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# A summer's violence: knowing, and caring, when inequality bites

Savitri Hensman, involvement coordinator at ARC South London, discusses how a wave of arson and other attacks targeting minorities in England and Northern Ireland this summer, has raised important issues, including for health and care research informed by lived experience.

BLOG AND COMMENTARY

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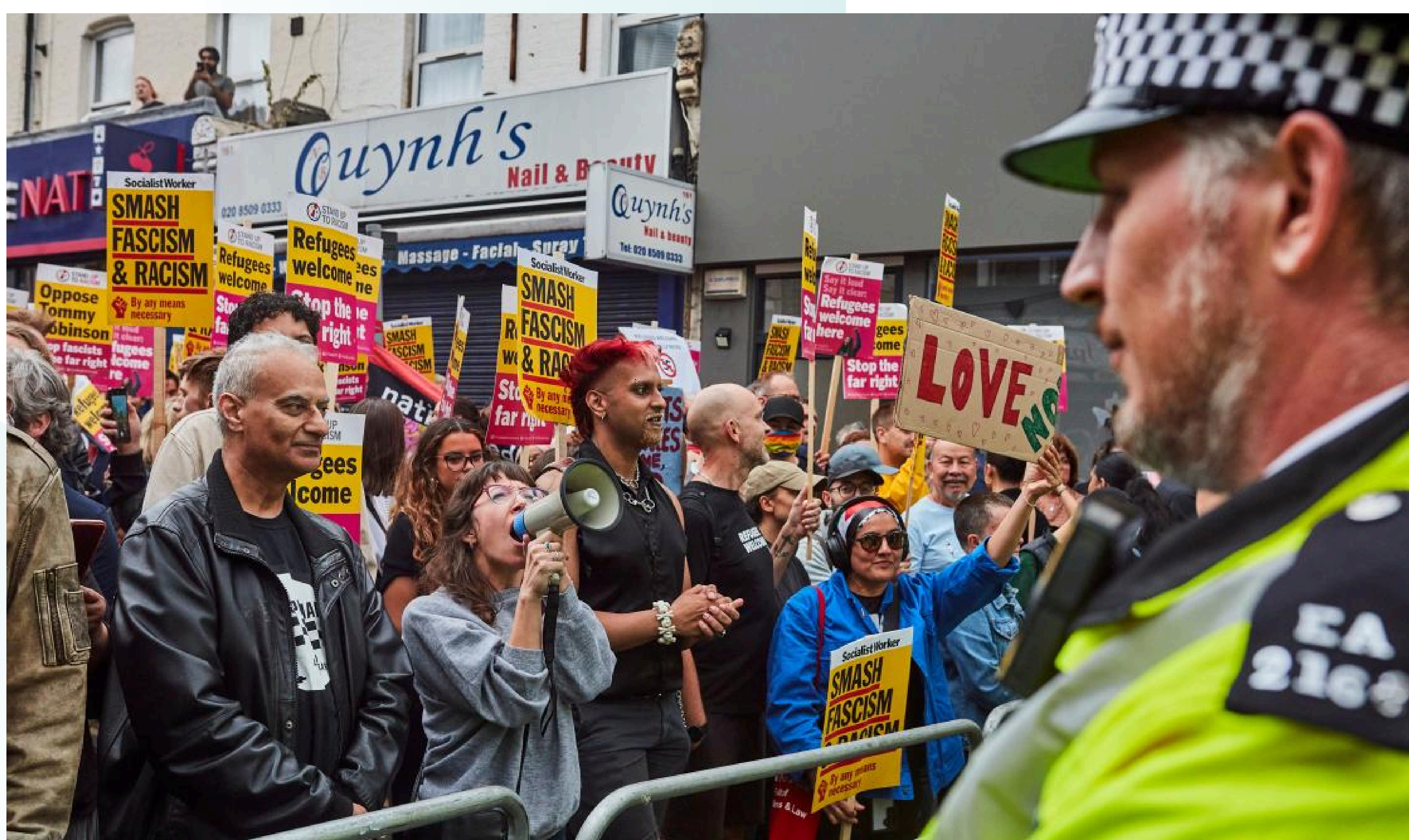
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Words by Savitri Hensman  
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Horrific racist and Islamophobic violence and hate hit various parts of England in late July and early August, leaving some people injured and many more frightened and shaken. This had been stirred up by online misinformation and bigotry, after shocking stabbings in Southport left three young girls dead.

Local people and emergency workers there were doubly affected, alongside asylum-seekers who had survived appalling situations abroad and again found their lives at risk. Other people of African and Asian descent too, including in Northern Ireland, in addition to immigration advice providers, were attacked or targeted for threats. But the effects were far wider.

Despite an impressive community response in many areas in defence of threatened minorities (see the anti-racism protest in Walthamstow, pictured below), what happened highlights wider inequality and injustice which urgently need to be tackled.



Support and solidarity were, and will continue to be, vital. I can empathise with those still distressed and afraid, though I am lucky enough to live in a diverse part of London with a long history of anti-fascist mobilisation, hence relatively safe. I am an immigrant myself, a person of colour (though not part of a religious minority) and some of my family and friends have been refugees.

This has its advantages, however: I arrived as a small child in the 1960s, amidst a surge in blatant racism, including from the far right and sometimes the authorities – and took part in resistance to this, so I know that change is possible. But to tackle problems effectively, it is useful, if sometimes uncomfortable, to face up to how widespread, complex and deep-rooted these can be.

## Headline news and ongoing issues in health and social care research

How is all this relevant to health and social care research, some may wonder, other than that a sizeable number of researchers and other staff, public contributors, statutory and community partners have faced fear, distress and disruption?

To begin with, the hostility and violence has an ongoing effect on health and wellbeing within the communities most affected and their families (in the broad sense). And it cannot be guaranteed that something similar will not happen again, perhaps on a larger scale. This is not just due to far-right activity, but also the ongoing influence of mainstream media and public figures who helped to create a climate in which mistrust and scapegoating of minorities could seem “normal” and reasonable. Facing, or being at substantial risk of, life-threatening violence can damage mental and physical health in various ways.

“What happened also puts a spotlight on how racism, often interwoven with poverty and discrimination of other types, extensively affects health and care services and prevention. This is often systemic, not due simply to personal prejudice”

Savitri Hensman, involvement coordinator at ARC South London

Here too research – especially where affected patients, carers and communities are involved – can shed light on what happens and what tends to obstruct or promote improvement. Learning from what works in tackling inequity matters: some approaches (for instance, if these instil guilt or shame in individuals, but leave unjust systems intact) may be ineffective or worse.

It was noteworthy how anti-minority resentment and attacks sidestepped genuine issues raised by the Southport killings (allegedly by a boy born and brought up in Britain, against a background of urban blight and despondency). Knife and gun crime and other violence, often with children and youth as victims, perpetrators or both, rack numerous communities, badly affecting public health.

Adults who stoked up hatred online or by word of mouth or rioted, far from tackling such problems, jeopardised yet more children's lives, while sucking others into violent crime. They have also driven away desperately needed health and care workers from overseas and further damaged local economies, hitting prevention and support for the white majority ethnic people they supposedly championed.

“Research, especially when led or partly shaped by people with lived experience of economic and social disadvantage and their communities, can help to expose untruths and identify factors and actions which help or hinder health, amidst multiple inequalities. This includes exploring responses when tensions are inflamed and people encouraged to turn against their neighbours”

Savitri Hensman, involvement coordinator at ARC South London

## Learning and acting: how research can reduce the risk of further damage

This is not only about the work of health and care researchers. Social scientists, geographers, historians, cultural studies scholars and others in varied fields have done, and continue to do, valuable research. If shared in ways that diverse people can understand, and brought together with other kinds of knowledge, this can enrich health and care research and practice.

Broadening and deepening research, and improving how findings are communicated and made use of, will not undo the harm which so many experienced this summer, often on top of other inequalities affecting health. But it can aid the work of healing and reduce the risk of further damage.

Researchers and organisations can understandably be tempted to shy away from grappling with major (sometimes literally burning) issues, focusing instead on less contentious work with a high chance of being published in prestigious journals. This has its place. But perhaps what happened this summer is prompt to be bolder in harnessing the power of research to transform thinking and improve, maybe save, lives.

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