

National Roundtable Series Summary Summer 2020

“This was already a crisis”

Intersectional impact of COVID-19 and Gender-Based Violence (GBV) against non-status, refugee and immigrant (NSRI) women in the context of COVID-19



Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada

OCASI
Ontario Council of Agencies Serving Immigrants



..... INITIATIVE TO END
GENDER-BASED VIOLENCE



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Introduction

In 2020, the [Building Leadership Capacity to Address Gender-Based Violence against Non-Status, Refugee and Immigrant Women project](#) introduced a virtual roundtable series to host conversations and exchanges that consider the differential impacts of COVID-19 for non-status, refugee and immigrant women across Canada. This is a summary report of the conversations had throughout the roundtables.

The implications of COVID-19 are readily apparent. However, as legal and social activist-scholar Kimberlé Crenshaw recently indicated, the crisis among racialized and gendered communities across the globe is, indeed, "pre-COVID". Across the globe, we are observing the intersecting gendered and racialized contours which shape which groups are afforded access to engage in social distancing and basic practices of contagion. It makes us question, are we truly "all" in this together in the same way? In Canada, COVID-19 is revealing an architecture of inequality and those who were already unprotected before the pandemic are impacted differently and more intensely during this time, and this extends serious implications for addressing GBV against NSRI women across Canada. As reporting indicates that the COVID-19 situation furthers gender inequalities and increases risks of gender-based violence, what does this mean for addressing GBV against non-status, refugee and immigrant women across Canada? How can we better respond to GBV against non-status, refugee and immigrant women in the context of COVID19?

This webinar series works from a social justice approach that suggests that more comprehensive analysis and collective discussion of social problems will yield more effective social actions, advocacy, strategies and responses. The series brought together non-status, refugee and immigrant women, community members, frontline workers, academics, researchers, advocates and organizational leaders to share their insights, assessments and experiences around the unique tensions and challenges that COVID-19 introduces when addressing GBV against non-status, refugee and immigrant women across Canada.

About the Project

The Building Leadership Capacity to Address Gender-Based Violence against Non-Status, Refugee and Immigrant Women project is funded by Women and Gender Equality. Led by the Ontario Council of Agencies Serving Immigrants, in partnership with Barbra Schliefer Commemorative Clinic, Islamic Family and Social Services Association, Immigrant Women Services of Ottawa, The Migrant Mothers Project, MOSAIC, New Brunswick Multicultural Association, Rights of Non-Status Women Network and the Sexual Assault Centre of Edmonton.

To develop the leadership capacity of NSRI women, our project combines two promising practices- PEER-CAN - currently being developed by our project partners. This includes peer champions (PEER) program that uses popular education to build leadership capacity and foster connections between NSRI women. And secondly a community advocacy network (CAN) strategy, which establishes grassroots networks among NSRI survivors, service providers, and other civil society leaders, in order to build community capacity for developing survivor-led, evidence-based solutions to GBV. For more information, visit our webpage:

<https://ocasi.org/building-leadership-capacity-address-gender-based-violence-against-non-status-refugee-and-immigrant>

April 30, 2020 Virtual Roundtable - National Context of the differential challenges to COVID-19 and its impact on GBV against NSRI women across Canada

Recording here: [Intersectional Impact of COVID 19 against NSRI women - YouTube](#)

On April 30th we started hosting roundtable conversations that consider the differential impacts of COVID-19 for NSRI women across Canada.

Opening by Debbie Douglas, Executive Director, OCASI

“We have to come to this from an intersectional frame. Historically and currently different groups of women have different experiences of GBV, and the same applies to the pandemic. Government responses in terms of income security are not easily accessible by all women, and not accessible in the same way. Where the majority of refugee and immigrant women are able to access the child benefit programme, non-status women are not able to access the CCB or the other income support services put in place.

“We’ve had many conversations with non-status women, and regardless of the industry they’re in, they have issues accessing services. Many don’t have homes; many are living in refugee shelters, and not having access to income, they have trouble moving out of those shelters, and that increases the risk of them contracting the virus.

Others are isolating because of fear because they’re afraid of being caught and deported, because it’s been communicated to them that they will be flagged and face deportation after the pandemic.

So it’s necessary to centre NSRI women. It’s easy for it to be shut down when it’s coming from what seems to be a ‘women’s organisation’, that in 2020 that shouldn’t be the approach- but we’ve been speaking to the government telling them to focus on the most vulnerable amongst us.

There is a \$10m contingency fund and we really asked that NSRI women should have access to that, and for a lot of you here, in your advocacy should be centring NSRI women, in issues of wages, job precarity, of child protection services. So it’s important to bring an agenda and race+ analysis to these issues.”

COVID-19 Roundtable Speakers and Highlights

“What’s your assessment of this unprecedented crisis and what does it implicate for non-status, refugee and immigrant women? How can we better understand and respond to GBV against non-status, refugee and immigrant women under the context of COVID-19?”

Deepa Mattoo, Executive Director, Barbra Schlifer Commemorative Clinic

Assessment:

- Responses to COVID-19 haven’t been trauma-informed

- Fear, access etc- none of these things are new to NSRI women, they've lived through lockdowns and violence inside and outside their homes outside the pandemic, and we're losing something in not including their voices in the response to the pandemic
- Public housing, labour relations, education etc are all relevant topics to this conversation
- Only some of us can work from home – people who have to go clean offices wouldn't be able to do that
- Ethnospecific channels don't talk about access to public health being extended regardless of status- those who work with NSRI individuals are better positioned to extend this conversation
- We saw a closure of transportation, targeted quarantine etc, but all of that for non-status communities is a big challenge – there's an additional layer of poverty, homelessness and economic exploitation
- The people who are most vulnerable were more of an afterthought
- We've seen a closure of the borders for asylum seekers and racist experiences against specific

How can we better understand this?

- Social assistance needs to be expanded to incorporate people that are providing a social benefit even if they're not incorporated?
- Can access to housing without status be put in place
- International students are left in the lurch, and their economic contribution and safety net is just diminished to nothing

Mercy Lawluj, Executive Director, IWSO - Immigrant Women Services of Ottawa

Assessment: Imagine just for a minute what life as an NSRI woman is like:

- You married and arrived in Canada and then became the victim of an abusive partner
- You made a refugee claim here in Canada and it was rejected, and you could not go back without facing an uncertain future or violence
- You came here with status, but overstayed your residence permit and became a person without status
- Your employer takes advantage of your less than regular immigration status and pays you less than minimum wage and you have no recourse to the law
- You are faced with racism harassment
- You take it all in because you do not want to lose the job that keeps you afloat
- Imagine how unprotected you feel because you are afraid to reach out to the police for fear of deportation
- Keep in mind none of the NSRI women who have gone out of a job are eligible to the government benefits in place
- Many don't have access to paid sick leave
- High levels of anxiety - acute emotional distress
- Increased racism and xenophobia (see next roundtable)
- Increased vulnerability to GBV, instances of which have increased during the pandemic

How can we better understand this?

- Essential to understand their unique challenges based on their lived experience
- To understand their resilience
- We need to critically and conditionally examine the policies and conditions that perpetuate their poverty and infringe their efforts to contribute to the economic and social fabric of Canada

- Many are cleaners, child and elder carers, and many have lost their jobs or had their hours reduced, and are unable to feed their families
- Our work is to continue to advocate for income support regardless of income status and push for systemic change that can ensure access without fear
- Need to be able to freely access healthcare and education
- Continue to advocate for job security, protective gear, and protection from work place harassment”

Cornelia Mazgarean, Member of the Rights of Non-Status Women’s Network

Assessment:

- Rights, labour protection are not guaranteed
- Precarious work conditions and no access to protective gear and fear of losing jobs
- I respond to 1-800 numbers that call for help for people who don’t have access to counsel, and about 75% of calls are domestic violence related
- The perpetrator alone usually isn’t arrested, but often the woman making the call is arrested because the perpetrator has better language abilities and can provide a more coherent story to the police
- Many limitations
- NSRI women that are often racialised, surveillance from the police can increase stress and trauma especially as many work in informal sectors

How can we better understand this?

- Case of listening better to the survivors that come forward
- About recognising that each NSRI woman is different despite similarities and organisations with singular services may not suffice
- Additional supports that help with the trauma with respect
- There are intersecting barriers and it requires a systemic approach

Sultana Jahangir, Executive Director, South Asian Women’s Rights Organization

Assessment & How can we better understand this?

- NSRI women’s issues are related to lack of personal agency and independence, both of which are related to lack of economic opportunity
- When a vulnerable, marginalised and racialised woman gets a job, they can gain independence and reduce violence in their house
- Hit pretty hard by COVID-19
- Women face two kinds of violence: the type of violence they face at home, which is not the best place for them, because they are subletting a part of their house, and when they don’t have access to income, they are susceptible to violence at home, especially given the inability to attend to health
- Requirement for access to government assistance was demonstration of \$5000 income or less- difficult for a lot of NSRI women to put that together
- So the other is the workplace violence- where certain types of jobs are 90% occupied by racialised women, undocumented women, and women living under poverty
- The gender lens is necessary to understanding the marginalisation

“What conditions are further intensified and what does this mean for responding to GBV against NSRI women? In your opinion, what is required of our work, actions and community coordination at this time?”

Deepa Mattoo, Executive Director, Barbra Schlifer Commemorative Clinic

- Coordination of advocacy efforts
- Connection between advocates so resources and knowledge can be shared
- Caucus + AG etc to build pressure
- Can a lot of the changes that came into place to serve effects of Covid-19 stay- such as access to healthcare? Can we get a real analysis of the GBV results?

Mercy Lawluvi, Executive Director, IWSO - Immigrant Women Services of Ottawa

- Strength in numbers
- A lot of expertise out there
- Important to be on the same page

Cornelia Mazgarean, Member of the Rights of Non-Status Women's Network

- Uniformity of advocacy, yes
- However, that's a standard we're working towards, and since the virus there has been a lot of work done by particular organisations that have reached out to their specific groups to deal with emergency after emergency
- So we have to be aware of burnout of our organisation members
- A lot of organizers working small scale in whatsapp groups are useful too

Sultana Jahangir, Executive Director, South Asian Women's Rights Organization

- Immediate action
- Universal support for all right now

"What is happening across other regions in Canada? What is your assessment on the impact of COVID-19 on GBV in NSRI in your region? What are some of the gaps and challenges you are encountering as service providers?"

Ginette Gautreau, Assistant Director, New Brunswick Multicultural Council

- Added ability to connect with newcomer clients
- But disconnect between government and social assistance services because system is overburdened
- The same applies to access to health
- Without transportation, people in rural communities have trouble accessing services
- Temporary foreign worker ban in NB
- Governments were also looking to repurpose jobs, and there were some questions as to how much agency some of these workers were given in the decision
- A lot of fear/ claim that foreign workers would be the ones bringing COVID-19 to the province, and there's an evident need to drive away that stigma

Thao Duong, Immigrant Women Services of Ottawa - IWSO

- Strict lockdown
- Access to services difficult for majority of people
- Tougher for NSRI women especially when they don't speak either of the official language and face limited resources such as phones, computers and laptops
- They are in absolute isolation with the abuser, resulting in more stress and abuse, while still being without status

- IWSO is helpful in sorting it out but equally a lot of sufferers and service providers are wearing many hats right now, as caregivers and teachers, so there's a lot of collective increase in stress

Yasmine Abuzgaya, Staff Lawyer, Barbra Schlifer Commemorative Clinic

- As a lawyer working with NSRI women feeling GBV, one of the first concerns that NSRI clients have is regularising status
- 2 major concerns from pandemic's crisis:
 - Economic impact (NSRI women do not have access to safe safety net as Canadians due to immigration status)
 - Immigration status (diminished ability to complete applications and temporary residence permits, including the TRP to escape family violence. IRCC has declared that they will not accept these applications with e-signatures, so that puts us in a position where we have to meet them, and if we risk the abuser seeing it, it increases the risk of violence. Even if client doesn't live with the abuser, you can't resort to virtual conditioning because NSRI women don't typically have access to technology)
- So essentially you're left with clients who need to apply for status and don't have the funds for it

Lubna Zaeem, Representing: Islamic Family Social Services Association

- Normally we'd be able to provide face to face services, and counselling services
- Offices have stayed open
- Some of the frontline services are offering food bank services
- Counselling services through the phone
- Usually clients would have to sit in the car or go outside to take the call to stay safe
- Family services work has usually continued through zoom calls

"What are effective tools, strategies, resources you are finding useful in supporting survivors?"

Thao Duong, Immigrant Women Services of Ottawa - IWSO

- Tools such as whatsapp, viber and zoom
- Try to bring clients out of isolation, give them a sense of accomplishment and provide a sense of belonging through activities and workshops
- Have had english conversation classes everyday since March 17th
- Started classes everyday online, starting with 12-13, which went up to 20 at the time of the roundtable
- Participants get a certificate at the end of the class
- Activities like yoga
- Programs like 'care for newcomer children' to keep the children busy and to give their mums a break

Yasmine Abuzgaya, Staff Lawyer, Barbra Schlifer Commemorative Clinic

- Any available tools, like whatsapp etc
- Violence shelters providing vouchers
- Counselling services

May 28, 2020 Virtual Roundtable: Gender-Based Violence and the spread of racism against Non-Status, Refugee and Immigrant women in the context of COVID-19

Recording here: [Anti racism and GBV, COVID 19 - YouTube](#)

“The idea that we have to get back to normal is something that we have to let go of. We have to think about how we’re going to create a better society for racialized communities to grow in.”

Our second roundtable took place on May 28, 2020 & focused on Gender-Based Violence and the spread of racism against Non-Status, Refugee and Immigrant women in the context of COVID-19. We were joined in this roundtable by co-moderator Dr Rupaleem Bhuyan (University of Toronto) and speakers Evelyn Amponsah (Confronting Anti-Black Racism Unit, City of Toronto), Avvy Go (Chinese and Southeast Asian Legal Clinic), Elene Lam (Butterfly - Asian and Migrant Sex Workers Support Network) and Notisha Massaquoi (former Executive Director of Women’s Health in Women’s Hands).

Roundtable speakers and highlights

“What is your current assessment of the situation, especially when we think about the increasing spread of racism and xenophobia?”

Evelyn Amponsah (Confronting Anti-Black Racism Unit, City of Toronto)

- Goes to the powerlessness that is impacting non-black people more than the others who have experienced that kind of powerlessness outside the pandemic anyway
- You find a lot of those people saying ‘that’s not fair’ and that notion of fairness reflects the general thoughts on distribution of policies and their effects in the population on racial lines
- There’s also much to be said about access to public spaces, and who deserves protection- differential access to services reflects the amplification of the pre-COVID inequality on racial lines
- For most people who had to take transportation to get to work- most of them are racialized, so we have to ask ourselves: do we care? If not, why not?

Avvy Go (Chinese and Southeast Asian Legal Clinic)

- Received funding to address the rise of anti-asian racism connecting to the COVID-19 pandemic
- Have been working on this issue since January 2020, before this was even being called a pandemic by the WHO, because the anti-asian racism had already started
- There was a petition from parents to ban chinese students from the school
- Cases of violent assaults taking place across Toronto, Thunder Bay, Halifax, Vancouver
- A lot of it has been verbal, but some of it has been physical too
- 40% of respondents to a survey agreed to or refused to dismiss that by virtue of being Chinese/ Asian you’d be likely to carry the virus

- Central to a lot of this is the notion that a lot of Canadians believe that we're foreigners-brought to Canada to build the railroad, but denied the right to vote because we were strangers in a strange land- notion perpetuated by the first PM who denied the right to vote for Chinese immigrants
- Instead of triggering racism, the pandemic has given an opportunity for those with xenophobic views to act out on it
- Lack of governmental initiative to combat this is adding fuel to the fire

Elene Lam (Butterfly - Asian and Migrant Sex Workers Support Network)

- What we see when the government is giving out economic relief, most of racialized, undocumented communities are excluded from this
- 40% of our clients do not have access to this
- The oppression is even higher because there is a lot of policing
- Society and government gives the illusion of safety through the emergency order but racialized people are always subjected to surveillance and a great deal of the exercise of that power is exercised to punish racialized people
- When they don't have a place to say, they receive a ticket
- Asians are framed as illegal, or victims, black people as criminals
- Authorities target people who have sought refuge at work
- The pandemic has been used to increase the police power - Ontario passed an emergency order that allowed for the checking of ID
- Mainly white organizations tend to have access to funding
- Funding further cannot be directly given to people (United Benefit comes to mind) so you can see who ends up being targeted as a result

Notisha Massaquoi (former Executive Director of Women's Health in Women's Hands)

- The outcome of every epidemic we have seen in this country, it has always differentially impacted racialized communities
- Pandemics only amplify existing problems
- I think about the scarcity of commons - the idea that there aren't enough resources in society and the need for us to decide 'who deserves to be helped, and who deserves to survive'
- Looking at this from a gendered racial lens on personal protective equipment, there's a question of 'who's at highest risk?' but that's not how our healthcare system looks at when bringing about the distribution

"Can you share an example of the concerns that have risen in your communities that speak to the structural gendered and racialized forms of violence that non-status, refugee and immigrant women are currently experiencing?"

Evelyn Amponsah (Confronting Anti-Black Racism Unit, City of Toronto)

- Institutional sanitation is founded in history
- Whenever I bring in examples of slavery and incidents of racism in other communities within Canada- of the kind that marks bodies- people are shocked. It's been completely erased. Times like a pandemic really brings it to the surface.
- You need to connect the history of why it has to do with these specific communities. This is a conversation we need to have when trying to access and analyse the data around the pandemic and racism
- There's been an increase in calls on the crisis line. People that have never called

<p>before are calling now to report partner abuse. The calls are generally shorter than they used to be, while the partner has stepped out to the store etc.</p> <ul style="list-style-type: none"> • People haven't wanted to call law enforcement particularly because of COVID, to make a legal situation of a time when everything is so confusing
<p><i>Avvy Go (Chinese and Southeast Asian Legal Clinic)</i></p> <ul style="list-style-type: none"> • A lot of tools in Toronto, Vancouver and Montreal have sought to gather this data • In Toronto and Vancouver, over 70% of those falling victim to COVID-related violence events are women- just the fact that there are more women out and about getting groceries exposes them to this • We're also seeing another form of violence- anecdotally we're hearing about home violence • We're also hearing from our clients- non-status women usually • Sometimes the only safe way out is to call the police, even if it doesn't always work • We clearly need to think about how to respond to the situation while considering the underlying racism • The people responsible are not charged for hate motivated assault, but at that time the law isn't being applied the way it's meant to be applied - we need to look at how the police respond when racialized people are victims of a crime. • We're underserved as victims of crime and over policed as perpetrators of it
<p><i>Elene Lam (Butterfly - Asian and Migrant Sex Workers Support Network)</i></p> <ul style="list-style-type: none"> • For Migrant Sex Workers GBV is an issue they face everyday • When people think 'all people are precarious', it refers to the law making it that way- that people have trouble acquiring status that locks them into abusive relationships • When immigrants aren't easily allowed into the market, they resort to the sex industry which ends up being used by the partners against them as well • They aren't able to protect themselves, and then when the sex workers call the police even if there is rape or murder, the woman ends up being arrested and then kicked out through CBSA • A lot of by-laws make workers unsafe- a few months ago, a worker was murdered in a spa. Massage parlours are not allowed to lock the door, and that can prevent security. • People concerned with GBV say that the police can save you, but law enforcement is responsible for a great deal of that abuse- 60% of the clients at Butterfly fit that description • This is why we worry about COVID-19 because law enforcement cannot make the environment safe, particularly for migrant sex workers • Investigation of massage parlours, organisations concerned about sex trafficking etc, are all acts advocating for loss of work and increase of vulnerability even though they argue that they are protecting women • Surveillance, arresting and deportation result from this • This is violence and true abuse of women's bodies
<p><i>Notisha Massaquoi (former Executive Director of Women's Health in Women's Hands)</i></p> <ul style="list-style-type: none"> • I'm thinking of phone calls I've received since the start of the pandemic, a great deal of which has to do with mass layoffs of racialized women, especially at the beginning of COVID • This happened in a unionised environment which goes to show how the system is stacked against them • Another type of call I get is those who are forced to go to work without protective

equipment, because they need the resources but also because the threat of deportation is held over their head

- So you see a situation where racialized women are over criminalised
- On top of that they are overexposed to COVID
- I've also asked for the release of race-based data- they've released so much data, expect the racialised dimension of those represented in COVID-related deaths which goes on to show the underlying racial disproportion

Discussion

"How do these incidents of racialized violence impact women's ability to approach for help? How can we think of rebuilding their trust in the system so they can reach out for help?"

Notisha Massaquoi (former Executive Director of Women's Health in Women's Hands)

Some of the work I've been doing is about policing. From January 1st, the police has to collect the race of everyone they interact with- we're talking about use of force, where some woman has allegedly been killed by the police. We're trying to improve racialised outcomes. We've seen men being overrepresented traditionally but women have become a part of this too. Another reason that women don't go to the authority is fear of loss of children. Right now the criminal justice system is not doing enough to improve the lives of racialized women. So we need to ask how we should be reforming policing and acknowledge that it's a system based on a legacy of white supremacy because right now they are only providing support for a predominantly white population. It doesn't benefit us from the institution that is supposed to be protecting society.

Avvy Go (Chinese and Southeast Asian Legal Clinic)

We were also involved in the consultation with the Toronto police. And it was pretty funny considering they asked me to get in touch with the Chinese and Vietnamese communities. I asked them if they had any resources in those languages and they said no. Language barriers have also been traced as reasons for why complaints in violence calls have been redirected to the victims away from the perpetrators because the victims of violence haven't been able to communicate their story well enough to the authorities.

Evelyn Amponsah (Confronting Anti-Black Racism Unit, City of Toronto)

We need to think about what autonomy looks like and what we want in terms of our society- what healthy relationships aren't meant to look like. If I don't feel like I have autonomy when I'm calling the police I'm not going to call the police.

Elene Lam (Butterfly - Asian and Migrant Sex Workers Support Network)

We have to create an autonomous system too. When you think of so many women and the diverse strengths they bring to the table and what the right kind of support could help them produce. If the workers and advocates are empowered- think Access without Fear- then it will help them support others. Policy change can help the workers which will in turn help these groups protect themselves.

"Speaking to these histories of violence and thinking about how mainstream approaches can be ahistorical in terms of NSRI women, how do these forms of racism link to settler

colonialism and missing and murdered indigenous women? How do we build solidarity between movements, and how can that help us better understand GBV against NSRI women?"

Evelyn Amponsah (Confronting Anti-Black Racism Unit, City of Toronto)

Settler colonialism has completely arranged. I think there is work being done on the ground, and the risk is that it doesn't get picked up in the academic world. You see with the instance of the blockade and the indigenous women standing their ground, that's very grassroots- it gets taken up by the media in a particular kind of way. The narrative then is in terms of violence that they are doing to other people- so the solution would be to look to people at the grassroots level. I have yet to see that being taken up in a way that helps others gain from it.

Avvy Go (Chinese and Southeast Asian Legal Clinic)

We have a long way to go. But just to add two examples: we have a series of fact sheets, where the front page contains a land acknowledgement of sorts. I had to send it to an interpreter, and I when I saw the translation in Chinese, I had to send it back to the interpreter because he didn't translate 'nation to nation' well- it wasn't a concept that he could wrap his head around because he argued that Canada was a country and indigenous communities were an ethnic group within the country. I don't know how we can make that line of education more accessible. There's more of this kind of information in the immigration material for people who want to become citizens of Canada but a lot of those materials are quite problematic. So I don't know how we can talk about solidarity when people don't even understand the basics. With COVID-19, another thing we can see is that a lot of indigenous people are being attacked under the misunderstanding that they are Asian and a BC chief came out in solidarity with the Asian community after that- and really, it goes both ways.

Notisha Massaquoi (former Executive Director of Women's Health in Women's Hands)

The work we do can never be at the expense of our indigenous brothers and sisters. We have to keep in mind we are in a constant position of reconciliation- and it's been said that the work we do is the reconciliation piece, so we need to be extra mindful. There is no health outcome that we are not exceeded by indigenous community. With SARS, racialized communities were the hardest hit. And with the COVID-19 I'm sure the same results would show. So we have to constantly keep in mind with any narrative of colonialism that we're trying to advocate against the perpetuation of, indigenous communities have seen it before us, so our work needs to be a constant act of solidarity with them.

"Could you speak a bit more to reforming vs abolishing policing in its response to GBV?"

Elene Lam (Butterfly - Asian and Migrant Sex Workers Support Network)

The goal for me is to push society to find an alternative way to policing for the protection of communities in our social system.

Avvy Go (Chinese and Southeast Asian Legal Clinic)

If there are alternates to policing then we should definitely go for it first. But I don't have enough faith in the human race to say we can get rid of violence one day- particularly male violence, so those who do see removal of the police as a possibility are idealistic. So let's move forward while trying to reform society as a whole as well.

Notisha Massaquoi (former Executive Director of Women's Health in Women's Hands)
 We need to ask why we have such a high reliance for the police. Are we accurately addressing toxic masculinity? How can we support youth to be in better conditions or to get better outcomes? If we can address anti-black racism so we can minimise how people are treated and rescuing the need to interact with police then we might rely on them less even while acknowledging the idealism of abolition.

Reimagining and Future Work

"Thinking about the future, as the enforcement measures lessen and we return to 'normal', how can we continue to build or find a point of entry to build on some of the creative responses, organizing and political will we have seen emerge during this time?"

Evelyn Amponsah (Confronting Anti-Black Racism Unit, City of Toronto)

- I don't think we should return to normal- it wasn't good for way too many people
- The government should make themselves more available to the people
- If we can reimagine what is essential for everybody in society to be healthy and how we can support those areas

Avvy Go (Chinese and Southeast Asian Legal Clinic)

- This pandemic has shown the sheer possibility of everything that can happen
- We can maximise the possibility by appealing to the good side of the Canadian public
- What are the recommendations that we can get to the government to change our society for the better- maybe more conversations like this so we can present ourselves in a more united way.

Elene Lam (Butterfly - Asian and Migrant Sex Workers Support Network)

- We need to bring communities to work together. It's difficult because society keeps dividing us, but it's important to be able to dream together.

Notisha Massaquoi (former Executive Director of Women's Health in Women's Hands)

- Having been in healthcare for 35 years, I've been through HIV, SARS, Ebola in Sierra Leone, we've had a long lead up to this- we've been preparing for this from a healthcare perspective but not from a society perspective which is very disheartening
- How will we provide emotional and mental health supports for the death and trauma that has played out in the last few months and if racialized people have had to bear the greater burden of that, how will we get extra support for them?
- Some of the positive things I saw:
 - There are countries that have regularised undocumented people- why can't we do that in Canada?
 - We've seen international health workers get 30 day extensions- why can't we all have that?

July 16, 2020 Virtual Roundtable: A National overview of the Intersectional impact of COVID-19 and GBV against NSRI women

Recording here: [GBV Roundtable Series Research Sharing - YouTube](#)

Questions on the marginalising impact of the pandemic have been floating about since the first lockdowns were imposed globally. For those already on the margins of society struggling in imbalanced power dynamics, with precarious legal status and uneven access to justice, the issue has only worsened with COVID-19. This roundtable series presents an overview of the existing landscape to serve these communities, and calls for us to think about the work being done in this area, by centring the voices of the affected and strengthening the networks that have borne the burden of assisting these groups against a hostile tide.

The Building Leadership Capacity project

This Roundtable gave us an overview of the broader project of 'Building Leadership Capacity to address Gender-Based Violence against Non-Status, Refugee and Immigrant Women across Canada'. Having built on decades of community level advocacy conducted across our partnership organisations, we capitalised on the new window of opportunity presented to us by Women and Gender Equality (WAGE) in 2017. This opportunity highlighted for us the capacity and GBV services gap for non-status refugee and immigrant (NSRI) women, which prompted the start of our research journey into the community-advocacy and survivor-centred landscape across Canada, with a special focus on NSRI women.

We built on a wealth of previous knowledge- work done in the wider area of feminism, gendered violence and racialised violence- and conducted an environmental scan and needs assessment that centred the voices of service providers and community advocates across our selected regions of Toronto, Ottawa, Edmonton, Fredericton and Vancouver.

The roundtable focused largely on the findings of our stakeholder consultations which emphasised the types of advocacy in place on the ground: formalised networks were matched by informal programs and support services, advocacy campaigns by community gatherings, and highly informal networks also filled the space.

Challenges of community-based advocacy work

The stakeholder consultations proved infinitely resourceful in bringing out the challenges that the on-ground actors in GBV services across the immigrant and refugee community face. We uncovered an advocacy chill. This made us wonder what this work would look like if it had further capacity and support and about the ways to collectively navigate systemic barriers to the advocacy work that service providers talked about. Our community conversations also revealed a certain typology of advocacy along which the work was being done on the ground. Moving forwards, it would be useful to highlight the campaigns that have been started over time across these regions and map it along that typology of advocacy.

Another challenge that emerged across our conversations was the difficulty of navigating multiple systems. Service providers had to tackle the immigration, housing, health and child welfare systems in order to deliver a basic level of service to NSRI women. We wonder what would happen if these systems were navigated not in isolation but collaboratively through a

redistribution of the work.

In addition, many of our stakeholders found themselves trying to increase provision of the services “off the side of their desks”, suggesting capacity issues, that really highlighted the relevance and significance of the work we have collectively taken upon ourselves- that of centring and elevating the voices of survivors of GBV from these communities, and using our existing networks to share the burden, and create a safe space for these voices to become our leaders in this type of work. The leadership and capacity for this type of work comes from the community, non-VAW sectors and these initiatives originate both bottom up and from community leaders, as well as top down from all levels of government and national organisations.

It also emphasised the importance of building solidarity between migrant and indigenous communities in reframing our outlook on structural forms of gender-based violence against NSRI women. It is critical for us to develop responses to gender violence that do not depend on or rest on ideas of sexism, colonialism and racist systems. It is also important that we develop strategies that challenge the criminal justice system while providing safety for survivors of sexual and domestic violence.

Participant feedback on accessibility of services

Participants echoed the discrepancies around the accessibility of different services for people with precarious immigration status. Some comments included:

“I think it's all about education and prevention- government and organizations working closely with women and kids. Immigration, Child Services, Shelters, Schools, Daycares, etc.- they all need to have at least basic training about immigrant and/or non status women and some of the challenges that we face. I'd heard dozen of workers/advocates who are women and claim to be violence survivors but they are either Permanent Residents or Citizens, so they had no idea about lots of struggles that we have to encounter in addition to the ones that the other women deal with”

“I think the problem not only comes from municipalities and provincial systems, it comes directly from Federal programs and budgets. I live in Edmonton and before there were women welcomed to shelters and different programs, but after 2017/2018 it was a new “rule” that they could not offer any service to any person without status because they were received less budgeting and for people without status”

“I can relate. As someone who had a less secure immigration status (when I was a refugee claimant), it was more difficult accessing services in many places. Why is this so?”

“I would like to add to the chat that even in a city with a Sanctuary City Policy, NSRI women are being treated unequally by city-provide services. I'm particularly describing a City of Toronto administered women's shelter: those with a secure immigration status can stay, those with precarious, are currently being pressured to move out of the shelter... any input, please?”

July 30, 2020 Toronto Virtual Roundtable

Recording here: [GBV Roundtable Series Toronto - YouTube](#)

On July 30, 2020 we hosted the Toronto Roundtable with our regional partner, the Barbra Schlifer Commemorative Clinic. This roundtable was the first of the series focused on regional practices and support focused on non-status, refugee and immigrant women.

Along with our initial speakers from the previous series, we were joined in the Toronto roundtable by co-moderator Yasmine Abuzgaya (Barbra Schlifer) and speakers Deepa Matoo from the Barbra Schlifer Commemorative Clinic, Loly Rico from the FCJ Refugee Center) and Fatima Filippi from the Rexdale Women's Center.

While the challenges to advocacy were explored more broadly in our first roundtable of the series (see above), the regional variations in their expression started to manifest in more detail with the Toronto focused discussion. This discussion also built on the introduction to the promising practices on which we are looking to build: the Peer-CAN model. Most significantly, however, our great line-up of speakers highlighted the community advocacy work being done by and for NSRI women across Toronto.

Roundtable speakers and highlights

"What are the ways in which you practice community-based advocacy work to address GBV against NSRI women in Toronto? What makes this type of work and approach unique to addressing GBV against NSRI women in Toronto?"

Loly Rico, Co-Director (FCJ Refugee Centre)

"At the FCJ we have a holistic approach. When a person comes, the first thing we ensure is that they have choice. We provide a safe space and environment to address what they want to choose from services available.

Community advocacy for us is to have a client centre, but to have the tools in place from which the clients should be able to choose." Summary of Initiatives:

- Provision of services- uniqueness: in-house medical clinic free of charge
- Prevention of deportation
- Members of staff include non-status women
- Advocacy with York University for access to post-secondary education

Fatima Filippi, Executive Director (Rexdale Women's Centre)

Our work focuses very heavily on GBV against women, and we have been doing it since 1978. One of the biggest questions for us in terms of advocacy is what it looks like, and this is important in educating our clients as well. It's been about looking at alternatives, and recommendations that present the organisation as a community focused group. Our biggest learning has been that not all women are homogeneous, and some women are quite capable of speaking out for themselves, who can help turn this from an organisational issue into a women's empowerment issue.

Data is important. We can't minimise the way in which we collect, evaluate and emphasise data. It really is key to understanding the scope of the issue, and we often feed this information to the people sitting at the table, and sometimes it involves meeting with local representatives who might benefit from a greater understanding of the issue."

Summary of Initiatives:

- Women's caucus at OCASI
- Education and creating avenues for women
- Advocacy: "when a client is denied housing, and you're advocating on their behalf, you are advocating for the women not for the organisation"
- Partnerships are crucial
- Transmission of history

Deepa Mattoo, Executive Director (Barbra Schlifer Commemorative Clinic)

"Every immigration and refugee case that comes to us- IRCC will intuitively be on the other side, and each of us have made peace with that. Because advocating for our clients will always be at the centre of our services, that establishes neutral ground between us.

There's a corresponding sense of scarcity that comes from funding, and there is obviously a fundamental power imbalance there given that the funders are the decision makers as well, which makes it a complicated relationship.

With respect to NSRI women, I don't think they should be seen differently from other service seekers since the communities face a lot of parallel issues. The strong intersectionality across the issues faced should be the focal point because that ensures that no one is left behind. We obviously shouldn't co-opt each other's struggles but we shouldn't hesitate to speak to each other's problems." Summary of Initiatives:

- Legal counselling
- Interpretation services delivered by immigrant women for immigrant women
- Education and creating avenues for women

"Based on your experience, what are some of the challenges in doing community-based advocacy work?"

Loly Rico, Co-Director (FCJ Refugee Centre)

"We need to understand what we mean when we talk about non-status women and precarious status. One of the main challenges is tackling fear of deportation and ensuring provision of services like access to housing and health independent of immigration status, and understanding the discrimination that non-status women face even outside the traditional streams of violence will help us address that gap in services for them.

That's something we need to keep working on, not just in our sector but even in our interactions with the government. Officials need to understand the different situations faced by the non-homogenous groups of women that seek help.

We also need to be able to highlight the differences between non-status, refugee and immigrant women."

Fatima Filippi, Executive Director (Rexdale Women's Centre)

"We need to understand where the challenges to advocacy work are coming from within the bureaucracy. Under-resourcing, lack of staff etc. We need to look to other organisations that do have research teams, and see how we can use that for ourselves.

The chill related to advocacy is really based on who is in power. Fear of defunding, and in regards to legislation relating to non-profits. The burden is on the organisations not the government, to be careful and understand that some of the charitable work the organisation is doing might end up being targeted in addition to the advocacy work. Your board has to be ok with it too.

Deepa Mattoo, Executive Director (Barbra Schlifer Commemorative Clinic)

"Data for this unique population regarding access issues is scant if available. Thinking of the issue in commonality with groups that do not have similar status issues, might help us to use the data trends in their areas as indicators of the amplified problem in groups with precarious status.

The unique challenges that an organisation such as ours- with its complex mechanisms- include balancing the organisation's own functioning with the advocacy work we do with the government, but there are successes despite these challenges. A case to the effect was with the Ontario Superior Court of Justice on July 16, 2018, in the case of Canada Without Poverty vs. Attorney General of Canada, that eventually forced the government to alter its practice of treating advocacy and communications activities as political and therefore non-charitable. In his decision, Judge Morgan ruled in favour of the anti-poverty group, agreeing with Canada Without Poverty (CWP) that the "10% rule" was a violation of freedom of expression under Section 2 of the Charter."

"In the context of COVID-19, why is the work of community advocacy and centering NSRI women's experiences. Particular vulnerabilities especially critical at this time?"

Loly Rico, Co-Director (FCJ Refugee Centre)

"We've had trouble accessing COVID-19 funding. It's been a struggle, since the NSRI women with experience were at the frontline, and many of them have been living with abusive partners this whole time.

So where the government doesn't step up, civil society has to- to that end we have been receiving funding from foundations to help with their rent issues, we sent an open letter together with doctors and OHIP for all to the provincial and federal governments. That kind of advocacy has helped bring about increased access to health independent of status across hospitals during the pandemic.

The government has to be accountable. It is our role as the civil society to step up, and hold them accountable."

Fatima Filippi, Executive Director (Rexdale Women's Centre)

"Our line of work really talks about marginalized groups- racialized women, people being denied access to health and access to education, and all of that is just compounded by COVID-19. We have one of the highest tested rates of COVID-19 here in Toronto, and that really shows an unhealthy community driven by poverty which becomes an issue whether you're status or non-status and the access you have to food that will support your health. I'd also like to focus on the problems being faced by our clients and most of our staff- where both groups are predominantly female (The Four Digital D's):

- Digital equity: doesn't exist across our clients, and as organisations we've had to step up and provide that sort of access to our staff as well
- Digital fluency: what has been the cost of a lack of fluency to our staff and our clients? Women that are doing more of the work at home are being impacted by access and fluency to digital platforms
- Digital infrastructure capacity
- Data Overload"

Deepa Mattoo, Executive Director (Barbra Schlifer Commemorative Clinic)

"Thinking about the recovery piece of GBV against non-status women is really important while navigating the pandemic. If we put a hiatus on advocacy right now, how long will we be putting

it on hold for, considering the uncertainty of how the pandemic will progress? Make sure you engage with the global and political systems in place that are welcoming submissions and views. Make sure you think about partnerships.”

Uniting Idea: Defining Advocacy

One of the emerging questions from this conversation was how advocacy was being defined in this sphere. Some of our partners voiced that advocacy should target access to equal opportunities and fair chances. It was also added that while the idea of advocacy was intimidating, it was an everyday part of the work being done to tackle GBV in this sphere because of its intersectional impact on NSRI women, and still had to be undertaken.

Our stakeholder consultations revealed some common challenges of doing advocacy work in this area, which was affirmed by our partners during both the roundtable discussions that have occurred in the series so far. The view that it was intimidating to undertake this sort of work echoed the evidence of an advocacy chill on work with NSRI survivors that had emerged from our community consultations. The idea of losing funding, being muted or silenced was powerful and obstructive. This made us wonder what this work would look like if service providers had further capacity and support, and about the ways to collectively navigate systemic barriers to the advocacy work that service providers talked about.

Uniting Idea: Partnering Up

The responses from our partners during the discussion affirmed our efforts to create a blueprint for collaboration across service providers. It was echoed that mapping the work already being done would allow us to collectively train people and use the existing labour as the starting point for our blueprint.

Stakeholder Consultations

Typology of Advocacy:

- Formalized networks
- Advocacy campaigns
- Informal programs and support services
- Community gatherings
- Highly informal networks



Our community conversations also revealed a certain typology of advocacy (image above) along which the work was being done on the ground. We think that highlighting the campaigns that have been started over time across these regions and mapping it along that typology of advocacy would be a useful exercise, and might serve as a boost in the effort to archive the history of advocacy against GBV in NSRI women.

August 13, 2020 Ottawa Virtual Roundtable

Recording Here: [GBV Roundtable Series Ottawa - YouTube](#)

On August 13, 2020 we hosted the Ottawa Roundtable with our regional partner, Immigrant Women's Services of Ottawa (IWSO). This was an opportunity to learn about the existing forms of advocacy and survivor-led work focused on supporting non-status, refugee and immigrant women in the Ottawa area.

Along with our initial speakers from the previous series, we were joined in the Ottawa roundtable by co-moderator Thao Duong (IWSO) and speakers Alexandra Derisier from Connecting Ottawa, Andi Vicente from Ottawa Sanctuary City Network and Louisa Taylor, Co-Founder and Director of Refugee 613.

Roundtable Speakers and Highlights

"What are the ways in which you practice community-based advocacy work to address GBV against NSRI women in Toronto? What makes this type of work and approach unique to addressing GBV against NSRI women in Toronto?"

Alexandra Derisier, (Connecting Ottawa)

Connecting Ottawa's mandate is to provide communication services to people with communication barriers- non-english/french speakers, or people with sensory barriers.

Services:

- Tailor PLEs → demystify legal jargon or issues from community partners helping people facing GBV
- Consultations with settlement workers and clients
- Interpretation services for those who have legal appointments (fact sheets in various languages for what to do when you are in trouble)
- Member of the Law Society of Ontario
- Have over 50 partner agencies that function as information and presence sharing platforms, such as churches, legal clinics etc. One stop shop for vulnerable clients, where CO encourages partners to use plain language

Uniqueness of work against GBV for NSRI women

- Eligibility criteria → i.e. communication barrier → women and some men in need of cultural sensitivity and language services
- Paperwork is not required when people come in search of help

Andi Vicente, (Ottawa Sanctuary City Network)

"It's a systemic thing that we have to recognise will continue to be an issue, especially in the context of COVID-19 for marginalised communities."

Services:

- Support LGBTQ newcomers with or without status in terms of mental health
- Centre drop in
- Work is around safe spaces and inclusivity

- Organisers need to have an understanding of discrimination, cultural competency etc.
- OSCN: working on having more navigation support for refugees that arrive without families

Lousia Taylor, Co-Founder and Director (Refugee 613)

"Something Refugee 613 does is putting refugee welcome on the spectrum of normal Canadian values, that it isn't some fringe activity, and is important to how Canadians view themselves, and pushing back on the idea that there is something radical about it.

Digital messaging isn't rocket science.

Refugee 613's staff listens to learn so we know what happens at the frontline, and to see what might have a communications solution, and that's how a lot of interesting work has developed.

There's been an affirmation with covid is that information itself is an essential service.

Regarding Whatsapp Groups: This isn't something that we can do off the side of our desks.

We need to strengthen existing digital networks across communities. We already provide informal support to many networks, but with COVID we took a bit of a hit, and a lot of them were looking for support. We don't think it's sustainable for us to offer the Whatsapp service to other language groups, but to strengthen existing networks of support."

Services:

- Forms of Advocacy are more public education focused
- Strategic communications advice
- Seeking out government officials and trying to educate them on how to adapt information campaigns for newcomers
- Whatsapp group in flux, starting with the Arabic language

Uniqueness:

- Hybrid organisation
- Inform (providing information to the public by convening stakeholders, including service providers, school boards, food banks, Ottawa police, faith groups, anyone connecting Ottawa and CHCs, anyone supporting newcomers in some way with many people on the table being refugees/ newcomers
- Connect (convening and including people whose roles can be built as useful allies
- Inspire (public education- events, social media, explaining what the refugee journey is)

"Based on your experience, what are some of the challenges in doing community-based advocacy work?"

Alexandra Derisier, (Connecting Ottawa)

"While funding is secure for us, it is still affected by changes in legal aid cuts etc. Whenever clients face cuts based on eligibility that affects us as well."

Compassion fatigue is a real thing for frontline workers. If there isn't enough funding to do the work, there definitely isn't enough money to get help as a frontline worker. You're just going to continue having a high turnover rate in the industry.

A lot of people are working with the refugee convention but don't understand the definition of a protected person.

- Funding Changes: based on partner changes in organisations
- Compassion fatigue
- High turnover rate
- Eligibility Criteria (where it may not ring true for CO, it would be true for other

organisations)
<p><i>Andi Vicente, (Ottawa Sanctuary City Network)</i></p> <p>"It can be tricky when a lot of the work can be related to the personal challenges you've had." A lot of the models out there are also unsustainable if it involves being in this constant mode of emergency, especially for women with precarious immigration status. A lot of assumptions are made when it comes to client needs, and there needs to be time given to make it a fully inclusive space, and understanding the intersectionality of the issues they face. Relating to COVID-19 it's worse with child-care and unsupportive partners. It is also worse with homophobia or transphobia."</p> <ul style="list-style-type: none"> • Disassociation • Gatekeeping and surrounding power dynamics to accessing information • Lack of support • Funding
<p><i>Lousia Taylor, Co-Founder and Director (Refugee 613)</i></p> <p>"The hustle is real. The lack of resources and collaboration makes the hustle very real. It's partly funders, but it's also partly us, because what the audiences need from us isn't always what they get. Checking in and trying to understand how they want to receive information is important. You need to tailor services. The good news is that it doesn't take too long if you get a mindshift where you think through the format and tactics- though we may not have the capacity or resources to do that on a community wide level."</p> <ul style="list-style-type: none"> • Communicating for advocacy • Understanding your audience
<p><i>"In the context of COVID-19, why is the work of community advocacy and centering NSRI women's experiences. Particular vulnerabilities especially critical at this time?"</i></p>
<p><i>Alexandra Derisier, (Connecting Ottawa)</i></p> <p>"Difficult to pick up on cues as you would in an in person meeting- social or physical cues that I would have been able to work with to contact them again or restructure the meeting. The lack of face to face can make me anxious</p> <ul style="list-style-type: none"> • Access to social workers, counsellors
<p><i>Andi Vicente, (Ottawa Sanctuary City Network)</i></p> <p>"In this context it's about the organisations and who has been consistently innovative in improving access to services for clients. If you haven't been current on this, then your services aren't immediate enough. If you weren't digitally savvy before you've had to come into that because of the compounding effect of COVID-19."</p>
<p><i>Lousia Taylor, Co-Founder and Director (Refugee 613)</i></p> <p>"Nothing like a crisis to show the holes in your safety net, and the intersectionality of the problems being faced by NSRI women means there are some pretty big holes. In terms of communication, we have to ensure that literacy and language are not barriers to being well informed to make it work for your family. On the communications front, we need to see that just having fact sheets in different languages isn't enough. Most of our audience aren't on twitter or facebook and getting the</p>

information out there needs to be thought through more holistically.”

Discussion Highlights

On challenges

From Pcawa Coordinator to Everyone: (3:18 pm)

There is a likelihood that some communities will be more likely to go to their own religious or community organisations if they go to anyone at all, and those institutions (as with most institutions) are often also very patriarchal

I think for a lot of the communities in Peel Region (west of Toronto), there is also a great barrier in the first place in terms of reaching NSRI women or nonbinary people

On information provision

In Windsor, we also holding newcomer groups virtual information sessions. using Microsoft Teams, well attended and participants access update community news, services and many more

On access

Nisa Homes and Sakeenah homes do not have eligibility criteria for status because they are not publicly funded. However, they are faith based so I don't know the impact of that. Sakeenah homes will do remote work as well. The challenge to work remotely as an Interpreter brings some challenges.

CAN efforts

If you'd like to be notified of the details about our national workshop on Digital Messaging for Settlement and Integration (DMSI) in late Fall, please send an email to info@refugee613.ca and we'll add you to our project mailing list. Please put DMSI workshop in the subject line. Thank you!

I'm curious to know if being in the "nation's capital" makes advocacy work more (or less) challenging? Seems like there are a lot of politicians and people working for the government which I'm guessing has pro's and con's for doing this work. Being able to go up to MPs and speak to them directly is great!

September 10, 2020 Edmonton Virtual Roundtable

Recording here: [GBV Roundtable Series Edmonton - YouTube](#)

Hosts:

- Margarita Pintin-Perez (OCASI)
- Nira Elgueta (OCASI)
- Meital Siva-Jain (Sexual Assault Center of Edmonton)
- Naheed Amjad-Mihas (Islamic Family and Social Services)

Speakers

- Amrita Mishra (Indo-Canadian Women's Association)
- Rekha Ghadia (Calgary Immigrant Women's Association)
- Tigist Dafia (Multicultural Health Brokers Co-op)
- Joy Medori (Multicultural Health Brokers Co-op)

History of advocacy and development of programs addressing GBV against NSRI women in Calgary: Rekha Gadhia

- Calgary Women's Association has been really championing the advocacy work towards eradicating GBV
- Context: mandate provides prevention and support
- Many immigrant women choose to go back to their abusive partners because of their kids
- Empowering women was 'widening the gap'
 - Therefore, it was important to start empowering men/spouses
 - Cannot write off the perpetrators, must involve them in the process
 - No one really starts off in their life to become an abuser
- We learned that a lot of abuse is situational and coercive control
- Victims and perpetrators might both have traumatic childhood experiences
- Defined gender roles must be deconstructed in order to approach a solution to GBV within clients and sector
- In domestic violence sector in Calgary - focuses heavily on collective impact model
 - Plays a huge role in 'moving the needle' in the province and in the nation
- To ensure that the ethno-culture community has a voice, our intersectional approach has really been thorough offering educational workshops to health sectors, law enforcement, etc
- Came up with the GBV prevention curriculum that is being offered to board of education schools, aims to promote healthy relationships, deconstructs gender roles
 - Starts off with youth and leads towards adults
- One of the major things CIWA has done: being involved with the Calgary police systems' Equally Safe Domestic Conflict Response Team (very unique model, Calgary's first)
 - Community based model that works with police directly (CIWA part of core team)
- CIWA has own research team that explores the cycle of violence and creating institutional change
- Shift Research Project- finding root causes of domestic violence that examines ethno-culture community and specifically males

Roundtable speakers and highlights

“What are the ways in which you practice community-based advocacy work to address GBV against NSRI women in Edmonton? What makes this type of work and approach unique to addressing GBV against NSRI women in Edmonton?”

Amrita Mishra (Indo-Canadian Women’s Association)

- Defines advocacy as: traditionally problematic and loaded term for funders and policy makers, however, does not see such problems. Advocacy is evidence-based recommendations and research-based policy recommendations.
- Formally allowed to do advocacy work in 2015 (collaborative work that has been funded) but technically has been doing it for much longer than that
- The way Indo-Canadian Women’s Association is addressing GBV:
 - Collaborative work federally funded by Status of Women Canada (now Wage and New Horizons program)
 - Work is primarily focused on understanding certain kinds of violence, family violence, extended family violence, etc
 - In 2015, started project that focused on ‘honour-based violence’ which received a lot of resistance/ pushback from community
 - Going deeper into the topic, there was no focus on LGBTQ in patriarchal societies, no focus on extended families which is so evident in different ethnic groups. Instead, the focus was on honour killings
 - Also found that the tools used in risk assessment focused only on intimate partner violence, and there was no focus on what happens when the violence is transnational. What happens when it involves members that are not intimate partners? These tools and questions were completely individualistic west-centric viewpoint
 - So, we started with the question, what is honour-based violence and what do we do about it?
 - Research involved focus groups in edmonton, speaking to 40 plus service providers
 - Came up with certain tools and protocols
 - Women will never seek service at a service desk due to many barriers
 - Covid is now one of them, but of course, also language, sheer fear, etc
 - Home visitations project is used as a method of early prevention of GBV
 - Advocacy is not very traditional
- Believes NSRI is a problematic term as it is somewhat exclusionary and starts with negative

Tigist Dafla (Multicultural Health Brokers Co-op)

- Work honours families where they are at and support them in order to really understand what they need, and help them navigate the system
- A lot of front line workers
- Co-op organization: Bosses are our clients
- Most of the mothers and women know what they want
- In regard to family violence, we are working with communities including religion leaders, police and children services. Our job is to be in the middle- bring both parties together in what they want to see happen
- Many times, the families are not as open as they would like to be to access the system because the system is punitive

- Coming from ethno-culture communities, punitive process is not easy
- Not only married to him, but married to the family. Therefore, there can be consequences when you try to access the system (can affect overseas)
- Our job is to try to explain to the family the safety plan (universal), however, we are working with families and extended families to explain what does the safety plan look like in this scenario
- Some families do not understand EPO (emergency protection order), therefore we must be practical as many find it very difficult to live day to day on their own due to language barriers, transportation barriers, isolation etc
- Try to use a holistic lens when assisting families
- The system forces a lot of pressure on victims
 - Many people try to push the victim to take action such as hiring a lawyer
 - There is a lot of expectations on the victim
- Some services may be able to help her financially but not emotionally
- What we do: try to slow the system down. Take the time to make the right decision for her and her family.
- Might have to work with the male/spouse to work through what he has to do in order to reconnect in a healthy way with the family if that is what they all want
- Immigrant women sometimes have an added burden of the extended family when making the decision to leave an abusive relationship compared to Canadian-born women
- Try as much as possible to honour what the victim, mostly women, wants, which to me, is honourable as it is respectful. We cannot forget that we cannot force the women to make decisions that they do not want to do.
- Important to work with the pace of the client

Joy Medori (Multicultural Health Brokers Co-op)

- One of the most interesting points is that many of the programming used for the clients is very unique to each family. I think that is a big piece of the process because it is not a one size fits all approach, though more work is involved
- What makes most sense for the client?
- Importance of the women having a voice- giving them the space to advocate for themselves what resources, supports, and services will be meaningful
- We also are shifting our practice by looking at the idea of resilience in a less western/individualistic perspective, and looking at it as understanding levels of risk/exposure to risk/trauma will actually have a differential impact on the resources needed
- Work has to include contextualizing the role of poverty, racism and trauma

Based on your experience, what are some of the challenges in doing community-based advocacy work?

Tigist Dafla (Multicultural Health Brokers Co-op)

- Much of the challenges include the fact that the system does not give us the time that the client needs in order to make decisions
- victims/ families are always pressured from certain timelines from the system
- Must have non-superficial relationships with our clients in order to combat this

<ul style="list-style-type: none"> • When you are dealing with family violence, you need to have the time to get away from abuser and be able to reflect and figure out how to connect with the right people to get assistance • Poverty is a huge barrier, as women might be financially dependent on the husband • Our job is to figure out: how supportive can we be? What is hindering her decisions? • Because of the pressures from the system, women might be going back faster to their abusive relationships
<p><i>Joy Medori (Multicultural Health Brokers Co-op)</i></p> <ul style="list-style-type: none"> • A lot of hidden things, 'secrets', that are never shared due to fear make it difficult to build trusting relationships • Community is a very important strength that can be lost when women leave their partners • Increasing safety is really difficult when victims do not have a safe place to go • Women are scared of going to shelters, are unfamiliar with system • Becomes increasingly difficult to make safety plan without having co-ordination with other systems • Cultural shifts/ integration- very difficult for people to grasp • Adapt psycho-social model: modified model that basically looks at identity meaning justice, safety and attachment, pillars of psycho-social wellbeing
<p><i>Amrita Mishra (Indo-Canadian Women's Association)</i></p> <ul style="list-style-type: none"> • 'Funding has profound implications on relationships' • This includes client-service worker relationships, as well as my ability to sit at this table with all of you. My salary secure my ability to sit here, but the funder could change their mind and cut funds tomorrow • Cutting funding can be consequential for client and staff, as there could be lay-offs and terminations of important research programs and other services • Re-hiring forces clients to make new relationships with unfamiliar people, which can cause them to stop using the service, which affects the organizations 'report-card', which then gets communicated with the funder (endless cycle) • Relationship and dollars are always connected and therefore monetized • At the end of the day, time is monetized. Therefore, limited funding means limited time • Therefore, service providers are going above and beyond to provide proper services for their clients by going out of their way, working overtime, and risk burn out • Another challenge: vicarious trauma for immigrant service providers
<p><i>Monica (Focus group)</i></p> <ul style="list-style-type: none"> • Originally from Mexico, established in Alberta • Ex-husband is Canadian born • Survivor of domestic violence, living in shelters with her daughter for five years • Feels lucky as being already in the system once COVID started • Felt alone and felt anxious when online school started for her daughter • Very hard to access food banks because she does not drive and cannot afford taxi • Big Brother Big Sister helped deliver food once a month • Child support only income which paid for phone bill, rent, groceries, transportation, etc • Still did not have Canadian status- 'i was invisible and did not exist' • 'More questions than answers' • I was trying to buy groceries with a limited budget. And if I was even lucky to be able to find the product I needed, I was not able to afford all of them, as the prices

increased

- 'Felt like they were trying to take advantage of the situation'
- Shelter began offering free internet
- A rent decrease could have been very helpful
- Worried about her own health and her daughters health with COVID as she did not have health coverage
- Finally, in the middle of the pandemic, was approved for permanent residence
- On income support, but is still waiting to be approved for child support
- I am a victim of racism and discrimination
- I know women who have language barriers, and a lack of self esteem, and i can imagine the struggles they face
- First, we were victims of our husband, now we are victims of the system
- There is still a lot of work to do, but I believe we can do it together
- Do not worry about what kind of world we will leave for our children, but what kind of children we will leave for the world

In the context of COVID-19, why is the work of community advocacy and centring NSRI women's experiences/particular vulnerabilities especially critical at this time?

Joy Medori (Multicultural Health Brokers Co-op)-

Financial strain is at an ultimate high, and we know this is linked to violence
Loss of positions and credentials in the transitions, many different kinds of insecurities, such as food, there are higher incidence of inquiries
Makes clients feel like there is Less ability to reach out for support

Amrita Mishra (Indo-Canadian Women's Association) –

- Digital divide is very real which can cause many barriers, especially to seniors. Can cause fear and anxiety to those all over the world.
- Can cause isolation for those who need that in-person support
- Loss of ceremony and togetherness reminds Indigenous client of residential schools
- People are hurting
- Voices of those who were already being silenced are being more silenced, and therefore our work is more critical now than ever
- We need to speak about the vulnerabilities of senior people as well. Digital divide is very ageist
- How racism has affected relationships in communities
- Racism is so ugly people do not want to look at it

Tigist Dafla (Multicultural Health Brokers Co-op) –

- Really difficult to support women without the in-person experience, especially those who have experienced trauma
- Many women are now isolated due to COVID, affects our support group
- Fear of speaking over the phone
- Many are on their own and suffering during this difficult time
- We cannot do this alone
- We need the help of religious leaders, etc, to help women and talk about what healthy families look like

September 24, 2020 Vancouver Virtual Roundtable

Recording here: [GBV Roundtable Series Vancouver - YouTube](#)

Hosts

- Margarita Pintin-Perez (OCASI)
- Nira Elgueta (OCASI)
- Perminder Flora (MOSAIC)

Speakers

- Maria Socorro Mangila-Nguyen (VLMFSS)
- Kamaljit Kaur Lehal (Lehal Law Corporation)
- Harjit Kaur (BC SOciety of Transition Houses)
- Simona Panevska (MOSAIC)

Work at MOSAIC, Simona Panevska

“The biggest way that has been found to be helpful is empowering and educating women”

- Programs and projects funded by the B.C Law Foundation which include legal education, legal aid, legal research, law libraries and law reform
- A big chunk of family law advocacy arises from a major concern about women and their struggles
- Simona’s roles include: assist and support clients, accompany them, does not discriminate based on income
- Majority of the clients do not speak English
- How to make information accessible for women but still follow legal protocols
 - Many women ask to use whatsapp to translate
- Report monthly to the Law Foundation, mention any gaps that has been noticed and how to approach it
- Ex: One of the biggest barriers was applications for legal aid- new pilot project program to help individuals fill out the application
 - Less traumatizing for women who would not have to keep repeating their abuse over and over
- MOSAIC has settlement workers which allows for twenty different language translators. Interpretation workers has been very helpful, but it is still a huge struggle. ‘I hope this issue [interpretation] continues to be highlighted and in the future, funding could be increased and readily accessible’. Shocked to know how many women agree to not have accurate translations in their meetings.
- Have been able to be helpful to clients as ‘friends of the court’
- Important to note that it is difficult already to speak about abuse in native tongue, so it is additionally difficult for some clients to then try to translate their abuse in english
- Try to discuss with women how to make communication easier
- Try to come up with ways to make situation less stressful, such as come up with different emails to communicate
- “What we do as a team and doing it well together and our ability to communicate effectively is what i think makes this access to justice program work well for our women”
- Biggest way that has been found to be helpful is empowering and educating women
- Hope this pandemic shedding more light on what is already is a crisis will allow more people to become aware of the issue and in turn receive more funding

- Worried about the policy changes in the second wave for women who must quarantine with abusive partners
- Cold weather may also force women to stay indoors

Roundtable speakers and highlights

“What are the ways in which you practice community-based advocacy work to address GBV against NSRI women in Vancouver? What makes this type of work and approach unique to addressing GBV against NSRI women in Vancouver?”

- *Harjit Kaur (BC Society of Transition Houses)–*
- BC Society of Transition Houses is a provincial organization or anti-violence workers
- What we do: support programs by keeping members up to date with national issues, advocating on their behalf to government and other stakeholders, providing public education, doing research and publishing position papers, developing and delivering training
- Public awareness campaign: “You are not alone”
 - Reached out in five different languages in the hopes to provide information to immigrant women about transition homes
 - Women are often asking about housing, what would happen to them and their children, etc
 - Found on radio & TV PSA, bus shelters, bus ads, women’s washrooms
- Provide support to transition, second and third stage houses, safe homes and prevention, education, advocacy, counselling and empowerment (PEACE) and Violence is Preventable Programs
- Currently have 104 members and support over 120 housing and 86 PEACE programs throughout BC
- Every year in BC, more than 18,000 women and children access transition houses, second stage housing and safe homes to escape violence or abuse
- Many different kinds of programs with different approaches and for different populations
- Project: Building Support
 - Highlighted the gaps for NSRI women
 - Developed a promising practice guide for frontline workers, and currently working on the policy recommendations to identify policies that can facilitate the removal of barriers to safe, secure, and affordable housing
- Project: Reducing Barriers
 - Go into four different communities each year and focus on the mental health and substance abuse of women
 - Those who are most vulnerable are at risk of homelessness and further violence
 - With this training, explores how to incorporate trauma-informed practices to reduce these barriers
- Project: Getting Home
 - Three year, community-based project focusing on reducing barriers to safe, secure and affordable long-term housing for women fleeing violence in BC
 - Will work towards policy recommendations
- Project: Reaching Out with Yoga

<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Five-year project is bringing trauma-informed yoga to women, children and youth who have experienced violence and are using transition or second stage housing services in BC ● Technology Safety Project <ul style="list-style-type: none"> ○ Highlighted need for workers as well as women ○ Provides training and resources addressing how technology impacts and can enhance safety privacy, accessibility, autonomy, justice and human rights ○ Ex: how does GPS provide safety for women ○ Involved online training during COVID pandemic ● PEACE Program for Children and Youth Experiencing Violence <ul style="list-style-type: none"> ○ Is a free, confidential counselling program ○ 3-5 children in classrooms are exposed to domestic violence ● Public Awareness Campaign: “Love Doesn’t Hurt” ● Project: Violence is Preventable <ul style="list-style-type: none"> ○ Comprehensive provincial strategy for prevention and intervention activities that link schools and communities with PEACE programs ○ Involved school presentations ● Project: BELIEVE <ul style="list-style-type: none"> ○ Presentations in schools that help students understand healthy relationships and sexual violence specifically on topics such as consent, sexting, sexual harassment and how one can access support 	<ul style="list-style-type: none"> ● <i>Kamaljit Kaur Lehal (Lehal Law Corporation)–</i> ● Lawyer perspective ● Makes sure hearings are trauma-informed, sensitive, and do not result in re-traumatizing victims ● Ex: might ask for a female member to hear the claimants case, ask for a support worker to be present during hearing, ask for a more informal meeting (ex: claimant sitting right next to lawyer and support worker in an effort to feel supported) ● Need for members to be trained in trauma-informed practice, including council <ul style="list-style-type: none"> ○ Ex: because she is a trauma-informed lawyer, she was able to recognize that her client who has been sexually assaulted needed certain accommodations in the hearing as well as psychological counselling and assistance, something that her previous lawyer did not due and her claim was rejected ○ Psychological assessment allowed to re-open the case, with accommodations and support worker, and her claim was accepted ● Important to not just see these women as victims, empower them ● “I am no longer a victim, I am a victor” ● Other areas of advocacy: representing non-status women and advocating for policy changes and law reform ● Typically it would take 6-9 months to get TRP and 2 years to get PR status under humanitarian and compassionate (HC) application <ul style="list-style-type: none"> ○ Advocated for an expedited TRP and HC application ○ After ten years, government finally granted ○ TRP’s now a faster process, and HC about 4 months ○ Also, now allows for work permit and healthcare
<p><i>Maria Socorro Mangila-Nguyen (VLMMFSSS)</i></p> <ul style="list-style-type: none"> ● VLMMFSSS very small organization, about 23 staff members ● Ministry of Public Safety provides funding 	

- Programs use an integrated model and consist of: multicultural outreach programs, community based victim services and child and youth programs
- View it as holistic approach
- Sign off on position papers
- Women that we serve range as non-status women, includes students, and has been involved in abusive relationship
- Might be referred through police, settlement workers, schools, hospitals
- Provide english and first language services
- All workers speak english and at least two other languages
- Include evolving practices such as trauma-informed
- In the beginning, women see themselves as victims
- Try to coordinate with other services and programs to get the best service for client
- A lot of safety protocols for workers at this organization, such as no contact info for the workers on the website, only the languages they provide

Based on your experience, what are some of the challenges in doing community-based advocacy work?

Harjit Kaur (BC Society of Transition Houses)–

- Accessibility: Includes language, transportation, not knowing 'legal lingo', internet
- Culturally and linguistically appropriate services
- Funding
- Training
 - Include cultural training about extended families, for other members other than spouses may be abusers
 - Needs to be time sensitive, appropriate, be engaging, in sync with policies, current, inclusive
- Child care: Cost, where, how
- Legal: Access to legal aid
- Health and Safety

Maria Socorro Mangila-Nguyen (VLMMFSSS)-

- Systemic challenges
- Housing
 - very unaffordable
 - Causes many to move to different regions in order to find housing
 - Rental assistance is available but does not cover the rent
 - Need to push for affordable housing, especially for women fleeing violence
- Income: Welfare is too low
- Child Protection issues
- Law enforcement
 - Files that are very high risk (where women might be killed) are not always considered a K file (where many members come together to help the woman get to safety)
- Really underfunded
 - How can you plan decent programs with year-to-year funding?
 - Racialization is a huge challenge: forefront of everyone's consciousness
 - Labelling needs to be addressed because it impacts programing

Kamaljit Kaur Lehal (Lehal Law Corporation)–

Four challenges:

- 1) Not enough trauma-informed lawyers
 - Need more training for vulnerable people
- 2) Legal aid
 - Lack of funding causes them to not take on cases
 - Becomes more complex when they have issues involving family law (such as custody battles) as well as immigration law
- 3) Removal Proceedings
 - Real disconnect with law and the needs of the women (very prevalent before June 2019)
- 4) HC application
 - First stage approval letter has a clause that asks if you are on social assistance- this can be a bar for allowing you to receive permanent residency
 - Many women are not ready to work yet, therefore it is a difficult predicament to be put in to not be allowed to be put on social assistance
 - To get access to transitional housing, you might have to be on social assistance, so this causes further barriers

In the context of COVID-19, why is the work of community advocacy and centering NSRI women's experiences/particular vulnerabilities especially critical at this time?

Harjit Kaur (BC Society of Transition Houses)–

- Housing: Needs to be access to long term and short term housing for women in this time
- Poverty & unemployment
- Cultural safety
- Policy & practice
- Systemic supports
- Accessibility
- Filling the gaps instead of widening them
- coordination , collaboration & communication
- Because of COVID, it will take longer to close gaps
- Women are further isolated

Kamaljit Kaur Lehal (Lehal Law Corporation)–

- Pandemic within a pandemic
- Pre-covid, out of status women were always on high alert and risk staying in the abusive relationship with fear of being deported due to requirement of being in a genuine relationship for two years (tedious process to remove this law)
- Concern of being deported is still real, especially if they are unaware of the process
- Adding the layer of COVID just makes it worse
- Funding is going to be a real issue to ensure appropriate services are available for the women

Maria Socorro Mangila-Nguyen (VLMMFSSS)-

- We need to raise awareness of this issue
- Must have political platforms talk about these issues
- COVID causes limited accessibility, poverty makes it harder

- Relying on generosity of business and other organizations (such as cell phones to help women get involved virtual platforms)
- Struggling to find money to buy laptops to help workers work remotely
- COVID just helped showcases these issues that always existed
- Difficult for workers and women to work from home (limited privacy, especially those with families)
- Evidence based practice allows to document the number of individuals using the service in order to use for grants

Conclusion

Margarita:

- Fantastic points that were talked about include understanding GBV and how it is grounded in intersectionality
- Helpful to hear how the systemic advocacy is important
- Really inspiring to hear how much this work is taking over time
- Importance of trauma-informed practice should not be specific to just social workers but on a more broader scale
- Remember how racial discrimination causes a further impact on these issues

October 1, 2020 Fredericton Virtual Roundtable

Recording here: [GBV Roundtable Series Fredericton - YouTube](#)

Hosts

- Margarita Pintin-Perez (OCASI)
- Nira Elgueta (OCASI)
- Ginette Gautreau (New Brunswick Multicultural Council)

Speakers

- Ljiljana Kalaba (Multicultural Association of Fredericton)
- Natasha Akhtar (NBIWA)

Opening Remarks, Ginette Gautreau

- New Brunswick Multicultural Council is the somewhat counterparts to OCASI, 17 member agencies across the province (settlement agencies)
- Research project focused on not just Fredericton, also worked alongside other agencies in the area
- In terms of COVID, relatively low cases, services opening up
 - Nonetheless has had an impact on services (ex: changing in person meetings to virtual)
 - Moved very quickly to adapt to the change during pandemic
- Made sure to communicate to their clients to make sure they are supported with housing, food, etc
- Conservative government in New Brunswick has now introduced an Immigration Minister
- Government maintains the importance of immigration
 - Population is aging and in need of immigration
- New Brunswick looking to double their immigration numbers, very ambitious
- About 4000 newcomers in the province last year
- One of the main sources of immigration is through Atlantic Immigration Pilot which brings newcomers to more rural communities
 - Number of gaps and issues in these areas: lack of services, difficult to access transportation and housing, higher rates of isolation
- Housing crisis in the province: vacancy rates are about 2 percent
- Quality and type of housing is an issue as well
 - big gender issue, affects many families
- Nearly 30 percent of newcomers use 50 percent of their income on housing
- Some housing is provided by employers, raises some human right concerns
- One of the other major concerns: next to no support for asylum seekers

Roundtable Speakers and Highlights

"What are the ways in which you practice community-based advocacy work to address GBV against NSRI women in Fredericton? What makes this type of work and approach unique to addressing GBV against NSRI women in Fredericton?"

Ljiljana Kalaba (Multicultural Association of Fredericton)

- Organization offers hands-on services for newcomers, front-line services
- Broad services from settlement information orientation to asset assessment, employment services, language classes, etc
 - Holistic approach
- Women feel a little more confident coming to the organization due to the many number of services they provide
- Make sure women feel safe to speak about their issues
- Very important to address the needs and support women to access the proper services
- As an organization, welcome newcomers with over 40 languages
 - Able to work cross-culturally
- Work with cultural brokers that enhances their capacity to connect to different cultures in case staff is unable to provide
- Model used involves working with newcomers on one side and on the other working with the service providers (including police, mental health workers, child protection workers, income assistance)
- Representatives of other organizations work with this organization at least once a month to allow clients to use their services
- Probably about 300 people everyday accessing language classes
- Strategies include making sure staff is capable of offering specific supports (particularly in language translation)
- Staff has diverse background experience which brings more knowledge to the organization (example: medical backgrounds)

Margarita: Can you expand on the partnerships?

- The partnerships we have made at the organization are formal
- Representatives with police which allows us to strengthen our capacity
- Very critical to have this resource person
- Police department relies on this organization sometimes for interpretation
- Working alongside them and figuring out how we can support them and help them move forward for them to have their own capacity to work with newcomers

Natasha Akhtar (NBIWA)

- Personal approach to the question, being an immigrant herself
- Did not have the advantage of coming on her own
- Came from conservative, male-dominated community that came due to marriage
- Had additional disadvantage of being ethnic and religious minority
- Gave her a nuance perspective of all the multiple challenges of what it is to be an immigrant person in a different country and being unaware of the services
- Immigrants sometimes struggle with not being informed and not having networks
- Landmark project is the New Brunswick pilot program mentioned by Ljiljana ("godsend and very grateful")
- "Research is extremely important to opening people's minds"
- We don't talk about the anti-discrimination issue
 - Immigration is only half of the issue
 - Not only racial oppression but also religion
- If we can collaborate our resources together, it would make all the difference
- "It can save lives, it can change lives, it is vital"
- Immigrant women who are limited to their house might know very little about Canada and resources

- It is important to be sensitive, make sure we are accessible
- Many things that the general public is not aware of because they have not lived that life
- Need to give women the tools to empower themselves
- When it comes to advertisement, we try not to put on the posters anything about domestic violence even if that is what the service is for as it might discourage women from attending
- Noticed during covid that less and less women were attending virtual forums
 - After survey, found out there are a lot of barriers that blocked women from attending forums
- Need to be able to create a safe space for women during this time

Based on your experience, what are some of the challenges in doing community-based advocacy work in the region?

Ljiljana Kalaba (Multicultural Association of Fredericton)

- Immigrant women as well as service providers are sometimes unaware of services that exist
- Some service providers do not realize how many immigrants there are in the region
 - “What immigrants?”
- Immigrant women are almost invisible in our communities because there are not a lot of them
- We need to be more active, putting more things out there
- Other local service providers who meet immigrants send these individuals to MAofF because they have accents and do not want to deal with them but actually they have been here for many years
- Of course, language is a huge barrier that blocks many from participating in programs
- Lack of computers are a challenge
- Lack of social supports and networks

Natasha Akhtar (NBIWA)

- Challenge of doing advocacy in the region because we lack a critical mass of immigrants
- Study says we need about 25 percent in order to advocate for change
- Resistance from those who believe ‘immigrants are taking their jobs’
- Domestic violence is a lifelong problem, not a simple problem
- Important to have people on board
- Outsiders may not always support
 - Lack of empathy
 - Needs to be created
 - Organizations working hard to create it
 - Can only be done by constantly desensitizing people to these topics to allow more conversation
- “Everytime you step back and do not say something, you miss out on an opportunity”
- Your life still matters regardless of where you were born
- Uncomfortable conversation for general public

Margarita (host)-

- Settlement organizations have been shock absorbers during COVID

- Issues that have been identified have been long standing
- Not always about creating new initiatives but about working and supporting existing services

In the context of COVID-19, why is the work of community advocacy and centering NSRI women's experiences/particular vulnerabilities especially critical at this time?

Ljiljana Kalaba (Multicultural Association of Fredericton)

- Some transitional housing do not allow women who enter to leave to common spaces due to pandemic- found these new policies brutal
- Added barrier is responding on time
- Service providers not being able to work, not being allowed to offer face to face services forces services to be online or on the phone which is challenging and might not be as beneficial as the alternative
- Education is also a concern as children being forced to do school at home as it might be unsafe

Natasha Akhtar (NBIWA)

- Complete disaster when the lockdown happen
- Of course many focused on the virus itself, but not a lot of concern for those in a foreign country not understanding what is going on
- Having contacts on a personal level (friends or family members) who are service providers is such an advantage
 - Adds so much comfort
 - Speaking to a professional is a very different experience
- Take one of the challenges and multiply it for all the layers of barriers that these women experience

Conclusion, Ginette Gautreau

- So important that we continue this conversation beyond today
- Social workers have the knot in their stomach because they understand how newcomers are being further affected during COVID
- Started taskforce to communicate important information, including crisis intervention
- Asking questions such as, 'now as people are going back to work, do they know their rights?'
- Super critical to post as much information as possible (ex: explaining CERB)
- Tech task force allowed staff members to be connected amongst themselves during virtual changes