



Hibiscus

**Examining European
Approaches to Cultural
Mediation and Assessing the
Applicability of the
Programme in the UK**

Challenges, Limitations and an Alternative Model



Published by
Hibiscus Initiatives

First published 2025
© Hibiscus Initiatives

hibiscusinitiatives.org.uk
Instagram: [hibiscuscharity](https://www.instagram.com/hibiscuscharity)

About Hibiscus Initiatives

Hibiscus Initiatives ('Hibiscus') is a national charity which has been delivering services to Black and minoritised migrant women in contact with the criminal justice system and immigration system for over thirty years. Hibiscus works with women in prison, in immigration detention and in the community. Many of Hibiscus' service users are victim/survivors of trafficking and violence against women and girls (VAWG).

Acknowledgments

This report is dedicated to Black and minoritised migrant women who use Hibiscus' services, and who have shared their experiences of discrimination and unequal treatment with us. Hibiscus has centred these voices in the assessment of cultural mediation, reflecting on the importance of breaking down structural and institutional barriers. It is critical that we clearly define the type of response needed, that we avoid quick fixes that fall short when addressing unequal treatment and, ultimately, that we get it right. Hibiscus would not have been able to produce this report without their reflections shaping the recommendations and steering the analysis.

Hibiscus extends its deepest gratitude to the Bell Foundation for their generous funding of this project. We acknowledge their commitment to breaking structural barriers for Black and minoritised migrant women. We also extend our appreciation to Bell Foundation staff, Elmira Zadissa and Alastair Feeney for their thoughtful review and support throughout the project.

The secondary research of literature used in this report was conducted by Ritika Goyal, Policy Research Specialist at Hibiscus. Critical analysis was provided by an editorial group consisting of the following staff: Silvia Berástegui, Policy and Public Affairs Manager, who managed the project; Baljit Banga, CEO of Hibiscus; and Elizabeth Jiménez-Yáñez, Head of the Policy and Public Affairs team. The group was instrumental in framing the final findings, conclusions and recommendations and produced the report. Ruby Dayan, Hibiscus Operations Officer, assisted with proofreading and final editing of the report. We also recognise the initial contributions of Ghadah Alnasseri and Rachel Scott.

Finally, our gratitude goes to Mike Orlov, Executive Director and Registrar, NRPSI and Fatima Abdi Ahmed, GBV Practitioner and former cultural mediator for providing insightful comments on the report. Additionally, we thank Asad Aftab, Project Clerk at IOM – UN Migration for offering his insights.

CONTENTS

❖ EXECUTIVE SUMMARY	2
❖ ABBREVIATIONS	5
❖ INTRODUCTION	6
❖ RESEARCH METHODOLOGY	10
❖ LIMITATIONS OF THE RESEARCH	12
❖ CHALLENGES, LIMITATIONS AND AN ALTERNATIVE MODEL	14
• ARE PUBLIC SERVICES DESIGNED TO ADDRESS THE NEEDS OF BLACK AND MINORITISED MIGRANT WOMEN?	14
• CRIMINALISATION OF BLACK AND MINORITISED MIGRANT WOMEN IN INTERACTION WITH THE CRIMINAL JUSTICE SYSTEM	15
• WHO IS A CULTURAL MEDIATOR AND IS THE MODEL APPROPRIATE TO ADDRESSING THE NEEDS OF BLACK AND MINORITISED MIGRANT WOMEN?	17
• CULTURAL MEDIATION VERSUS INTERPRETING SERVICES	18
• HOW HAS CULTURAL MEDIATION BEEN IMPLEMENTED IN DIFFERENT EUROPEAN NATIONS AND WHAT HAVE BEEN THE LIMITATIONS?	20
• ASYLUM SYSTEM, LEGAL PROCESS AND CRIMINAL JUSTICE SYSTEM	23
• SKILLS, EXPERTISE, AND KNOWLEDGE REQUIREMENTS	24
❖ CONCLUSION	26
Advocating for a wrap-around, trauma-informed, women-centred rights-based approach for Black and minoritised migrant women	
❖ RECOMMENDATION	28
❖ REFERENCES	31

EXECUTIVE SUMMARY

Cultural mediation is a generic accredited training framework, administered by governments and local authorities to enable an expert in language and culture to offer support to people navigating systems and services, primarily in healthcare settings as examples will demonstrate.

Cultural mediation is not designed to address structural barriers and inequalities. It does not offer comprehensive support to Black and minoritised migrant women who have experienced violence against women and girls (VAWG), including trafficking, modern slavery and sexual violence. There is currently no research evidence to suggest that applying a cultural mediation programme in this context would be effective or beneficial. The application of cultural mediation is limited. If practised in spaces which require a specialist trauma-informed approach, and prioritised in lieu of said specialised services, the use of cultural mediation as a generic tool risks causing harm. In contrast, an effective approach developed in women's specialist and *by and for* organisations has already been developed to meet the needs of women who have experienced violence.

This wrap-around, trauma-informed, woman-centred and rights-based support is an approach which has been developed around intersectionality, and in partnership with those with lived experience.

Barriers faced by Black and minoritised migrant women

Hibiscus Initiatives understands that Black and minoritised migrant women face institutional and systemic barriers to rights-based services, support and protection.

- Black and minoritised migrant women face barriers to making safe disclosures and reporting violence due to a lack of access to specialist and *by and for* services that are tailored to meet their needs in trauma-informed ways.
- Public service providers lack knowledge and awareness about both the barriers faced by Black and minoritised migrant women, and an understanding of VAWG. Despite training and resources currently available to an array of public institutions, systemic ways of working under which institutional cultures operate can prevent this new knowledge from developing organically and/or becoming embedded in their processes. Inflexibility within institutions prevents learning and hinders change; as a result, new knowledge cannot be institutionally retained. An adaptable approach therefore is important in meeting and effectively responding to deep-rooted inequalities, and in creating non-discriminatory and barrier-free environments. A training course or accredited programme in isolation cannot overcome these static institutional cultures.

- Interpreting services are not designed to provide wrap-around, trauma-informed, woman-centred and rights-based support which comprehensively addresses all forms of VAWG. It is important to note that some examples of cultural mediation are simply interpretation services with additional training to implement the use of more nuanced language.
- Black and minoritised migrant women's experience of institutions is one of discrimination (racism, sexism and others forms of unequal treatment). This negatively impacts access to public services, including healthcare, housing, education and the criminal justice system. Although cultural mediation is designed to 'bridge the gap', it is not embedded in a holistic organisational response and does not focus on addressing injustices through support, networking, and by building community and organisational ties with women, all of which is necessary when dealing with trauma from discrimination (or compound trauma).
- There is a risk of exacerbating and reproducing these systemic barriers, subjecting women to re-traumatisation and further victimisation in institutional cultures where victim-blaming, abuse minimisation and normalisation of violence are dominant. These are cultures which have been identified in policing and the criminal justice system.

Models of Support

An alternative holistic model, understood as the provision of wrap-around, trauma-informed, women-centred and rights-based support, offers an inclusive solution for the following reasons:

- Specialist and *by and for* services operate by embedding this working model from the outset. As a result, organisations rooted in this space have already evolved to incorporate this comprehensive, women-centred approach.
- Women receive services free of judgement and harm in these organisations, leading to better outcomes for women. This includes preventing repeat and secondary victimisation and re-traumatisation.
- The working environment promotes social, racial and gender justice, critical to creating support provision that addresses systemic harm.
- Women are at the heart of service provision. Services value and listen to the women with whom they work, evolving in response to those with lived experience and involving them in collective service growth through co-production. They are not viewed as an 'add-on', or latterly incorporated as part of a programme that has not emerged from the communities it is intended to serve.
- Organisations engage with women in holistic ways through an intersectional lens.

- These ways of working are not accredited approaches. They are an organic part of the development of the organisation, connected with an ethos and vision to end all forms of violence for all women and girls.

Limitations of Cultural Mediation

Cultural Mediation is limited in scope in meeting the needs of Black and minoritised migrant women for the following reasons:

- The approach does not address structural inequality, systemic issues and exclusion.
- The approach separates women from communities, and from vital specialist and *by and for* services, instead prioritising the so-called expertise of an institutional framework that has not been designed to meet the holistic and intersectional needs of women.
- The approach focuses on training so-called experts on culture, however, there is no mechanism to ensure that relevant training is embedded, to influence institutional organisational cultural practices, or to address barriers.
- At best, a cultural mediation approach can offer interpretation and translation; services which already exist but remain underfunded.
- This approach displaces specialist and *by and for* women's organisations which are part of a vital eco-system addressing VAWG, thus reproducing inequalities for Black and minoritised migrant women rather than reducing them.

Research Conclusions

Our research has shown that the concept of **“Cultural Mediation”** as understood in Europe **inadequately represents our model of advocacy support for Black and minoritised migrant women.**

In this report, we propose a trauma-informed model that focuses on overcoming communication barriers and addressing the impact of Violence Against Women and Girls (VAWG). This approach is integral to Hibiscus, where we specialise in providing tailored services to Black and minoritised migrant women. Our organisational history and expertise stem from working with women in contact with the criminal justice and immigration systems, most of whom have experienced VAWG.

ABBREVIATIONS

CJS	Criminal Justice System
CRPC	Crisis Response and Policy Centre
EU	European Union
FGM	Female Genital Mutilation
FM	Forced Marriage
FOS	Female Offender Strategy
HBV	‘Honour-Based Violence’ or so-called honour-based violence
HO	Home Office
IOM	International Organisation of Migration
NGOs	Non-Governmental Organisations
NHS	National Health Services
NNHM	National Network of Health Mediators
NRPF	No Recourse to Public Funds
NRPSI	National Register of Public Service Interpreters
OHCHR	Office of the High Commissioner for Human Rights
TIME	Training Intercultural Mediators for a Multicultural Europe
UK	United Kingdom
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
VAWG	Violence Against Women and Girls
WHO	World Health Organisation

INTRODUCTION

About Hibiscus Initiatives and the context for the critical examination of cultural mediation

Hibiscus Initiatives (Hibiscus) supports Black and minoritised migrant women who are subjected to inequalities and unfair treatment in the criminal justice and immigration systems. The women we support are over-represented and criminalised throughout the criminal justice and immigration systems, the complexities of which they must navigate without the benefit of appropriate legal advice. For over 35 years, Hibiscus has documented the impact of these systems through the lived experiences of the women who use our services, listening to their concerns about policies and practices that negatively affect their lives and advocating for their rights through legislative reform. Our work is directly informed by the experiences of Black and minoritised migrant women and, as an intersectional feminist organisation working towards social and racial justice, we understand the need for transformative system change.

Working collectively with the women who make up Hibiscus, and in collaboration and wider solidarity with established networks, we strongly advocate a wrap-around, trauma-informed, woman-centred and rights-based approach to policy and practice. This approach is based on a comprehensive understanding of all forms of violence against women and girls (VAWG), including state violence, and structural and institutional discrimination. Our assessment of cultural mediation is grounded in this understanding. Applying an intersectional lens, we review the current European approaches to cultural mediation, consider the challenges and limitations these approaches present, and work towards an alternative approach that operates in holistic, grassroots rights-based action held in specialist and *by and for* women's organisations.

The term “cultural mediation” is a problematic construct for the following reasons:

- The term ‘mediation’ implies intervention in dispute and conflict. In the context of VAWG, it can mean intervention within families, involving the perpetrator of said violence with the aim of working towards a joint resolution. This often occurs without the explicit and informed consent of the woman subjected to violence who, through circumstance and a sense of expectation, faces undue pressure following violence to enter into mediation. In this context, mediation is mistakenly presented as an option over an approach embedded in rights-based and trauma informed solutions which centre women's choices (in keeping with feminist principles governing the work).
- The term ‘cultural’ is often used to identify so-called ‘foreign’ and/or minoritised cultures as viewed through a European lens, that is, cultural practices associated with cultures of global

majority populations, and Black and minoritised people of colour. In this sense, considering the feminist knowledge base, the term 'culture' replaces the notion of patriarchal violence (or violence rooted in patriarchy) that is based in women's unequal status in society and which manifests as everyday sexism, institutional sexism and misogyny. In policy and practice, this reflects a move away from an analysis of patriarchy as systemic and structural and towards the individualising and/or community stigmatising lens.

- Used together, the term "cultural mediation" creates a sense of the 'other' that invites the defining of particular forms of violence such as FGM, forced marriage and so-called honour-based violence, as 'cultural'. Over time, these forms of violence become popularised in mainstream discourse on VAWG, and whilst they require a comprehensive response, they are essentially different manifestations of patriarchal violence. Equally, they negate the understanding expressed by women that all cultures – whether dominant or minoritised in the European context – contain patriarchal structures and violence.
- Finally, the term suggests that comprehensive knowledge of diverse communities, societies and complex historical contexts can be imparted through an institutionally accredited programme. Cultures are complex expressions, operating multiple and overlapping dynamics. In the UK context, such 'experts' cannot be formed through institutional accreditation and standards alone, for the reasons stated above.

The focus therefore shifts to transformative grassroots feminist practices; wrap-around, trauma-informed, woman-centred and rights-based work.

The European model of cultural mediation involves the provision of linguistically and culturally competent mediation. As stated above, however, this approach has limitations that are further explored below. The UK response to this model must be based on an approach embedded in intersectional feminism(s) and must include an understanding of the different ways in which inequality is experienced by diverse groups of women owing both to their 'status' and multiple barriers which overlap to create systemic disadvantage. For example, Black and minoritised migrant women are denied access to critical services (specialist support, housing and health, among others) and must navigate a complex and hostile environment which has been deliberately designed to create barriers for women in this position. An alternative approach must recognise how barriers impact women's lives and operate in ways that replicate the structural inequalities embedded in current policies and practices. The central idea here is 'do no harm'; specifically, the prevention of repeat and secondary victimisation that exposes women to further risk and violence.

This alternative approach rests on two notions:

- ❖ Migrants and refugees in the UK - and in the case of Hibiscus, Black and minoritised migrant women - encounter various institutional and systemic barriers as public services fail to consider their needs, subjecting communities to exclusion and marginalisation.
- ❖ These issues are exacerbated for Black and minoritised migrant women who are victims/survivors of trafficking and VAWG, as public service providers and interpreters are not adequately trained, leading to the re-traumatisation of women accessing support.

Cultural mediation does not breakdown institutional and structural barriers for women, rather it ignores these barriers, instead focusing on women's inability to speak the dominant European language and offer intervention on that basis alone.

This report explores the European model for cultural mediation and arrives at a single recommendation for an alternative approach embedded in social justice. The report shares information on how cultural mediation as a generic model is used as institutional practice in some European countries. The report also examines the context in which the model is used and explores concerns regarding definition and framing. The report warns against the adoption of a generic 'off the shelf' approach which promises a simple resolution to complex structures emphasising that such concerns cannot be resolved or erased through cultural mediation intervention, underlining that the risk of exacerbating harm is great. While limited by secondary data analysis, the report provides a critical lens from Hibiscus' intersectional practice to arrive at a deeper understanding of the programme, its application, limitations and potential harms to the cause of social justice.

Most cultural mediation approaches of European nations are implemented through combined efforts between local authorities/municipalities and civil society organisations. NGOs recruit appropriate staff who provide skills and competencies including language and communication abilities, and cultural awareness. They are then trained by government as cultural mediators. This approach results in divesting skills and expertise from NGOs and civil society organisations by co-opting staff as experts, and by 're-educating' and 're-training' them in an institutional setting as recognised by the government. The risks with this manner of working include isolation and exclusion of grassroots support, especially in the case of VAWG for Black and minoritised migrant women; separation of community-based support and additional connections for women; and the removal of trauma-informed work from women's support pathways. Furthermore, the model is then simply replicated by governments through 're-education' and 're-training' at higher costs which replaces the sustainable, cost-effective method of investing in women's specialist and *by and for* services that already hold the expertise.

At Hibiscus, we apply a wrap-around, trauma-informed, woman-centred, rights-based approach, embedded in lived experience, framing a grassroots method of social justice. We feel that this approach directly addresses the needs of Black and minoritised migrant women who

are in contact with the criminal justice and immigration systems and subjected to VAWG. While we offer support to women, we also address institutional and systemic barriers. In this report, we argue for an alternative approach based on Hibiscus' practice as it leads to the transformative change we seek in social, racial and gender justice work. We are not advocating for an institutional cultural mediation approach as we believe it is limited in supporting women to achieve their rights, to access the support they need, and to rebuild their lives following violence.

RESEARCH METHODOLOGY

The research involved a literature review applying secondary desktop analysis of academic papers, policy reports and other relevant documents. Approximately 200+ documents were reviewed for this report following a wide sweep of documents to identify literature that was available and accessible.

Inclusion criteria included the following:

- documents had to be in the English language,
- the themes covered programmes in Europe only with a strong emphasis on North and West European countries as the UK government consider these experiences similar to their own (this parameter was defined by the funder),
- documents covered the subject matter of cultural mediation as defined in their own terms (no singular definition of cultural mediation was identified in the search for literature), and
- documents had to be available for review during the research period.

During the literature review, it was found that evaluative and academic studies that were supported by funding from governments tended to be less critical of cultural mediation programmes. While this literature was included in the review, the findings could not be verified as independent.

Thematic analysis was done as follows:

- description of the approach to cultural mediation,
 - findings reflecting experience of implementation and impact and
 - content on training and awareness raising aspects of programmes.
- Primary data was not gathered.

Evidence of implementation was found in Western Europe (Belgium, France, Germany, Luxembourg, and Switzerland), Southern Europe (Greece, Italy, Malta and Spain), and Eastern Europe (Bulgaria and Hungary). According to the studies, there were some examples of success in the implementation of the programme, for example, the use of interpreters increased access to healthcare for minoritised communities¹. While access to the system can be facilitated through language-specific support, wider structural inequalities embedded in systems and policies are not likely to be addressed for Black and minoritised migrant women interacting with systems; these require transformative change and narrative shifts. Cultural mediation is limited in safeguarding women through a system that is not designed to meet their holistic needs or address structural barriers leading to social inequalities and discrimination. At best, cultural

¹ In this context, the term minoritised is used from the original text and it is not the preferred term used by Hibiscus.

mediation is a tick-box approach that opens a door, giving women language support when they access health services. It does not address structural communication barriers as it fails to take into account the deep-rooted barriers that exist in the system. The cultural training received by cultural mediators is also questionable as it is intended to accredit participants after a minimum of 2 days of training in some countries, after which they are considered 'experts'. The analysis in this report will show how such limited training can lead to further discrimination.

The examples presented in this report cannot be independently verified nor could any critical appraisal of such studies be carried out. In the absence of such verification, critical appraisal of available literature was done using question analysis methods. The examples were assessed from an intersectional lens based on three questions:

- How far does the programme of cultural mediation reduce systemic and institutional barriers through the intervention described?
- Are there any unintended consequences of the cultural mediation programme, or unmet needs?
- Are there any omissions and/or gaps in practice that limit the application of cultural mediation as highlighted by the examples?

Without a review of further information on the effectiveness of these programmes from an independent and intersectional lens, these tests were used to provide insight and understanding which illustrate the degree to which structural inequalities are addressed and how systems are transformed, if at all, by the programme.

LIMITATIONS OF THE RESEARCH

The research was limited by the following:

- Only English language documents were included.
- Most documents identified migrant people but not necessarily Black and minoritised migrant women or the themes of VAWG/VAW, structural inequality and exclusion, and barriers to support. Therefore, the approaches to cultural mediation considered in the review did not address these themes.
- Accessibility was narrowly defined to mean access, specifically language, rather than access to wrap-around support.
- There is a lack of a clear and standardised definition of the term 'cultural mediation'. Terms such as 'cultural mediators', 'intercultural mediators', 'language mediators' 'community interpreters' 'socio-cultural mediators' and 'health mediators' were used across different countries. This means that a diverse array of programmes falling into the general heading were included, however, there was no assessment on the different ways in which they were defined and implemented. Consequently, specificity and nuance were missing from the assessment of these programmes, critical elements which are integral to any programme on socio-cultural phenomena.
- Some of the information available was outdated which made it difficult to understand the current context of implementation of cultural mediation in different European nations.
- The examples of cultural mediation were mostly generic and lacking an intersectional analysis which is critical when addressing the needs of Black and minoritised migrant women.
- The research suggested that cultural mediation had been implemented in reception centres, courts and prisons, however, the impact had not been studied through qualitative or quantitative research and the majority of research studies documented implementation in healthcare settings.
- A critical gap exists in research examining the effectiveness of cultural mediation for Black and minoritised migrant women subjected to VAWG as these studies are virtually non-existent.
- The countries selected for the literature review covered European experience only and lacked breadth and depth of information that could have been gleaned if global and intersectional issues were included.

For the reasons highlighted above, the effectiveness of cultural mediation - especially in settings and organisations where the intersectional needs of Black and minoritised migrant women are addressed - remains inconclusive at best. The programme is simply not tested, applied, or implemented in these settings and therefore cannot be wholly recommended as a reasonable approach. The findings suggest limited application and emphasise the need for comprehensive

approaches which will directly meet the needs of Black and minoritised migrant women, approaches which have been developed over many years in specialist and *by and for* services, by organisations delivering frontline work.

A further study addressing some of the gaps in research is not recommended. Instead, it would be worthwhile exploring grassroots community-based support provision, referred to as holistic wrap-around, trauma-informed, woman-centred and rights-based support addressing intersectional needs.

CHALLENGES, LIMITATIONS AND AN ALTERNATIVE MODEL

Are public services designed to address the needs of Black and minoritised migrant women?

Institutional and Structural Barriers

The simple answer to this question is no, they are not designed to meet the needs of Black and minoritised migrant women. Black and minoritised migrant women in the UK encounter various institutional and systemic barriers which obstruct their access to public services. Instead, women are trapped in criminal justice and immigration systems that are designed to criminalise them. Once in these systems, they are denied equal access to women's specialist and *by and for* services that are established to specifically meet their needs.

A key barrier is that public services are designed with a generic model in mind, not to meet intersectional needs. 'One size fits all' policies were instrumental in removing specialist interventions in order to create generic service provision models that were considered to be cost effective. Generic services are not tailor-made or developed from specialist knowledge of VAWG as they are designed to meet basic needs only. Language support services were also reduced in line with austerity measures implemented by central government, creating gaps in the provision models that are evident today.

The needs of groups with 'protected characteristics' (as recognised under the Equality Act 2010)², including Black and minoritised migrant women, were not met under new policies. These policies failed to recognise their needs defining complex needs as costly on the public purse. Government institutions following such policies often led to discriminatory practices, re-victimising migrant communities.³ When Black and minoritised migrant women interacted with public service providers, barriers prevented them from getting the support they needed. These barriers included discriminatory attitudes based on race and ethnicity, migration status, lack of understanding of VAWG, and failure to meet a range of accessibility requirements.

Public services are designed to provide generic support. The notion behind cultural mediation is that a lack of cultural competency results in confusion, miscommunication, misunderstanding and distrust when Black and minoritised migrant women interact with systems and confront institutional cultures. Applying this logic, the focus is shifted to the woman who is 'unable to

² The term 'protected characteristics' is used throughout the Equality Act 2010; it is not the preferred term of use within Hibiscus.

³ Marjanović, M., & Harbutli, A. (2021). Standards on Cultural Mediation in Protection. Crisis Response and Policy Centre (CRPC). <https://reliefweb.int/report/world/standards-cultural-mediation-protection>

communicate her needs' rather than the inflexible, unresponsive and discriminatory system. As we have experienced with the hostile environment, institutions are designed to turn women away and subject them to structural barriers.

Cultural mediation as a tool to raise awareness is limited because the wider obstacles embedded in the system are ignored. This leads to victim-blaming, abuse minimisation and violence normalisation by the system. Notable examples here include late disclosure of trafficking understood as false disclosure of trafficking, and accounts of abuse not being believed or being falsely interpreted as women seeking access to Council housing. An interpreter operating as a cultural mediator cannot address these deep-rooted discriminatory cultures until the system itself is under scrutiny. The cultural mediation programme falls short when applied to the context of the lives of Black and minoritised migrant women and the systems they confront.

Criminalisation of Black and minoritised migrant women in interaction with the criminal justice system

In the UK, Black and minoritised migrant women have higher custody rates when compared to their counterparts.⁴ Thinking about gender alone, women generally are 3x more likely to be arrested than male partners in a domestic abuse incident where there is a counter-allegation by the partners, in which women have used force to protect themselves. 63% of young women and girls (16-24) serving sentences in the community have experienced rape or domestic abuse in intimate partner relationships. 64% of women (screened at one prison) had brain injuries caused by domestic abuse. More than 50% of arrests of women involving domestic abuse result in no further action taken by police to refer women to specialist and *by and for* services for support. For many, domestic abuse is linked to offending; women are either coerced by the abuser to offend, or they defend themselves against abuse and are prosecuted as a result (the figure is likely to be higher due to barriers preventing women from disclosing VAWG)⁵.

Thinking about gender and race, the data suggests that Black and minoritised women are over-represented in every stage of the CJS, with Black women 2x more likely to be arrested than white women. Black and minoritised women also receive tougher prison sentences for lesser crimes in cases reviewed by the Crown Prosecution Service (CPS).

Other forms of VAWG can also lead women into contact with the CJS. Currently, there is no protection for victim/survivors of VAWG who offend as a result of the violence they have experienced. Ongoing experience of VAWG is not properly considered in criminal proceedings against women, leading to the unfair criminalisation of victim/survivors. Ample evidence of

⁴ Data used in this section is referenced as follows: Ministry of Justice. Statistics on women and the criminal justice system 2021. (2021).

<https://assets.publishing.service.gov.uk/media/637f3cc1d3bf7f153b8b3232/statistics-on-women-and-the-criminal-justice-system-2021-.pdf> and Hibiscus Double Disadvantage Report.

⁵ Ibid.

systemic sexism, racism, and police-perpetrated VAWG compounds women's trust in institutions. As a result, women are unlikely to talk about their experiences of violence with those in institutions they do not trust.

Criminalisation in this context occurs when the CJS is ill-equipped to respond to Black and minoritised migrant women. In some cases, this may be attributed to poor quality interpretation which can easily lead to misunderstandings or a lack of cultural comprehension. However, discriminatory attitudes that are institutionalised play a role in the criminalisation of women and the complex dynamics women navigate as they confront the system, producing additional barriers for Black and minoritised migrant women.

The over-representation of Black and minoritised migrant women in the CJS is reflected in the approach to VAWG – inequality is not addressed for these groups of women. Disjointed strategic thinking and a piecemeal approach creates a disconnect from the lived experience of women subjected to VAWG. While the system may address “foreign types of abuse” (FM, FGM and HBV) this simply creates the experience of the ‘othering’ of certain groups of women, associating violence with foreign cultures and lacks a comprehensive response to VAWG.

Overall, policy affecting women can be described as a restrictive and punitive system. It fails to understand VAWG and how women with experiences of VAWG interact with systems. The importance of safety and confidentiality for women before they disclose, and the ongoing trauma they experience when they disclose, is not considered. Cultural mediation cannot be considered a trauma-informed approach; it ignores the nature and impact of trauma from VAWG, which may subject women to repeat and secondary victimisation. There are issues around trust, especially when a woman arrives as a migrant and is unfamiliar with the systems, not knowing how to seek help, and what to expect once she does. There are additional barriers to disclosure for migrant women who may be victims of trafficking and modern slavery, experiences which are not understood in the context of cultural mediation reviewed in this paper.

It is important to note that Black and minoritised migrant women are likely to be viewed as offenders in the first instance and not acknowledged as victim/survivors. There are strong links between domestic abuse and women's offending as established in the Government's Female Offender Strategy (2018) and the Female Offender Strategy (FOS) Delivery Plan (2022). This framework was developed to address urgent action around unfair treatment of Black, minoritised and migrant women and girls who are victim/survivors of domestic abuse and other forms of VAWG, and who find themselves as suspects or defendants in the CJS. However, criminalisation makes it difficult to realise the goals of the framework.

These examples of European cultural mediation do not address the structural barriers, racism and discrimination embedded in systems that cause harm to Black and minoritised migrant women when they interact with the CJS. The risk here, if such barriers are not addressed, is that

the cultural mediation programme could result in reproducing inequalities and offering a piecemeal approach that does not reflect the lived experiences of the women it is intended to serve. Further, cultural mediation implemented in the absence of an overarching analysis of Black and minoritised women's experiences of criminalisation will fall short in achieving justice outcomes as indicated in the strategies referenced in this section. Cultural mediation 'buys into the narrative'; blaming culture for abuse and violence and ignoring the harmful structural factors that create barriers to access. It is clear from the data above that there is a need for a holistic, wrap-around, trauma-informed, rights-based and woman-centred response. The examples of cultural mediation reviewed in this paper do not offer this type of response.

Who is a cultural mediator and is the model appropriate to addressing the needs of Black and minoritised migrant women?

Cultural mediators are also known as 'intercultural mediators', 'language mediators', 'health mediators', 'community interpreters', 'social mediators' and 'Roma mediators' in different European countries.⁶ Research suggests that a cultural mediator is defined as an individual who is proficient in at least two languages and acquainted with at least two cultures.⁷ This in itself is illustrative of the problem with cultural mediation as offered in its current form - cultures are complex, they are fluid and continue to change over time. In cases where Black and minoritised migrant women are subjected to violence, they are exposed to oppressive institutional and patriarchal cultures that may not be related to their familial, racial or ethnic cultural identity. Furthermore, the predominant familial, racial and ethnic identity may offer Black and minoritised migrant women a source of empowerment and strength to deal with the trauma from violence. However, the risk of the cultural mediation lens is that the familial, racial and ethnic cultural identity is viewed through a racist lens and such cultures are identified as 'other'; a foreign culture that does not 'belong' or 'fit-in' with the dominant culture as defined by nationalist rhetoric. In this context, Black and minoritised migrant women are displaced - disconnected from the familial, racial and ethnic cultural and viewed as 'other' by the dominant culture. This lack of connectedness, embedded in the cultural mediation examples reviewed, creates and compounds disadvantage - it does not facilitate safe, rights-based access to support and protection.

In the examples reviewed, a cultural mediator uses 'linguistic and cultural competencies' to facilitate communication between migrants who speak different languages or dialects and public services.⁸ In this sense, the cultural mediator is widely recognised as the 'glue between

⁶ Uršula Lipovec Čebren and Juš Škraban 2022: Intercultural Mediation and its Conflicting Allegiances in Slovenia. *Ethnologia Europaea* 52(2): 1-23. DOI: <https://doi.org/10.16995/ee.3103>

⁷ Marjanović, M., & Harbutli, A. (2021). Standards on Cultural Mediation in Protection. Crisis Response and Policy Centre (CRPC). <https://reliefweb.int/report/world/standards-cultural-mediation-protection>

⁸ Marjanović, M., & Harbutli, A. (2021). Standards on Cultural Mediation in Protection. Crisis Response and Policy Centre (CRPC). <https://reliefweb.int/report/world/standards-cultural-mediation-protection>

different cultures'⁹, offering assistance and advice to newly arrived refugees and migrants as they navigate unfamiliar systems in host countries.¹⁰ The examples suggest they not only interpret but also provide cultural context to service providers whilst advocating to ensure that migrants receive comprehensive support; that their needs are understood and addressed effectively. At Hibiscus, we must state our concerns with assertions of this type with regards to the model:

- Cultural experts cannot be formed from an accredited course given the fact that cultures are complex, dynamic and nuanced. A single individual is not likely to develop even a minimum level knowledge from a short training course or understand the experiences of Black and minoritised migrant women.
- In addition to interpretation and translation, there must be an in-depth and specialist understanding of VAWG as this is central to the experience of the majority of Black and minoritised migrant women who navigate institutional structures and systems.
- As stated above, Black and minoritised migrant women face many barriers, as well as restrictions imposed by unjust laws and policies such as NRPF. Navigating these systems requires expertise not currently held by cultural mediators, as the programme is not designed to address these issues.

Cultural Mediation versus Interpreting Services

- UNHCR Austria's 'Handbook for Interpreters in Asylum Procedures' requires interpreters to "translate what has been said without adding or omitting anything or changing the content".¹¹ Similarly, the UNHCR guidelines on 'Interpreting in Refugee Context' (Self-Study Module) prohibits interpreters from explaining cultural, political, religious, social, anthropological matters on behalf of any of the parties.¹² Cultural mediation in this context is solely an interpretation service. The UK National Register of Public Service Interpreters (NRPSI) published a Code of Professional Conduct (2016)¹³ which requires practitioners to "alert the parties to a possible missed cultural reference or inference"¹⁴ and have an "an adequate level of awareness of relevant cultural and political realities in relation to the country or countries concerned".¹⁵ Being an independent voluntary regulator of professional

⁹ Commission of the European Communities. (2008). Multilingualism: An asset for Europe and a shared commitment. [COM(2008) 566 final] <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2008:0566:FIN:EN:PDF>.

¹⁰ World Health Organization (WHO) Regional Office for Europe. (2023). It's not just that we speak the same language. <https://www.who.int/europe/news-room/feature-stories/item/it-s-not-just-that-we-speak-the-same-language>.

¹¹ UNHCR Austria. (2022). Handbook for Interpreters in Asylum Procedures, UN High Commissioner for Refugees (UNHCR). <https://www.refworld.org/policy/opguidance/unhcr/2022/en/124043>.

¹² Division of International Protection Services (DIPS), Self-Study Module 3: Interpreting in a Refugee Context, UN High Commissioner for Refugees (UNHCR). (2009). <https://www.refworld.org/reference/manuals/unhcr/2009/en/66441>.

¹³ National Register of Public Service Interpreters (NRPSI). (2016). NRPSI Code of Professional Conduct. http://www.nrpsi.org.uk/downloads/NRPSI_Code_of_Professional_Conduct_22.01.16.

¹⁴ Ibid, section 5.12.3.

¹⁵ Ibid, section 3.9.

interpreters specialising in public service, NRPSI certified interpreters are not always appointed by public services. In reference to this regulation, it should be understood that knowledge of a country's political situation is not the same as the lived experiences of women in that country. This is particularly pertinent if they have been subjected to trafficking, modern slavery, sexual violence and others forms of VAWG, as these experiences are challenging to express in any language without access to trauma-informed support.

- A 2019 study 'Health Experiences of Asylum Seekers and Refugees in Wales (UK)' interviewed 384 refugees and asylum seekers who used interpreting services provided by NHS.¹⁶ The study found that the "interpretation services offered were not always appropriate or specific in terms of dialect, gender or culture" which led to poor experiences. Similar sentiments were conveyed by stakeholders who participated in the Chief Inspector of Border and Immigration's inspection on the use of language services in the asylum process by Home Office (HO)¹⁷, raising concerns that interpreters have the necessary language skills but are unable to interpret cultural concepts. The report also referred to a 2016 All-Party Parliamentary Group (APPG) for International Freedom of Religion or Belief and the Asylum Advocacy Group (AAG) recommendations which stated that all interpreters used by HO should be trained to understand cultural context of applicant asylum seekers.¹⁸ In the UK, NRPSI interpreters are not trained to provide a cultural context.¹⁹ The interpreting services offered to VAWG survivors from Black and minoritised migrant communities in the healthcare settings was concluded to be insufficient by the Hibiscus' 'Race, Migration, Criminalisation and Mental Health' report.²⁰
- The advantage of using interpreters is to facilitate access to services. The limitation of using interpreters is that often standards for interpretation are weak and interpreters are not trained or embedded in women's specialist and *by and for* services. This can inhibit disclosures by women which are best facilitated in spaces that feel safe, with support from service providers who can offer support from a trauma-informed perspective. Cultural mediators are expected to explain culturally specific concepts, expressions and references that may otherwise give rise to misunderstandings.²¹ Despite this, cultural mediators are not trained in women's specialist and *by and for* services specifically addressing VAWG and operate on the assumption that all experiences will be expressed as culturally specific. It is expected that a cultural mediator will be able to sensitively navigate the conversation, ensuring a woman feels heard, understood and supported. However, the wider context in which a cultural

¹⁶Lau, L. S., & Rodgers, G. (2021). Cultural Competence in Refugee Service Settings: A Scoping Review. *Health equity*, 5(1), 124-134. <https://doi.org/10.1089/heq.2020.0094>.

¹⁷Independent Chief Inspector of Border and Immigration, UK. (2019). An inspection of the Home Office's use of language services in the asylum process. https://assets.publishing.service.gov.uk/media/5faa5f95d3bf7f03b249aa57/An_inspection_of_the_Home_Office_s_use_of_language_services_in_the_asylum_process.pdf

¹⁸ Ibid.

¹⁹ UNHCR Austria. (2022). Handbook for Interpreters in Asylum Procedures, UN High Commissioner for Refugees (UNHCR). <https://www.refworld.org/policy/opguidance/unhcr/2022/en/124043>.

²⁰ Manga, P., & Nyamweya, N. (2023). Race, migration, criminalisation and mental health. Hibiscus Initiatives. <https://hibiscusinitiatives.org.uk/media/2023/06/rmc-mental-health-report-document.pdf>.

²¹ UNHCR Austria. (2022). Handbook for Interpreters in Asylum Procedures, UN High Commissioner for Refugees (UNHCR). <https://www.refworld.org/policy/opguidance/unhcr/2022/en/124043>.

mediator in the European sample operates is mostly institutional. The wrap-around, trauma-informed, rights-based and woman-centred approach embedded in specialist and *by and for* services established to address VAWG is not the domain of cultural mediators in the examples in this study. It is in these organisations advocating an alternative approach designed to address the intersectional needs of women from a trauma-informed perspective that an effective model of support for women can be developed.

Can interpreting meet the needs of Black and minoritised migrant women?

- Black and minoritised migrant women can experience trauma during migration and can be subjected to additional vulnerabilities in resettlement.²² There is a risk of exacerbating these barriers through re-traumatisation, often perpetrated by social service providers through victim-blaming, racism and discrimination, and culturally insensitive practices. Hibiscus has documented much casework supporting Black and minoritised migrant women, many of whom are also survivors of VAWG and trafficking.²³ There are many examples of Hibiscus project workers providing specialist advocacy and support to women, serving as liaison with institutions and ensuring women receive the responses they need.
- The Hibiscus model has the following characteristics: a trauma-informed approach, knowledge and expertise in VAWG, operating in safe and confidential spaces, delivering a rights-based perspective, is non-judgemental, supported by specialist provision throughout the organisation, and embedded in an intersectional organisation advocating for social and racial justice and addressing VAWG as central to the work. Staff at Hibiscus receive continuous professional development in areas of work emerging from the frontline casework and operate under an intersectional feminist ethos which is vital to the provision of support. These characteristics are embodied by the organisation, they are not an 'add-on', they are organic in their development and contribute to advancing the specialist character of the work.
- In some of the examples of cultural mediators from European countries, cultural mediators were drawn from diverse backgrounds or had extensive experience of working with refugees and migrants. However, when considering the specific needs of Black and minoritised migrant women subjected to VAWG, the critical role of specialist and *by and for* services for women's organisations cannot be replaced by the European model as previously demonstrated.

²² Hawkins, M.M., Schmitt, M.E., Adebayo, C.T. et al. Promoting the health of refugee women: a scoping literature review incorporating the social ecological model. *Int J Equity Health* 20, 45 (2021). <https://doi.org/10.1186/s12939-021-01387-5>.

²³ Rakovica, B., and Ianovitz, S. (2021). Cultural mediation: An inclusive solution to help reduce the cultural and language barriers experienced by survivors of trafficking. Hibiscus Initiatives. <https://hibiscusinitiatives.org.uk/resource/cultural-mediation/>

How has Cultural Mediation been implemented in different European nations and what have been the limitations?

Is it applicable in the UK context?

There are many European countries which have recognised cultural mediation and have placed the programme on professional footing. Some examples include the following:

- France implemented a transcultural mediation programme launched in a hospital in Paris to improve access to care for immigrants with chronic disease. The cultural mediator offered interpretation, explaining medical conditions and proposed treatment in a way that was fully understood by the family. The family also communicated its own understanding of the disease, and treatment and the preventive steps available in their culture, with the help of the cultural mediator.
- The Ministry of Interior and the European Fund for the Integration of Third Country Nationals²⁴ launched an 'intercultural mediation' programme in 46 hospitals in Greece with a total of 224 cultural mediators belonging to 20 nationalities and speaking 28 languages. The programme focused on facilitating communication between healthcare professionals and immigrants from diverse ethnicities to achieve better access to healthcare, raise awareness about cultural characteristics, and interpret medical procedures.
- A study conducted in five European countries indicated that participants preferred cultural mediators over interpreters²⁵ finding that "interpreters deal with language and mediators know about culture, medicine and language and they can also help patients get familiar with the national healthcare system and practices because they are locals".²⁶
- In Italy, Spain and Germany, the recruitment of cultural mediators depended on collaboration between government bodies and civil society organisations.²⁷ Local public authorities and municipalities identified the need for cultural mediation in specific cases and then contacted local NGOs to recruit them.²⁸ There was no structured or unified training curriculum with training mainly provided by civil society organisations and universities.²⁹ It is notable that civil society organisations in these countries did not receive government or local authority funding.³⁰

²⁴ The language used here is from the source material. Hibiscus does not use this language.

²⁵ Angelelli, CV. 'Cross-border healthcare for all EU residents? Linguistic access in the European Union'.

²⁶ Ibid.

²⁷ Erdilmen, M. (2021, September). Frameworks and good practices of intercultural mediation for migrant

²⁸ Ibid.

²⁹ Ibid.

³⁰ Rozi, A. (2015). Research report on intercultural mediation for immigrants in Spain. TIME. Train Intercultural Mediators for a Multicultural Europe. http://www.mediation-time.eu/images/TIME_O1-A1_National_report_Spain.pdf

- In Bulgaria, mediators are trained by NNHM and Medical University of Sofia³¹ and equipped with the knowledge necessary to assist medical teams and patients of hospital institutions in the municipalities³² having knowledge of health and social legislation and maintaining good relationships with local authorities.³³
- In Hungary, 48 Roma women were employed on part-time contracts and provided with vocational training in assistant nursing and other funded courses to assist GPs and they carried out health visits. They also assisted the government in awareness campaigns related to HIV prevention.³⁴
- In Belgium, cultural mediators were used to monitor instances of racial discrimination against individuals from minoritised backgrounds.³⁵
- In the Slovak Republic, they participated in awareness campaigns addressing Covid-19.
- In some European examples in which cultural mediators are employed in the healthcare sector, they are trained in medical interpreting to provide a cultural context and assistance to healthcare professionals in understanding the health backgrounds and symptoms of the migrants.³⁶

Findings from these examples suggest that training and qualifications differ in each country depending on the purpose for which cultural mediators are used. In many countries cultural mediators provide interpretation services in a particular context. They also act as liaison and facilitators, especially in the healthcare setting, and receive appropriate medical training. This approach is also suggested by UNHCR who identified cultural mediators as facilitators of communication between doctors and patients.³⁷ Some cultural mediators develop strong relationships with local authorities through which they can be called upon to provide services. Where cultural aspects are discussed, it is in a limited way in a healthcare setting covering information on treatment. Some examples suggest the role of the cultural mediator can be used to dispel misinformation about health, however, cultural mediators only receive basic training, so their reach is limited.

In one example, civil society and NGOs were used as cultural mediators, however, the organisations did not receive funding to provide for 'mediation' services on an on-call basis. This was the case in Italy, Spain and Germany where the term was used to rebrand existing work without a meaningful commitment to fund such services. The practice by governments to divest

³¹ Medical University Sofia. (2020). 260 state-supported health mediators work in 136 municipalities in Bulgaria.

<https://mu-sofia.bg/en/260-state-supported-health-mediators-work-in-136-municipalities-in-bulgaria/>

³² National Network of Health Mediators (NNHM) Facebook Page (Greek).

<https://www.facebook.com/zdravenmediator>

³³ National Network of Health Mediators (NNHM).

http://www.zdravenmediator.net/en/index.php?pagetype=text&page_id=62

³⁴ Salman, R., Wentzlaff-Eggebert, M., Wienold, M., Müller, M., & Kimil, A. (2012). Final project report: AIDS & Mobility Europe 2008-2011 (Vol. 1).

http://www.aidsmobility.org/fileadmin/Public/DOCS/Publications/Reports/A_M_Final_Report.pdf

³⁵ European Union Agency for Fundamental Rights (2010). Annual Report 2010 Conference Edition.

https://fra.europa.eu/sites/default/files/fra_uploads/917-AR_2010-conf-edition_en.pdf.

³⁶ Marjanović, M., & Harbutli, A. (2021). Standards on Cultural Mediation in Protection.

³⁷ Office of the High Commissioner for Human Rights. (2020). Good Governance Practices for the Protection of Human Rights. <https://www.ohchr.org/sites/default/files/Documents/Publications/GoodGovernance.pdf>

from women's specialist and *by and for* services, although their vital contributions are recognised, has negative implications, reducing women's choice for services and obstructing their access to trauma-informed support resulting in repeat and secondary victimisation.

It is also clear that the cultural mediation model could mean many things: they could be trained in in healthcare sector and serve as assistant nurses, they could be used to monitor data on racial discrimination, and they could be hubs for information and awareness raising campaigns where countries apply the umbrella term of 'mediator' to meet specific needs. In this sense the model is used to replace grassroots civil society and NGOs, especially women's specialist and *by and for* services, and the skills and expert staff from these organisations are employed to serve as cultural mediators, as and when needed.

Asylum system, legal process and criminal justice system

UNHCR has recommended that if refugees and asylum seekers are provided cultural mediation during the registration process, it can "enhance quality of requests and facilitate timely processing".³⁸ The argument suggests that by placing such workers at the reception centres, cultural mediators can interpret the customs and norms of the host country at the point of entry.³⁹ Again, this type of intervention is embedded in access to interpretation with some knowledge of the political environment. However, the evidence base and evaluative study on cultural mediation in the immigration and criminal justice systems is limited. In Italy for example, cultural mediators are employed through regional initiatives and local authorities to work with 'inmates'⁴⁰ from Africa, Eastern Europe, Middle and Far East and South America. Researchers suggest that the programme could serve as a bridge between immigrant 'prisoners'⁴¹ and healthcare professions, potentially reducing isolation and ensuring well-being. Further, the research suggests that it will reduce linguistic and cultural gaps and provide access to mental health services.⁴² However, cultural mediators do not address systemic barriers that deny asylum seekers and refugees access to legal support regarding the regularisation of their status. They simply operate in the 'holding space' until processes are concluded. The services they

³⁸ UNHCR Regional Bureau for Europe. (2022). Practical Recommendations and Good Practice to Address Protection Concerns in the Context of the COVID-19 Pandemic. <https://www.refworld.org/policy/opguidance/unhcr/2020/en/123225>.

³⁹ Garro, M., Schirinzi, M., Novara, C., & Ayllon Alonso, E. (2022). Immigrant prisoners in Italy. Cultural mediation to reduce social isolation and increase migrant prisoner well-being?. *International journal of prisoner health*, 10.1108/IJPH-01-2022-0004. <https://doi.org/10.1108/IJPH-01-2022-0004>

⁴⁰ The term 'inmates' is used by Italian authorities. It is not endorsed by Hibiscus. The term used by Hibiscus is people held in detention. The original term is left in the text to highlight the concerns about the cultural mediation model implemented through a Eurocentric lens which is based on racial bias and ethnic stereotyping of the cultures of migrants.

⁴¹ Again, a term used by the Italian programme that is left in to illustrate the problematic application of the programme.

⁴² Ibid.

provide focus on navigating the system through information, in other words, they interpret information, but they cannot facilitate access to rights.

It is clear that in the case of Black and minoritised migrant women subjected to VAWG including trafficking, modern slavery and sexual violence, a key difference in disclosure is access to the trauma-informed approach practiced by women's specialist and *by and for* services. However, external systems are not designed to facilitate access to such support which can lead to late disclosure of VAWG by women and this is interpreted as false disclosure by the system. A generic cultural mediation model not embedded in the trauma-informed approach that includes expertise in the VAWG response is limited in application in the context described here.

Skills, expertise, and knowledge requirements

Do the European models protect rights of Black and minoritised migrant women Subjected to VAWG or are they a procedural holding space?

The Erasmus' project 'Train Intercultural Mediators for a Multicultural Europe (TIME)'⁴³ co-funded by the European Union reviewed cultural mediation programmes in several countries including Belgium, Germany, Italy and Greece. Some key skills that emerged in different countries included strong language and communication abilities, cultural awareness, political/religious/cultural sensitivity, and conflict resolution skills. Additionally, objectivity, neutrality, impartiality, empathy, and listening skills were prerequisites for cultural mediators.

Again, the programmes were generic in nature and some issues are noteworthy:

- The training of cultural mediators ranged from two-day workshops to a longer programme.⁴⁴ The approach to training is inconsistent. It is doubtful that a cultural expert to address complex issues of Black and minoritised migrant women subjected to VAWG can be created over a two-day programme.
- The training is often institutional. For example, in Malta, the Ministry of Health set up the Migrant Health Unit which organises training programmes.⁴⁵ In Italy, local governments trained cultural mediators.⁴⁶ Under Greece's National Strategy for the Integration of Third Country Nations, 2013, the Social Integration Directorate of the Ministry for Migration Policy provided certified training programmes. The qualification and certification route may be limited as the training may not be fully informed by casework and the intersectional lens on this work is absent, creating a generic training model without the specialist expertise or iterative processes embedded in women's organisations.

⁴³ Theotidou, A., & Aspioti, M. (Eds.). (2016). Research Report on Intercultural Mediation for Immigrants In Europe Intellectual Output No 1. http://www.mediation-time.eu/images/TIME_O1_Research_Report_v.2016.pdf.

⁴⁴ Verrept H. What are the roles of intercultural mediators in health care

⁴⁵ migHealthcare. Malta Country Profile Fact Sheet. http://mighealthcare.eu/country-profiles/migHealthCare_WP4_Country%20Profile_Malta.pdf

⁴⁶ Erdilmen, M. (2021, September). Frameworks and good practices of intercultural mediation for migrant

- In some European nations, there are dedicated undergraduate and master's degree programmes on cultural mediation. For instance, the University of Malta's 2-year Diploma in Education for Cultural Mediation, the University of Zadar's Bachelor's in Italian-Croatian Linguistic and Cultural Mediation, the University of Salamanca's Master's in 'Translation and Intercultural Mediation in a professional context' and the University of Venice's Bachelor's Degree Programme in Linguistic and Cultural Mediation. These programmes may be stand-alone and may not be embedded in human rights, social policy and practice, race theory and de-colonialism and colonial studies, or gender and women's studies giving rise to the concern of creating a cultural expert through a limited 2-year frame where the wider social context is missing.

The UK government should recognise the importance of an effective response to Black and minoritised migrant women that acknowledges the need for a trauma-informed approach and invests in the expertise of women's specialist and *by and for* services who deliver support from a rights-based perspective to address trauma, prevent re-victimisation and advocate for women.

European and UK social policy have the following in common: gender neutrality in response to VAWG, the erosion of social services, welfare rights and benefits, defunding of women's specialist and *by and for* services, and a region-wide backlash on women's rights. In the UK there is stronger advocacy from civil society, NGOs and the wider networks and ecosystems around racial and social justice which are framed as rights-based mechanisms in social policy. These differences are nuanced and create distinct features which problematises the direct applicability of cultural mediation in the UK context. Thus, the UK approach must build on existing experience rather than adopting cultural mediation outright; the latter option will only serve as a costly and ineffective band-aid. Violence prevention held in women's organisations should be centred in the UK approach. The term 'cultural mediation' is misleading and should be replaced by the term 'trauma-informed approach' (as discussed in this paper) or other terms deemed more appropriate from an intersectional rights-based perspective.

CONCLUSION

Advocating for a wrap-around, trauma-informed, women-centred rights-based approach for Black and minoritised migrant women

At Hibiscus, we have first-hand experience of supporting Black and minoritised migrant women in the UK while they navigate the CJS and immigration detention. Most of the women we support are survivors of trafficking and VAWG. Our work highlights crucial truths – migrant women require more than just interpreting services. Our casework evidence suggests that the approach referenced throughout this report - specialist intersectional support and advocacy around a trauma-informed approach, embedded in women’s specialist and *by and for* services – is the approach which will best support Black and minoritised migrant women.

One of Hibiscus’ service users who was forced into marriage and trafficked to the UK experienced significant barriers in accessing services. She was provided with a male interpreter. Whilst she could have been provided with a male cultural mediator, neither the male interpreter or mediator could have provided her with the support she needed.

While talking to Hibiscus, she stated that:

“I did not want to speak to him about my private life, because of my experience I find it difficult to speak to men [...] he then said to me ‘what’s the difference if it’s a man or a woman’ [...] he just didn’t understand”.

She added,

“I didn’t want to offend anyone, I just wanted to let them know that a woman from an organisation that speaks [my language] [a Hibiscus’ caseworker] has offered to help me with this. Previously I was missing this kind of [gender sensitive] support and finally I got it from you, and I will never forget that”.

Government funding for women’s specialist and *by and for* services that champion feminist and intersectional principles can ensure the proper implementation of this approach. These organisations are uniquely positioned to empower Black and minoritised migrant women. Drawing on the many years of experience held by Hibiscus, it is clear that the following practices simply will not work for the women we serve:

- An approach solely based on professional accreditation that may be far removed from the lived experiences of women or reject the need for women’s specialist and *by and for* services that offer support without re-traumatisation and victimisation.

- An approach that fails to ground the work in organisations established around a feminist ethos (specialist and *by and for* services).
- An approach that could create/recreate trauma for women by failing to understand and recognise the impact of violence against women and girls (including trafficking, modern slavery and sexual violence) on women's lives.
- An approach that fails to embed social and racial justice towards system change as a foundational priority.
- An approach that, either directly or indirectly, perpetuates existing structural inequalities by failing and/or omitting a rights-based perspective in all aspects of the work.
- An organisation acting as cultural mediator that fails to address inbuilt discriminatory practices.

Finally, language is important in ensuring women can trust the organisations providing them with support. The term cultural mediation is problematic for the reasons already highlighted in this report. An alternative and UK specific approach is needed, one that centres the lived experiences of Black and minoritised migrant women.

RECOMMENDATION

That the UK government fully support the implementation of an alternative approach as outlined in this paper and fund women's specialist services like Hibiscus to deliver the work to Black and minoritised migrant women in need of trauma-informed services to navigate through a complex immigration and criminal justice system.

What do we want funded?

A trauma-informed project, focused on addressing communication barriers which encompasses a trauma-informed approach addressing the impact of VAWG. Such a programme is embedded in organisations like Hibiscus as we are expert providers of services to Black and minoritised migrant women with an organisational history informing our development and one that is inclusive of the experiences of women in the criminal justice and immigration system, the majority of whom are also subject to VAWG.

Our proposal for funding is supported as follows:

Value for Money (VfM)

Women's specialist services, like Hibiscus as well as *by and for* organisations have developed infrastructures and systems of support addressing communication barriers in a trauma-informed way. Womens' specialist and *by and for* services can invest the following to ensure VfM:

- Embedded knowledge of VAWG and issues specifically impacting Black and minoritised migrant women.
- Expertise and years of investment in developing trauma-informed support to Black and minoritised migrant women that will have long-term positive outcomes, including the prevention of repeat and secondary victimisation, and advocacy for women navigating a complex immigration system while receiving the support they need.
- Women's specialist and *by and for* services have organisational cultures that able us to maximise expertise through shared learning, co-production and promising practice. Organisations like Hibiscus would not have to invest in new knowledge creation, but rather invest in and deepen the knowledge we already have, engaging in continuous improvement and iterative processes.
- Women's specialist and *by and for* organisations have developed and embedded policy, and a processes and procedures infrastructure with a commitment to staff training and development. This infrastructure includes complex case management, adult and children safeguarding, health and safety, VAWG policies among others, and an HR and operations system that is developed to support this infrastructure.

The knowledge and expertise that allows organisations like Hibiscus to deliver an effective trauma-informed project to support Black and minoritised migrant women does not have to be newly developed; it is already embedded within the organisation, albeit not sufficiently funded. Funding an organisation like Hibiscus would mean that the UK government would not have to re-invent the proverbial wheel. Women's specialist and *by and for* organisations can be funded to develop and sustain its approach while investing invaluable and numerous years of experience and expertise that is organic to the organisation, producing cost-effective results for government. Organisations like Hibiscus have very high demand for services and, without further funding, cannot be expected to roll-out these services to meet emerging needs. Organisations like Hibiscus must be appropriately funded to meet these needs, under a comprehensive commitment to a trauma-informed approach as responsive practice to support Black and minoritised and migrant women.

Social Return on Investment (SROI)

For local authorities, an investment in women's specialist and *by and for* services to deliver unique support tends to bring £4 to the local economy for every £1 of grant or contract funding they receive. An organisation like Hibiscus works at a national level, however, its support provision for Black and minoritised migrant women adds similar value in local areas in which our services are accessed. Interventions by women's specialist and *by and for* organisations can ensure that women receive the right support at the right time, in the languages they speak. Organisations like Hibiscus are also able to provide pathways for women to English language skills. This type of support also facilitates disclosures, coupled with appropriate case management and trauma-informed support. For the UK government, an investment in an organisation like Hibiscus to deliver a trauma-informed approach would generate the following return:

- It strengthens provision of services in local areas.
- Communication barriers are addressed, constituting a preventative intervention. Women will get the right services at the right time, preventing escalation of need and risk and reduce pressure on the system.
- It helps to accelerate the migration process for women, creating positive system-wide impact.

Social Value

Investing in an organisation like Hibiscus supports the aims of the Social Value Act due to the relationships it forges with women's specialist and *by and for* providers. This leads to wider social, economic and environmental impacts due to these organisations proximity to Black and minoritised migrant women, the communities involved and wider complexities that exist across the system in the following ways:

- Black and minoritised migrant women who are supported through specialist intervention are able to access support with the following social benefits: access to embedded VAWG expertise, trauma-informed delivery and case management, expertise in the immigration and criminal justice systems, and early intervention and violence prevention embedded in organisational culture.
- The economic benefits are that organisations like Hibiscus is able to deliver effective support with appropriate core funding through the trauma-informed approach at real-cost value. That is, overheads are lower than government departments and commercial entities and the embedded expertise can be delivered without exorbitant specialist fees that may be charged by non-specialist providers.
- Environmental impacts are of course more difficult to assess. While we are unable to use factors such as the carbon footprint, we can state the positive impact we can make on the geopolitical impact. That is, addressing specific barriers within the immigration and criminal justice systems that create barriers not just for migrant women, but across a system that prevents it from working effectively.

Scalability

Hibiscus is a specialist women's organisation working across a diverse and dynamic network. Hibiscus will be able to use the trauma-informed approach to scale-up the offer by working with partners, developing the model and rolling out implementation. It is possible through our approach that we will be able to create projects through partnerships with organisations of similar structure and ethos, with Hibiscus leading the offered programme.

Rationale

- Tried and tested community-based model that works best for Black and minoritised migrant women subjected to VAWG, prevents re-traumatisation and speeds up their access to the system ensuring a more meaningful response to meet their needs.
- Potential for scalability with Hibiscus working with partners to create a network of support for migrant women.
- Cost-effective as it does not require systems to be re-invented but rather builds-off the work of specialist organisations like Hibiscus.
- Opportunity through development in promoting promising practice based on human rights and intersectionality.

REFERENCES

Angelelli, CV. 'Cross-border healthcare for all EU residents? Linguistic access in the European Union', *Journal of Applied Linguistics and Professional Practice*. 11 (2). (2018). <https://doi.org/10.1558/japl.31818>

ASSET. The health mediation in Bulgaria. <https://www.asset-scienceinsociety.eu/outputs/best-practice-platform/health-mediation-bulgaria>

BBC News. (2023, October 26). Dozens of babies died or suffered brain injuries due to interpreting errors - BBC investigation. <https://www.bbc.co.uk/news/uk-england-bristol-66605536>.

Bueno, A. M. Intercultural mediation for the Roma communities: The Belgian healthcare case. (2022). <https://publicacions.iec.cat/repository/pdf/00000329/00000029.pdf>

Commission of the European Communities. (2008). Multilingualism: An asset for Europe and a shared commitment. [COM(2008) 566 final] <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2008:0566:FIN:EN:PDF>.

Council of Europe: Committee of Ministers, Recommendation No R (2000) 4 of the Committee of Ministers to member states on the education of Roma/Gypsy children in Europe, R (2000) 4, 3 February 2000, <https://www.refworld.org/legal/resolution/coeministers/2000/en/69279>

Council of Europe. (2017). Final Thematic report on Roma mediation with a focus on school mediators/assistants. CAHROM 2017(16). <https://rm.coe.int/cahrom-2017-16-thematic-report-on-roma-mediation-with-a-focus-on-school/16809681da>

De Vito, E., Parente, P., de Waure, C., Poscia, A. & Ricciardi, W. (2017). A review of evidence on equitable delivery, access and utilization of immunization services for migrants and refugees in the WHO European Region. World Health Organization. Regional Office for Europe. <https://iris.who.int/handle/10665/326288>

Deal, A., Hayward, S. E., Huda, M., Knights, F., Crawshaw, A. F., Carter, J., Hassan, O. B., Farah, Y., Ciftci, Y., et. al. Strategies and action points to ensure equitable uptake of COVID-19 vaccinations: A national qualitative interview study to explore the views of undocumented migrants, asylum seekers, and refugees. *Journal of migration and health*, 4, 100050. (2021). <https://doi.org/10.1016/j.jmh.2021.100050>.

Division of International Protection Services (DIPS), Self-Study Module 3: Interpreting in a Refugee Context, UN High Commissioner for Refugees (UNHCR). (2009). <https://www.refworld.org/reference/manuals/unhcr/2009/en/66441>.

Ensuring the integration of refugees and migrants in immunization policies, planning and service delivery globally. Geneva: World Health Organization; 2022 (Global Evidence Review on Health and Migration (GEHM) series). <https://www.who.int/publications/i/item/9789240051843>;

Erdilmen, M. (2021, September). Frameworks and good practices of intercultural mediation for migrant integration in Europe. International Organization for Migration.

European Commission (2020), Overview of the impact of coronavirus measures on the marginalised Roma communities in the EU. https://commission.europa.eu/system/files/2020-05/overview_of_covid19_and_roma_impact_-_measures_-_priorities_for_funding_-_23_04_2020.docx.pdf

- European Commission. (2012). Intercultural mediation in selected hospitals in Greece. European Website on Integration. https://migrant-integration.ec.europa.eu/integration-practice/intercultural-mediation-selected-hospitals-greece_en
- European Commission. (2024). Greece – Training for Intercultural Mediators. European Website on Integration. https://migrant-integration.ec.europa.eu/news/greece-training-programme-intercultural-mediators_en
- European Union Agency for Fundamental Rights (2010). Annual Report 2010 Conference Edition. https://fra.europa.eu/sites/default/files/fra_uploads/917-AR_2010-conf-edition_en.pdf.
- Garro, M., Schirinzi, M., Novara, C., & Ayllon Alonso, E. (2022). Immigrant prisoners in Italy. Cultural mediation to reduce social isolation and increase migrant prisoner well-being?. *International journal of prisoner health*, 10.1108/IJPH-01-2022-0004. Advance online publication. <https://doi.org/10.1108/IJPH-01-2022-0004>
- Hawkins, M.M., Schmitt, M.E., Adebayo, C.T. et al. Promoting the health of refugee women: a scoping literature review incorporating the social ecological model. *Int J Equity Health* 20, 45 (2021). <https://doi.org/10.1186/s12939-021-01387-5>.
- Hermansen, M. (2021). Reducing regional disparities for inclusive growth in Bulgaria [Report No. ECO/WKP(2021)14]. OECD Publishing. [https://one.oecd.org/document/ECO/WKP\(2021\)14/en/pdf](https://one.oecd.org/document/ECO/WKP(2021)14/en/pdf) ;
- House of Commons Women and Equalities Committee. (2023, March 29). Black maternal health. [UK Parliament website].
- Independent Chief Inspector of Border and Immigration, UK. (2019). An inspection of the Home Office's use of language services in the asylum process. https://assets.publishing.service.gov.uk/media/5faa5f95d3bf7f03b249aa57/An_inspection_of_the_Home_Office_s_use_of_language_services_in_the_asylum_process.pdf
- IOM UN Migration (Bulgaria). Partners. <https://bulgaria.iom.int/partners>
- Katona, C., Gutási, É., Papp, M., Varga, O., & Kósa, K. (2020). Facilitating equal access to primary care for all: work experiences of health mediators in a primary health care model programme in Hungary. *BMC family practice*, 21(1), 212. <https://doi.org/10.1186/s12875-020-01281-z>;
- Kósa, K., Katona, C., Papp, M. et al. Health mediators as members of multidisciplinary group practice: lessons learned from a primary health care model programme in Hungary. *BMC Fam Pract* 21, 19 (2020). <https://doi.org/10.1186/s12875-020-1092-7>
- Lachal J, Escaich M, Bouznah S, et al Transcultural mediation programme in a paediatric hospital in France: qualitative and quantitative study of participants' experience and impact on hospital costs *BMJ Open* 2019;9:e032498. doi: 10.1136/bmjopen-2019-032498
- Lau, L. S., & Rodgers, G. (2021). Cultural Competence in Refugee Service Settings: A Scoping Review. *Health equity*, 5(1), 124–134. <https://doi.org/10.1089/heq.2020.0094>.
- Lebano, A., Hamed, S., Bradby, H. et al. Migrants' and refugees' health status and healthcare in Europe: a scoping literature review. *BMC Public Health* 20, 1039 (2020). <https://doi.org/10.1186/s12889-020-08749-8>.
- Lozano D.R. (2015). Patients' Empowerment through Cultural Mediators in Healthcare Settings. https://www.ros.hw.ac.uk/bitstream/handle/10399/3225/Ruiz-LozanoD_1015_sml.pdf?sequence=1

- Manga, P., & Nyamweya, N. (2023). Race, migration, criminalisation and mental health. Hibiscus Initiatives. <https://hibiscusinitiatives.org.uk/media/2023/06/rmc-mental-health-report-document.pdf>
- Marjanović, M., & Harbutli, A. (2021). Standards on Cultural Mediation in Protection. Crisis Response and Policy Centre (CRPC). <https://reliefweb.int/report/world/standards-cultural-mediation-protection>
- McGarry O, Hannigan A, De Almeida MM, et al. What strategies to address communication barriers for refugees and migrants in health care settings have been implemented and evaluated across the WHO European Region?. (2018). WHO Regional Office for Europe.
- Medical University Sofia. (2020). 260 state-supported health mediators work in 136 municipalities in Bulgaria.
- migHealthcare. Malta Country Profile Fact Sheet. http://mighealthcare.eu/country-profiles/migHealthCare_WP4_Country%20Profile_Malta.pdf
- Ministry of Justice. Statistics on women and the criminal justice system 2021. (2021). <https://assets.publishing.service.gov.uk/media/637f3cc1d3bf7f153b8b3232/statistics-on-women-and-the-criminal-justice-system-2021-.pdf>
- National Network of Health Mediators (NNHM) (Greek). <http://www.zdravenmediator.net>.
- National Organisation for the Certification of Qualification & Vocational Guidance (Greek) https://migrant-integration.ec.europa.eu/system/files/2024-03/Professional%20Profile_Intercultural%20Mediator%20EOPPEP.pdf.
- National Register of Public Service Interpreters (NRPSI)**. (2016). NRPSI Code of Professional Conduct. http://www.nrpsi.org.uk/downloads/NRPSI_Code_of_Professional_Conduct_22.01.16.
- Nierkens, V., Krumeich, A., Ridder, R.D., & Dongen, M. V. (2002). The future of intercultural mediation in Belgium. *Patient Education and Counseling*, 46(4), 253-259. [https://doi.org/10.1016/S0738-3991\(01\)00161-6](https://doi.org/10.1016/S0738-3991(01)00161-6)
- Office of the High Commissioner for Human Rights. (2020). Good Governance Practices for the Protection of Human Rights. <https://www.ohchr.org/sites/default/files/Documents/Publications/GoodGovernance.pdf>
- Procedure for selection for appointment to health mediator in Municipality Nikolayevo (Greek). (2024). https://nikolaevo.bg/news/procedura-za-podbor-za-naznachavane-na-zdraven-mediator-v-obshchina-nikolaevo-1779?fbclid=IwZXh0bgNhZW0CMTAAR3u6as54ypIHBKIByeHq7q7ZXPZ6sDnyUaK5i3xyJFrAczPPmcGkvFrtA4_aem_ATpVhRjd9uN3vfvOGKINcXpJIXYH3YibE6L9MDg2UalagNzjFV97GrVLVme89vXJ1oLoLooj2r119ILTCLPg wDIW
- Rakovica, B., & Ianovitz, S. (2021). Cultural mediation: An inclusive solution to help reduce the cultural and language barriers experienced by survivors of trafficking. Hibiscus Initiatives. <https://hibiscusinitiatives.org.uk/resource/cultural-mediation/>
- Rozi, A. (2015). Research report on intercultural mediation for immigrants in Spain. TIME. Train Intercultural Mediators for a Multicultural Europe. http://www.mediation-time.eu/images/TIME_O1-A1_National_report_Spain.pdf
- Rus, C. (2011). The situation of Roma School Mediators and Assistants in Europe. Council of Europe. DGIV/EDU/ROM(2006)3. https://www.coe.int/t/dg4/education/roma/Source/Mediators_Analyse_EN.pdf
- Salman, R., Wentzlaff-Eggebert, M., Wienold, M., Müller, M., & Kımıl, A. (2012). Final project report: AIDS & Mobility Europe 2008-2011 (Vol. 1).

Theotidou, A., & Aspioti, M. (Eds.). (2016). Research Report on Intercultural Mediation for Immigrants in Europe Intellectual Output No 1.

TIME. (2015). Research Report on Intercultural Mediation for Immigrants in Greece. http://mediation-time.eu/images/TIME_O1-A1_National_Report_Greece.pdf.

TransKom. Comparative Study on Language and Culture Mediation in different European countries. <http://www.saludycultura.uji.es/archivos/Transkom.pdf>

UN High Commissioner for Refugees (UNHCR), UNHCR Note on Refugee Integration in Central Europe, April 2009, <https://www.refworld.org/policy/legalguidance/unhcr/2009/en/73301>.

UN High Commissioner for Refugees (UNHCR). (2011). Survivors, Protectors, Providers: Refugee Women Speak Out: Summary Report. <https://www.refworld.org/reference/themreport/unhcr/2011/en/84980>

UNHCR Austria. (2022). Handbook for Interpreters in Asylum Procedures, UN High Commissioner for Refugees (UNHCR). <https://www.refworld.org/policy/opguidance/unhcr/2022/en/124043>.

UNHCR Greece. (2024). Educational Training Programme for Intercultural Mediators: Invitation for participation. <https://www.unhcr.org/gr/en/56573-educational-training-programme-for-intercultural-mediators-invitation-for-participation.html>

UNHCR Regional Bureau for Europe. (2022). Practical Recommendations and Good Practice to Address Protection Concerns in the Context of the COVID-19 Pandemic. <https://www.refworld.org/policy/opguidance/unhcr/2020/en/123225>.

Uršula Lipovec Čebren and Juš Škraban 2022: Intercultural Mediation and its Conflicting Allegiances in Slovenia. *Ethnologia Europaea* 52(2): 1–23. DOI: <https://doi.org/10.16995/ee.3103>

Verrept H. (2019). WHO Regional Office for Europe. What are the roles of intercultural mediators in health care and what is the evidence on their contributions and effectiveness in improving accessibility and quality of care for refugees and migrants in the WHO European Region? ((Health Evidence Network (HEN) synthesis report 64). <https://iris.who.int/bitstream/handle/10665/327321/9789289054355-eng.pdf?sequence=3>.

WHO Regional Office for Europe. (2018). Mental health promotion and mental health care in refugees and migrants (Technical guidance on refugee and migrant health). <https://northwestsmp.org.uk/wp-content/uploads/2019/07/Mental-health.pdf>

World Health Organization (WHO) Regional Office for Europe. (2023). It's not just that we speak the same language. <https://www.who.int/europe/news-room/feature-stories/item/it-s-not-just-that-we-speak-the-same-language>.

World Health Organization. (2022). Ensuring the integration of refugees and migrants in immunization policies, planning and service delivery globally. (Global Evidence Review on Health and Migration (GEHM) series). https://www.ncbi.nlm.nih.gov/books/NBK583123/pdf/Bookshelf_NBK583123.pdf.