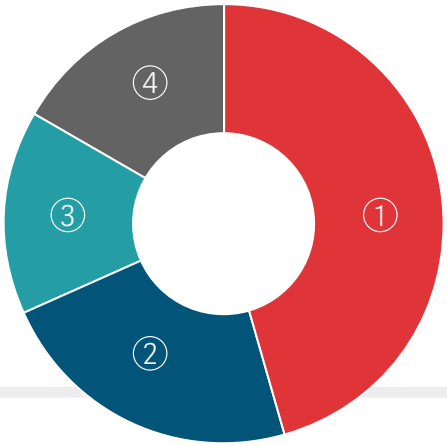


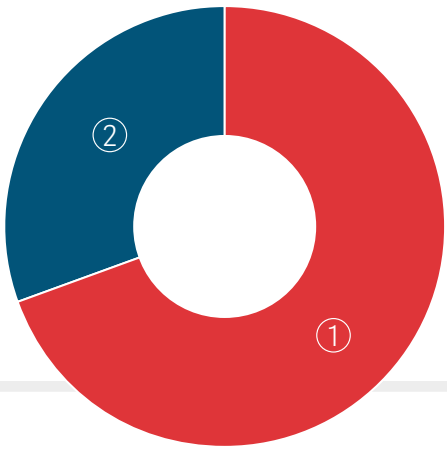
- **Physical assaults and intimidation** – attacks on children and young people, pulling off hijabs, throwing objects.
- **Institutional racism** – police inaction and differential treatment, biased treatment in schools, unequal sentencing in the criminal justice system.
- **Microaggressions and stereotyping** – assumptions based on skin colour, clothing, accent, or name.
- **Exclusion and social isolation** – being deliberately avoided, no one sitting next to them, socially ostracised.
- **Discrimination in service**s – refusal of healthcare, discriminating comments from health professionals, biased housing allocations.

- **Hostile public environments** – threats, racism and harassment on public transport or in public spaces, difference in customer service at shops.
- **Barriers to support** – language barriers and lack of culturally sensitive or accessible services.
- **Mistrust in authorities** – developed from previous racism or discriminatory experiences, repeated dismissal, lack of action, or fear of repercussions.
- **Impact on mental health** – anxiety, PTSD, depression, suicidal thoughts and loss of self-esteem.
- **Impact on physical health** – headaches, stomach pain, sleep disorders, and chronic stress-related illness.
- **Generational trauma** – children witnessing racism towards parents and internalising those experiences, leading to impacts on their own self-identity, sense of belonging, and mental wellbeing.

Themes identified in participant comments

1. Institutional racism	36
2. Physical abuse	18
3. Mentioned depression	12
4. Mentioned anxiety	13





Proportion of accounts mentioning physical vs racial assault

1. Physical assault mentions	66.80%
2. Racial Assault Mentions	29.30%

1.2 Unseen scars; the human cost of racial trauma

The cumulative impact of racial trauma is profound. As shared in their own words, the experiences of participants have left deep emotional wounds and reshaped their sense of self and belonging. Many spoke of feeling fundamentally changed by the hostility, exclusion, and discrimination they have endured in public life.

These words are not fleeting frustrations; they are expressions of deep loss, alienation, and exhaustion. For many, the daily reality of navigating public spaces has become a constant negotiation between self-protection and a longing for acceptance. The relentless accumulation of microaggressions, overt racial abuse, and institutional and systemic racism and inaction has eroded self-worth and diminished hope.

The emotional toll is compounded by the isolation that follows such experiences. People withdraw from social life, avoid public places, and even limit contact with support services for fear of judgement or disbelief. For those who arrived in Wales seeking safety from war or persecution, the contrast between their expectations and the reality they have encountered can be particularly devastating.

These accounts remind us that racial trauma is not only about singular incidents, but also about the sustained erosion of dignity, the constant questioning of one's value in society, and the invisible weight carried into every public interaction. Without meaningful intervention, the long-term personal, social, and economic costs will continue to grow.

1.3 Lived realities of racial traumas

The sub-headings were selected to reflect the institutional and social contexts: - *Health, Social services, Police, Education, Public Transport, Workplace/Employment, and Media/Politics* - where racial trauma was most reported by participants. Categorising the data in this way allows for a clearer analysis of how structural and everyday forms of racism intersect across different domains of life, shaping both individual experiences and wider patterns of exclusion. Islamophobia was rife in the accounts gathered, racism targeting individuals because they are Muslim was present in all contexts mentioned.

For participants, interactions with services were not just inadequate but traumatising, marked by neglect, dismissiveness, language barriers, and, in some cases, overt racism and discrimination. These experiences left lasting emotional and physical scars, deepened mistrust in professionals, and created further barriers to seeking help.

Health & Counselling therapies

Many clients faced trauma from medical neglect and poor maternity care, e.g.:

> **Body wasn't numb... could feel the epidural go into the spine... screaming and crying... they brushed it all off... diagnosed with PTSD."**

Trauma often compounded by lack of trust in translators and inability to communicate: **"The session was only as good as the quality of the translation."** Language barriers prevented seeking help **"I couldn't express my emotions 100% the way I wanted to. I decided counseling wasn't for me. I stopped going, I also stopped going out and put everything on hold."** Language was a common theme mentioned in relation to service provision, particularly therapies, and is discussed in a section later in this report.

Emotional distress manifests physically: headaches, stomach pain, chest pain, sleep disorders, eating disorders, flashbacks, and depression. GPs responses were to put people on anti-depressants as a solution. One GP told a participant **"Everyone experiences racism, get used to it"**. The **Begum Syndrome**, the preconception among some medical professionals that South Asian women, particularly older or those less fluent in English, are **"exaggerating symptoms"** or being overly dramatic about their health concerns, was mentioned.

One GP advised a participant to **'stop focusing on the bad and just focus on the good.'** The participant felt this response was dismissive of their mental health struggles, showed little compassion, and left them feeling unsupported as though their depression and suicidal thoughts were their own fault. They reported that they insisted on explaining to the GP that they had been crying for days, felt unable to cope without external help, and often could not get out of bed due to feeling totally demoralised and discouraged. They also expressed that this experience caused them to lose trust in their GP. The participant later reported being able to access support from their Youth Worker, which they found helpful.

One of the most important forms of support is simply being listened to. As one participant stated, **"Listening properly to the client solves 50% of the issue. Older people, especially, just want to be listened to and valued."** Services are not advertised or explained and if it is offered online, it's harder to access it due to lack of digital skills.

Being turned away from services –

> **I was turned away from a dental appointment because we arrived late after picking up my children from school, despite having phoned in advance to inform the practice that we would be delayed and being told this was fine. When we arrived at reception, I was told, 'It's not my fault you don't understand English,' and was refused the opportunity to see the dentist."**

Social Services

Fear and stigma around engaging with social services:

> **"I was made to feel like a criminal when Social Workers were sent to question me about my children. This experience left me feeling fearful of Social Services and anxious that my children might be taken away from me."**

Perception of being a **"burden"** discourages accessing support. Refugees are often unaware of UK and Wales-specific child protection and other Laws, leading to traumatic interventions (e.g. children removed from parents and placed in Care because of smacking their child. No prior education given to the family about the Laws of the country, such as all types of physical punishment, such as smacking, hitting, slapping and shaking a child being illegal in Wales since March 2022).

One participant expressed that they would prefer Social Workers to prioritise their needs and wellbeing over reporting them, and to demonstrate genuine care and concern for their welfare.

Housing for asylum-seeking clients

> **The accommodations provided need to be private for the families without the risk of Home Office appointed Housing Officers walking in unannounced".**

Participants stated they were not able to relax in their homes. One female from North Wales explained **"I was alone at home in my pyjamas and the Housing Officer walked in without warning"**, another from South Wales told us "you could be relaxing at home or even taking a bath and without being told, the Housing Officer can enter". Another participant said: **"The Housing Officers need to stop spoiling the house by walking through with muddy shoes"**.

Police

Experiences of racism; **"you don't pay tax, your rent is paid, your water is free"**, this comment was made by an Officer to an asylum-seeking family during a local incident. The Officer told the family they get everything for free from the Government and should be grateful.

Many feel scrutinised or treated wrongly by the police, which leaves them feeling unsafe and unwilling to turn to them for protection or support,

> **police stop people if they have a nice car. They keep doing drugs tests, even when they have no reason, they (the police) think of drugs. I keep switching cars because the police know me and the undercover drugs officers always stop me. They always stop me!"**

A young person described an incident he was subjected to at the age of 15, **"police officers were incredibly aggressive, wrestled me to the ground, had a knee on my neck, was scared for my life as I saw what happened to George Floyd"**, he explained even passers-by were stopping to say to the police **"please stop, you're hurting him", "I kept repeating "I'm only 15" over and over again"**. This and other incidents mentioned by the young person led to him concluding

> **I'm always hypervigilant because of how I was treated, and bystanders having to intervene and validate my fears of how dangerous and excessive it was. I feel adults in power always see me through a racialised lens, always angry, always suspicious..."**

Another young person gave the following account,

> **I wanted to go shopping after school to buy a new tracksuit, The £40 that I had for the tracksuit fell out of my pocket, I picked it up and thought nothing of it. The day after the police turn up to school. I started panicking like crazy, I didn't do anything, what are they gonna do to me? Before the police started speaking to me, they first said they have their cuffs on them so if they have to make an arrest they can. This set the tone of the environment and situation instantly and made me feel even more criminalised than I already was".**

After the young person explained where the money had come from and what it was for, the police left, the young person says, **"they made me bug out."**

Others don't want people to see police came to the house or fear the outcome... "**don't want abuser knowing they are reporting."**

Victims of physical assault, threats, and hate crimes report lack of investigation or follow-up. Often police say there isn't enough evidence. One Support Worker explained

> **The families are scared and when they go to the police it puts them off, they say "who do we go to if not the police?" The majority of clients see the police as not protective or safe to go to. They are not supportive. The families are scared to report them. Have never had a client saying such and such happened I will report it, it is always the Support Workers who have to encourage them to do so."**

Often victims of crime are left feeling unfairly treated by the Criminal Justice System,

> **When my son was attacked, I asked the police "where's the justice?", they said the boy who attacked my son would get community service. We wondered why... because our boy threw eggs at a car previously and he was taken to court over it, yet he gets beaten and the attacker just gets community service. This isn't equal treatment being given by the police or courts. Did I escape the bad regime in Syria for this? It takes me back to the war times in Syria."**

The Support Worker subsequently explained the boy who attacked the son was referred to the Youth Justice Service (not given community service) which the family did not see as equal treatment when compared to their son being sent to court.

Despite racist incident reports submitted to the police, the responses were unhelpful and dismissive, with officers downplaying the matter through comments. One participant made a complaint to the police after his nephew had been threatened by the police, being told he would be arrested, only to be told the language used was not out of order. Another participant commented

> **There is a widespread perception that reporting incidents doesn't matter – that their voices and rights aren't valued or protected."**

One incident at a school bus stop involved a girl in a hijab being spat on and having her hijab pulled by individuals known to the family. The Support Workers (one White and one Asian background) went to report the racism, and we were given the following account: **"the police wrongly assumed I, as the second Support Worker** (who is Asian and wears a headscarf) **did not speak English, and before I spoke, while the police were speaking with the Support Worker from a White background, the situation was downplayed with comments such as "it happens", "what can you do?" etc being made. When they realised I could speak/understand English the tone changed."** Another participant commented **"If police see we are Muslims they ignore us and our reports."**

Some described avoidance of police entirely due to fear and distrust: **"If something happened to me, if my car got stolen, house burgled, of if I got punched, I would never ring 999."** Another young person, after buying groceries including a bottle of bleach for his Mum was stopped and searched by the police who detained him after seeing the bleach. He was detained until around 3am, and heard an officer say **"if that was my kid I'd be so ashamed, I'd disown them"**, Social Services became involved after this incident, and the young person said his parents didn't look at him the same. He says,

> **"after that incident, now I always intentionally avoid the police, not confident with them, have lost trust, don't see what good they do for us and think they're there to find trouble."**

Schools & Education

Racism in schools was widely mentioned, included bullying over skin colour, hijabs, turbans, accents, being a migrant and food.

> **"One incident of the child being hit was caught on video and seen by their mother, leaving her devastated. Despite her pleas, teachers did little, and only a few of the aggressors were excluded. This is not an isolated case—it is a pattern of unchecked racism, repeated harm, and institutional inaction. The families affected feel increasingly isolated and hopeless, with systems meant to protect them continuing to fail".**

Racism towards students from teachers has also been reported by numerous participants, including incidents where a student was told to stand next to a black wall **"so he can blend in"**, another student referred to as **"chocolate boy"**, and, in one case, a teacher stating, **"Black lives don't matter"**. There have been multiple incidents where school staff have used racial slurs, including the **"P-word"** and the **"N-word"**, with one teacher telling a student "**silly way to wear a piece of cloth around the head"** and after reporting the teacher to school, nothing happened.

A young person expressed the view that those who behave in a racist manner often seem to face no consequences and are, in fact, protected. They continued to say that even the Head Teacher had been abusive towards Muslim students and had displayed Islamophobic behaviour.

Many children and young people feel that racism is deeply embedded in their schools. The environment is often hostile towards asylum seekers and refugees, with frequent chants of **"go back to your country"** and little meaningful action taken in response. Teachers, in many cases, do very little to address or prevent such behaviour. A school told a family **"we don't want to harm your asylum claim, so we won't be dealing with the incident".**

One family mentioned being told the school had a quota which limited ethnic minority admissions which had been reached, so their child would not be admitted. Hostile environments are causing children to avoid school or public spaces or to excel in these places: **"If you are too good people hate you, if you're not good enough people hate you."** A parent reported downplaying of racist bullying: **"They told me my daughter is too sensitive,"** with the child adding **"first they bullied me because I couldn't speak English and now** (she can speak English) **they bully me because I am Arab."** Young people are not encouraged to reach their full potential.

> **"People don't want to sit next to you. At a school Parent and Teacher meeting nobody sat next to me during the meeting, and I talked to a friend who had the same experience of people not sitting next to her at her child's school"** (both women are from a Black background). **"Those are the subtle things that happen that will result in trauma for a lot of people."**

Public transport

Threats and intimidation on public transport reported: **"Threat of throwing Muslim man defending his wife off the bus while in motion."** Racial abuse from passengers and drivers was experienced; some avoid using public transport altogether as a result.

> **"On the train today, I sat down, and somebody moved from by me, they were asked why they moved, and I heard them say "f***ing Black came sat close to me that's why I moved. I did not say anything pretending I didn't hear."**

Individuals experienced microaggressions, inequity, and emotional harm in everyday life while accessing public transport, as bus drivers ignored their stop requests but responded to white passengers, and restrictive ticket policies compounded their distress, "**made me feel angry, sad, and in pain."**

Workplace/Employment

Repeated experiences of microaggressions, exclusion, and overt racism led to stress, loss of confidence, distrust of managers, and in some cases, leaving jobs. Feeling invisible or undervalued in meetings, being stereotyped, or having contributions ignored undermined wellbeing and created long-term trauma. **"If people visit the office, they assume you are the cleaner or someone's secretary".**

Differential treatment compared to White colleagues was reported (e.g., scheduling, promotions, workloads), reinforcing feelings of injustice and isolation.

A participant overheard a Support Worker colleague making a racist remark to another colleague about her, stating, **'I don't want this Black girl in my car.'** The participant reported that hearing this comment made them feel invisible, as well as deeply frustrated and humiliated, yet she carried on her day as usual.

Media and political climate

Political discourse and hostile media coverage fuelled fear, anger, and stigma. This reinforced stereotypes of refugees/asylum seekers as threats.

> **"A Caucasian Welsh man was responsible for a major local incident mentioned. The incident received minimal media attention. The family involved observed that if the perpetrator had been from an ethnic minority background, it would likely have been heavily publicised."**

Families reported stress, anxiety, and in some cases health conditions triggered by discrimination. Children experienced bullying, internalised racism, and strained family relationships as a result of hostile political and media narratives.

> **"People see Brown people on TV as terrorists. They don't see the Brown GP's, etc. or the good we do..."**

Public space racial trauma – Summary table

Location	Type of abuse/ incident	Example from research	Impact on Victim(s)
Public park	Verbal abuse linked to religion/ culture	Dog owner shouted ***'If you don't like dogs then why don't you go back to your own country?'*** at Muslim man keeping dog away from family	Humiliation, reinforced fear of public spaces, cultural disrespect.
Park	Physical assault & threats	Boy physically assaulted by other boys in park, also issued with death threats. Another boy was mocked and bullied in the park, with someone saying to him, ***'I pray all the time that you die.'*** This deeply upset him, and he later asked his mother, ***'Why does everyone hate me? They want me to die'***.	Fear, anxiety, reluctance to leave home, mistrust of authorities. Complete isolation, depression, sadness.
Rural village street	Theft & verbal harassment	Afghan children had shoes, clothes and bikes stolen or damaged; verbal abuse from peers	Loss of safety, depression in mother, social isolation
Street	Physical intimidation & questioning	Woman grabbed by arm and asked if she was a refugee, released when she said she was not	Fear of being targeted, mistrust of strangers
Bus	Threat of violence & religious targeting	Threat to remove Muslim woman's hijab; threat to throw Muslim man off moving bus. People not wanting to sit next to visibly minority ethnic people	Anxiety, trauma triggers, avoidance of public transport
Neighborhood	Racist Bullying	Son's phone was broken by neighborhood boys, they also broke his bike while he was on it and attacked him physically. Brought all the bins from street and dumped them in the family's front garden	Isolation, anxiety, depression and feeling hopeless.
Pharmacy	Refusal of service based on ethnicity	Customer refused to be served by minority ethnic worker, saying medication they handled would be ***'dirty'***	Humiliation, reduced confidence in public roles

Charity shop	Shame linked to cultural stigma	Refugee woman hid free sanitary pads due to cultural shame	Internalised stigma, reduced willingness to access support
Shop	Covert racism	Till Operator telling a Muslim woman the till was closing, woman moved to another till and saw the till she had been asked to move from remained open.	Shocked even though not first time experienced, deeply hurt by the treatment, realisation that there is a long way to go to becoming an anti-racist nation
Schoolyard	Racist bullying & verbal abuse	Children subjected to ***'go back to your country', 'oily face', 'curry'***, etc.	Low self-esteem, withdrawal from activities, academic disengagement
School dining area	Religious disrespect	Child had ham sandwich thrown in their face; school minimised incident	Cultural alienation, loss of trust in school
Community spaces	Public filming & xenophobia	Locals approached refugees with hostile questions, filmed them for social media. In market places, repeated incidents of harassment, such as throwing of vegetables, water and stones.	Hypervigilance, fear of public areas, avoidance of community events and spaces.
Swimming pool	Bullying & humiliation	Group of boys hid refugee child's clothes and shoes during swimming trip	Fear, reluctance to attend activities, loss of confidence
Work	Racism and Microaggression	Spoke to head of department, but was labelled as being overly sensitive and wasn't taken seriously and made to feel as I was the problem.	Performance was affected, lost trust and felt isolated.

The wider and long-term impact on individuals and families was commonly mentioned in accounts gathered, ***"once she saw me in my hijab and the colour of my skin, she became cold and distant. It's a feeling I know too well. Sadly, this wasn't the first time I've experienced this kind of treatment, where you're made to feel lesser simply for not being white. It stays with you—each moment a reminder of how far we still have to go."***

A parent of asylum background living in a rural areas of Wales said ***"It's like the kids are in a cave. They can't go out*** (due to racist bullying on the streets). ***My kids are losing hope in life like this. Kids shouldn't have to stay home, they should be going out. In short, the kids don't feel safe here."*** Impacts are discussed in detail, including the signs that are commonly missed by professionals after individuals have experienced racism and discrimination, in Focus Area 2 of the report.

1.4 Terminologies in community languages

Language barriers in therapies were a key concern raised during the Forum and echoed by professionals in group discussions. Many highlighted the lack of first-language therapists and questioned whether translators use accurate, culturally appropriate terminology. One professional noted that some clients don't have the words in their language to describe certain traumas, leading to misdiagnosis or being dismissed – referencing issues like "Begum Syndrome" as examples of being unheard and misunderstood.

We had 18 languages spoken by respondents to the survey on terminologies. Participants ages ranged from 21-62.

Languages spoken by participants included:

43% of participants did not know the word for racist or racism in their community language. When there were no words for racist or racism, the language used varied, for example "In our community, we often describe racists using the Sylheti word "kasra" which translates to "unclean, dirty, or rubbishand, "someone who hates or dislikes you for the way you look" and "someone who has been nasty or hateful because of colour or because they are different."

When asked "Do you have words for mental health related conditions in this language?" 26% said no, and 17% said for some words only.

Focus area 2 – manifestations

Section 2.1 explores the impacts mentioned by participants, how they show up in different settings, and the warning signs practitioners should be alert to when working with individuals and communities affected by such trauma. Section 2.2 continues with listing what is stopping people reporting racist incidents or seeking support when affected by racial traumas.

2.1 Do you see my trauma?
The Impacts and missed signs of racial traumas

Across all areas, including healthcare, social services, policing, education, and public transport, participants described how experiences of racism, including Islamophobia, and racial traumas have left deep and lasting scars. Racial trauma often manifests not only in emotional distress but also in physical symptoms, mistrust of institutions, and withdrawal from essential services.

Health & Counselling therapies

Impact of racial traumas

- Avoidance of healthcare settings due to prior discrimination and racism (e.g., maternity negligence, dismissive GPs, disbelief of symptoms).
- Physical symptoms linked to racial trauma: headaches, stomach issues, sleep disorders, chest pain, shaking, eating disorders.
- Mental health issues: anxiety, depression, PTSD, low self-esteem, withdrawal, loss of confidence.
- Retraumatisation during medical procedures (e.g., not believing pain reports during childbirth).
- Distrust of mental health systems; fear of judgement or being misunderstood by therapists.

Signs to look for

- Missed appointments or late attendance (linked to trauma's cognitive effects).
- Expressing physical pain in place of emotional distress.
- Reluctance to discuss mental health or avoidance of therapy after bad experiences.
- Hypervigilance, mistrust of authority figures, abrupt withdrawal from services.
- Overly formal or "people-pleasing" behaviour masking distress.

Social services

Impact of racial traumas

- Fear of social services involvement due to community stigma or past experiences
- Mistrust and non-engagement due to perceptions of bias.
- Aggressive responses when children are removed (misinterpreted as non-cooperation rather than parental instinct).
- Cultural norms misunderstood.

Signs to look for

- Reluctance to report abuse or hate crimes.
- Evasive or guarded behaviour during assessments.
- Extreme protectiveness over children in interactions with services.
- Withdrawal from community activities after negative interventions.
- Some workers demonstrated cultural awareness and sensitivity, involving minority ethnic professionals in leadership. Accounts provided of good examples of advocacy and mediation between clients and authorities to prevent escalation.

Police

Impact of racial traumas

- Reluctance to report crimes, feeling police will dismiss or retaliate due to past experiences.
- Expecting unequal treatment compared to White peers in legal processes due to past experiences.
- Fear of jeopardising immigration/asylum status if involved with police.
- Retraumatisation through discriminatory comments, profiling, or disbelief.
- Reluctance to take part in police Positive Action events.

Signs to look for

- Victims declining to pursue charges even in serious incidents.
- Families reporting only via trusted intermediaries (e.g., support workers).
- Avoidance of public spaces due to fear of police encounters.
- Hypervigilance in presence of law enforcement.
- Some support workers mediated between victims and police to ensure statements were taken. Isolated examples of individual officers showing understanding but overwhelmingly, the pattern was minimisation or victim-blaming.

Schools & Education

Impact of racial traumas

- Reluctance to report racism, feeling school will dismiss due to past experiences.
- Fear of reporting and consequences if racism has come from teacher.
- "Fit in but don't excel" culture is causing underachievement.
- Children from minority ethnic backgrounds feel lesser than children from White backgrounds due to differential treatment.
- Children internalising racism or normalising it (racist comments seen as jokes).
- Due to ongoing subjected racism, minority ethnic child react, causing them to be unfairly excluded or punished by schools, without having the racism taken into consideration. Causes heightened feelings of injustice coming from the schools and teachers.

Signs to look for

- Refusal to attend or anxiety about attendance.
- Isolated play or reluctance to join activities.
- Sudden drops in academic performance.
- Aggressive behaviour or withdrawal after bullying incidents.
- Code-switching or suppression of cultural identity to avoid attention.

Public transport

Impact of racial traumas

- Avoidance of public transport after incidents.

Signs to look for

- Requests for alternative transport options despite inconvenience.
- Over-preparation for journeys (e.g., arranging escorts).
- Anxiety or agitation when public transport is mentioned. Hypervigilance during journeys, especially for women wearing visible religious clothing.

Public-space racial trauma

The lived experiences reveal deep and lasting consequences for those targeted in public spaces. The findings highlighted:

Heightened fear and anxiety – Individuals become hypervigilant, scanning for danger in everyday situations such as walking through a park or taking a bus.

Social withdrawal and isolation – Many avoid public spaces, community events, or even sending children to school due to safety fears.

Loss of trust in authorities – Repeated inaction or minimisation by police, schools, and other bodies leaves individuals feeling unprotected and undervalued.

Decline in mental health – Incidents often trigger or worsen depression, PTSD, panic attacks, and low self-esteem.

Disrupted education and employment – Children disengage from learning due to racism; adults lose work opportunities through discrimination and avoidance behaviours.

Erosion of cultural and religious identity – Verbal abuse, disrespect for religious practices, and cultural shaming cause individuals to hide parts of their identity in public.

Cross sector

Trust deficit: Past negative experiences in any one sector spill over into others.

Hidden trauma: Many symptoms (physical illness, withdrawal, over-compliance) are misinterpreted or overlooked.

Intersection of race & immigration: Asylum seekers/refugees experience unique, compounding traumas, both pre-migration and in hostile host environments.

Intersection of race & religion: Individuals from racial and religious minority backgrounds face compounded discrimination and exclusion, as faith-based identities interact with racial biases to create unique barriers to accessing services and support.

Cultural mismatch: Services often operate on Western norms of help-seeking, eye contact, emotional disclosure, and timelines.

Community isolation: Physical and social isolation worsens trauma and makes access harder.

2.2 Pathway to silence; barriers to reporting racial trauma

The findings highlighted an overall reluctance and deliberate avoidance to report racist incidents. The decision not to report racial abuse was not due to a single factor, it is the result of overlapping fears, mistrust, lack of representation, structural barriers, emotional strain, and cultural norms. For many, previous negative experiences with authorities or a belief that nothing will change undermine any motivation to speak out. Language barriers, complex systems, and lack of accessible support make the process even harder. Shame, trauma fatigue, and fear of retaliation silence voices further, while cultural taboos and differing understandings of "reporting" add another layer of complexity. Together, these barriers create a "pathway to silence" that allows racial abuse to continue unchecked and hate crime and racism data being highly inaccurate in Wales.

1. Lack of trust in systems

- **Perception that "nothing will change"** – Majority feel reporting will not lead to action or meaningful outcomes.
- **Previous inaction and racism/discrimination** – Past reports not taken seriously or dismissed entirely.
- **Belief that authorities do not understand** – Perception that police, teachers, and other professionals lack empathy or cultural awareness.
- **Fear of being disbelieved** – Some victims have had their experiences downplayed or denied by services.

2. Fear of consequences

- Impact on asylum or immigration status – Refugees and asylum seekers worry that speaking out may harm their cases or lead to deportation.
- Fear of police, social services and all authorities– Past negative experiences or perceptions that all those in authorities are unsupportive or discriminatory.
- Community stigma – Fear of being labelled or shamed within their own community for reporting incidents, particularly related to domestic or sexual abuse.
- Fear of retaliation – Concern that perpetrators (especially within close-knit communities) will find out and escalate abuse.

3. Practical and structural barriers

- Language barriers – Difficulty expressing details in English; lack of interpreters or concerns about interpreter confidentiality and empathy. Lack of terminology for racist, racism and mental health related words available, in many community languages.
- Complex reporting systems – Reporting processes seen as intimidating, bureaucratic, or inaccessible.
- Limited access to services – Support is often located far away, not available in local areas, or only online (excluding those without internet access or digital skills).

4. Emotional and psychological factors

- Shame and self-blame – Internalised feelings of embarrassment or guilt, leading to silence.
- Trauma fatigue – The emotional burden of repeatedly recounting painful events.
- Avoidance – Choosing to withdraw rather than risk re-experiencing the trauma through official processes.

5. Cultural and social dynamics

- Gender norms and cultural taboos – In some cultures, men are discouraged from speaking about feelings, and women may be discouraged from speaking about abuse.
- Different understandings of "reporting" – In some countries of origin, going to the police is associated only with criminal wrongdoing or corruption, not protection.

Focus area 3 – what needs to change?

This section calls attention to the gaps highlighted by the research, the implications for service providers, and makes clear what must change to deliver fair, compassionate, and effective support and to become closer to becoming an anti-racist nation in Wales.

3.1 Racial Traumas; What's missing and what needs to change?

When evaluating the gaps in services, we must confront a vital truth: unless these shortcomings in relation to racial traumas are addressed, services will continue to fail the very people who rely on them.

Health & Counselling therapies

Gaps:

- Severe shortage of culturally competent therapists and first-language counselling. Long waits (up to 2 years) lead to dropout. Lack of racial trauma-specific training in health staff.
- Lack of culturally competent counselling, particularly in first languages.
- Inadequate racial trauma training for GPs and therapists.
- Few minority ethnic practitioners in clinical roles.
- Insufficient interpreter training in empathy and cultural nuance.

Social services

Gaps:

- Lack of early cultural/orientation support to prevent traumatic interventions (e.g. knowledge of smacking law).
- Minority ethnic families see services as punitive, not protective.
- Insufficient cultural awareness training.
- No clear "bridging services" to connect social services with minority communities.
- Rigid procedures without adaptation for trauma impact.

Police

Gaps:

- Lack of trust in police and wider criminal justice system as a result of inconsistent action on hate crimes and racist incidents, which often fell short of standards.
- Language and cultural understanding lacking which results in barriers.
- Lack of accountability when racism occurs in Policing.
- Trauma-informed policing is missing. No consistent racial trauma-informed approach to victims/witnesses.
- Stereotyping and discrimination in stop-and-search and sentencing.

Schools & Education

Gaps:

- Lack of schools and educational establishments dealing with reports of racism sufficiently. Racist bullying minimised or ignored. In some instances, teachers have made racist comments - children are not confident to report or call out.
- Exclusionary admission policies and lack of accountability.
- No racism reporting or incident recording avenues known to children or families. For those who do report, they are not feeling supported.
- Lack of culturally responsive pastoral care.
- No proactive anti-racism curriculum or whole-school training.

Public transport

Gaps:

- No clear procedures for addressing racial abuse in public transport settings.
- Lack of bystander intervention from staff.
- No consistent reporting/escalation process for racist incidents.
- Limited training for transport staff on racial trauma.

Workplace

Gaps:

- Lack of clear, trusted, reporting systems. Complaints often dismissed or minimised.
- Managers often unaware of or unwilling to challenge discriminatory behaviour.
- Lack of training in cultural awareness and anti-racism practices.
- Transparency in HR processes missing, need stronger accountability measures to protect minority ethnic staff.

Media

Gaps:

- Lack of positive representation in media.
- Lack of accountability for racism, discrimination and biases - media and political discourse perpetuate stereotypes of refugees and racial minorities as threats, while underrepresenting their voices.

Cross Sectional

In response to what is missing from the service provision that makes ethnic minority communities less likely to reach out for support, the short answer is: **"sense of humanity."** The findings showed that without compassion, empathy, and genuine human understanding at the heart of any service, even the best-resourced or technically efficient provision would be unable to fulfil its objectives or make a meaningful difference.

3.2 What it means for Welsh society

Public-space racial trauma affects more than the immediate victims – it erodes community cohesion, trust, and Wales's commitment to being an anti-racist nation and the commitments of Welsh Government and the Criminal Justice System in their anti-racism Action Plans.

Breakdown in integration – Hostile public environments force minority ethnic families into cultural silos, reducing cross-community understanding.

- **Intergenerational trauma** – Children internalise experiences of racism, shaping their world view and perpetuating cycles of mistrust and inequality.
- **Economic loss** – When people withdraw from public life, opportunities for education, employment, and entrepreneurship are lost, diminishing Wales's social and economic capital.
- **Damage to national reputation** – Persistent reports of unchecked racism undermine public confidence in Wales's equality commitments and may deter skilled migrants, students, and investors.

An 18-year-old participant experienced direct racism for the first time in Wales while getting aboard a bus. She commented

> **"During recent times it seems that people are becoming more courageous in their acts of racism. This is something that I have never felt up until this point. is making me feel very uncomfortable in my own city where I was born and grew up, which has also impacted my decision to want to move elsewhere in the UK for a university".**

When asked if she reported the incident, she said no.

Welsh Government says *"We would expect actions in the Plan to lead to a reduction in incidences of bullying and harassment for ethnic minority people. We can collect outcome data on whether recorded incidences have gone down, and this shows us whether we are going in the right direction or not*[5]. From the 147 participants in this research, we did not hear any positive accounts of reporting or willingness to report. We repeatedly heard participants clearly stating that they do not report racism related incidents.

> **"There is a noticeable absence of accessible counselling for racial trauma, and many clients see no value in reporting incidents due to the lack of outcomes or accountability. This has led to a growing sense of hopelessness and mistrust in the Welsh system and police."**

> **"With the Senedd elections coming up in 2026 it doesn't look like a bright future. More racism, more difficulties for any people of minority ethnic background in this area."**

[5] Anti-racist Wales Action Plan: 2024 update [HTML] | GOV.WALES

Moved from London to Wales, I've been in Wales for 2 years and there have been constant racist incidents. Feel wounded and angry. There is a lack of support."

(female of mixed heritage background)

CONCLUSION

3.3 Implications for service providers

The accounts point to systemic service gaps and the urgent need for changes:

- **Trust must be actively rebuilt** – Police, schools, and health providers need to demonstrate consistent accountability and transparent follow-up on reports of racial abuse. Feedback has to be timely and transparent.
- **Cultural competence as a baseline skill** – All staff including frontline workers should receive mandatory, ongoing training in cultural awareness, religious sensitivity, and racial trauma-informed practice.
- **Proactive safeguarding in all public spaces** – Including but not limited to, schools, leisure centres, and transport providers, must adopt stronger anti-racism measures, including rapid response to incidents.
- **Accessible reporting and support** – Reporting systems must be simple, multilingual, and visibly lead to action. Victims should receive immediate emotional and practical support.
- **Partnership with trusted community organisations** – Service providers should work alongside grassroots groups who already have trust with affected communities, ensuring support is both credible and culturally relevant.

The testimonies and evidence gathered make it clear that racial trauma is not confined to isolated incidents but is embedded within repeated interactions across all areas of life, including health, education, policing, social care, and public life. Gaps in service provision are more than operational failings, they perpetuate harm, deepen mistrust, and deny minority ethnic communities the dignity and equity they deserve. Addressing them will require not only resources and training, but a fundamental shift towards compassion, cultural humility, and active anti-racism at every level of service delivery.

Recommendations

Here are some clear and actionable recommendations to address racial trauma and improve service responses for minority ethnic communities, based on best practices and research findings. The table below reflects the recommendations provided by participants at the interviews and focus group discussions. We have then listed recommendations that we have from this research.

Recommendation Area	Sector/Example	Participant-suggested actions
Enhance Staff Training & Cultural Competency	Health, Social Care, Police, Education, Public Transport	- Mandatory anti-racism and trauma-awareness training for police and transport staff - Training on sensitive race discussions, trauma impacts, and unconscious bias - Supportive supervision and reflective practice - Teachers trained on racial literacy and safe pupil support
Develop Clear Protocols & Organisational Guidance	All sectors	- Clear policies for addressing racial trauma and racism-related issues - Transparent follow-up for police victims - Pre-emptive cultural rights and law education for new arrivals - Specialist liaison officers in social services - Consistent enforcement of zero-tolerance and anti-racism in schools
Increase Representation & Language Support	Health, Mental Health, Frontline Services	- Recruit/retain more minority ethnic staff in clinical and frontline roles - Faith-sensitive and language-matched counselling - Interpreters trained in empathy, cultural nuance, and trauma awareness - Consideration that words related to racism, racist and mental health do not exist in some languages

Improve Access & Tailored Support	Health, Education, Mental Health	- Trauma-specific, culturally adapted, accessible services without GP gatekeeping - Flexible approaches for missed/late appointments due to trauma - Targeted wellbeing support for refugee children in schools - Free mental health and trauma support
Foster Safe, Inclusive & Anti-Racist Environments	All sectors, Public Transport	- EDI integration to dismantle systemic racism - Safe spaces for discussions on race/identity - Public campaigns reinforcing zero tolerance for racial abuse (transport, public services) - Encourage informal support/mentoring (schools, wellbeing teams)
Build Community Trust & Engagement	Health, Social Care, Education, Public Services	- Engage communities via trusted intermediaries, advocacy programs, and local groups - Persistent, culturally sensitive outreach - Avoid deficit labels like 'hard to reach'
Promote Trauma-Informed, Intersectional Approaches	All sectors	- Recognise intersectional impacts of racial trauma on mental, physical, social, emotional wellbeing - Collaborative, healing-focused environments - Integrate race, faith, immigration, and language considerations for culturally responsive support

Our recommendations

Welsh Government	Prioritise tackling the lack of reporting of racial incidents and discrimination by people of minority ethnic backgrounds across Wales. Gather and record data that truly reflects the number of racist incidents in Wales. Preventing racial trauma needs a commitment from all sectors, including policing and schools, and must come top-down from the Government in an intersectional, cross government and holistic approach recognising the relationship between anti-racism and trauma-informed practice. This approach should not be siloed, and a golden thread through policy and practice such as hate crime, nation of sanctuary, violence prevention and community safety etc. integrating health, education and housing.
Schools and Local authorities	Disciplinary actions in schools and wider education settings need to be equal for minority ethnic and white children. Stop the racial injustice of excluding and punishing the minority ethnic children unfairly and disproportionally.
Senior Leadership at Schools	Take immediate action to tackle teachers making racist and discriminatory comments. Teachers to be trained to recognise the long-term racial traumas this leaves the children with.
Schools	Give pupils the space to speak openly with confidence and believe them when they tell you about any racism experienced. Record the racist incidents as racist incidents.

Recommendation for ACE Hub Wales	The Trauma-Informed Wales Framework Wales has five underpinning principles, of which the 'Inclusive' principle specifically states *"a trauma-informed approach recognises the impact of diversity, discrimination and racism. It understands the impact of cultural, historic and gender inequalities and is inclusive of everyone in society."*[6] It recognises that good provision at the Trauma Enhanced level is met when *"cultural, gender and historical traumatic experiences are recognised and an appropriate response is provided. Trauma specialist requirements are recognised and support facilitated."* We strongly recommend that the Framework implementation ensures that this principle is understood in practice and to assist the Hub co-produces with people with lived realities, further guidance for professionals to understand the racial traumas and impacts to ensure appropriate support can be facilitated.
Police and wider Criminal Justice System	Trust needs to be established. The Criminal Justice System in Wales must eliminate the differences in treatment and outcomes for people from minority ethnic backgrounds when compared to the mainstream British White population. Only then will there be a chance of building trust.
Police	Action needs to be taken to discipline Officers who are making racist remarks or treating minority ethnic, including young people, with unnecessary force and threats such as telling young people they have cuffs on them in case they need to make an arrest. Respond to racism reports with a full understanding of the impact this is having on minority ethnic individuals and families when not being dealt with in a proper manner.
Professionals supporting refugee and asylum-seeking clients	Send reminders, the day before and on the day about appointments. Understand the impact of trauma for these groups means they can't think too far ahead. Consider, when appointments are missed, it's not because they don't care it's because they have so much trauma.

[6] Trauma-Informed-Wales-Framework.pdf

Education and Employment related organisations	Action to have more minority ethnic people consider counselling as a career and provide more training options.
Mental Health and Wellbeing Services	To tackle mistrust of services related to Mental Health and Wellbeing, professionals need to be more patient and give the individual more time for them to accept the support. Make support tailored and inclusive to different cultures. Listen properly to minority ethnic clients. These recommendations collectively aim to transform services into compassionate, equitable, and effective systems that honour the experiences of racial trauma and actively support minority ethnic communities in recovery and wellbeing. Addressing these gaps is fundamental to achieving equitable health and social outcomes.

Acknowledgements

Thank you to all the individuals and families who shared their lived realities, so openly and with transparency and honesty. Your stories were, at times, hard to listen to but every account we heard spurred us on to carry on with this work, reminding us of the importance of eliminating racism from Welsh society.

Thank you to all Ethnic Minorities and Youth Support Team (EYST Wales) colleagues for your contributions, in particular to those who carried out interviews, wrote up notes, supported at the focus groups and took part in the Team discussions. A special mention is given to Jainaba Conteh and Twahida Akbar for their contribution to the "Do You See My Trauma? A Minority Ethnic Perspective" Forum which led to this research.

Thank you to Dr Joanne Hopkins and ACE Hub Wales, for giving EYST Wales the opportunity to carry out this work, and for recognising the importance of researching racist incidents and racial traumas.

Participant 1

I have no markers against my name to say I've been violent, I've never run away from the police but they always get me in cuffs when stopped"

Participant 2

I was walking in the street. Police cars pulled up and put me in handcuffs. People were staring. The policeman put the camera on me and used the radio, "it's not him" they said in the radio and (they) just left.

(participants, one Black and one Asian, live in different Police Force areas in Wales)

Ethnic Minorities and Youth Support Team (EYST Wales)

Units B & C,
11 St Helens Road,
Swansea, SA1 4AB

T: 01792 466980/1
E: info@eyst.org.uk
www.eyst.org.uk

Reg Charity No: 1152486

Ethnic Minorities and Youth Support Team Wales | Tîm Cymorth Lleiafrifoedd Ethnig ac Ieuenctid Cymru