

Recommendations for Health Authorities, Mental Health Practitioners, and Community Stakeholders

HIMMAT MEDIA Presents: *Chaa Da Cup with Harnaaz Kaur Grewal*

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1. When working with South Asian clients, and other marginalised clients, believe their story. For them, it is the truth that they live by and navigate through.
2. Practitioners may feel pressured by time constraints but allow your client the space to tell their story, without interrupting or inferring their story.
3. Rapport and trust building is key. Some South Asian clients may have never accessed counselling services before or had previous negative experiences. Rapport building will allow them to feel more comfortable and safe to tell their story.
4. Health authorities and researchers need to consider involving South Asian women from various demographics (i.e., age, geographical location, sexual orientation) in research related discussions. This can include focus groups, ensuring your participant demographics are inclusive of South Asian women and so much more.
5. Many South Asian women, and other marginalised individuals, face barriers that exist on the path to leadership (including inequitable hiring processes). Businesses, companies and organisations must consider equitable hiring practices especially for leadership roles, management etc.; South Asian women are capable of more than just frontline work.
6. Take initiative to become well versed on topics such as South Asian cultural implications and intergenerational trauma. Practitioners may risk further perpetuating oppressive practices if they are unaware of the cultural, social, economic influences in South Asian women's lives.
7. It is your responsibility to learn about South Asian culture before meeting with South Asian clients. It is NOT their duty to repeat and justify their traumas, or have to explain cultural influences and structures that allowed the situations that traumatised them to occur. Having to repeat your story and then explain your existence may further traumatise people. The onus is on us as mental health care practitioners to learn and integrate our learning into practice



8. Be mindful of the internal oppression that occurs for many South Asian women. Be mindful of the fact that some may be coming from other colonised countries, often experiencing different justice systems and often injustices at all levels of practice (micro, mezzo and macro).
9. Be patient with your clients. A lot of them are undoing generations of harmful thinking around independence, gender dynamics, reaching out for help, domestic violence, addiction issues and interpersonal relationships to name a few. And how the process looks depends on the individual.
10. Use these stories and this project to start your own research. This project is a supplementary learning tool, to further support your learning about South Asian women. However, many South Asian women have their own unique and intersectional experiences, despite being a part of a collective whole. When conducting your own research, consider what you are reading, who your source is. Specifically, ensure it is not colonial, try to ensure your sources are coming from South Asian researchers or those who are inclusive of South Asian practices and ways of being.
11. Consider how domestic violence in South Asian communities is marketed, communicated, and positioned in local, national, and global media. Considering the little amount of research in this area a lot of what is out there perpetuates harmful stereotypes that aren't necessarily true to the reality of the complexity of the issue in entirety. Consider applying this to your general impressions and understanding of South Asian women (for example, your impressions of 'meek women').
12. Consider hiring an interpreter for counselling services. Considering that the majority of Western counselling focuses on verbal communication, having an interpreter is essential to the practice of cultural consultation.
13. Above all else remember that culture, and other identities, are a part of the person but do not define the individual. Do not generalise or stereotype your learnings about the culture. As mentioned earlier, a person's story is unique to them and we hope this project can act as a stepping stone for health authorities, mental health practitioners and community stakeholders, as well as the general public.

