

# In creating this report, our project team proactively acknowledges the following:

- Gender-Based Violence (GBV) is not unique to any community but rather affects all communities.
- Diverse newcomer, immigrant and refugee communities in Canada represent an underserved population when it comes to GBV awareness and supports.
- While GBV survivors who are newcomers, immigrants and refugees may share certain structural barriers, we recognize the highly diverse and intersectional experiences of this group. Meaningful action on GBV must account for the complexities of violence, particularly for communities that are disproportionately impacted across gender, gender identity, race, ethnicity, class, sexuality, age, ability, religion, and immigration status, among other intersections.
- In this report, we use GBV as a broad-based term that includes distinct patterns and forms of violence, including sexual violence.





### Gender-Based Violence Settlement Sector Strategy Research Bulletin

**WINTER 2020** 



This report includes highlights of findings from the three components of the project's research which included a National Survey, Environmental Scan, and Key Informant Interviews.

In April 2019, with funding from Immigration, Refugees and Citizenship Canada (IRCC), four organizations from the anti-violence and settlement sectors, partnered to begin collaborative work on developing a national strategy to address GBV for newcomers and refugees. In coming together, the partners saw it as **critically important** 

to build on the expertise of the many organizations and individuals who are leading anti-violence work across Canada. One of the initial activities of the project was to identify what currently exists, with a view to expanding opportunities for collaboration and consultation with leaders in the field over the course of the three-year project.







#### **GBV** Strategy

We can confirm that a national GBV strategy for the settlement sector has NOT been developed to date.

Moreover, we have not found strategic documents focusing on improving national cross-sectoral collaboration between settlement and anti-violence sector organizations. There is a real opportunity here to contribute to a national conversation!

Many of the existing GBV documents include strategies that are specific to vulnerable populations, including immigrant and newcomer women. However, the categories used differ, with some grouping visible minority and immigrant women together, which is problematic.

Likewise, the intersectional needs refugees are rarely included within this category (i.e. reports will cite "women with disabilities" and "immigrant women" as two distinct sub-groups without enough attention to the intersections).

The language is usually focused on high-level support e.g. culturallyresponsive or culturally-safe tools for responding, or supports offered in multiple languages.

## **National** Survey

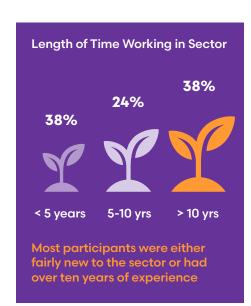
In the Fall of 2019, we conducted an online survey of settlement and anti-violence sector workers across Canada. While not a representative sample, 276 workers completed the survey, with fairly equal representation from both the settlement and anti-violence sectors.



#### **Survey Information**



Participants responded from across the country, with the majority from BC and ONT. The survey was offered in English and French.



**Current Role** 

Front-line service provider

Supervisor/Coordinator/Manager

**Executive Director** 

12%

28%

Other

11%

Most survey participants identified as front line service providers

## Responding to GBV

Because this was a voluntary survey, we knew that most respondents already had some familiarity and/ or interest in the topic of GBV. Indeed, 73% of respondents reported that newcomer, immigrant and refugee clients had disclosed gender-based violence to them (or fear of GBV) in their current roles, 21% of whom said clients had disclosed GBV "often" to them.

We were therefore pleased to learn that 87% of workers self-reported that they felt prepared to provide appropriate services to immigrant clients when they disclosed GBV, whether that meant providing information, referral, and/or direct services.

Yet when we probed deeper, we discovered that the service providers in our study were more prepared to address certain forms of violence compared to others:

- Between 81-89% reported feeling very prepared or somewhat prepared to respond to clients disclosing forms of GBV like physical abuse, psychological abuse, sexual abuse, or criminal harassment/ stalking.
- However, far fewer service providers reported feeling prepared to respond to forms of GBV like early or forced marriage (51%), so-called 'honour' based violence (53%), or human trafficking (57%).
- Importantly, workers were more likely to report feeling not at all prepared to respond to early or forced marriage (42%), 'honour' based violence (39%), or human trafficking (36%)

These findings suggested to us that workers across settlement and antiviolence sectors can benefit from increased capacity and training on responding to all forms of GBV.



8/10

Roughly 8/10 workers surveyed thought that increased knowledge or training would help them better serve newcomer, immigrant and refugee clients who had experienced or were at risk of experiencing GBV.





# What should be included in a gender-based violence strategy?

Service providers in our study were **nearly unanimous** in choosing the following factors as important or critically important to include in a national GBV strategy: **challenging victim-blaming** attitudes and beliefs, **improving coordination** between settlement and anti-violence sectors, and **providing more information and resources** for families and individuals experiencing violence.

# **230**

Number of collected and reviewed publicly-available materials.

#### Environmental Scan

Since September 2019, we have collected and reviewed over 230 publicly-available materials for this scan. The objectives of the scan were:



To document what currently exists in terms of GBV supports for newcomers and refugees across the settlement sector, including the degree of consultation and collaboration between settlement and anti-violence sectors.



To identify potential gaps in supports with respect to four key areas identified in the project: a national GBV settlement strategy; training and curriculum on GBV; promising procedures, protocols and practices (3Ps); and networks for workers who are 'championing' GBV issues in their organizations.



To find gaps in our knowledge that can be addressed using the two other methods in this research i.e. a national survey of settlement and anti-violence workers and qualitative interviews with leaders in the field.



# Highlights of Environmental Scan

# 1. Need for a national GBV settlement sector strategy:

Our findings confirmed that the settlement sector in Canada lacks a national GBV strategy. This is a major area where our project can contribute.

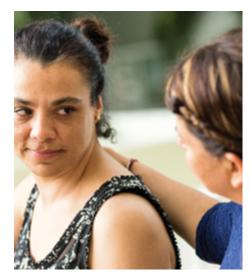
Need for a clear gender-based analysis (GBA+) of settlement and migration: While there is a growing body of research and training on GBV awareness for settlement workers, the issue of GBV still exists on the margins of the settlement sector. Indeed, when we reviewed reports on settlement sector priorities and best practices more broadly, GBV was rarely discussed or was framed as a

3.
Large body of material on GBV training, but without shared criteria for what makes training effective or accessible: We also do not know how aware settlement workers are of the wide range of GBV training that exists on-line, and whether or not their priorities for training align with what is currently available.

special topic area.

The landscape of promising, protocols and policies is vast. It is unclear to what extent workers are aware of tools currently available on-line, or what capacity organizations

have to implement and evaluate 3Ps.



A national network for 'championing' GBV issues across the settlement sector is a unique and important feature of this project. Given the opportunities and gaps that we have identified above, we think that building national networks or spaces for workers to exchange and share information as peers is an important feature of this project.



**53** 

research reports and annotated bibliographies

# GBV Document Analysis

We reviewed 53 research reports about genderbased violence in Canada, including academic and community-based research.

There is a fairly significant and growing body of research on the barriers experienced by newcomer, immigrant and refugee women. Some key findings in this literature:

- GBV is not unique to any one community or culture. Experiences of GBV are complex and intersectional.
- Newcomer, immigrant and refugee women (as a diverse group) may be less likely to report GBV or seek support because of systemic barriers in accessing supports e.g. fear of deportation, racism/ xenophobia, services that do not recognize their needs.
- Our research also identified domestic violence shelters as a key site where newcomer, immigrant and refugee survivors may encounter systemic barriers while in crisis, although more extensive research is needed.
- There are mixed reports of rates of GBV against newcomer, immigrant and refugee women, and sometimes

data collection methods are problematic: We found general statistics on different forms of GBV that all indicate GBV as an on-going and serious issue.

- There is very little intersectional data on GBV beyond one or two dimensions of social identity. Two areas that the project learned more about are: innovative models for 2SLGBTQIA+ programming within settlement organizations, and the need for more research and attention to disability is it intersects with newcomer, immigrant, and refugee identities.
- How we define GBV matters:

There are standard definitions, however, sexual violence is often left out of discussions of GBV, even though we know that sexual assault, sexual harassment and other forms of sexual violence are prevalent in Canada and globally. For newcomers, immigrants and refugees, standard definitions of GBV can miss important patterns and intersecting factors that shape individuals' experiences of GBV.

- Criminalization and the Role of Law
   A notable gap: There also appears to be a lack of research examining how newcomer, immigrant and refugee women are treated in the criminal justice system when they press charges.
- Impacts on children and families: While our research focuses primarily on survivors of GBV, there is increased awareness and information about the impacts of GBV on children and families. This expands our understanding of GBV to include the harms caused by witnessing violence.
- There is growing recognition of the need to engage men and boys in ways that are culturally-safe and trauma-informed.
- Different models in how GBV is understood and addressed: Some groups use more of a medical model approach where GBV is primarily seen as a health problem requiring psycho-social support and intervention. Others use a legal model, which emphasizes GBV as a crime and violation of human rights. These are different from critical sociological models, such as intersectional feminist approaches, which see GBV through the lens of structural and systemic risks and consequences.

#### Procedures, Practices and Protocols (3Ps)

A component of our scan included looking at examples of procedures, practices and protocols with particular attention to those related to safety planning and risk assessment. Our analysis included the following highlights:

The landscape of 3Ps is vast: Most of the 3Ps that we discovered focus on micro-level, individual interactions with survivors of GBV i.e recognizing signs of GBV, how to respond in the moment, how to make referrals and safety planning, when and how to report.

There are a range of 3P tools for different contexts and issues: For example, there are a number of specialized tools for different types of users (e.g. first responders, bystanders, refugee assistance program workers etc.) There are also a range of forms of violence that 3Ps are addressing (e.g. sexual assault, IPV or domestic violence, family violence etc.).



Most 3Ps focus on interactions with survivors: There are fewer 3Ps covering interactions with potential perpetrators of GBV.

Most 3Ps focus on improving individual interactions rather than organizational-level change or societal-level change

Defining "procedures", "practices" and "protocols" is an issue: The specific terms are not always used, and when they are used they are not always used consistently.

There may be a fourth "P" i.e. Policy:

A number of research reports cite immigration and other policies as having a direct impact on newcomer and refugee survivors of GBV.

Lack of criteria for assessing "promising" 3Ps: While there are some criteria for "promising" settlement practices, to date we have not found any criteria relating to GBV promising practices for the settlement sector.

Not just about the tool, but about its use (or mis-use): In assessing the effectiveness of a procedure or practice, it's important not only to consider the content but also the training on how to use it as there is a risk of it being mis-used in ways that can put already vulnerable communities at greater risk.

Capacity to write things down: We know anecdotally that there are procedures being developed at the ground level by individual workers and organizations who are responding to GBV disclosures, but these are not always written down. This further limits the capacity to share, develop, refine or assess informal practices.

Consistency and adaptability: There is both a need to ensure consistency in practices (e.g. knowing how to respond to disclosure) while also being able to adapt 3Ps to local contexts and the needs of individuals (i.e. there are concerns about 'standardization' of 3Ps that lack nuance for diverse needs).

#### Research Findings and Links to Practice

- ✓ Opportunities for local settlement and anti-violence workers to get to know each other and organization services may increase effective referrals, information sharing and collaboration.
- Newcomers need information about recognizing GBV and accessing GBV services that is non-judgemental and accessible.
- Clients may disclose or request GBV services at a variety of settlement

- activities so it is important for all staff to have basic GBV training about prevention and intervention.
- ✓ GBV training that is specific to the complexities of newcomer experiences is critical and practitioners need to use a trauma and violence informed approach that is anti-oppressive.
- ✓ A clear and consistent understanding of GBV definitions and approaches is important as is reflecting and responding to local contexts. A national, Canadian resource that provides information on GBV is the Women & Gender Equality (WAGE) Knowledge Centre.
- ✓ Service providers in the settlement and anti-violence sectors need to connect with newcomer communities and spaces and invite exchange. Ex. with local immigrant women's groups
- ✓ Organizations in settlement and antiviolence recognize the need to build capacity for staff through ongoing learning, discussion and professional development on the topic of GBV and current concepts and approaches that are used by leaders in the field.
- ✓ GBV can affect the entire family so it is important to note especially if your agency has programming and services specifically for children and youth.



# Training and Curriculum

There is a great deal of training on GBV already available on-line and most of this training is free and comes in different formats: self-directed on-line courses, webinars, handbooks and toolkits.

#### **Gaps Noted**

- We do not know how aware workers are of the training that is available.
- We do not have criteria for what types of training are most effective in terms of best practices or current knowledge.
- We do not have publicly available data on how training participants are responding to the training - is it meeting their needs? Are there gaps? Are they applying the training effectively in their everyday practices? What constraints, if any, do they face and what is working well?

#### **Training in GBV**

Our findings overall showed that service provider responders are accessing relevant training on GBV, but they also expressed a strong interest in more specialized training on GBV for newcomers, refugees and/or other immigrant groups.

• Even though 87% of the workers in our study self-reported that they felt prepared to serve immigrant survivors of GBV, only 76% had received basic training\* on GBV (such as how to respond and refer), and only 53% had received specialized training on GBV (such as training on risk assessment or safety planning). \*Keep in mind

that these were among workers who already likely had familiarity with interest in GBV since this was a voluntary survey.

- Only 47% reported receiving training in using anti-racist, anti-oppressive frameworks in supporting newcomers.
- The service providers in our study were notably less likely to have received any gender-based violence training in relation to supports for refugees and newcomers (39%), training on immigrant law and policies (18%), and training on supports for non-status or undocumented people (18%), yet reported a strong interest in receiving that training (between 60%-75%).

### Champion Network



Our proposed GBV champion network is one of the more unique features of this project. The champion network will connect settlement and antiviolence workers across the country who are championing GBV issues within their respective organizations. It will enable workers to provide peer support and information exchange across agencies.

#### Things to consider



Where are settlement workers currently connecting to exchange information on GBV? We've found that workers connect at major conferences, Local Immigration Partnerships and Communities of Practice.



We don't know what capacity individual workers have for participating in a champion network. Compassion fatigue and other constraints may impact participation or interest in a champion network.

### Key Informant Interviews

The project spoke to twenty leaders in the field of settlement and antiviolence from specialized settlement programs, universities, transition houses and other community organizations who provided both insight and input around our needs assessment and project activities.

We spoke with knowledgeable, caring, dynamic people working in these sectors providing newcomers, immigrants and refugees with information and orientation, referrals, counselling, and advocacy. They recognized the complexity of GBV and used cultural humility to assert that culture is not the source of violence.

These leaders educate other service providers about approaches, frameworks and practical skills that are helpful in welcoming newcomers and refugees in communities as they settle in Canada.



The United Nations has called (violence against women) a pandemic issue. We should take a pandemic approach, not a fight for one person, not a fight for one group, it is a fight for all of us. We should all be allies in this battle. This is not a woman's issue, it is a societal issue."

#### KEY INFORMANT

(ANTI-VIOLENCE WORKER & SURVIVOR)

The project spoke to twenty leaders in the field.



Thank you to our key informants, survey respondents and others who contributed their time and expertise to this needs assessment. For copies of the full-length needs assessment reports, and for more information about the Gender-Based Violence Settlement Sector Strategy please contact:

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#### Anti-violence and settlement sectors partners













Immigration, Réfugiés et Citoyenneté Canada

IRCC resources on family violence: https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/family-soonsorship/abuse.html#resources

### Suggestions from the Field

Immigration policy framework is very complex and rapidly shifting and requires more information and training.

Both sectors need a better understanding of immigration in Canada and the links between migration stress and GBV as well as the barriers that the migration process itself poses to survivors.



It's important to be "fluid" in terminology about GBV because different communities use different terms and you want to be able to speak with communities on their own terms, while educating at the same time.



We need to communicate well and figure out how to collaborate and refer between settlement and anti-violence sectors. Sharing and learning more about a variety of issues related to accessibility and openness with clients will enhance services and safety.



We need to be sensitive to client needs and respectful of their privacy, and use informed decision making around making referrals.



#### Recognizing the diversity and

intersectional identities of newcomers, immigrants and refugees, whose needs and experiences differ is necessary. Getting to know clients in a trauma informed and trust building way involves learning more about their identity and experiences in terms of their country of origin, culture, religion, race, ethnicity, gender identity, sexual orientation, disability, age, and migration path to Canada etc.