



**IWIN**

IMMIGRANT WOMEN'S  
INFORMATION NETWORK

Toolkit for Frontline Workers

**An Intersectional  
Approach to  
Gender-based Violence  
Services  
for Racialized  
Immigrant Women**

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**2026**

## Acknowledgments

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## About IWIN

The Immigrant Women's Information Network is a membership-based organization dedicated to bringing settlement, gender, and racial justice information directly to the doorsteps of immigrant women in Canada. We provide culturally and linguistically relevant information and resources to help women navigate challenges related to settlement, gender-based violence, health, and other issues important to them.

## Disclaimer

This toolkit is intended as a practical resource to support reflection and practice among settlement workers responding to GBV. It is not intended to replace legal advice, clinical assessment, crisis intervention, organizational policies, or emergency response procedures. Readers should use this toolkit alongside their organization's current protocols, respecting applicable laws and policies, and they should provide referrals to specialized services where needed.

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Canada



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## Foreword

This toolkit was developed to help both new and experienced settlement workers respond to gender-based violence (GBV) and support racialized immigrant women. It brings together research, practical resources, and insights from the field.

To develop the toolkit, we reviewed over 30 resources on GBV, intersectionality, and the experiences of racialized immigrant women, including peer-reviewed journal articles, research studies, systematic literature reviews, and other resources created by service providers and organizations serving racialized immigrant women. These resources were found through keyword searches and consultations with community organizations and GBV-related groups. Feedback was also gathered from people with experience in frontline service delivery and advocacy in the GBV sector.

This toolkit was also shaped by reflections shared during the former Building Leadership Capacity to Address Gender-Based Violence Against Non-Status, Refugee, and Immigrant Women Across Canada initiative of the Ontario Council of Agencies Serving Immigrants (OCASI). Carolina Leite shared insights on intersectional issues as a former peer champion and community leader who was involved in the project from its early stages. Dr. Margarita Pintin-Perez reflected on lessons she learned in her role coordinating the initiative and working alongside peer champions and service providers across Canada. Together, their reflections highlight how community leadership and sector collaboration can deepen intersectional approaches to addressing GBV.

At the heart of this toolkit is the understanding that intersectional practice takes time and effort. It's not a one-time learning exercise but rather a continuous process of learning, reflection, and change. Our knowledge grows as new research emerges and as the context for settlement workers and survivors changes. The toolkit's sections can be revisited over time to support the changing needs of racialized immigrant GBV survivors.

Our hope is that this toolkit will help settlement workers to carry out their work with care, humility, and a deeper commitment to survivor-centred and intersectional practice as they support racialized immigrant women who have experienced GBV.

# Supporting racialized immigrant women survivors of GBV: key definitions

In this toolkit, the terms **racialized**, **immigrant**, and **women** are used together to highlight the overlapping barriers connected to migration, racism, language access, and structural factors that affect racialized immigrant women.

**However, these categories are not interchangeable as not all immigrant women are racialized, and not all racialized women are immigrants.** An intersectional framework can help us understand how these identities interact with power.

The toolkit focuses on racialized immigrant women with permanent resident status who experience GBV in Canada.

Settlement workers may engage with a broad range of refugee, immigrant, and non-status groups. Some scenarios in this toolkit, especially those involving sponsorship or fear of deportation, are more relevant to people with precarious or dependent immigrant status. The side bar provides brief definitions of some of the key terms used in this toolkit.

Immigrant / Refugee	An individual who has permanently settled in another country. Refugees are forced to flee whereas immigrants choose to move. (Canadian Council for Refugees, n.d.)
Racialized	People or communities who are socially categorized by race and may experience racism or unequal treatment because of that social process. (Ontario Human Rights Commission, n.d.)
GBV	Violence rooted in gender norms and imbalanced power dynamics, inflicted upon individuals because of their gender, gender expression, gender identity, or perceived gender. This violence manifests in various forms, such as physical, economic, sexual, and emotional (psychological) abuse. (Women and Gender Equality Canada, 2025a)

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# Foundations of intersectional practice

## Introduction: Why the toolkit was developed and how to use it

This toolkit, *An Intersectional Approach to Gender-based Violence Services for Racialized Immigrant Women*, provides practical guidance for settlement workers who support racialized immigrant women experiencing gender-based violence (GBV). One of its objectives is to discuss intersectional and feminist ideas that can help settlement workers strengthen their day-to-day service provision.

**GBV** remains a significant and persistent public health and human rights issue in Canada and across the world. Sexual assault, forced marriage, human trafficking, intimate relationship violence, and other forms of abuse disproportionately impact women and girls. It does not happen in isolation. It is shaped by systemic and structural issues such as racism, immigration precarity, language barriers, economic dependence, disability-related barriers, and stigma related to faith or culture. These interrelated issues not only have an impact on how GBV is viewed, but they also have an impact on survivors' access to safety, justice, and support (UN Women, 2022; World Health Organization, 2021).

Research has identified important gaps in how GBV is addressed in the settlement sector. According to a 2020 research bulletin by four leading anti-violence and settlement organizations, GBV has remained on the margins of the settlement sector. The intersectional needs of immigrant, refugee, and newcomer communities have not always been sufficiently addressed, and many settlement workers have expressed the need for more information, training, and practical support. These gaps are important to address because settlement workers are often the first point of contact and trust for racialized immigrant women who are seeking support while dealing with a variety of concurrent and intersecting obstacles, such as language and financial barriers, fear of authorities, and difficulty accessing resources that feel safe and responsive to their needs (Gender-Based Violence Settlement Sector Strategy, 2020; Centre for Addiction and Mental Health, 2022).

Research studies and other resources from within the settlement sector also indicate that settlement workers would benefit from additional tools to help them understand GBV in relation to broader structural factors such as racism, immigration status, and service system barriers.

## To respond to these identified gaps,

IWIN drew on publicly available resources and community-based practice knowledge to develop this toolkit for settlement workers. Its goal is to support more survivor-centred, trauma- and violence-informed, culturally safe, and intersectional responses to racialized immigrant women experiencing GBV.

This toolkit shares practical response strategies such as the LIVES model of the World Health Organization (WHO). LIVES provides one of many practical frameworks that support thoughtful responses during disclosure of violence. Although the LIVES model was originally developed to guide health-care providers in offering first-line support to survivors of violence, it has since been adapted for broader community-based and non-clinical service settings. The LIVES model is shared alongside intersectional and feminist approaches to help settlement workers respond using methods that reduce harm and promote safety (World Health Organization, 2021).

### The objectives of the toolkit are to:

- integrate intersectionality, feminist, and anti-oppressive principles into settlement-based gender-based violence (GBV) service delivery
- strengthen survivor-centred, trauma- and violence-informed care by integrating feminist practice into all aspects of the support experience
- provide concrete guidance, reflection mechanisms, and actionable strategies to bridge the gap between social theories and the realities of frontline work

### Key considerations for settlement workers responding to GBV

Racialized immigrant women who are looking for information, help, or referrals may disclose experiences of physical violence or other forms of abuse to settlement workers. Depending on the situation, your role as a settlement worker might be to respond in the moment, provide emotional support, identify immediate safety concerns, and connect survivors with the appropriate services. In some situations, your role may involve safety-related planning through small, coordinated steps that respect the survivor's pace. In other situations, urgent safety concerns may require a more immediate response (Gender-Based Violence Settlement Sector Strategy, 2020; Centre for Addiction and Mental Health, 2022).

# Intersectionality: What it is and why it matters

**Intersectionality** is a theory and approach developed by the scholar Kimberlé Crenshaw in 1989.

It challenges conventional approaches that consider race, gender, class, or other categories of difference as discrete parts of a person's identity and experience. Intersectionality encourages us to instead consider the unique combinations that make up a person's identity and how they work together or intersect to shape the individual's experiences of privilege and oppression (UN Women, 2022).

For example, it is not sufficient to consider how racism, sexism, or immigration status alone impacts a racialized immigrant woman survivor but rather how her combination of experiences shapes her experiences of discrimination or systemic barriers. An intersectional approach also helps us explain how people's experiences exist within broader systems of power such as racism, sexism, ableism, colonialism, and immigration policy, which can create both privilege and disadvantages depending on a person's situation (UN Women, 2022; Violence Against Women Learning Network, 2018).

## Intersectionality in the context of GBV

Intersectionality in the context of GBV helps us understand that violence is not an individual and singular experience but rather is shaped by the power dynamics that are present. These dynamics can exist in several layers:



- **relationship**
- **community**
- **systems/institutions**

It is important to understand that the power dynamics in a survivor's life may increase risk or limit her options for safety and support.

For example, who controls the money, documents, mobility, or decision-making in her relationship? What social pressures, societal expectations, and misinformation exist in her community? What system-level conditions such as racism, language barriers, or immigration policy does she face? These intersectional factors work together to shape her story and give the survivor a unique set of challenges and risks (UN Women, 2022; Violence Against Women Learning Network, 2018).

## Intersectionality in the settlement context

Because survivors do not experience violence in a vacuum, intersectionality is essential to understanding and responding to GBV in your settlement practice.

Overlapping systems of power, such as ableism, racism, sexism, economic inequality, immigration policy, and prejudice based on culture or religion, all have an impact on abuse experiences. These systems often intersect in ways that increase the vulnerability of racialized immigrant women and create additional barriers to safety and support.

Without an intersectional lens, settlement agencies may rely on a one-size-fits-all approach that overlooks the structural realities that shape a survivor's options. Likewise, settlement services that ignore family dynamics, gendered expectations, and the unique challenges faced by women and girls during the migration process may miss important signs of or risk factors for abuse, which in extreme cases can lead to death. Survivors who cannot safely access language interpretation may not be able to participate in intake procedures that depend on communication in English or French (UN Women, 2022; Violence Against Women Learning Network, 2018; CERIS, 2019).

For settlement workers, intersectionality is more than just a theoretical concept. It affects the risks survivors face, the useful remedies available to them, and how they engage with services. Two survivors experiencing the same kind of GBV could require different responses because of overlapping factors such as language access, immigration precarity, disability-related access needs, and community stigma (Violence Against Women Learning Network, 2018; CERIS, 2019).

### Scenario-based example

A Canadian-born citizen who speaks English fluently and is familiar with local systems may struggle to find affordable child care, secure or safe housing, and legal help. In contrast, a newly arrived sponsored spouse who speaks limited English and is experiencing GBV may fear deportation, may require safe interpretation, and may need settlement/legal support to understand her situation. She may also fear losing her children because of misinformation or uncertainty about how the Canadian legal system works. At the same time, she may draw on her strengths, such as her personal resilience, her faith, community support, and her desire to protect her children.

Taking an intersectional approach will allow you to spot these variabilities and to ask better questions during screening and assessments. It can also help you to avoid misinterpreting survivors' choices, failing to identify or address their language needs, or unintentionally reinforcing fear and mistrust among survivors and/or communities.



## Discussion with Dr. Margarita Pintin-Perez

**Q:** You’ve spent many years working alongside non-status, refugee, and immigrant women facing gender-based violence. When you think about intersectionality in a very practical sense, what does it look like in day-to-day frontline work?



Intersectionality isn’t abstract in this work. In the OCASI Building Leadership Capacity project, much of what I came to understand about intersectionality came directly from the people doing this work every day. I had the privilege of learning alongside non-status, refugee, and immigrant women and gender-diverse individuals who participated in the project, as well as the many service providers working in gender-based violence and immigrant- and refugee-serving organizations across Canada. Their experiences and insights shaped how I understand intersectionality in practice.

For example, immigration status is often critical. It can shape access to supports and services, applying for housing, accessing income support, and employment. At the same time, immigration status, precarious or not, wasn’t always the only, or even the primary, driver of harm. Many participants reminded us that even those with permanent residency faced barriers rooted in racism, language bias, religion, and other forms of discrimination.

Intersectionality in day-to-day practice means paying attention to both the structural realities of status and the social realities of racialization. It requires understanding that systems like child welfare, policing, housing, immigration, and social assistance do not operate separately in a survivor’s life, even if they are siloed in practice.



## Applying intersectionality in practice: Do’s and don’ts

Do	Don’t
<ul style="list-style-type: none"> <li>• Think about how your interactions with others and your work may be impacted by your organization’s and your own unconscious biases, attitudes, judgments, and practices.</li> <li>• Help survivors to make safety plans that are practical and culturally relevant, within the parameters of your role.</li> <li>• Acknowledge survivors’ strengths and resilience, including their beliefs, cultural practices, survival strategies, and community connections.</li> <li>• Consider the power relationships in your position and how they could affect trust and communication.</li> </ul>	<ul style="list-style-type: none"> <li>• Assume that all survivors have the same alternatives for fleeing or reporting GBV.</li> <li>• Underestimate the effects of economic reliance, immigration precarity, and racism.</li> <li>• Consider religion or culture to be the root cause of GBV.</li> <li>• Put pressure on survivors to reveal information or make choices before they feel comfortable.</li> <li>• Assume that a language barrier indicates a lack of knowledge or ability.</li> <li>• Keep identity factors and safety planning separate.</li> <li>• Ignore internal restrictions at your organization that might limit survivors’ access to support.</li> </ul>

Note: Adapted from UN Women (2022), Violence Against Women Learning Network (2018), and Gender-Based Violence Settlement Sector Strategy (2020).

# GBV among racialized immigrant women in Canada

## **GBV occurs across Canada. The impacts of GBV may differ among different groups of women and girls.**

Structural factors such as colonialism, racism, immigration status, language barriers, and systemic inequities can increase risk and create additional barriers to safety and support for some.

**In 2024, 8 out of 10**  
police reports of intimate partner violence in Canada involved women and girls.

(Women and Gender Equality Canada, 2025b)

Compared with the general population of Canadian women, Indigenous women, girls, and 2SLGBTQI+ people face a greater risk of violence and at disproportionately higher rates. Statistics Canada has reported that one in six Indigenous women have experienced at least one form of intimate partner violence in their lifetime. Likewise, 86% of 2SLGBTQI+ Indigenous women have experienced intimate partner violence in their lifetime (Women and Gender Equality Canada, 2024).

**For immigrant, refugee, and ethnocultural women, GBV may be underreported because of stigma and fear of isolation from one's community.**

## Fact vs Myth

**Survivors may be discouraged from seeking help for fear of breaking up their family and are taught that GBV is a family matter that must be handled privately.**

### ***This is a myth.***

Canadian law protects every person, regardless of their religious or cultural background. Research highlights additional barriers to seeking support, such as language barriers, financial insecurity, social isolation, lack of knowledge of rights or legal systems, and fear of authorities (Women and Gender Equality Canada, 2023; Violence Against Women Learning Network, 2018).

# What is being done in Canada: A snapshot

## Immigration-related protection

If someone is undergoing GBV they may fear being deported or losing their immigration status if they leave an abusive spouse or partner, but Immigration, Refugees and Citizenship Canada (IRCC) provides additional immigration options for survivors of family violence. If a survivor is a permanent resident, they no longer have to live with their sponsor to maintain their permanent residency status. If they hold a valid temporary residence permit, they may be able to renew or extend their status in Canada. If their temporary status has expired, they can apply to restore it under certain conditions.

### Temporary Resident Permit (TRP) for victims of family violence:

This is a permit issued by the Canadian government to help survivors leave the abusive situation and plan their next steps without having to worry about their immigration status.

According to the IRCC website as of March 2026, to be eligible, a survivor must be:

- a foreign national without immigration status
- living in Canada
- experiencing abuse or neglect by their spouse or common-law partner (their abuser) while in Canada
- seeking permanent residence that depends on remaining in a genuine relationship with their abuser

The passing of Bill C-12 introduced changes to Canada's immigration and asylum system that may create additional barriers for some refugee and migrant communities seeking safety and protection (Canadian Council for Refugees, 2026). It added stricter asylum-eligibility rules and expanded government powers over immigration processing and information sharing.

## What this means for settlement workers

Some survivors may not know that options such as the TRP exist, or they may fear coming forward or may struggle to access legal support. Their options are also often quite limited, as noted above. You should consider immigration realities when developing safety-related plans for your clients (Violence Against Women Learning Network, 2018; COSTI Immigrant Services, 2023).

You may need to periodically update your knowledge on policies related to immigration and referral pathways. If clients' immigration-related questions exceed your role or knowledge, consider consulting or referring to specialized partners such as immigration legal clinics or settlement agencies.

## When clients disclose GBV, you should be prepared to:

- Provide clear, non-jargon information about systems or processes, while also respectfully clarifying misinformation. This is especially important when survivors fear that they might lose their children or be punished by the system.
- Treat language barriers as a safety issue. This means recognizing that language barriers can affect understanding and access to support.
- Collaborate across sectors to ensure that survivors are not left alone to navigate confusing and fragmented systems.

## Barriers that racialized immigrant GBV survivors face

Racialized immigrant women may face multiple and overlapping barriers to accessing support services, which can affect how comfortable they feel about disclosing details about their situation and accessing support. You should apply an intersectional approach to your practice to consider how structural barriers, service design, and individual circumstances may interact (Violence Against Women Learning Network, 2018; CERIS, 2019; COSTI Immigrant Services, 2023).

Racialized immigrant women may encounter service-level barriers that affect how safe, accessible, and relevant a support feels, such as the following:

### One-size-fits-all service approaches

Many GBV programs are based on a “universal survivor” model, which assumes that each client has similar requirements, faces similar dangers, and has similar access to resources. This model may ignore the ways in which safety alternatives and help-seeking channels are shaped by immigration status, racism, disability, language, and economic precarity (UN Women, 2022; Violence Against Women Learning Network, 2018).

### Limited interpretation services

Access to qualified translators may be inconsistent or delayed, which can hinder survivors’ ability to properly disclose abuse or fully comprehend the options available to them. Ad hoc interpretation hinders informed consent, raises risk, and violates confidentiality (UNICEF, 2021; Ontario Council of Agencies Serving Immigrants, n.d.-b).

### Absence of community-focused or culturally sensitive programming

The lived experiences, beliefs, and community dynamics of racialized and immigrant women may not be reflected in programs. Services run the danger of being seen as unsafe or irrelevant in the absence of real participation (MOSAIC & Immigrant Services Society of British Columbia, 2017; COSTI Immigrant Services, 2023).

# Reflection exercise: Barriers faced by racialized immigrant women

Reflect on the questions below regarding the obstacles racialized immigrant women can face, then review the practice consideration under each heading to understand how each barrier may affect safety, disclosure, and access to support.

1

## Immigration

- Could this individual's immigration status affect their safety?
- Is their capacity to leave being restricted by their dependence on a sponsor?
- Is their disclosure influenced by fear of deportation?

### Practice consideration:

Immigration-related precarity and sponsorship-related control can increase risk and limit options for survivors of GBV. Factors such as fear of deportation, loss of immigration status, and misinformation can delay disclosure and shape how a survivor makes decisions. Fear of deportation and authorities may delay or discourage help-seeking and leave survivors feeling trapped between ongoing GBV and system-related fear (Gender-Based Violence Settlement Sector Strategy, 2020; Violence Against Women Learning Network, 2018).

### Implications for practice:

- Immigration-related fears should be assessed as a possible safety concern.
- Explore a client's immigration details only to the extent needed for safety planning, for obtaining informed consent, and for making decisions about referrals, never as a condition for support.
- Address misinformation in a timely manner by providing trusted resources.

2

## Linguistic

- Can this individual completely comprehend her options and rights in the language being used?
- Are consent paperwork and intake forms available in her language?
- Could her lack of fluency in English affect how confidently she comes across?

### Practice consideration:

Informed consent is only possible when a survivor can fully understand their rights and options. Language barriers can increase fear of systems, especially during intake, risk assessment, and option planning. Informal interpreting such as by family, friends, or bilingual frontline staff can compromise confidentiality and introduce serious safety risks (UNICEF, 2021; Ontario Council of Agencies Serving Immigrants, n.d.-b).

### Implications for practice:

- Treat language access as a safety requirement.
- Offer timely professional interpretation while considering gender/language preferences for safety and comfort.
- Avoid using informal interpreters whenever possible. If a survivor insists, explain the risks clearly and explore safer alternatives.

## Economic

- Does this person have access to money on her own?
- Are there limits on work related to her immigrant status?
- Are we advocating safety strategies that presume financial autonomy?
- Is the cost of housing preventing her from leaving the abusive situation?

### Practice consideration:

Financial control is a form of GBV that results in coercive control by limiting survivors' access to money, employment, transportation, and documents. If a survivor is economically dependent on her abuser, her ability to act on a safety plan is constrained. Economic barriers are often intersecting, limiting access to benefits and keeping survivors in unsafe situations (Violence Against Women Learning Network, 2018; COSTI Immigrant Services, 2023).

### Implications for practice:

- Identify the level of economic dependence (controlled bank account, phone access, transportation, and or immigration documents).
- Do not assume financial autonomy during safety planning. For example, identify supports that reduce barriers (child-care support, phone access, transport support, etc.).
- Avoid harmful framing that reduces clients' trust in support systems and instead emphasize small, incremental steps that build safety.

## Racism

- Is a client's faith in institutions impacted by prior encounters with racism?
- Could this individual be afraid of being disbelieved?
- Is it possible that police intervention may increase danger instead of safety?
- Am I inadvertently downplaying racial stress?

### Practice consideration:

Racism, including anti-Black racism, Islamophobia, and anti-Indigenous racism, can shape a survivor's choices and options when she is interacting with services. Past experiences of discrimination can perpetuate fears of being disbelieved, judged, and criminalized. Trauma- and violence-informed approaches emphasize that structural violence can affect safety, and standard pathways should be reconsidered as they may not be realistic for everyone (Government of Canada, 2024; Violence Against Women Learning Network, 2018).

### Implications for practice:

- A survivor may hesitate when accessing support; therefore, it is important to treat mistrust as a safety factor and as a lack of compliance.
- Embed anti-racist and anti-oppressive trauma (ARAO) and violence-informed care (TVIC) frameworks in your practice:
  - Slow down, ask clarifying questions, and document respectfully. Document the minimum amount of information needed.
  - Ensure that survivors are aware that they can voice their concerns and complaints about the services they receive.
  - Clearly communicate the limits of confidentiality and mandated reporting.

### Cultural stigma

- Could a client's disclosure be impacted by her worries about her community reputation?
- Could separation or divorce have societal repercussions?
- Are there any potentially protecting cultural or religious resources?
- Instead of identifying structural problems, am I presuming that culture is a barrier?

#### Practice consideration:

Concerns about stigma, reputation, family expectations, or community pressure may affect a survivor's choice to seek help or not. At the same time, you should be mindful to not frame culture and faith solely as barriers, as they can also be sources of strength, belonging, and support. An intersectional approach encourages us to avoid stereotyping and instead reflect on how cultural expectations, structural barriers, and personal strengths may coexist for a survivor (MOSAIC & Immigrant Services Society of British Columbia, 2017; Violence Against Women Learning Network, 2018).

#### Implications for practice:

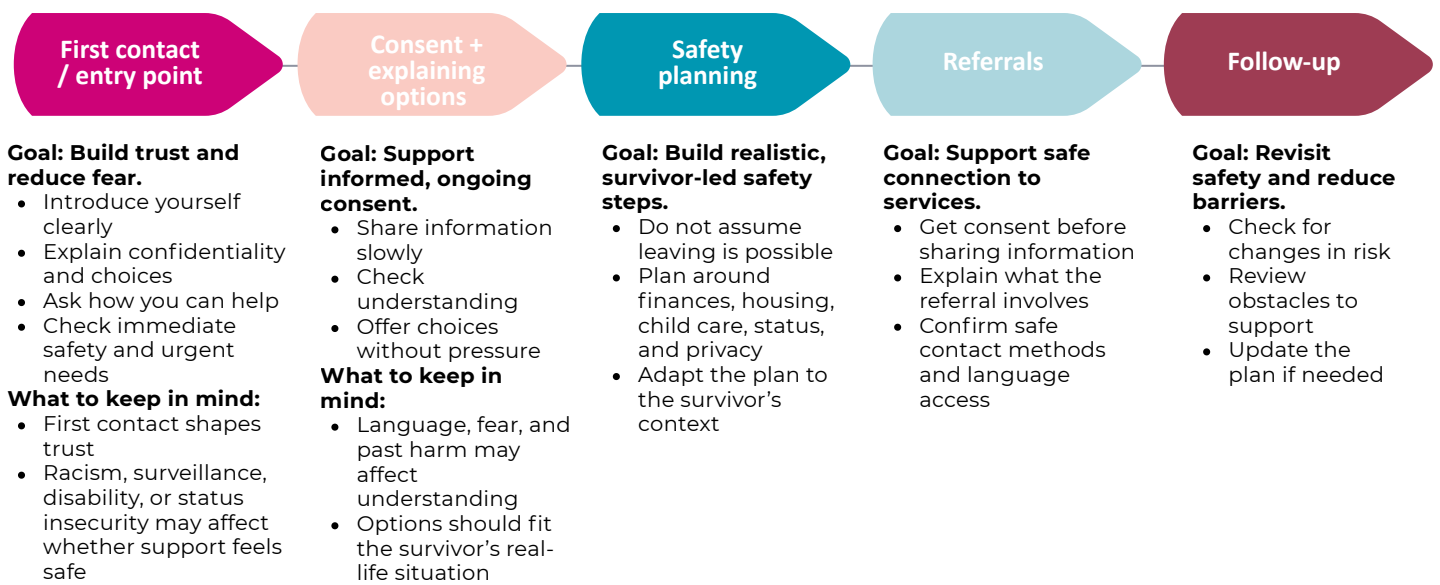
- Avoid assuming that culture and religion are the causes of violence.
- Explore concerns about family pressure, stigma, and community expectations without judgment.
- Recognize both barriers and strengths when discussing support pathways.

## An intersectional framework that supports action

We can translate intersectional approaches into concrete decisions at each point of service delivery. Figure 1 shows how you can embed intersectional approaches into different types of services and illustrates the stages where survivors might get pushed out. When services aren't tailored to survivors' lived experiences and diverse realities, they risk becoming less usable, accessible, helpful, and/or safe.

Please note that this pathway is intended to strengthen existing GBV response tools. It should always be used alongside your organization's protocols and up-to-date approaches to GBV service delivery.

## A survivor-centred pathway for settlement support



### Pause and reassess if:

- The survivor faces imminent risk or has urgent medical needs.
- Consent is unclear.
- Privacy cannot be secured and the survivor feels uncomfortable.
- A support person has a conflict of interest or influences the survivor.
- Contact may increase risk.
- The survivor explicitly states they do not wish to continue or wants limited assistance.

**Figure 1:** Understanding intersectionality in relation to support services.

**Note:** Adapted from World Health Organization (2021), UN Women (2022), and Gender-Based Violence Settlement Sector Strategy (2020).

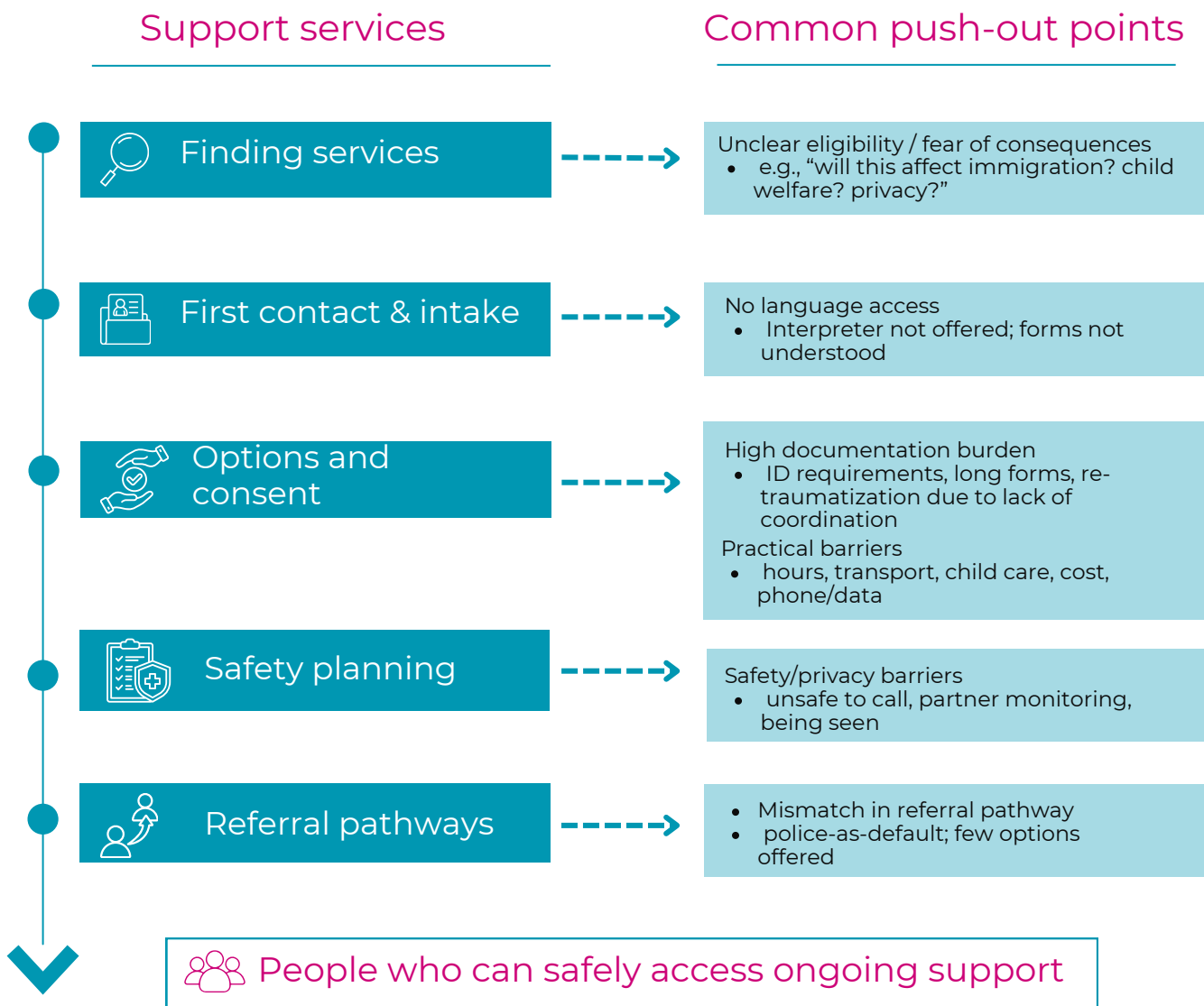
## Common push-out points in service access

As a settlement worker, you may not always control how services are designed, but you may be able to identify points in service delivery where survivors experience confusion, exclusion, or disengagement (“push-out points”). Newcomer, immigrant, and refugee communities may face similar structural barriers, but they also have highly diverse and intersectional experiences (Gender-Based Violence Settlement Sector Strategy, 2020). Identifying common push-out points in your services can help you to determine where more intersectional survivor-centred responses are needed. When services are not tailored to a survivor’s lived experiences and realities, they risk becoming less usable, accessible, helpful, and/or safe.

You can use Figure 2 to identify where survivors may get pushed out of your program’s processes for intake, consent, safety planning, and referrals, if intersectionality is not taken into account. Think about the barriers your organization may be creating for GBV survivors.

## Intersectionality = designing the funnel so fewer people fall out.

As survivors move through services, practical and system barriers can push them out at different points.



**Figure 2:** Understanding intersectionality in relation to support services.

Source: Developed by IWIN, informed by UN Women (2022), Gender-Based Violence Settlement Sector Strategy (2020).

### 1 Finding services

When survivors look for services at community centres, hospitals, and other institutions, a lack of clear information about the available services and eligibility requirements is a common deterrent. Many survivors do not know what resources can help them and whether they will face any consequences if they access them. For instance, they may fear their children being taken away if they mention abuse or neglect.

**How to avoid:** Information about services, including eligibility requirements, should be clearly laid out using simple, jargon-free language. Care should be taken to ensure that resources are available to help people with various immigration statuses.

## 2 First contact and intake

Language barriers are a common deterrent for racialized immigrants. If there isn't an interpreter on standby, survivors may not understand their options for help. They may also be unable to understand and sign forms.

**How to avoid:** Create an emotionally safe space for disclosures and communicate in nonjudgmental ways. Consider offering welcoming intake procedures and signage in a comfortable physical space. Demonstrate cultural humility.

## 3 Options and consent

Survivors may need to gather documentation and IDs and fill out time-consuming and tedious forms, which may decrease the accessibility of services. Survivors may not have access to all options because of obstacles such as time constraints, lack of child care, and transport services. Without settlement workers who understand intersectionality, survivors may undergo re-traumatization when reporting their situation if they are not properly understood, and this may prevent them from being able to provide informed consent.

**How to avoid:** Remove administrative barriers by limiting unnecessary documentation and ensuring services are provided promptly. Settlement workers may need to work within constraints imposed by the eligibility requirements set by funders and program criteria, but they can advocate to reduce access barriers and expand safer and inclusive service options.

## 4 Safety planning

When survivors are unable to develop a plan that addresses any barriers to privacy they face, they are less likely to follow through and seek out a service.

**How to avoid:** Use a woman-centred approach to assess a client's needs rather than assuming what the best course of action is. Consider her unique experiences when building a safety plan. Use an anti-racist and anti-oppression approach and match the client's comfort level.

## 5

## Referral pathways

If referral is primarily to police and law enforcement agencies, racialized immigrant survivors whose immigration status is unclear may be uncomfortable accessing this type of support because of historical and ongoing distrust of law enforcement.

**How to avoid:** Consider the client's needs and what she is looking for. Rather than referring her to law enforcement, recognize that she may not be ready to take definitive legal action and instead highlight community-based support to help her safely exit her situation, if that is what she wishes to do. Create a circle of care where multiple service providers work together via coordinated services instead of forcing a survivor to reshare her trauma. When referring a woman to a shelter, investigate whether the shelter is ready to accommodate her cultural needs. Follow up with survivors who stay at shelters about their experiences.

Note: This section is adapted from intersectional GBV and settlement-sector practice guidance on service access, language access, safety planning, referral pathways, and barriers faced by immigrant and refugee survivors (Gender-Based Violence Settlement Sector Strategy, 2020; OCASI, n.d.-b; Toronto West Local Immigration Partnership, 2020; Violence Against Women Learning Network, 2018; COSTI Immigrant Services, 2023).



### Discussion with Dr. Margarita Pintin-Perez

**Q:** What needs to change in GBV organizations and systems so non-status, refugee, and immigrant (NSRI) survivors can safely access leadership opportunities, when they choose to, rather than being limited to service-user roles?



I really appreciate how this question is framed because it recognizes that the change required is not within survivors, but within organizations and systems that need to create meaningful space for leadership.

NSRI survivors are already experts and leaders. Many are leading in their communities every day through mutual support, advocacy, and informal networks. What often needs to change is how organizations recognize and create pathways for that leadership to be visible, supported, and sustained.

Leadership should also not be understood in only one way. In our project, many NSRI women and gender-diverse individuals described leadership as care, community support, and collective problem-solving rather than formal titles or positions. Creating leadership opportunities therefore means valuing different forms of leadership and not expecting everyone to fit into traditional organizational roles.

At a practical level, this means creating more mentorship opportunities, flexible roles, and leadership pathways that do not rely only on past professional experience but allow people to build experience over time. Organizations can support this by creating advisory roles, peer leadership opportunities, mentorship programs, and spaces where survivors can participate in decision-making processes.



# How to respond to GBV in settlement work

Introduction to the LIVES model: Listen, inquire, validate, enhance safety, support

**First responses** have a significant impact on a survivor's sense of trust, safety, and willingness to seek support services. It can be helpful for settlement workers who may receive disclosure of GBV to have a transparent, practical framework that promotes caring, safety-focused, and nonjudgmental participation.

Developed by the World Health Organization (WHO), the LIVES model provides a best-practice approach for timely first-line care in accordance with survivor-centred and trauma-informed practice. While the model was originally designed for health-care providers, parts of it may also be useful to other service providers such as psychologists, social workers, community health workers, and counsellors. The core principles of LIVES closely align with survivor-centred, trauma- and violence-informed, and practical settlement responses.

In a settlement context, workers may be among the first points of contact for racialized immigrant women who experience GBV but do not always receive the same GBV-specific training as workers in specialized GBV services. This makes it important to equip settlement workers with practical response frameworks such as the LIVES model to help them respond in a safe, survivor-centred, and nonjudgmental way during disclosure.

**The LIVES acronym stands for:**

**L** - Listen

**I** - Inquire about needs and concerns

**V** - Validate your client

**E** - Enhance safety

**S** - Support

## What this means for settlement workers

The LIVES model provides a flexible response framework that should be adapted to the survivor's circumstances, choices, risks, and pace. It should not replace previous approaches but should rather be used to strengthen survivor-centred and culturally responsive care. Note that the examples, reflection prompts, and adaptations connected to LIVES in this toolkit have been developed for settlement workers and are not a part of the original WHO curriculum.

## Guiding principles of LIVES

Settlement workers should protect the rights and dignity of survivors. This involves maintaining autonomy and privacy while creating a safe interaction in which the survivor is informed and supported in identifying their next steps. Settlement workers should also recognize signs of coercive control, emotional harm, immigration threats, and social isolation even when the survivor does not disclose physical violence.

## How to apply the LIVES model

Settlement workers are among the first point of contact for racialized immigrant women and if GBV disclosure occurs, workers may need guidance on how to respond safely, recognize immediate concerns, and connect survivors to appropriate resources. This section describes how the LIVES model can be applied to a settlement scenario.

### Scenario-based example: sponsored immigrant survivor

A woman on a spousal sponsorship visa discloses that her husband is threatening to withdraw sponsorship if she “disobeys” him. How would you apply the LIVES model to this scenario?

#### Important practice point:

At the beginning of disclosure, it is important to communicate clearly and honestly about confidentiality.

- You should explain to the survivor what will remain private, when documentation may be necessary, and when there is a duty to report. In situations involving immediate danger to children such as abuse, neglect, or serious harm, reporting obligations may apply under provincial or territorial law.
- For example, in Ontario, the Child, Youth and Family Services Act, 2017 (CYFSA) recognizes that each of us has a responsibility for the welfare of children. Specifically, section 125 of the CYFSA states that any suspicions that a child is, or may be, in need of protection must be reported by the public, including people who work with children. Physical, sexual, and emotional abuse, neglect, and risk of harm must be reported to the children’s aid society.

**Scenario recap:**

A woman on a spousal sponsorship visa discloses that her husband is threatening to withdraw sponsorship if she “disobeys” him. How would you apply the LIVES model to this scenario?

LIVES  
step

Description

Application of LIVES for settlement  
workers

Listen

Listening is the basis of first-line support. It is important to give the survivor an opportunity to speak freely in a safe and private space. Be aware of your body language. Avoid rushing to offer solutions or start documentation.

During disclosure in immigration-abuse cases, prioritize listening before moving into advice, referral, or documentation. Recognize the survivor’s fear of deportation, loss of financial support, or cultural stigma associated with disclosing GBV. Consider the following:

- Let the survivor talk uninterrupted.
- Avoid seeking legal counsel right away.
- Be mindful of the fear associated with deportation.
- Do not ask “why” questions and avoid giving immediate responses unless there are urgent safety concerns.

**Talking prompts:**

- “Thank you for telling me.”
- “Take your time.”
- “I am here to only listen if you need it.”

## Inquire

Explore the survivor's immediate concerns and needs in a safe and supportive way. Inquiring should centre the survivor's decisions and priorities.

After listening and only if it is safe to do so, you can ask about the survivor's immediate needs. Inquiring will allow you to centre the needs and concerns of the survivor right away.

In this scenario, the survivor may be afraid of losing access to immigration support, money, housing, children, and family support.

Begin this step by asking open-ended questions rather than assuming that you know what the survivor's main concerns are.

**Talking prompts:**

- "What feels most urgent right now for you?"
- "Is there anything you need right now to feel supported?"
- "Is there anything making it harder for you to get support safely?"

## Validate

Validation is meant to communicate respect and support the survivor's dignity. Show that you understand what is being shared in a nonjudgmental way.

When you validate what the survivor discloses, it establishes respect and avoids survivor blaming. Acknowledge that threats related to immigration status are a form of coercive control.

As a settlement worker, you do not need to interpret everything, but rather you can affirm that what the survivor is describing is serious and that her concerns make sense.

**Talking prompts:**

- "This is not your fault."
- "Your emotions are valid."
- "I believe you."
- "What you're describing is serious."

Identify immediate safety concerns, needs, and survivor-centred ways to reduce harm.

In settlement practices, enhancing safety involves identifying immediate risks, needs, and specialized services where needed. Not all settlement workers will develop a complete safety plan. However, you should identify if there is a risk of escalation, monitoring, or retaliation if help-seeking is discovered.

**There are two parts to enhancing safety:**

**Part 1: Immediate safety and urgent unmet needs**

- Identify which immediate threats require action.  
For example, the survivor may have concerns about housing, food, clothing, medication, and even lack of safe communication, but these issues may not all require an immediate response.

**Part 2: Ongoing safety planning**

- If the survivor is not ready to leave the situation, safety planning can help to reduce her present and future risks.
- If there is no immediate crisis, you can support small, survivor-led safety steps or make referrals for more specialized safety planning.
- This may include identifying safe times to talk, safe storage of important documents, and planning what to do if harm escalates. Safety planning should be done gradually and not involve pressure from external support systems. Instead, it should be survivor led at every stage.

## LIVES step

## Description

## Application of LIVES for settlement workers

### Support

Help the survivor to connect to information, services, and ongoing support and provide other referrals in ways that respect her choices.

Use a survivor-centred approach when sharing information and providing referrals to services. Provide options for referrals to immigration legal services and culturally appropriate community support.

#### Talking prompts:

- Explain what each service does.
- Ask permission before involving others.
- Confirm safe methods for follow-up that mitigate further harm.
- Respect the survivor's choice, even if she refuses your suggestions.

Note: This section is adapted from intersectional GBV and settlement-sector practice guidance on service access, language access, safety planning, referral pathways, and barriers faced by immigrant and refugee survivors (Gender-Based Violence Settlement Sector Strategy, 2020; OCASI, n.d.-b; Toronto West Local Immigration Partnership, 2020; Violence Against Women Learning Network, 2018; COSTI Immigrant Services, 2023).

## Communication tools: Conversation starters and scripts for disclosure

If you suspect your client is experiencing GBV, it is important to provide her with a safe, judgment-free zone to share her experiences and name her abuse. Sometimes, survivors themselves may not realize that they are experiencing GBV, which is why it is vital to approach the situation with caution and ease into the conversation (P2P Canada, Partnership-based Organizations Network, 2023).

## To open a conversation with a client, follow these guidelines:

- ✓ Ensure that your client is in a safe space where she can speak without judgment or fear.
- ✓ Choose a private place where no one can overhear your conversation. Make sure your client is not surrounded by her children or other family members.
- ✓ Ease into the conversation, taking note of the environment you are in.

### You might ask:

**“Is there anything happening in your life that makes you feel afraid or uncomfortable?”**

- This gives your client the autonomy to disclose if she wants to and allows her to share as much or as little as she feels comfortable doing.

### If you suspect your client is experiencing GBV, use behaviour-specific language when asking questions:

**“Has anyone ever yelled at you or insulted you repeatedly?”**

**“Has your partner ever pushed, shoved, slapped, or kicked you?”**



#### TIP:

It is helpful to use language that identifies behaviour, especially when working with racialized women who may not have words for abuse in their language.

- Ask open-ended questions to ensure you don't make any assumptions or force your client into a box. Give her space to share as much or as little as she wants.
- Don't ask “Why” questions as these can create shame and place blame on the survivor.

**The fictional example on the next page is informed by frontline GBV and settlement sector guidance on privacy, safety, and nonjudgmental listening. The sample phrases after the scenario are to be used as practice examples and not treated as a one-size-fits-all response. You should adapt your approach on the basis of each client's disclosure, level of risk, immediate needs, context, and realities.**

## Scenario-based example

Sifat is a 27-year-old married woman with two children who works part time. She is seeking mental health support for insomnia and anxiety. During her intake, she appears to be withdrawn and numb. When asked about any stress she is feeling, she discloses that her home life is tense as her husband has a bad temper. After the mental health worker probes, Sifat reveals that her husband has isolated her from her friends, has slapped her on occasion, yells, and breaks things when he doesn't get his way. She says that she provokes this behaviour.

The worker draws on a structured, survivor-centred approach to respond to the situation, prioritizing Sifat's immediate safety and support needs.



### Create safety

- Ensure physical and emotional safety before proceeding.

The worker confirms that they are in a private environment and speaks in a calm, nonjudgmental tone.

**The worker asks:**

**“Before we continue, I want to ensure you’re comfortable speaking. Unless someone is in immediate danger, our discussion is confidential and you can choose to share as much or as little as you want.”**



**TIP:** You should gently assess the level of risk by asking if your client “feels safe going home today.”



### Ask

- The worker uses behaviour-specific, non-labelling questions, such as the following:

**“Has your husband ever pushed, slapped, or physically hurt you?”**

**“Has he ever threatened to physically hurt you or your children?”**

**“Do you feel scared of his negative reactions?”**



## Respond

- The worker validates, assesses risk, and provides information without pressure.

If Sifat is having a hard time accepting her experience as GBV, the worker may instead gently validate her experience, taking care not to force her to reach any conclusions and instead ensure she has the appropriate resources.

**She might say something like the following:**

**“Thank you for sharing your experience. What you have described is not your fault. No one should be pushed or threatened regardless of what they say. You don’t have to make any decisions today, but it can be helpful to talk about ways to keep you and your children safe.”**



## Empower

- The worker uses supportive language and highlights the survivor’s strengths. She reinforces Sifat’s resilience and applauds her decision to seek support by coming in to speak with someone. Depending on Sifat’s immigration status, the worker also provides her with information and resources that will help her.



### Discussion with Carolina Leite

**Q:** Your work is rooted in trauma- and violence-informed, community-based practice. For a frontline worker who is already stretched thin, what are three realistic, everyday practices that can make their work more violence-informed for immigrant women facing GBV?



1. Connect with your community for leisure. This can broaden the worker’s cultural awareness. 2. Consume global art. Films, paintings, and music can help people immerse themselves in other cultures and that adds to your personal quality time as well as for your intellect. 3. Talk to your clients about their world view and aspirations. I understand that policies exist to guide the social worker’s practice, but I can’t help being present and politically active. We should be able to look over the threshold and imagine further options and perhaps dare to be a bit ambitious. We often get caught up on the traumas, stepping on eggshells... Maybe being “beyond the book” using real potential strategies and honesty can add to personal fulfillment as well as broaden the client’s possibilities. In my early journey as a survivor, I am grateful for the kindness of many social workers I got help from; however, I wish I had been treated with more faith than pity. Maybe I could’ve achieved more, faster.



# Bias in GBV settlement work

## Recognizing bias in GBV services

Bias in GBV services can affect how survivors are supported, heard, and believed, even if it is occasionally unintentional. Common language, assumptions, regulations, and decision-making processes may all exhibit bias.

### Bias in practice may look like this:

- casting doubt on a survivor's authenticity because of her immigrant status, language, or culture
- believing that some cultures "handle issues internally"
- minimizing abuse because it doesn't align with prevailing narratives
- expecting survivors to put legal action ahead of security or stability
- using a cultural perspective to interpret emotional expression — or lack thereof
- considering immigration issues to be less important than GBV



### In Discussion with Carolina Leite



**Q:** You've spent many years working alongside non-status, refugee, and immigrant women facing gender-based violence. When you think about intersectionality in a very practical sense, what does it look like in day-to-day frontline work?

Firstly, it's fundamental to be unbiased. In my experience, I observe that I tend to project personal opinions onto other people's journeys as an attempt to search for solutions immediately. As much as these thoughts come from a good place, it can be limiting. When we make space for every circumstance in its particularities, we not just expand the opportunity for offering a "personalized" support, we also learn from the human being in front of us. It deepens our understanding and chance for connection.



## The “bias pause”: A five-minute self-check tool

We all have biases and knowledge gaps. To ensure that we don't let them impact the way we deliver care, we must take a step back and reflect critically on our thoughts and assumptions. Remind yourself that we all live in a society that perpetuates harmful ideas and upholds norms that cause harm to diverse communities.

When you hear something that you're not sure you can engage with respectfully and nonjudgmentally, pause and reflect on the following questions:

- Do I really feel this way or has this view been taught? Where have I heard this (media, society, family, etc.)?
- Do the biases and preconceived notions I hold influence how I deliver support?
- Can I deliver support in a respectful manner right now?
- Why is it important to educate myself about this unconscious bias?
- What steps will I take to learn more about bias and intersectionality?

### Scenario-based example

Hannah is a settlement worker at a community centre. One day, Fatima, a 32-year-old immigrant woman from Pakistan, comes in to inquire about financial support. Fatima has a young child with her. During their conversation, Fatima discloses that her husband controls their finances and does not allow her to get a job, stating that “her place is at home.” She says he gives her small amounts for necessities. He frequently gets angry with her, yelling at and insulting her. She cannot leave because he is the sole earner and she's dependent on his income. She also tells Hannah that in her culture, divorce is taboo, and her family has asked her to be patient.

Hannah has some internal thoughts while listening to Fatima's disclosure: “He doesn't hit her so how bad can her situation really be? Maybe this is just how things are in her culture.”

Hannah's thoughts are informed by her unconscious bias: she is minimizing the impact of non-physical abuse and culturally stereotyping. Unchecked, these thoughts may influence how Hannah provides GBV support.

**How should Hannah respond, after conducting a five-minute self-check?**

## How should Hannah respond, after conducting a five-minute self-check?

<b>Self-reflection question</b>	<b>How Hannah should respond</b>
Do I really feel this way or has this view been taught? Where have I heard this?	Hannah recognizes that her internal thoughts come from external sources such as media portrayals of abuse as physical violence only. By labelling Fatima's culture as the cause of the violence she is experiencing, Hannah understands that she is furthering racist cultural stereotypes that are not rooted in truth.
Do the biases and preconceived notions I hold influence how I deliver support?	Hannah understands that if unchecked, her biases may lead her to downplay the seriousness of Fatima's situation and respond in an unsafe manner that feels dismissive.
Can I deliver support in a respectful manner right now?	Hannah pauses to reassess her emotional and mental state. She recognizes that if she chooses to proceed, she must be careful and intentional about how she interacts with Fatima. If she feels unable to provide nonjudgmental support, she should seek supervision to ensure she doesn't provide care that is harmful.
Why is it important to educate myself about this unconscious bias?	Hannah knows that it is important to educate herself about unconscious bias so that she can provide trauma-informed and anti-oppressive care that recognizes systemic discrimination and barriers that impact survivors across intersections.
What steps will I take to learn more about bias and intersectionality?	Hannah will participate in anti-oppression and cultural humility training as well as engage with intersectionality frameworks that teach her how various identities intersect. Instead of letting her bias dictate her ability to provide support, she will regularly reflect on where her bias stems from and what steps she can take to unlearn it.



# Putting theory into practice

## Case study: A complex case involving intersecting identities

This section provides a case study followed by learning activities to help you build your skills in applying intersectionality and safety planning in your settlement practice. The goal is to reinforce how to engage in clear communication, cross-sector collaboration, and safety planning in a situation that requires integrating immigration realities.

**This case study was shared by Deepa Mattoo, executive director of the Barbra Schlifer Commemorative Clinic. Identifying details have been removed or changed to protect confidentiality.**

### How to work through this section:

- Read the case study.
- Identify risk, barriers, and strengths.
- Review the reflection questions.
- Use the five-minute “bias pause” self-check tool.
- Complete the “What would you do next?” section.

### Introduction to the case

When Amina first came to the clinic, she arrived quietly, holding a plastic bag with a few papers and her children’s health cards. Her visit to the clinic was prompted by a recent police visit to her home after a neighbour heard shouting. Although the officers left without laying charges, the encounter intensified Amina’s fear —of her partner, of the systems around her, and that one wrong step could cost her her children or her future in Canada.

### Survivor’s context and intersecting identities

Amina is a racialized woman in her early thirties who recently arrived in Canada as a sponsored spouse. Her immigration application was still in process, leaving her with precarious status. She spoke limited English and primarily communicated in her first language. Financially, she relied almost entirely on her partner; she had occasional cash-based jobs where exploitation was common.

She was raising two young children and providing emotional support for her mother abroad, who had recently been diagnosed with a chronic illness. These elements — immigration precarity, racialization, gendered caregiving responsibilities, and economic vulnerability — shaped every aspect of her risk. The idea of leaving the relationship felt impossible: she believed she might be deported, lose her children, or be unable to support her family overseas.

### **Nature of the violence and control**

Amina described a pattern of emotional, psychological, and financial control. Her partner withheld her passport, monitored her phone, and repeatedly threatened to withdraw sponsorship. He told her that “women like you don’t last here without a man,” echoing both gendered and racialized stereotypes. These tactics reinforced her isolation and made the violence harder to name.

### **Points of contact with systems and services**

Amina’s interactions with the police and child protection services were marked by fear and confusion. Without access to clear interpretation, she misunderstood basic processes. For example, she believed a “wellness check” meant her children could be removed. Community misinformation, such as “the government will deport you if you report abuse,” further restricted her options. The first meaningful support she received came from a settlement worker who quietly affirmed that she had rights.

### **Frontline interventions and advocacy**

The approach used at Barbra Schlifer Commemorative Clinic focused on trauma-informed, intersectional safety planning. We helped Amina retrieve her documents, understand her legal options, and explore immigration pathways independent of her partner. Collaboration with a culturally responsive shelter and a settlement agency allowed her to access interpretation, housing, and community support. Each step required pacing decisions around her fears, cultural considerations, and real system risks.

### **Outcomes and ongoing challenges**

Amina eventually accessed safer housing, obtained a protection order, and initiated an immigration process on her own. However, long wait times for immigration decisions and inadequate affordable housing keep her in ongoing precarity. These systemic barriers highlight the limits of frontline support in the face of structural inequities.

## Reflections and lessons for practice

Amina's case reinforces the fact that intersectionality is not a theory but a practical tool. For women with precarious status, misinformation, document control, and systemic distrust can be as dangerous as physical violence. Frontline workers should prioritize clear communication, cross-sector collaboration, and safety planning that considers immigration realities. Above all, giving survivors time, choice, and dignity remains essential — because safety is a process, not a single moment.

## Guided reflection: Questions to bridge theory and the LIVES model

The following questions are designed to help you reflect on Amina's case using an intersectional, survivor-centred lens. Consider how her immediate safety and the broader intersectional underlying factors in her situation both shaped and affected her options.



- 1 What forms of violence, control, and abuse are present in Amina's situation?
- 2 How do Amina's intersecting identities and circumstances shape her level of risk and response to her situation?
- 3 What assumptions might you as a settlement worker make in this scenario?
- 4 How does misinformation function as a barrier to safety in Amina's situation?
- 5 Can you identify any system-level barriers that contribute to the harm Amina is facing?
- 6 What would you include in your intersectional safety planning for Amina that a standard safety plan might not address?

Before we move to the action planning stage, take a moment to reflect on your reaction to Amina's case. Use the "bias pause" self-check tool on the next page that was introduced earlier in the toolkit to help identify assumptions, biases, and emotional responses that may cloud and shape your frontline practice.

## Bias pause

### ➤ Reflect on the following questions:

- What was my first reaction when reading Amina's case?
- Was I quick to jump to a solution on how Amina should respond to her situation?
- How do I perceive Amina's hesitation, silence, or delayed decision-making?
  - Do I perceive them as a lack of readiness or as possible responses to fear of particular outcomes?
- Did my mind move too quickly to engage in immediate crisis response, or did I also consider the structural barriers Amina faced?
- What would help me to respond more clearly and respectfully?

## Action planning: What would you do next?

Use the prompts below to evaluate how you would respond to a situation like Amina's. Focus on how survivor choice and safety planning can impact your decision-making.

**There may be more than one appropriate response, depending on your role and organizational protocols.**



- 1 How would you address fear related to immigration status, deportation, and or child removal?
- 2 How would you support clear communication if your client has limited English proficiency?
- 3 What safety planning steps might be most relevant in this situation and should be included in your plan?
- 4 What would you do if Amina's priorities differed from your own?
- 5 What would your plan be for follow-up in Amina's case?

Please note that the next steps for GBV intersectional approaches may not always be a single action. As highlighted in previous sections, trust-building, coordinating support, and respecting survivor-centred priorities often develop simultaneously and may need ongoing evaluation.



# Resources and sustained learning

## Glossary of terms

Terms	Meaning
Gender-based violence (GBV)	Any kind of violence, including coercive, financial, emotional, psychological, sexual, and physical abuse, that stems from a gender-related power imbalance.
Intersectionality	A framework that acknowledges the ways in which systems of power interact with overlapping identities (race, gender, immigration status, disability, class, and religion) to influence risk, violence, and access to support.
LIVES model	A best-practice approach for first-line care in accordance with survivor-centred and trauma-informed practice. It is an acronym for listen, inquire, validate, enhance safety, and support.
Survivor centred	Any approach that empowers survivors by prioritizing their safety, needs, and decisions and ensures that any course of action taken emphasizes the survivor's autonomy.
Systemic distrust	A pervasive lack of trust in institutions and organizations that stems from a history of these institutions and organizations overlooking the barriers that many survivors face.
Safety planning	A personalized, actionable plan to enhance survivors' safety by helping them stay safe in GBV settings, prepare to leave, and stay safe after leaving.
Structural barriers	Systemic policies, practices, and social norms that can disproportionately disadvantage specific groups and perpetuate inequalities that span generations.
Trauma-informed / trauma- and violence-informed care (TVIC)	A method of practice in which the practitioner acknowledges the effects of trauma on people and comprehends how the experiences of survivors are impacted by systemic violence (such as racism, colonialism, and poverty). Practitioners aim to prevent re-traumatization while fostering safety, trust, and empowerment.

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