

FEBRUARY 2009

# Gender-based Violence

A RESOURCE DOCUMENT

for services and organisations  
working with and for minority ethnic women

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





**disclosure of GBV  
takes a lot of courage  
and strength**

# 1

## Introduction

The aim of this document is to give information, guidance and relevant contact details regarding gender-based violence (GBV) for services and organisations which are accessed by minority ethnic women and may be approached for support regarding GBV <sup>1</sup>.

This could include organisations working with and for minority ethnic communities, women's support groups and social service providers, such as Public Health Nurses and Social Workers.

Its rationale came from the study, *Translating Pain Into Action: A Study of Gender-based Violence and Minority Ethnic Women in Ireland* (WHC, 2009)<sup>2</sup>. It found that many minority ethnic women seek support from minority ethnic organisations and other services regarding GBV.

<sup>1</sup> Section 10 at the end of this resource document provides a brief definition of some forms of GBV.

<sup>2</sup> This report can be accessed at [www.whc.ie](http://www.whc.ie)

# What is Gender-based Violence?

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Gender-based violence (GBV) is an umbrella term for any form of violence that is directed at a person on the basis of their gender or sex.

While men and boys can be victims of GBV, the vast majority of GBV cases are carried out against women and girls. Therefore, the term GBV is often used synonymously with violence against women (VAW). It includes physical, sexual, psychological and financial abuse. GBV can occur in the home and outside of the home.

There are many forms of GBV (1). The figure overleaf illustrates forms of GBV that occur across the life cycle.



Source: Watts and Zimmerman, 2002 (3)

### Internationally, the general characteristics of GBV are:

- the great majority of perpetrators are men;
- women are at the greatest risk from men they know;
- physical violence is almost always accompanied by psychological abuse and in many cases by sexual abuse;
- most women who suffer any physical aggression by a partner generally experience multiple acts of violence over time;
- men who are violent towards their partners exhibit profound controlling behaviour (9).

# Who is at risk of GBV?

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GBV occurs within all cultures, socio-economic statuses and nationalities. It can happen to women in all social and cultural contexts.

In Ireland, it has been found that:

- 15% of women (or about 1 in 7) have experienced severely abusive behaviour of a physical, sexual or emotional nature from a partner at some time in their lives (10).
- 1 in 5 women (20.4%) have experienced sexual assault as adults (11).
- An estimated 2,584 women living in Ireland have undergone female genital mutilation (FGM) (12).
- There is no data on forced marriage in Ireland. In the UK, the Forced Marriage Unit in the Foreign and Commonwealth Office deals with approximately 250 forced marriage cases each year. Approximately 85% of these are female (13).

A number of factors place minority ethnic women at an increased risk of GBV. They include increased levels of social isolation, the twofold discrimination of gender and ethnic origin, migrant status, and social norms that are defined by patriarchal values. Some minority ethnic women come from cultures where harmful traditional practices are carried out, such as FGM and forced marriage. Those who seek asylum in another country may have experienced conflict-based rape and/or rape during the migration journey. Others are the victims/survivors of trafficking for the purposes of sexual exploitation. Recent research found that minority ethnic women were over-represented among those presenting to GBV organisations in Ireland for support regarding GBV (14).

# What causes GBV to occur?

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Today it is accepted that GBV serves to maintain an unequal balance of power between men and women.

In addition to this, a range of factors can increase women's risk of experiencing GBV. The ecological framework is accepted as the most comprehensive explanation of VAW developed to date (16). This presents GBV as a multi-faceted problem grounded in personal, family, and socio-cultural factors (16). It is comprised of four levels, as presented in the diagram below.

**Figure 2. The Ecological Framework for Understanding GBV**



Source: Heise, 1998 (16)

# What are the consequences of GBV?

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The physical and psychological consequences of GBV are wide-ranging and severe.

At a psychological level, they include loss of self-esteem and identity, depression, anxiety and post-traumatic stress disorder (17). Physical health consequences include sleep problems, fatigue, pains in limbs and chest, gastrointestinal and respiratory problems, menstrual problems, and infection with HIV and other sexually transmitted infections (18). Fatal consequences include murder, sometimes carried out in the name of 'honour', and suicide.

There is some evidence that minority ethnic women can be at a higher risk of psychological consequences of domestic violence. One US study found that domestic violence was a contributory factor for 48.8% of attempted suicide cases by minority ethnic women, compared with 22.2% for white women (19). In the UK, a study of rates of self-harm among a population in East London found that rates of self-harm among young Asian women were 2.5 times that of white women and seven times that of Asian men and that minority ethnic women are over-represented in cases of suicide (20).

The diagram overleaf summarises the range of negative health consequences of GBV.



**Consequences of GBV**

**Fatal outcomes**

Homicide  
Suicide  
Maternal mortality  
AIDS related mortality

**Non-fatal outcomes**

**Physical**

Injury  
Functional impairment  
Permanent disability  
Poor subjective health

**Chronic**

Chronic pain syndrome  
Irritable bowel syndrome  
Gastrointestinal disorders  
Fibromyalgia

**Mental**

Post-traumatic Stress Disorder  
Depression  
Anxiety  
Phobia/panic disorders  
Self-harm & parasuicide

**Negative Health Behaviours**

Smoking  
Alcohol & drug abuse  
Sexual risk-taking  
Physical inactivity  
Eating disorders

**Reproductive Health**

Unwanted pregnancy  
STIs/HIV  
Gynaecological problems  
Unsafe abortion  
Pregnancy complications  
Miscarriage  
Low Birth Weight  
Pelvic inflammatory diseases

Source: Adapted from WHO, 2002 (21)

# GBV and the law in Ireland

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## Being violent to someone is against the law.

There are a number of legal acts in Ireland of relevance to GBV. The **Domestic Violence Act 1996** provides for the protection, safety and welfare of married couples, cohabiting couples, parents, children and any other people who live in a domestic relationship. Safety and welfare includes the physical, emotional and mental welfare of the person in question. Under this bill, the following orders can be obtained to protect a person in a violent relationship: Safety Order, Barring Order, Protection Order.

If any of these orders are breached by the offender the Gardaí have immediate powers of arrest. Further detail on these orders and how they are granted is available on an information booklet from FLAC (Free Legal Aid Centres) <http://www.flac.ie/download/pdf/20070620152006.pdf>

Under the **Non-Fatal Offences Against the Person Act 1997** a person can be charged with the offence of assault, assault causing harm or serious harm, or with the offence of making threats to kill or cause serious harm. Other offences that a person can be charged with under this Act are the offences of coercion, harassment or endangerment. This is particularly relevant in cases where the perpetrator and victim/survivors are not co-habiting. This is also the Act that would be currently used to prosecute FGM cases. However, concerns have been raised over this legislation as it is deemed that it would be ineffective for this purpose (26).

In June 2008, the **Criminal Law (Human Trafficking) Act 2008** came into force in Ireland which separates the offence of smuggling from those of trafficking for labour and sexual exploitation. It also makes it an offence to sell or offer for sale any person, adult or child, for the purposes of sexual exploitation and applies to offences that take place in private and public places. Measures are provided for protecting the anonymity of victims, such as allowing for evidence to be given through a television link. Additional provisions are also set out in the **Immigration, Residence & Protection Bill 2008**, most notably allowance of a 'reflection period', which gives victims 45 days to recover from their experiences, as well as temporary residency status of up to six months in order to facilitate the Gardaí with case enquiries.

# How can you help?

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Disclosure of GBV takes a lot of courage and strength and marks a positive step towards change.

Some victims/survivors of GBV choose not to disclose GBV or seek help.

This can be due to the following:

- Persistent hope that the abuse will stop;
- Belief that the abuse is the victim's own problem;
- Belief that she is provoking the abusive behaviour;
- Stigma and shame;
- Belief that nothing can be done about it;
- Belief that your organisation won't be able to help;
- Constant presence of perpetrator;
- Fear of consequences of disclosure, such as escalation of the violence, disruption of the family, children being placed into care;
- Economic consequences of separation.

Source: ICGP, 2008 (23)

A migrant woman faces further barriers to disclosure, including:

- Fear that she will lose her migrant status if she leaves the relationship;
- Lack of awareness of her rights and entitlements in Ireland;
- Fearing of jeopardising a claim for asylum;
- Social isolation compounding her emotional dependence on the perpetrator;
- Fear of ostracisation from her community.

Source: WHC, 2009 (14)

The following indicators that a woman is experiencing GBV were developed for health care professionals such as GPs; they may also be useful in helping you identify those women in contact with your organisation who may be victims/survivors of GBV. Note that these are indicators only, and should not be taken as evidence of domestic violence taking place.

- Injuries which seem inconsistent with explanations (such as falls or walking into doors, etc);
- Injuries to the face, head and neck, chest, breast and abdomen;
- Evidence of multiple injuries (e.g. burns, bruises, red marks on the skin) at different stages of healing;
- Evidence that the woman in question is trying to minimize the extent of injuries, or try to keep them concealed by clothing;
- The woman appears frightened, excessively anxious and/or depressed or distressed;
- She has history of psychiatric illness and/or alcohol/drug dependency;
- The woman is always accompanied by a partner or other family member.

In this case, further indicators may include: The woman seeming to be afraid of the partner  
The partner appearing aggressive and overly dominant and reluctant to allow the woman to speak for herself.

Source: NHS, 2003 (25)

It is important that all those in contact with your organisation are aware that it can be accessed for support regarding GBV, on a confidential basis. Making a general enquiry into someone's wellbeing may be all the encouragement that person needs to make a disclosure and seek help. Sensitivity is crucial here, due to the high level of stigma that can be associated with GBV. If in doubt about what to do, help and advice is available from the organisations listed in section 8.

## Dealing with Disclosure

Making a disclosure also requires a high degree of trust in the person to whom the disclosure is made. It has been found that many women access minority ethnic organisations for support regarding GBV. The following factors play an important role in ensuring that a victim/survivor who discloses GBV feels supported and reassured that she did the right thing:

**1. Listen.** Listening means giving the person the opportunity to share their experience in their own words and in their own time. Try not to interrupt or ask too many questions. Do not feel you have to fill in every gap in the conversation. Giving the woman time and space will help to make her feel supported and validated.

**2. Be non-judgemental.** An important aspect of effective listening is being non-judgemental. It is important not to show shock or judgement of the person. It is therefore a good idea not to ask questions that imply judgement, such as ‘why do you stay with a person like that?’, ‘what could you have done to avoid the situation?’ or ‘why did he hit you?’. It is also important not to try to pressure a woman into leaving a violent relationship, as doing so may have negative consequences, including increased risk of physical attack.

**3. Communicate belief.** It is very important that the woman in question knows that you believe her. This can be achieved by saying things such as ‘that must have been very frightening for you’.

**4. Validate the decision to disclose.** The woman in question may be struggling with feelings of guilt and self-doubt. Address this by highlighting her courage and strength in taking positive action.

**5. Emphasise the unacceptability of violence.** Make statements such as ‘you do not deserve to be treated this way.’ This further validates her decision to disclose. In doing this, take care not to say anything that might be interpreted as judgement of her (see 2 above).

**6. Emphasise confidentiality.** Maintaining the confidentiality regarding disclosure of GBV is of paramount importance and cannot be over-emphasised. Be sure to reassure the woman of this when she makes her disclosure.

**7. Offer her appropriate referrals for support.** There are many voluntary organisations throughout Ireland dedicated to meeting the needs of victims/survivors of GBV. In making a referral, try to take a person-centred approach, whereby together with the woman in question, you identify the first point of referral most suitable to her needs.

Sources: ICGP 2008; SECASA, 2007 (23, 24)

If you wish to give the woman an information leaflet on services in Ireland, or other relevant information on GBV, be aware that it is often safer for a victim/survivor not to bring home any documentation. If possible, offer her a safe place to store such material in your organisation.

## Important Points to Remember

- **The most dangerous time for a victim of violence is when she is on the verge of leaving and for six months afterwards.**
- A woman may never leave her abuser.
- Leaving a violent relationship is a process, not an event. It can take many years for a victim/survivor to completely free themselves.
- Be aware of your own safety needs.
- Look after yourself. Providing support to a victim/survivor of GBV can be upsetting and can sometimes cause trauma for the person providing the support (sometimes referred to as vicarious trauma). While maintaining the confidentiality of the victim/survivor, be sure to access debriefing support from a colleague or your employer.
- GBV organisations are often best placed to provide the key caseworker for victims/survivors of GBV, due to their specialised focus. Once a successful referral has been arranged, the level of your continued involvement should depend on your time and resources and the wishes of the victim/survivor.

Source: ICGP, 2008 (23)

## Safety and Escape Discussion Items

Once a woman has disclosed GBV, it would be very beneficial for her to discuss issues around ensuring her safety and, if appropriate, an escape plan. If you are playing a continued role in supporting a victim/survivor, the following is a list of some useful discussion items.

### **Safety plan discussion items should include:**

- Places to avoid when the abuse starts (e.g. the kitchen where there are potential weapons);
- If/when abuse starts advise her to curl up in a ball with hands over her head and scream loudly whilst being hit;
- Identification of friends/neighbours who might be called on for help or when in immediate danger;
- Asking neighbours/friends to call 999 if they hear anything suggestive of danger;
- Places to hide important phone numbers;
- How to keep children safe when abuse starts and teaching them to call 999 or get help;
- Keeping important personal documents in one place so they can be taken quickly if a woman needs to leave immediately.

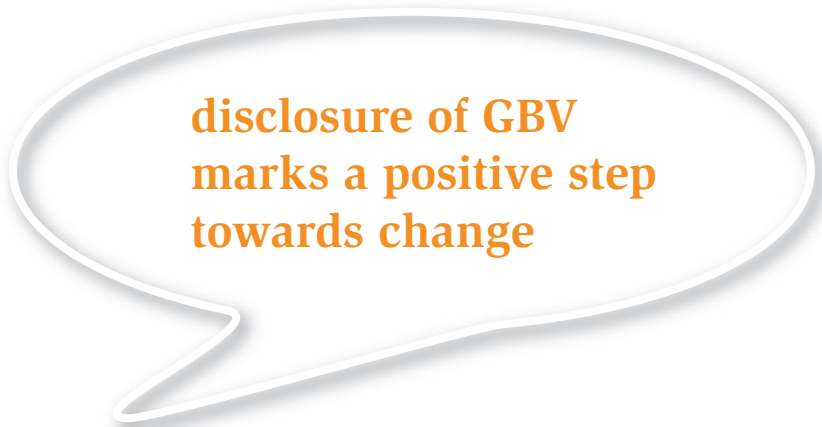
### **Recommendations for her escape plan and follow up safety items:**

- Pack and keep hidden an emergency bag and/or important documents;
- Include in above cash/credit card/mobile phone;
- Plan who to ring and where to go, make sure it is a secret location;
- Change landline and mobile phone numbers;
- Get a safety/barring/protection order.

Source: ICGP, 2008 (23)

## **Prevention**

Your organisation can also play an important role in the prevention of GBV. As noted above, one risk factor of GBV is social isolation. Establishing support groups and networks among minority ethnic women and facilitating participants to run such initiatives would all be positive steps in this regard. Your organisation is also ideally placed to run awareness raising initiatives of GBV in minority ethnic communities. Community leaders could be approached to play a role in such prevention initiatives (14).



**disclosure of GBV  
marks a positive step  
towards change**

# Useful Contacts in Ireland



<p><b>Safeireland</b> (formerly NNWRSS) Tel: (090) 6479078 www.safeireland.ie</p>	<p>Safeireland (formerly known as the National Network of Women's Refuges and Support Services) is a network of a total of 38 women's refuges and support services throughout the country.</p> <p>You can use their website to find a refuge and/or women's support close to you. Log on to <a href="http://www.safeireland.ie">www.safeireland.ie</a> and click on 'Domestic Violence Services in Ireland. Click here for details.' Services provided vary by organisation. They can include crisis and longer-term accommodation, counselling, court and medical accompaniment, advocacy and crisis support.</p>
<p><b>Rape Crisis Centres</b> Network: 091 563 676 www.rcni.ie</p> <p><b>Dublin RCC</b> Freephone: 1800 778888 www.drcc.ie</p>	<p>The Rape Crisis Network Ireland (RCNI) is a network of 17 rape crisis centres throughout the country. Rape Crisis Centres offer a wide range of services for victims/survivors of sexual abuse, including phone and face-to-face counselling, crisis support, advocacy, medical forensic examination accompaniment, outreach, court accompaniment and education.</p> <p>To find the Rape Crisis Centre closest to you, log on to <a href="http://www.rcni.ie">www.rcni.ie</a> and click on 'Find help'.</p>
<p><b>Women's Aid</b> Freephone: 1800 341 900 www.womensaid.ie</p>	<p>Women's Aid is a national organisation that provides a range of services for victims/survivors of domestic violence, including a Freephone National Helpline, one-to-one support, court accompaniment, outreach support and crisis and long-term accommodation.</p>
<p><b>AkiDwA</b> Tel: 01 814 8582 www.akidwa.ie</p>	<p>Akina Dada wa Africa (AkiDwA), Swahili for African Sisterhood, is a national network of African women living in Ireland. It is a voluntary, non governmental organisation and a representative body for all African women living in Ireland irrespective of their national/ethnic background, tradition /religious beliefs, socio-economic, or legal status. AkiDwA work focuses on development and human right issues based on a gender perspective.</p>



<p><b>SPIRASI</b> 01 8389664 www.spirasi.ie</p>	<p>SPIRASI is a humanitarian, intercultural, non-governmental organisation based in Dublin, that works with asylum seekers, refugees and other disadvantaged migrant groups, with special concern for survivors of torture. SPIRASI enables access to specialist services to promote personal well-being, and encourages self-reliance and integration into Ireland. Services include education and training, counselling, health promotion, information and advice on rights and entitlements.</p>
<p><b>NTWF</b> Tel: 091771509 www.ntwf.net</p>	<p>The National Traveller Women's Forum (NTWF) is an alliance of 70 Traveller organisations and 40 individual Traveller women throughout Ireland which aims to work collectively to challenge the racism and sexism experienced by Traveller women and promote Traveller women's right to self determination, the attainment of human rights and equality within society.</p>
<p><b>Legal Aid Centres (LAC)</b> LoCall: 1890 615 200 www.legalaidboard.ie</p>	<p>Legal Aid Centres (LAC) are available throughout the country and provide free legal aid and advice to people who pass a means test and a merits test. Confidential and independent legal services are also provided to persons applying for asylum in Ireland. There are Refugee Legal Service offices in Dublin, Cork and Galway, and a number of Refugee Information Clinics throughout the country.</p> <p>To find your local LAC or Refugee Legal Service, log onto <a href="http://www.legalaidboard.ie">www.legalaidboard.ie</a> and click on 'Contact a Law Centre' or 'Refugee Legal Service'.</p>
<p><b>Citizen Information Centres</b> LoCall: 1890 777 121 www. citizensinformation.ie</p>	<p>The e-government website <a href="http://www.citizensinformation.ie">www.citizensinformation.ie</a> provides clear and up-to-date public health information on a range of issues such as social welfare, health and social services and entitlements, education, immigration issues and health. This website is also available in Polish, Romanian and French.</p> <p>A national network of Citizen Information Centres (CIC) exists in towns throughout Ireland. They provide free advice and information across a range of issues, and can be accessed without an appointment. To find your local CIC, log onto <a href="http://www.citizensinformation.ie">www.citizensinformation.ie</a> and click on 'Find an Address'.</p>
<p><b>Sexual Assault Treatment Units (SATU)</b></p>	<p>SATUs provide medical help in obtaining forensic samples in cases of sexual crime. They work in close liaison with An Garda Siochana, the State Forensics Laboratory, Rape Crisis Centres and legal experts. There is a total of four SATUs currently in Ireland, based in the following hospitals:</p> <ul style="list-style-type: none"> <li>- Rotunda Hospital, Dublin 1</li> <li>- South Infirmary-Victoria Hospital, Cork</li> <li>- Letterkenny General Hospital, Co Donegal</li> <li>- Waterford Regional Hospital.</li> </ul>

# Useful Web Links

# 9

Irish	About
<p><a href="http://www.whc.ie">www.whc.ie</a></p>	<p>The following research reports are available to download from the publications section of the website of the <b>Women's Health Council</b>:</p> <ul style="list-style-type: none"> <li>- Violence against women and health;</li> <li>- Female genital mutilation/cutting: a literature review;</li> <li>- Gender-based violence and minority ethnic women; and</li> <li>- Principles of best practice for organisations supporting victims/survivors of GBV.</li> </ul>
<p><a href="http://www.cosc.ie">www.cosc.ie</a></p>	<p><b>Cosc</b> is the National Office for the Prevention of Domestic, Sexual and Gender-based Violence and was set up in June 2007. Their website provides information from research studies on gender-based violence in Ireland and also has a section providing contact details of relevant services in Ireland.</p>
<p><a href="http://www.gbv.ie">www.gbv.ie</a></p>	<p>The <b>Joint Consortium on Gender Based Violence</b> comprises human rights, humanitarian and development agencies and two Irish government departments. Its aim is to promote the adoption of a coherent and coordinated response to gender based violence (GBV). Its website includes a resource library, from which you can download documents and materials that may be of use to your organisation in addressing GBV.</p>
<p><a href="http://www.amnesty.ie">www.amnesty.ie</a></p>	<p><i>Stop Violence Against Women</i> is a current campaign of <b>Amnesty International Irish Section</b>. Through this website, you can access a range of links and information, including material for a training programme on violence against women.</p>

International	About
<p><a href="http://www.stopvaw.org">www.stopvaw.org</a></p>	<p><b>STOPVAW</b>'s website is a forum for information, advocacy and change. It addresses violence against women as one of the most pervasive human rights abuses worldwide. It provides women's rights advocates with information and advocacy tools focused on ending domestic violence, sexual assault and trafficking for the purposes of sexual exploitation. It includes a range of training materials on GBV.</p>
<p><a href="http://www.forwarduk.org.uk">www.forwarduk.org.uk</a></p>	<p><b>The Foundation for Women's Health, Research and Development (FORWARD)</b> is an international non-governmental organisation (NGO) based in the UK that works to advance and protect the sexual and reproductive health and human rights of African girls and women. FORWARD works to promote action to bring about positive social change to enhance the well being and protect the dignity of African girls and women globally. It is committed to eliminating harmful gender-based discriminatory practices that violate the sexual and reproductive health and rights of girls and women, such as FGM and child marriage. Its website includes a 'Resources' section, which has a range of downloadable videos and information packs.</p>
<p><a href="http://www.endabuse.org">www.endabuse.org</a></p>	<p><b>The Family Violence Prevention Fund</b> is a US organisation that works to prevent violence within the home, and in the community, and to help those whose lives are devastated by violence. Its website includes a 'Resources' section and a section on immigrant women. This includes a tool kit designed to help you work with men and boys to prevent gender-based violence. It provides readings, case studies, handouts, exercises, and other resources as well as community-building tools.</p>
<p><a href="http://www.whiteribbon.ca">www.whiteribbon.ca</a></p>	<p><b>The White Ribbon Campaign (WRC)</b> is the largest effort in the world of men working to end violence against women (VAW). In over fifty-five countries campaigns are led by both men and women, even though the focus is on educating men and boys. In some countries it is a general public education effort focused on ending violence against women. Resources and training materials can be ordered through their website.</p>
<p><a href="http://www.vaw.umn.edu">www.vaw.umn.edu</a></p>	<p>The US based <b>Violence Against Women Online Resources</b> provides a range of information and materials on domestic violence, sexual assault, and stalking for criminal justice professionals, sexual assault and domestic violence victim advocates, and other multi-disciplinary professionals and community partners who respond to these crimes.</p>
<p><a href="http://ww.endviolenceagainstwomen.org.uk">ww.endviolenceagainstwomen.org.uk</a></p>	<p><b>End Violence Against Women</b> is a coalition of individuals and organisations who call on the UK Government, public bodies and others to take concerted action to end violence against women. Members include activists, survivors, academics and service providers.</p>
<p><a href="http://www.amnesty.org.uk/content">www.amnesty.org.uk/content</a></p>	<p>From this page of the <b>Amnesty International UK</b> section website, you can download and/or order a wide range of campaigning and advocacy tools for tackling violence against women, including some resources specifically concerned with minority ethnic women.</p>

# Forms of Gender-based Violence Defined

10

**Conflict-based rape** refers to that which occurs in the context of war. Against long-standing norms deeming rape an unjustifiable and unacceptable tool of combat, rape has consistently been deployed as a weapon of war in many wars throughout the world (2).

**Domestic violence** is the most common form of GBV. It is often characterized by long-term patterns of abusive behaviour and control (3). Domestic violence usually refers to violence perpetrated by an intimate partner, though can also refer to violence perpetrated by other family members. The term domestic violence can be used interchangeably with intimate partner violence (IPV).

**FGM** involves the removal of all, or parts, of the external female genitalia. It is generally performed on young girls, but is sometimes performed on infants, adolescents and women. It is normally performed without the use of anaesthetic or hygienic surgical tools (4).

**Forced marriage** is that which occurs without consent of both parties, and involves the use of coercion or force. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the young people. Arranged marriages therefore do not constitute a form of GBV (5).

**Sexual violence** is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work (6).

**Trafficking for the purposes of sexual exploitation** is the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purposes of sexual exploitation (7).

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# 11

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## 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 principles of best practice for service delivery. 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.*

The **Women's Health Council**  
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