

# Learning Network

Mobilizing knowledge to end gender-based violence

Issue 40 | October 2023

## Building Survivor Leadership Capacity: Sharing Lessons Learned from Non-Status, Refugee, and Immigrant Women

In Canada, survivors of gender-based violence (GBV) are historical and ongoing leaders in the work to address GBV. Survivors' voices have been critical in naming GBV and sharing its impacts on survivors and their communities. Through their advocacy, survivors have also influenced various laws, policies, support programs, and approaches that advance equitable ways of promoting justice, safety, and healing from GBV.

It is critical that the leadership, contributions, and ongoing participation of survivors be at the forefront of anti-violence efforts to ensure any future plans best meet their needs and those of their communities.

Grassroots, community-based interventions largely driven by survivor initiatives are an effective yet under-resourced strategy for addressing GBV. This Issue shares how the GBV sector can further work with survivors to share their expertise and build their leadership capacity. We acknowledge that many people in the GBV sector are survivors themselves showing that there is no clear delineation between those who work in the sector and those who identify as survivors.

This Issue starts by sharing the importance of grounding GBV work in survivor expertise. It spotlights an example of engaging survivors through a project focused on "[Building Leadership Capacity](#)" with non-status, refugee, and immigrant women led by the Ontario Council of Agencies Serving Immigrants (OCASI). Values, practices, and ongoing lessons from the project are shared along with reflections from Peer Champions. Finally, this Issue offers recommendations to further support survivor-led work to address GBV.

We must support equitable opportunities for survivor leadership and recognize that members of oppressed groups are denied leadership opportunities in the GBV sector despite GBV disproportionately and deliberately impacting oppressed groups including people who are Indigenous, Black, racialized, disabled, gender diverse, and non-status, immigrant, and refugee.



### Guest Authored by: Dr. Margarita Pintin-Perez

Margarita Pintin-Perez is Senior Coordinator of the Initiative to End GBV at OCASI - Ontario Council of Agencies Serving Immigrants. She has a PhD in Social Science from El Colegio de la Frontera Sur (Mexico) and an MSW from the University of Toronto. In her role at OCASI, she leads a national project focused on building the leadership capacity of non-status, refugee and immigrant survivors of GBV. She is directly involved in critical projects focused on building the capacity and collaboration between the anti-violence and settlement sectors to address GBV for newcomers, immigrants and refugees. In addition, she has contributed to writing resources and training focused on GBV against NSRI communities and recently co-authored a book chapter in the third edition (2022) of *Cruel But Not Unusual: Violence in Families in Canada*.



## Grounding GBV Work in Intersectionality

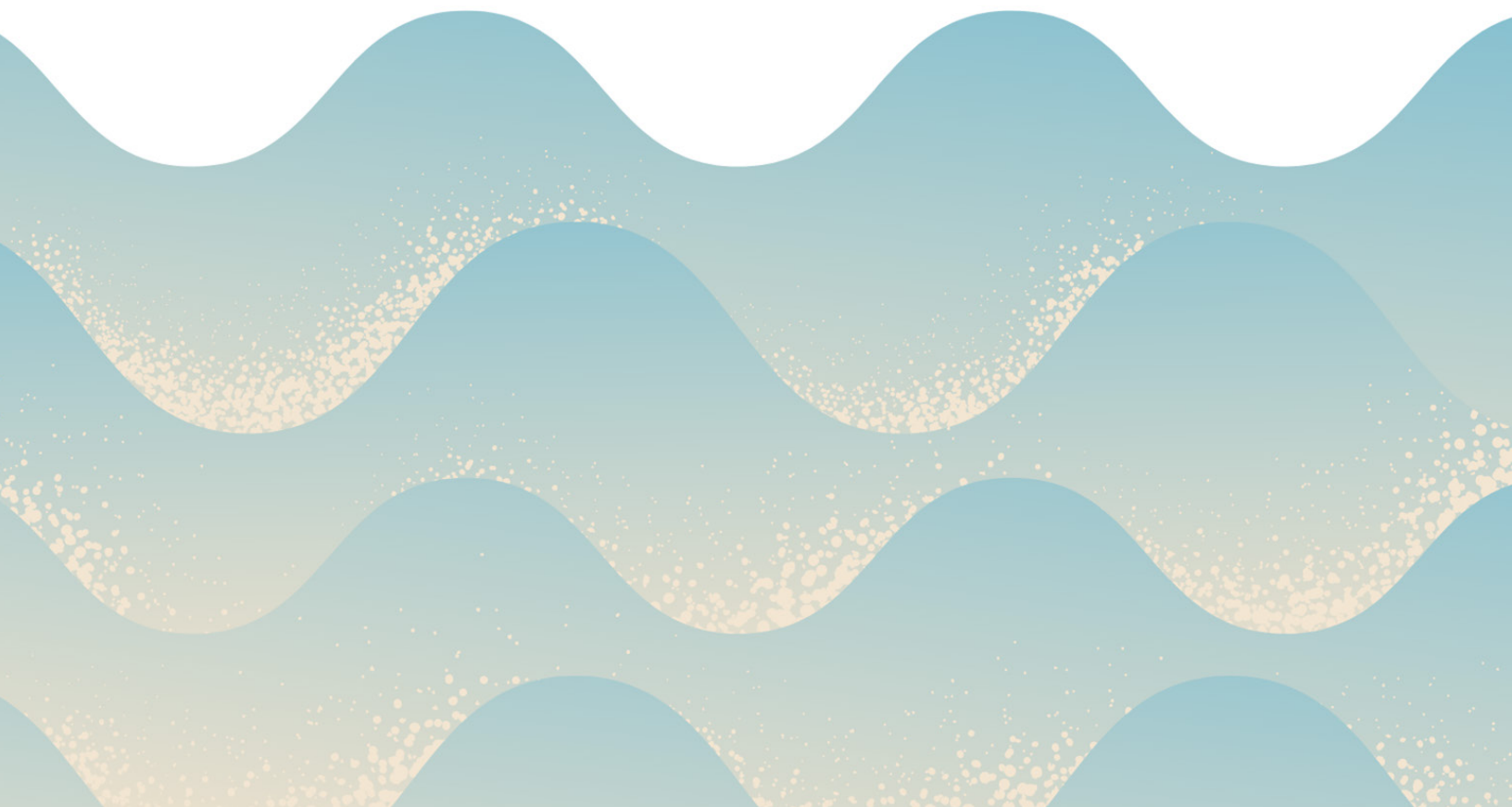
One critical area in the work of addressing GBV is to consider the ways in which we frame and understand GBV. The way we talk and understand social issues such as GBV are important because they create metrics of social priority, action, and ultimately, response. They also influence the ability for our society to make meaningful change.

In Canada, the historical and ongoing women's movement work profoundly changed the ways we have come to understand and address GBV.<sup>1</sup> This movement encouraged the public to think about violence as a social and political issue that requires public responses, and changes in legislation and policy. At the same time, the movement work and resulting responses to address violence against women were increasingly criticized for ignoring the fact that although violence impacts all women – its impacts are different, intersecting, and layered. We must meet the unique needs and intersectional realities of diverse women including those from Indigenous, Black, immigrant, refugee, non-status, gender diverse, and disabled communities.<sup>2</sup>

An intersectional framing of GBV provides us with a way of connecting the dots between overlapping and intersecting forms of violence and helps us understand how this intersectional reality shapes structural barriers in accessing safety, support, and healing.

In recognizing and challenging the structural barriers to seeking support, we can develop strategies, approaches, and practices that honour the intersectional realities of survivors.

We must practice intersectional principles in our work towards equitable responses to GBV. This means that the communities who have long been creating knowledge and pushing towards an intersectional understanding of their problems are those that should have equitable opportunities, funding, and supports to diagnose, call out, make demands, organize, and influence policy shifts, programs, and solutions.



# Honouring Diverse Survivor-Led Leadership and Expertise

Survivor-led work refers to the integral participation and strength of survivors who come together to transform not only themselves, but also the communities and societies in which they live. With survivor-led work, survivors choose their goals and define what is going to be safer for them and their communities. For instance, what would healing look like for them, rooted in their own language and their cultural, spiritual, and community needs?

Survivor-led work has been at the forefront of the initiatives and organizing that have laid the foundation for responses in addressing GBV. In fact, it is important to be reminded that the way we name violence and the visibility we have around different forms of violence came from survivors of violence.

Recognize the leadership and role of women’s movement work and grassroots organizing by and for those who themselves were living with the daily impacts of violence and who broke the cycles of violence and became agents of change!

Click the graphic below on *Survivor-Led and Survivor-Centered Work in Action* to see it enlarged:

**Survivor-led and Survivor-Centered Work In Action**

**NOV 26 2021**

- Survivor-Centred is a way for organizations to make sure they are **CLIENT-centred**
- In Survivor-Led, survivors are in positions of power, making the decisions
- Our LEADERSHIP & ADVOCACY are influenced by our LIVED EXPERIENCE with GBV
- I have the problem--I know the solution better than anyone.
- Ensuring full economic support for survivors of GBV
- The system must recognize ALL forms of violence, not just physical
- Let's build our own individual capacity & our community capacity
- Tech has been a beautiful way to check in, have members mixers
- Tech has been a beautiful way to CHECK-IN, have members MIXERS
- Research we've done that's been SURVIVOR-LED

**Let's Create a Sisterhood**

How do you apply survivor-led or survivor-centered work in your program or organization?

Survivors are at the heart of the focus of strategies & programs

Need better housing support, not just shelter system

How do you make sure that your program has a system of support for the leadership development of survivors?

It's hard work... But it's HEART work!

What are some key learnings in adopting survivor-led/centred models during COVID-19? And what are the most memorable aspects of your work?

**DISRUPT... and RECONSTRUCT**

Provide CHOICE so people can have AGENCY in how they want to ENGAGE

Burnout is REAL

Our Team

Let's increase the SOCIAL LOVE!

We need to BELIEVE them!

Survivor-Led approaches do NOT compromise

- Society has a lot of **STIGMA** on survivors
- We need to create an **INCLUSIVE, SUPPORTIVE** system for one another
- Reluctance to name themselves as survivors
- The system is not "BROKEN"
- It was DESIGNED this way to marginalize & center other people
- Our mission statement is we are BY and FOR survivors -- We LIVE IT and are UNAPOLOGETIC!
- Provide different levels of engagement for members - Accept each other where we ARE
- If survivors move FORWARD, the whole community moves forward
- Based on the challenges, what are areas that you have found the need to adapt most in your work?
- We've become EXPERTS in multiple areas. How do we compensate them?
- We need to be CREATIVE & research when funding isn't there

**SHAME**

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## Reimagining Leadership

The gender-based violence sector should adopt a more expansive understanding of leadership. There are many ways to lead or influence social change. Reimagine leadership to create spaces that are accessible with equitable and valuable opportunities to lead!

Leaders can have flaws, imperfections, and face challenges. They do not have to be perfect!

Leaders can communicate in diverse ways including arts, music, theatre, storytelling, and ceremonies.

Leaders can hold various forms of knowledge including lived experience, cultural knowledge, and service experience.

Leaders can do their work collaboratively and collectively.



# Project Spotlight: Building Leadership Capacity Project

The Building Leadership Capacity Project by OCASI is a multi-year project that positions non-status, racialized, and immigrant (NSRI) survivors as leaders and decision makers working collaboratively with community-based networks in increasing awareness, informing practices, policies, and developing solutions that meet the needs of NSRI women and their communities who experience GBV. The project connects NSRI survivors and service providers working across not-for-profit and immigrant and refugee serving sectors in Edmonton, Ottawa, Toronto, and Vancouver. The goal of this project is to build community-level capacity for enhancing the well-being of NSRI survivors and engaging them as leaders in eradicating GBV over the long-term. [Click here to learn more.](#)

## Why focus on non-status, refugee, and immigrant survivors?

Understandings of GBV and supports are often designed for those who are citizens of the state, thus missing the experiences of NSRI survivors. There is a need for a broader examination of the realities of GBV and the supports offered relevant to NSRI communities including the links between GBV and gender, race, and immigration status.

Fundamental to our understanding and discussion of GBV against immigrant and refugee communities is the need to understand the immigration process and how ‘newcomers’ are subjected to an ongoing colonial othering practice that is constructed under pathways of conditions and status, such as temporary, permanent, economic, and/or precarious.

These various immigration statuses, whose differences are largely bureaucratic, determine who is accepted in Canada and under what terms and conditions. [Access this Webinar on Understanding How Immigration Policies Shape Gender-Based Violence Among Immigrants Who Have a Temporary or Precarious Status](#) to learn more.

Discussions on migration in Canada must reckon with Canada’s historical and ongoing practices of colonialism against Indigenous People.

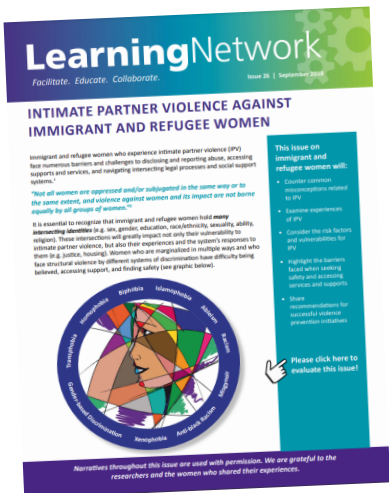
NSRI communities and Indigenous communities often have similar histories of dispossession, displacement, and resistance.

Ongoing work should include cross-community solidarity!

For more learnings on promoting solidarity between immigrant, refugee and Indigenous Peoples in the work of addressing GBV, [check out this new course offered at OCASI Learn at Work.](#)



In the context of GBV, immigration status can create conditions of further isolation, exploitation, and harm. It can also limit the programs and supports available to NSRI women whose status is a primary connection to Canadian society and can even determine eligibility to basic and specific GBV support. [Learn more in this Issue on Intimate Partner Violence Against Immigrant and Refugee Women.](#)



## How do we support survivors to build their capacity and provide opportunities for them to be involved in shaping policies and programs/ services that impact their lives?

To develop the leadership capacity of NSRI women, the OCASI project combines two promising practices:

1. **A Peer Champions Program (PEER)** that uses popular education to build leadership capacity and foster connections between NSRI women.
2. **A Community Advocacy Network (CAN)** which establishes grassroots networks among NSRI survivors, service providers, and other civil society leaders to build community capacity for developing survivor-led, evidence-based solutions to GBV.

Both the Peer Champions Program and the CAN are integral to this project. The first creates survivor-centred spaces for NSRI women to co-learn, connect, and heal. The second facilitates knowledge exchange between NSRI champions, service providers, and other civil society leaders.

Together, the Peer-CAN model is a set of promising practices that builds community-level capacity for enhancing the well-being of NSRI women and engaging them as leaders in eradicating GBV over the long-term.

By testing and evaluating the PEER-CAN model in partnership with NSRI women, service providers, and other civil society leaders in these communities, OCASI is developing an evidence-based blueprint of the PEER-CAN model that can be implemented by other communities beyond this project and adapted to meet local conditions.

[Click here to learn more about OCASI's PEER-CAN model and blueprint.](#)



## Project Values, Practices, and Ongoing Lessons

NSRI-led survivor initiatives are an example of supporting equitable opportunities for NSRI women who are survivors of GBV to collaborate and integrate their perspectives in addressing GBV. Some key values, practices, and ongoing lessons from the Building Leadership Capacity project that are unique to addressing GBV against NSRI women and engaging equitably with NSRI survivors include:

**Value: Recognize GBV against NSRI communities as inseparable from other forms of structural and systemic violence.**

We take a feminist intersectional approach to GBV that recognizes contexts of settler colonialism, white supremacy, and anti-Indigenous, anti-Black racism in Canada. When we use the term 'GBV,' we see it as part of this complex spectrum. We also recognize that GBV takes place in ways that intersect with race, immigration status, disability, gender identity/sexual orientation, and other identities that impact access to support and healing.

**Value: Balance promoting culturally sensitive responses to GBV without blaming culture.**

How we understand and talk about GBV against NSRI communities is important to our collective work. When discussing and addressing GBV against NSRI communities, there is an inevitable discussion on culture. It is important to promote culturally sensitive responses to GBV and maintain a critical lens on the ways in which culture can too often be blamed for the violence against NSRI communities; this can in turn further racism and Othering of NSRI communities. When culture is overemphasized or blamed as the cause of violence against racialized NSRI communities, we risk obscuring the role of structural violence, for example race, class, and citizenship. Specifically, in our work addressing GBV against NSRI communities, we emphasize the role of immigration systems which produce precarity, shape and sustain systemic violence against NSRI communities, and can determine eligibility to support and healing.

**Value: Prioritize community-rooted efforts to address GBV against NSRI communities.**

The logic behind our project and model is based on supporting community-rooted and grassroots efforts to respond to GBV against NSRI communities. Historical and ongoing efforts anchored in the community have been informal spaces offering practical solutions towards safety and healing. These community spaces are important sites of organizing, knowledge mobilization, raising awareness, and providing safety and healing, yet they are largely under-resourced. Community-led efforts need to be valued and prioritized in funding and response models in equitable ways. We must leverage these spaces and support their informal characteristics through equitable accommodation, affirmative action, innovation, and transferring decision making back to community and grassroots organizers. Grassroots, community-based spaces for safety, healing, and advocacy for systems change are critical for advancing the work.

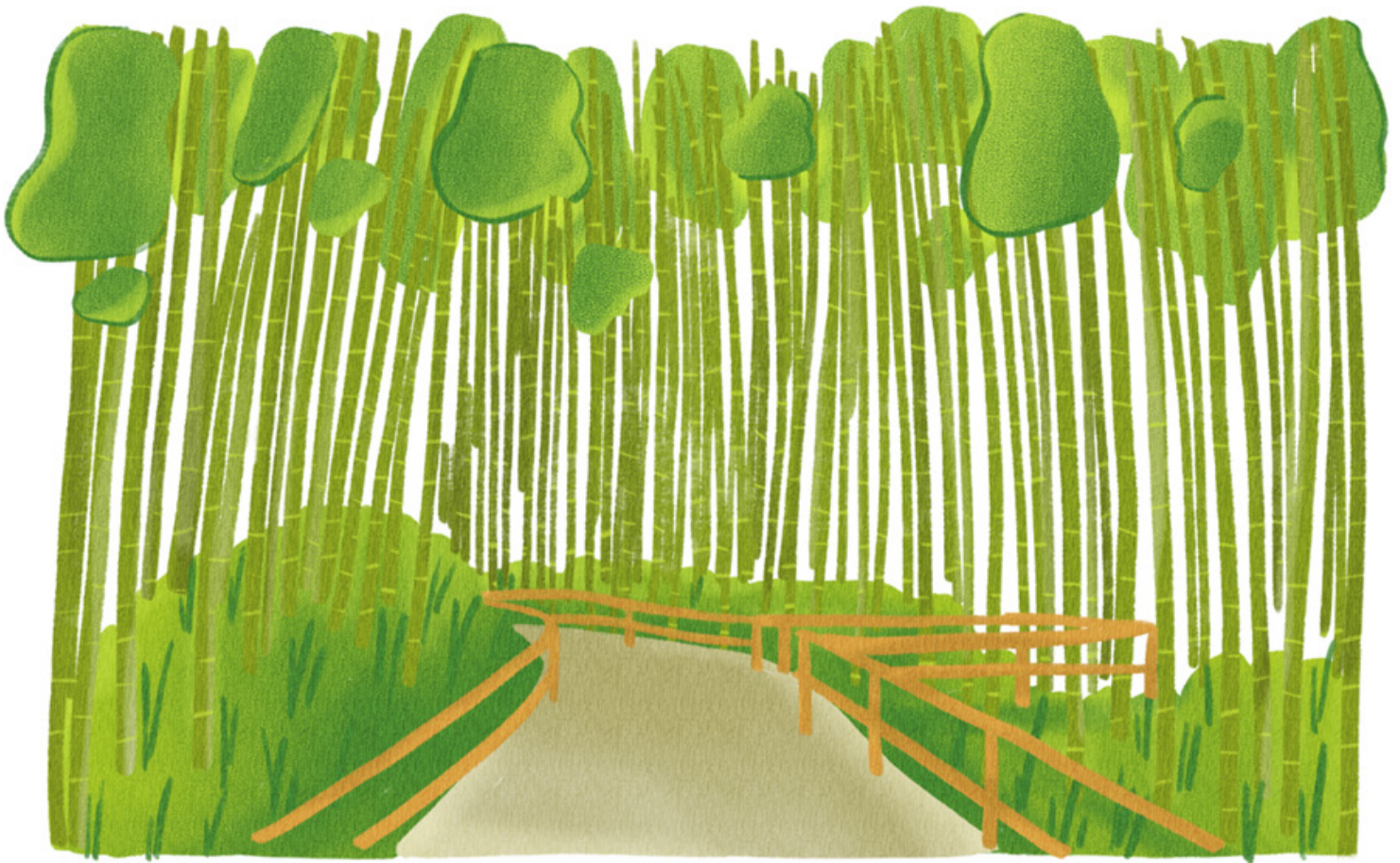


Practice: Recognize differences and similarities among NSRI survivors.

We recognize that NSRI women constitute a diverse group with intersecting identities across race, ethnicity, class, age, sexuality, gender identity, ability, and more. At the same time, there are structural barriers that NSRI women have in common, which impact their access to safety, healing, and freedom from GBV. We take time to acknowledge and meet the unique needs of NSRI survivors in terms of culture, language, spirituality, religion, etc. While accounting for the diversity of NSRI women's experiences and communities, it is also important to build opportunities for relationship building and bonding around common issues and structural barriers. Ask: "What makes us unique and what brings us together in this collective work?"

Practice: Integrate equity into all aspects of engagement and participation of NSRI survivors.

We are working towards a survivor-led model that centers the voices and experiences of NSRI survivors and enables reflection on the complex power dynamics at the individual, institutional, structural, and social level that shape those experiences. NSRI survivors have everyday experiences linked to structural realities and harms that can impact participation, engagement, and capacity. Examples of everyday challenges faced by NSRI survivors include precarious employment, ongoing immigration processes they are facing, and/or challenges accessing social welfare services and supports. In our experience, these realities can impact meaningful engagement and participation and requires an equity-oriented approach that tailors training, programs, and sessions to local contexts. Such approaches can lead to creative ways to meet limitations related to time and capacity and can optimize participation through creative participatory methods and compassionate accommodations.





Ongoing lesson: Apply trauma- and violence-informed approaches at every stage of building leadership spaces with NSRI women.

Building leadership spaces that are trauma- and violence-informed requires fostering safe, unconditional, non-judgemental spaces and respecting where people are in the process of their healing journey. In addition, it requires understanding that leadership spaces that will include the participation of NSRI survivors must attend to physical and emotional safety, promote clear communication and respect survivors' various choices regarding ways to engage and participate.

Ongoing lesson: Reimagine forms of leadership.

During our research and ongoing engagement with NSRI survivors, we heard what leadership means to them, and the different ways in which to reimagine leadership. For instance, we learned that mainstream descriptions of leaders as people who are powerful and in charge with an ability to influence and guide others are not always relatable. In the context of addressing GBV, participants worried that the idea of being a leader towards change and finding solutions can emphasize the need to be perfect, or the need to be an exceptional example as a 'migrant' or 'ideal' victim. At the same time, being a leader emphasizes the role of an individual, but how do we reimagine leadership happening in community and as a collective?

Click the graphic below on [Building NSRI Survivor-Led Supports and Advocacy Across Canada](#) to see it enlarged:

**Building NSRI Survivor-Led Supports and Advocacy Across Canada**

**Important to address colonial violence as a first step in healing violence**

**This is truly a Pan-Canadian project**

**The time for this work & coming together are NOW!**

**What is REQUIRED of our work to support NSRI leaders?**

- Survivor-led work is LINKED to ADVOCACY
- Access to services, employment, impacts of COVID19 ... NSRI women are bearing the BRUNT!
- Why don't we have "#Us Too"?
- What do we WANT? What do we NEED?
- We must challenge & acknowledge our own BIASES
- We must pay attention to the VOICES people are asking to LEAD

**This work must be COLLABORATIVE**

**Leadership must recognize the impacts of TRAUMA... It needs SPACE**

**Survivors VOICES words, perspectives need to SHAPE the RESPONSE**

- Each survivor has her own story to tell
- Many use TRAUMA as a deficit... But it is a STRENGTH that brings us together - Appreciate each other!
- We are CELEBRATING the trauma every day & acknowledging the distinctiveness of that experience

**How do we sustain CHANGE?**

- We need COMMITMENT - Partners, community partners, funding
- Implement & develop new ways of practicing ADVOCACY & RESEARCH
- Where is our ROLE in this?
- Support COMMUNITIES to be whole, not just the INDIVIDUAL
- We need a sustained, multi-year approach
- I wish you LEARNING and UNLEARNING
- Sustainability emerges as you start WALKING the PATH

**What does LEADERSHIP mean to me?**

- They are effective advocates & LEAD by their own self-defined NEEDS
- Be grounded in their realities. They can CHOOSE what they want to share
- Not as a hierarchy, but as... care connection empathy cooperation

**LEARNING from SURVIVORS**

**CENTER survivors voices as LEADERS**

- Experts in design & advocacy
- Challenge how we define LEADERSHIP

**NSRI Women**

**This work is INSPIRATIONAL**

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## Reflections from Peer Champions

While still on my journey fleeing from GBV, and before obtaining my permanent immigration status, I encountered several obstacles trying to access services and support. There were many misconceptions, prejudices and unawareness towards my very particular circumstances and needs, which were not by the book of most policies and service providers, especially those who are not trained or familiar with immigrant, multicultural and vulnerable communities, regardless of if they are governmental or not. At that point, I had two choices, allow myself to be re-victimized and neglected by the “system” or become my own best advocate.

It was during that process that I was introduced to OCASI and the Building Leadership Project and I became a Peer Champion: I had the lived experience, and they had the willingness to listen and the tools to share and educate others about GBV against NSRI women. Together we could address the issues and unique needs of NSRI women but also take action and aim for real changes. I do not wish for another NSRI woman to experience what I have been through, or any other person for that matter.

I know what my family and my needs are, what has been done, what has not and how it can be done, and some areas of improvement. Together, the Project, the Community Partners, and Peer Champions have been able to share experiences, knowledge, encouragement, and available support to those who are still experiencing GBV, and to reach those in charge of creating policies, initiatives or services, to ensure they make changes or create new ones, if necessary, that truly consider and transforms for the better the lives and the unique circumstances of NSRI women and their families. It has not been easy, but being a Peer Champion and part of the Project has been part of my own personal growth process and journey to healing. At the same time, it has been extremely rewarding to see that other NSRI women have been able to obtain support or permanent immigration status in less time or barriers than me. Every success feels like our own and motivates us to continue with this work.

Finally, I want to share a quote that could describe the Project: “There is no more neutrality in the world. You are either part of the solution, or you’re going to be part of the problem,” by Eldridge Cleaver.

— Monica Larios, Peer Champion since 2019



As a peer champion, what it means to be leading the efforts in addressing GBV against NSRI women is the fact that I have personal experience. The policies surrounding the issue may be well written and improved over time by the Government/agencies but in the real world, it cannot fully cover the variety, complexity, permutation and combination of a unique situation at any given point. We live in an era of internet connectivity which is also constantly changing, and this particular program is kind of a live tracker with real situations not yet available or addressed in writing elsewhere.

In the group we belonged to different ethnicities, races, continents but the pain cut across all the differences and it seemed like our wounds were from the same place. The camaraderie, the compassion, and the relatability factor are truly the key. It was the first time I felt like I was understood, all the other therapies, counselling, doctors, always made me feel lonely, like a victim, but this group, it made me feel like I had a village who not only understood my pain but also gave me a perspective on my actions plans on how to get better in the areas of my life that I actually needed help with. And I could pick and choose what I needed from the other women's experience and it happened organically. One can imagine that no two situations are the same, but having to hear and discuss different experiences helped me tremendously and expedited my journey towards being more solution oriented. In my experience I feel that this kind of initiative is the need of the hour and it should be released as a program, province wise and can be more widespread and increase accessibility as a general resource. Doing this can support more women in a robust manner. It will provide a breeding ground to real time situations. This will help women get support close to a custom-made manner.

—Jasleen, Peer Champion since 2020



## Support Survivor-Led Work!

Ways to support equitable survivor leadership and implement intersectional principles in practice include:

- Advocate for and develop alternative responses to understanding and addressing GBV grounded in survivor-led and community-based advocacy models.
- Develop partnerships with groups, organizations, and communities to expand survivor leadership capacity.
- Ensure meaningful participation of survivors and listen to survivors' voices; survivors are effective advocates! NSRI survivors contribute unique perspectives. They each come with their own cultural, historical, society, and community realities.
- Learn from survivors and their leadership, which again is grounded in their realities. Respect the fact that they will choose to share what they want to share. Respect where people are in the process of their healing journey and recognize that healing is ongoing.
- Build leadership spaces that are trauma and violence informed. This means creating spaces that are actively working on reducing the impacts of harm, violence, and further trauma, ensuring they are emotionally and physically safe environments that provide opportunities for choice, collaboration and connection.
- Honour and respect survivor contributions in concrete ways by ensuring that survivors have accessible, equitable opportunities to engage in meaningful ways and that their time and expertise is properly compensated.
- Commit to ongoing reflection and “unlearning” that should aim at improving our understanding, relationships, and collaborations in addressing GBV by and for survivors.



## References

<sup>1</sup>Sheehy, E. (1999). Legal Responses to Violence Against Women in Canada. *Canadian Woman Studies*, 19(1/2), 62–73. [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2289337](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2289337)

<sup>2</sup>Battered Women's Support Services. (2022). *Colour of Violence: Race, Gender & Anti-Violence Services*. <https://www.bwss.org/colour-of-violence/report/>

### Please evaluate this Issue

Let us know what you think. Your input is important to us. Please complete [this brief survey](#) on your thoughts of this Issue

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