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# Principles of Best Practice for Service Delivery

An Interculturally Competent Approach to  
Meeting the Needs of Victims/Survivors of Gender-based Violence

The **Women's** Health Council  
*Comhairle Sbláinte na mBan*



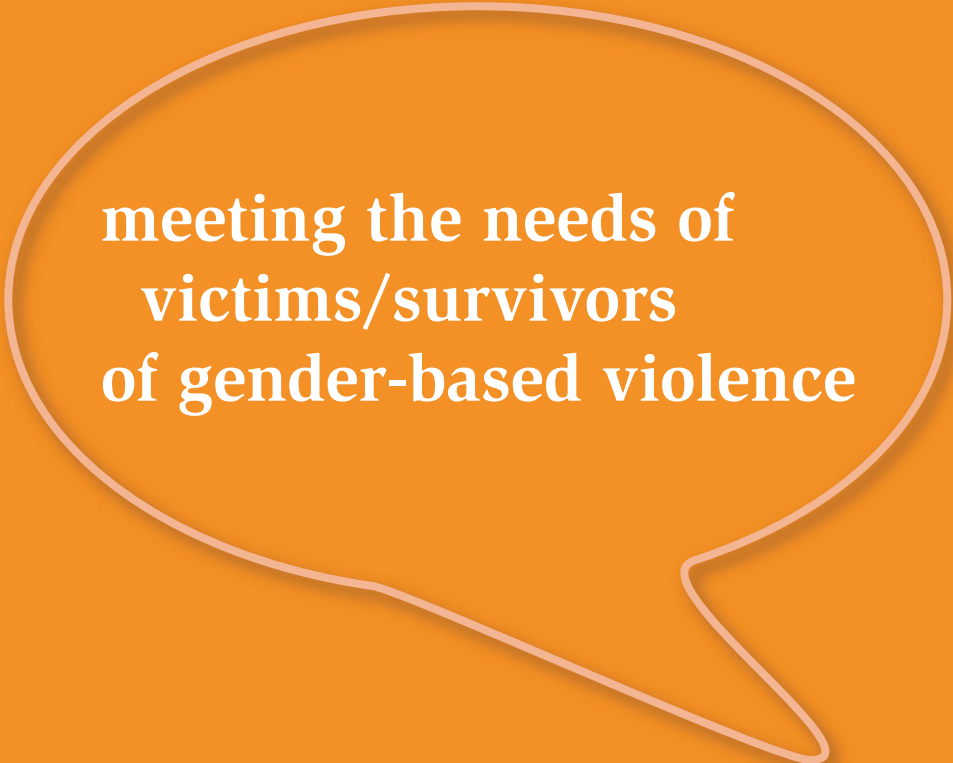
**Fourteen principles of best practice are presented here.**

Their adoption will ensure that the needs of minority ethnic women who experience gender-based violence are met in a way that is inter-culturally appropriate and sensitive to a range of inter-related factors.



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- 1 Be Interculturally Aware
- 2 Recognise Racism as a Factor
- 3 Recognise Social Exclusion and Poverty as a Factor
- 4 Recognise Complexity: A Person-centred Approach
- 5 Be Proactive about Intercultural Issues
- 6 Build Relationships on Trust
- 7 Encourage rather than Push
- 8 Take an Inter-agency Approach
- 9 Confidentiality is Paramount
- 10 Involve the Community
- 11 Develop Clear Policies
- 12 Provide Accessible and Interculturally Appropriate Information
- 13 Advocacy
- 14 Monitor Intercultural Competence



**meeting the needs of  
victims/survivors  
of gender-based violence**

## Introduction

The aim of these principles of best practice is to provide relevant services a basis on which to develop policies, guidelines and training programmes in providing an interculturally competent approach to responding to the needs of minority ethnic women.

These principles were developed primarily for GBV organizations. However, they are also relevant to any service that provides support for minority ethnic women who have experienced gender-based violence. They arose out of a national research study on gender-based violence and minority ethnic women conducted by the Women's Health Council (2009)<sup>1</sup>. The final report from this study can be accessed at [www.whc.ie](http://www.whc.ie). The UK Home Office paper, *Tackling Domestic Violence: Providing Advocacy and Support to Survivors from Black and Other Minority Ethnic Communities* was an important secondary source of guidance for the development of these principles (2005)<sup>2</sup>.

<sup>1</sup> WHC, 2009. *Translating Pain into Action: a study of gender-based violence and minority ethnic women*. Dublin: The Women's Health Council.

<sup>2</sup> Home Office, 2005. *Tackling Domestic Violence: Providing Advocacy and Support to Survivors from Black and other Minority Ethnic Communities*. Home Office Development and Practice Report: London.

# 1

## Be Interculturally Aware

In order to respond to the needs of minority ethnic women, services must be interculturally congruent, reflecting awareness and understanding of cultural issues that may affect the situation and needs of victims/survivors of GBV. Staff training should address issues around working with minority ethnic clients, such as intercultural and religious factors, immigration issues, multiple trauma, racism, and information on external relevant services. Where possible, minority ethnic women should also be trained and employed as staff in refuges and other dedicated GBV services.

It is equally important that a human rights approach underpins service delivery for all victims/survivors of GBV. Every incidence of GBV is a violation of the human rights of the victim/survivor. Social and/or cultural claims should never be perceived as justification of any form of GBV.

# 2

## Recognise Racism as a Factor

Service providers should work with clients to explore any possible impact of racism regarding their experience of GBV and of accessing relevant services.

## Recognise Social Exclusion and Poverty as a Factor

# 3

Service providers should be cognisant of and work with clients to explore any possible impact of social exclusion and poverty on their experience of GBV, options available to them and the accessibility of relevant services.

## Recognise Complexity: A Person-centred Approach

# 4

Minority ethnic women are not a homogenous group. A wide range of factors can impact on their experience of GBV and resultant needs, such as cultural factors, language barriers and immigration law to name but a few. The extent to which these issues are relevant and the way in which they inter-relate can vary from individual to individual.

It has also been shown that intensive work with minority ethnic clients, over long periods of time results in a much higher satisfaction level among clients (Home Office, 2005)<sup>3</sup>. Such cases resulted in greater likelihood to report to the police and to pursue legal action. This principle is about providing a tailored, person-centred approach to working with minority ethnic women, in which they play a proactive role in developing an assessment plan and identifying priority needs.

<sup>3</sup> Level of intensity of work was measured by number of phone calls and meetings and concurrent assistance on a range of issues, as well as practical advice on a range of issues.

## **Be Proactive about Intercultural Issues**

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Service providers should also be able to identify issues such as culture, language and immigration surrounding a client and if required, sensitively help the client to perceive them too. It has been shown that a little goes a long way in terms of letting the client know of the service's awareness of such issues and associated needs. One study found that practical gestures, such as buying culturally appropriate clothing for a client who left home without having time to pack, can be of great value to the victim/survivor (Home Office, 2005).

## **Build Relationships on Trust**

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Trust is an essential element in providing support to any victim of GBV. Regarding minority ethnic clients, certain measures can facilitate this, such as matching clients with service providers who share their ethnic background whenever possible, providing long-term support, and taking a person-centred, interculturally informed approach to meeting their needs, as outlined above.



# 7

## Encourage rather than Push

Some minority ethnic women can be particularly vulnerable to barriers in taking legal action, such as fear of ostracisation from family and community, and fear of appearing disloyal, both to the perpetrator and to her community. For this reason, taking legal action and/or leaving a violent relationship may not be a viable option. Service providers should encourage these clients to take the steps they assess as being most beneficial to them, but should not push them to do so. Again, this relates to the person-centred approach, with the client being facilitated to recognise which support option is most appropriate to her and whether or not she is ready to take it. Pushing someone to take steps for which she is not ready could result in trust being lost.



**taking a person-centred  
approach facilitates trust**

## Take an Inter-agency Approach



Minority ethnic women can experience a range of problems such as legal status issues, separation from family, racism from the majority ethnic group and persecution in country of origin. For those women who are also victims/survivors of GBV, a range of needs can present concurrently. These needs can include, but are not limited to, housing, employment, immigrant status and health service needs.

It has been shown that close links between VAW organisations and the police and other services can lead to higher levels of reporting to police among minority ethnic women who experience GBV. In a recent review of GBV organisations in the UK, it was found that those services that showed an understanding of the structures and policies of other organisations had more positive experiences in working together with statutory bodies to meet their clients' needs, which in turn led to more positive outcomes for clients (Home Office, 2005). For this reason, an inter-agency approach should be adopted, whereby GBV organisations aim towards positive inter-agency working relationships with relevant agencies and government departments. In this process, the victim/survivor should play a central role in prioritising needs and identifying relevant services.

## Confidentiality is Paramount

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Confidentiality is a very important feature of support delivery to all victims/survivors of GBV. There can be further issues for minority ethnic women, of which services should be aware and act accordingly. For example, if a refuge responds to a specific minority ethnic group, its existence and location may become well known among that community, making it easier for perpetrators to trace women staying there. Again, this issue should be discussed with the client and any decisions made regarding referral, etc should be informed by her views and wishes.



**close inter-agency links  
can lead to more positive  
outcomes for clients**

## Involve the Community

# 10

For some minority ethnic women who experience domestic violence, the range of barriers to seeking help can be insurmountable. Insofar as it is possible, relevant services should reach out to minority ethnic communities in order to make contact with the most vulnerable and most isolated. Awareness raising exercises should focus on the fact that VAW is a crime and unacceptable, and secondly, that services are available which can help women. The value of word of mouth as a means of dissemination should be recognised and made use of. Women from minority communities could be employed to input in the development of such awareness raising strategies. As noted under the principle of providing an interculturally congruent service, minority ethnic women should also be trained and employed as staff in refuges and other GBV services, where possible. Finally, these services should also tap into local expertise regarding minority cultures to be found in local minority ethnic organisations. This could be a two-way process, with GBV organisations providing them with information and guidance regarding GBV.

# 11

## Develop Clear Policies

Services should develop clear, written policies on providing support to all minority ethnic women. These should refer to specific issues regarding refugees, asylum seekers, migrant workers, and spouses of Irish citizens, as well as Traveller women. They should also relate to different forms of GBV, including intimate partner violence, conflict-based violence and harmful traditional practices such as FGM and forced marriages.

# 12

## Provide Accessible and Interculturally Appropriate Information

Relevant services should ensure that the information they disseminate is accessible to all women, by making it available in different languages as well as using pictorial information when possible and appropriate. Services who disseminate information on GBV should consider providing relevant information on small 'palm cards' which women can take with minimum risk to their safety. Consideration should be made of local, alternative channels for the dissemination of information, such as minority ethnic newspapers. Service providers should not take for granted the level of knowledge of minority ethnic women, especially those who have only recently arrived in the country, regarding practical matters such as using public transport. Research in the UK found that provision of this sort of information can prove very valuable (Home Office, 2005).

## Advocacy

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Advocacy is a feature of many GBV services generally. Service providers should be aware that this may be even more important for minority ethnic women, who for a range of reasons may find themselves socially isolated. This issue should be explored with clients.

## Monitor Intercultural Competence

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Services should regularly monitor their performance regarding intercultural competence. Ethnic identifier information should be gathered from all service users for this purpose.

## The Women's Health Council

The Women's Health Council is a statutory body established in 1997 to advise the Minister for Health and Children on all aspects of women's health. Following a recommendation in the Report of the Second Commission on the Status of Women (1993), the national *Plan for Women's Health 1997-1999* was published in 1997. One of the recommendations in the Plan was that a Women's Health Council be set up as 'a centre of expertise on women's health issues, to foster research into women's health, evaluate the success of this Plan in improving women's health and advise the Minister for Health on women's issues generally.'

The mission of the Women's Health Council is to inform and influence the development of health policy to ensure the maximum health and social gain for women in Ireland. Its membership is representative of a wide range of expertise and interest in women's health.

The Women's Health Council has five functions detailed in its Statutory Instruments:

1. Advising the Minister for Health and Children on all aspects of women's health
2. Assisting the development of national and regional policies and strategies designed to increase health gain and social gain for women.
3. Developing expertise on women's health within the health services.
4. Liaising with other relevant international bodies which have similar functions as the Council.
5. Advising other Government Ministers at their request.

The work of the Women's Health Council is guided by three principles:

- Equity based on diversity – the need to develop flexible and accessible services which respond equitably to the diverse needs and situations of women
- Quality in the provision and delivery of health services to all women throughout their lives
- Relevance to women's health needs

In carrying out its statutory functions, the Women's Health Council has adopted the WHO definition of health, a measure reiterated in the Department of Health's 'Quality and Fairness' document (2001). This definition states that

*'Health is a state of complete physical, mental and social well being'.*

Other outputs of this research study include a full report, a summary report and a resource document on gender-based violence. All can be downloaded from the website of the Women's Health Council [www.whc.ie](http://www.whc.ie)

*The views expressed in this document do not necessarily reflect the views or policies of the Women's Health Council or of the Department of Justice, Equality and Law Reform*

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