

Erasing Barriers, Enhancing Safety:

A Review of Systems and Strategies
for Supporting Muslim Women and
Girls Facing Gender-based Violence

By Silmy Abdullah
December 7, 2023



Canadian Council of Muslim Women (CCMW)
Le conseil canadien des femmes musulmanes (CCFM)

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CCMW gratefully acknowledges the support
of Women and Gender Equality Canada

ISBN: 978-1-7386870-3-9
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Published by the Canadian Council of Muslim Women P.O.
Box 73509, RPO Wychwood, Toronto, ON M6C 4A7 Canada

www.ccmw.com



Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada



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Introduction

About CCMW

The Canadian Council of Muslim Women (CCMW) is a national charitable organization dedicated to attaining equality, equity, and empowerment for all Muslim women in Canada. Founded in 1982 by the late Dr. Lila Fahlman, the organization works to promote Muslim women's identity in the Canadian context. For 40 years, CCMW has proudly advocated on behalf of Muslim women and their families and developed projects that enrich the identity of Canadian Muslims, encourage civic engagement, and empower communities. CCMW works extensively on the issue of gender-based violence, advocating for an end to forced marriage and female genital mutilation and cutting (FGM/C). CCMW also advocates replacing the term "honour killings" with the word "femicide." CCMW is composed of a National Board that works to further CCMW's objectives at a national level and has chapters across Canada and members whose passion and hard work advance the vision of CCMW within local communities. Learn more about CCMW [here](#).

Guiding principles of CCMW

- We are guided by the Quranic message of God's mercy and justice, and of the equality of all persons, and that each person is directly answerable to God.
- We value a pluralistic society and foster the goals of strength and diversity within a unifying vision and the values of Canada. Our identity as Muslim women of diverse ethnic and racial backgrounds is integral to being Canadian.
- As Canadians, we abide by the Charter of Rights and Freedoms and the laws of Canada.
 - We believe in the universality of human rights, which means equality and social justice, with no restriction or discrimination based on gender or race.
- We are vigilant in safeguarding and enhancing our identity and our rights to make informed choices amongst a variety of options.
- We acknowledge that CCMW is one voice amongst many who speak on behalf of Muslim women and that there are others who may represent differing perspectives.
- We aim to be actively inclusive and accepting of diversity amongst ourselves, as Muslim women.

About This Report

In 2021, CCMW launched its gender-based violence (GBV) project. The goal of this project is to address barriers that Muslim women and girls face when seeking help for GBV, and strengthen supports and services for them by developing a strategy for systemic change. While the focus is on women and girls, the project also seeks to address barriers faced by trans, genderqueer/gender non-binary, and two-spirit individuals who identify as Muslim.

The strategy involves a critical review of policies, programs, and service delivery practices of organizations that serve GBV survivors/victims, identifying some of their strengths and gaps, and making meaningful changes that centre the intersectional needs and lived realities of women, girls, trans, gender queer/gender non-binary, and two-spirit individuals in Canada who identify as Muslim.

This threefold review of policies, programs, and services is essential because good policies do not mean much unless they translate into program design and implementation and service delivery practices on the ground. On the other hand, effective programs and service delivery without robust policies lead to a lack of consistency and accountability in an organization.

In order to aid organizations in their reviews, CCMW developed and published a 130-page [guide](#) (“the review guide”) detailing tools, strategies, and criteria for conducting the reviews. The guide is meant to be a resource for organizations that wish to conduct voluntary self-assessments of their policies, programs, and services at any point in time. However, to get a glimpse into the strengths and gaps in supports for Muslim women and girls and to begin a conversation about change, CCMW worked with 9 organizations (both mainstream and Muslim-serving) in Canada between 2022 and 2023 who used and applied the guide to review their policies, programs and services, and graciously shared the results with us.

In this report, we summarize the key findings from the review, as well as recommendations and best practices for supporting Muslim women, girls, trans, non-binary, and two-spirit people facing GBV.

Why Focus on Muslim Communities

Canada is home to a large Muslim population. According to Statistics Canada, “After Christianity, Islam was the second most commonly reported religion in 2021, with nearly 1.8 million, or 1 in 20, people. In 20 years, the share of the Muslim

population in Canada has more than doubled — up from 2.0% in 2001 to 4.9% in 2021.”¹

Despite the significant presence of Muslims in Canada, this community remains one of the most marginalized because of the persistent climate of Islamophobia. Unfortunately, like in any other community, GBV is also prevalent in Muslim communities, and Muslim women and girls are battling the compounding effects of gender inequality and racism. During the Covid-19 pandemic, there was a sharp rise in GBV across Canada, and Muslim communities have not been immune.

Furthermore, as GBV is already under-reported, the unique and complex barriers that Muslim survivors/victims face in speaking out and seeking help make their experiences even less understood and explored. As a result, one of the largest yet one of the most marginalized fractions of Canadian society remains under-served and at continued risk of GBV. Therefore, now, more than ever, service providers must make sure they understand the unique needs of Muslim communities and make necessary changes within systems and practices to provide Muslim women and girls with the support they need.

The Review Process

Timeline and Key Activities in the Review

- In January 2022, CCMW began developing the review guide.
- In May 2022, the first draft of the guide was completed and shared with an advisory committee for feedback.
- Following feedback from the advisory committee, CCMW invited organizations across Canada to test the guide by applying it to their respective organizations.
- 7 organizations participated in the test.
- By December 2022, CCMW collected feedback from the 7 test organizations on their experience of applying the guide. Although the reviews by some test organizations were not completed by December 2022, they were sufficiently immersed in the process to be able to provide feedback.
- Based on the feedback, CCMW made necessary changes and published and launched the guide in December 2022.
- In 2023, 2 additional organizations came on board for the review while the 7 testing organizations continued their reviews.
- By July 2023, all organizations shared their results with CCMW.
- Between July and August 2023, CCMW analyzed the results and prepared the final report.

¹ Statistics Canada (2022). The Canadian census: A Rich Portrait of the Country's Religious and Ethnocultural Diversity
<<https://www150.statcan.gc.ca/n1/daily-quotidien/221026/dq221026b-eng.htm>>

Summary of the Review Guide

GBA+ as an overarching framework and analytical tool:

The review guide applies the Canadian government's GBA+ framework to the review process. GBA+ is meant to help institutions and organizations to critically assess how their programs and policies impact diverse groups based on their gender, as well as other intersecting identities, such as race, disability, age, religion, ethnicity, etc. The goal of GBA+ is to assess diverse groups' experiences in engaging with policies and programs, and to address systemic inequalities. Learn more about GBA+ [here](#).

The entry point for our review is the intersection of gender and one's identity as Muslim. Within this group, the aim is to look at how other intersecting factors, such as ethnicity, sect, age, immigration status, socioeconomic status, disability, family status, etc. further impact interactions with policies, programs, and services.

The four guiding frameworks:

To be compliant with GBA+, the guide recommends that organizations check whether their policies, programs, and services align with the principles of the following four 'guiding frameworks':

- Human Rights Laws
- Trauma and Violence Informed Approach
- Integrated Feminist Anti-Racism/Anti Oppression (IF-ARAO) and
- Cultural Safety

The review guide outlines the key principles of each framework. For details, please see the [review guide](#).

Overarching inquiry and review questions:

The overarching question in the review is as follows:

Are the policies, programs and services effective and appropriate for Muslim women, girls and gender-diverse people facing violence?

To help answer this question, the guide has developed further questions to check compliance of policies, programs and services with each of the four guiding frameworks. The guide contains 3 sets of questions for each framework, one for policy review, another for program review and the third set for service delivery practices review. To see the breakdown of questions, visit the [findings section](#) in this report, or the [review guide](#).

Data collection and analysis:

The guide contains a detailed process on how to collect information to answer the questions, which information sources to use, and how to analyze and report the findings.

Below we present a summary of how organizations applied the guide to conduct the reviews.

Conducting the Reviews

CCMW provided a copy of the guide to each participating organization and trained them on the guide via Zoom. Organizations were asked to read and familiarize themselves with the guide.

Information sources:

- Following the guide, organizations used three information sources for their reviews. The chart below lists the information sources and their purpose.

Information source	Purpose
Policy and program-related documents	<ul style="list-style-type: none">• Review policies and programs
Knowledge and expertise of organizational leaders, such as Executive Directors, Program Leads, and Managers	<ul style="list-style-type: none">• Primarily review policies and programs• Gain some insight into service delivery practices
Knowledge and lived experience of users of the organization's services, such as clients ("service users")	<ul style="list-style-type: none">• Primarily review service delivery practices• Gain some insight into policies and programs

Data collection method:

Organizations reviewed a variety of policies as well as programs relevant to GBV survivors/victims. Examples of policies reviewed include workplace harassment policies, hiring policies, accessibility policies, and confidentiality policies. Organizations selected the programs to review based on their choice, or the primary programs delivered in their respective organizations. Examples include legal services, outreach, mental health, transitional home, and public education programs.

- Three different methods were used to collect the information²

Method	Activity
Review of policy and program-related documents (done by organizations themselves)	Organizational leaders looked through their documents and answered the questions listed in the guide for policy and program review
Interview of organizational leaders (done by CCMW)	CCMW interviewed organizational leaders by asking the questions developed in the guide for policy and program review as well as some of the questions on service delivery practices
Focus groups and interviews of service users (done by organizations and CCMW)	Organizations held focus groups and individual interviews with their service users to answer the questions developed for service delivery practices, as well as some questions on policies and programs. Where necessary, CCMW also supported organizations by conducting interviews with their service users who provided consent.

Note: The three information sources and methods were not meant to work in silos. Rather, the idea was for each aspect of the review to complement one another and engage in dialogue. There were times when we were able to obtain some answers on service delivery practices from the leader interviews. At times, we received additional insight into policies and programs through service users. If the review of documents did not answer the questions on policy and programs, answers were obtained from the leader interviews, and vice-versa.

Focus groups/interviews with service users:

- CCMW created flyers to do the initial outreach to recruit participants from each organization. Where needed, they were translated into the primary languages of the service users of the organizations. The flyers sought out

² These methods were inspired by the methodology used in a recent research study conducted by the Council of Agencies Serving South Asians. See: CASSA (2023). A Silent Pandemic within a Pandemic: Gender-based Violence in the South Asian Community in Canada <<https://www.cassa.ca/wp-content/uploads/2023/04/Toolkit-A-Silent-Pandemic-Within-a-Pandemic.pdf>>

participants with the following criteria:

- o Woman, girl, trans, non-binary, or two-spirit individual who identifies as Muslim
- o 12 years of age or older
- o Has experienced or is experiencing violence inside or outside the home
- o Has received help or thought about reaching out for help from the respective organization

Note: The purpose of having these criteria was to maximize gender and age diversity of our participants and capture the experiences of different types of violence. We also wanted to hear from participants who did not reach out to the organization to learn more about their reasons for not reaching out and the barriers that may have prevented them from seeking help.

- In keeping with the principles of GBA+, we created a preliminary survey (template included in the [review guide](#)) which asked participants about their preferences (e.g., whether they preferred a focus group session or individual interviews, their availability, any accommodations for disability or childcare, transportation needs, comfort with and access to technology, language needs, dietary restrictions for any in-person sessions, etc).

Note: This was done to maximize accommodation and participation and avoid selection bias. We recognize that GBV survivors/victims may not want to participate in group sessions, so we kept the option open for individual interviews. Only the method that the participants preferred was chosen, to avoid any re-traumatization or harm.

- In some cases, due to time constraints, organizations reached out directly to their clients instead of using the flyer for outreach. Since they were already familiar with the preferences of those clients, they did not ask them to fill out the preliminary survey.
- After participants shared their preferences, they completed a demographic survey (template included in the [review guide](#)) to share information about their age, gender, ethnicity, income, immigration status, relationship status, language comfort, identification with Islamic sects, etc.

Note: This was important because we wanted to know who the participants were, and how the intersections of their lived realities told us stories about their experiences.

- Finally, depending on their preference, each organization held a focus group or individual interviews (template included in the [review guide](#)) with their

service users to learn more about their experience of violence and accessing services and supports from the respective organization. For one organization, CCMW conducted the interviews with participant consent. The questions that participants were asked help us to answer the compliance questions developed under each framework in the review guide.

- Surveys and focus group/interview questions were also translated as needed.
- Most focus groups/interviews were conducted either over Zoom or on the phone. A few were done in-person. Most were conducted in English, with one focus group conducted in both English and Urdu.
- A total of 27 service users took part in the review. The number of participants for each organization ranged from 1-7.
- All the notes from the documentary reviews and service user interviews were shared with CCMW.

Analyzing the Results: Some Notes on Methodology

The notes from the documentary reviews, organizational leader interview transcripts and service user focus groups/interviews were combined to get a holistic picture of organizational strengths and gaps in serving Muslim women, girls, trans, two-spirit, and gender-diverse individuals facing GBV.

Our analysis is qualitative in nature, where we not only look at themes emerging from the answers to the targeted questions in the guide, but centre the narratives shared by our leaders and survivors/victims to get a deeper understanding of their experiences. This would not be possible from a purely quantitative, statistical analysis. Even if one person's experience differed from everyone else's, we paid close attention to their story.

In addition to the targeted policy, program and service-related questions, the guide includes some broad, background questions for interviewing organizational leaders (see interview template in the [review guide](#)) about the types of violence they see among their Muslim clients, the most common supports they seek out, the reasons they hesitate to reach out, etc. The focus group/interview questionnaire (see the template in the [review guide](#)) also asks background questions to the participants about their experience of violence, and their general experience of trying to get help. The purpose of these questions is to situate the reviews within the broader context of Muslim survivors/victims' experiences of violence and seeking services. We believe that without this contextual understanding, it would be difficult to make specific changes within organizations.

We understand that when organizations conduct their voluntary reviews outside of this project, they will be assessing their own policies, programs, and services only, and whether they align with each other in complying with the four frameworks. In this project, we do not analyze or present the review results of the participating organizations individually. Our purpose is not to present critiques of individual organizations in an audit-like manner.

The goal of our project is to aggregate our findings by presenting some of the broad themes as well as unique phenomena that we see from the collective review of policies, programs and services across this group of organizations. The purpose is to better understand the strengths and gaps across various service areas. We know that GBV services do not work in silos, and coordination of services for survivors and victims is just as crucial as providing services in a particular area.

Our collaborators are leaders in a variety of services, such as housing, legal services, crisis intervention, counselling, and prevention and education. Working with them has been extremely valuable, as it has not only provided opportunities to further improve and collaborate for more holistic services for survivors/victims, but also for knowledge sharing between organizations where they are already applying best practices according to the guide criteria. Not checking all the criteria in the guide does not mean services are ineffective or inappropriate. Rather, it is an opportunity to further improve, to make services even more effective and appropriate to provide the best possible services for Muslim women, girls, trans and gender-diverse individuals.

For this reason, we also encourage organizations who use CCMW's guide in the future to work in partnerships with other organizations and converse with one another to come up with strategies for more effective services. CCMW will use the guide and some of the learnings from this review and apply them to its own policies, programs, and services in the coming months.

Study Limitations and Important Caveats

This is an ambitious project that sets out to better understand the experiences of Muslim women, girls, trans, and gender-diverse people all over Canada, in various types of services, in relation to multiple forms of GBV. There are several reasons for its broad scope.

Firstly, we know that GBV disproportionately impacts women, girls, trans, and gender-diverse individuals. Additionally, the risks and impacts of violence, and barriers to getting help are exacerbated by intersecting factors, including age, immigration status, sexual orientation, racial and/or religious discrimination, socio-economic status, geographic location, etc. Secondly, Muslims are not a monolith. Their experiences and lived realities are incredibly diverse, not only

based on the above factors, but also on cultural and spiritual practices, ethnicity, religious sect, nationality, etc. Also, discrimination against Muslims by the wider society does not negate the possibility of inequality within Muslim communities. For example, minority Muslims, such as trans and gender non-conforming individuals, or those belonging to minority sects of Islam may be facing discrimination within the mainstream Muslim space, as well as outside of the communities. For a survivor/victim of GBV, this can create a host of barriers when seeking help. For these reasons, we tried to hear from as diverse a group as possible, including women, girls, trans and gender non-binary individuals, people of different ethnic, socio-economic, national and geographic backgrounds, sexual orientations, and Islamic sects. In terms of organizations, we tried to cover a wide range of provinces and service areas.

Unfortunately, the reality of projects is that time is limited, and when collaborating, we must take into account and be respectful of the capacity, resources, and time limitations of our partners. We had reached out to organizations in a number of provinces and territories, including Ontario, Quebec, the Northwest Territories, British Columbia, and Alberta. Despite initial interest by many, due to time and resource limitations, they were unable to commit to the completion of the reviews. Our final list of collaborators included organizations that provided services in Ontario and Alberta, as well as national organizations that provided services across Canada.

When it came to hearing from survivors/victims, we faced a number of roadblocks. Our intention was to recruit 10 service users per organization. However, the numbers were lower (ranging from 1 to 7 per organization). 2 organizations were unable to recruit participants either because there was no response to the callout, or because service users declined to participate. Also, despite our best efforts to maximize the diversity of participants, we did not hear from important groups, such as young girls, and women with precarious/no immigration status. Although some of our participants indicated their sexual orientation as “other,” nobody overtly identified themselves as someone from the LGBTQIA2S+ community. Some did not want to share their gender identity or sexual orientation. We believe this speaks directly to some of the barriers Muslim GBV survivors/victims may face when reaching out for help.

Due to time constraints and limited capacity, 2 organizations were unable to complete the documentary review. Therefore, the policy and program related answers came primarily from the leader interviews. 6 were able to complete all three review methods (document review, leader interview and service user interviews). For those who couldn't complete the full set, we have treated their review results as preliminary.

As our sample size is small, the results of the review should not be used to make general and firm conclusions about Muslim survivors/victims of GBV at large. It is also not reflective of the effectiveness of service delivery across Canada. Rather,

we have used the rich information the review has revealed to understand the experiences of the service users that have been interviewed, some of the barriers that exist, and some of the strengths and gaps in the organizations we have collaborated with. It has also helped us to begin our collective efforts to improve services.

“For qualitative analyses, sample size is less important. Instead, the richness of the data is prioritized.” – Dr. Sarah Shah³

Our aim is to use the findings of these reviews as a jumping-off point for larger, more in-depth reviews with more participants, ask new questions and open up conversations and opportunities for a deeper exploration of experiences of Muslim women, girls, trans, two-spirit and gender-diverse individuals. Further studies can also supplement qualitative information with quantitative findings representative of Muslim women, girls, trans, and gender-diverse individuals in Canada.

Important Note: Given the time constraints and voluntary nature of the review, not every question was answered by every organization. Service users who took part in the interviews and focus groups also answered questions they were comfortable with. Therefore, any percentages or proportions presented in this report as part of the findings are based on the number of responses received, rather than the total number of organizations or service users who took part in the review.

³ Sarah Shah. Canadian Council of Muslim Women (2022). Voice that Matter: An Intersectional Analysis of Canadian Muslim Women <
<https://static1.squarespace.com/static/5b43ad2bf407b4a036d27f06/t/630ef7f53864884d3f411914/1661925369177/Voices+that+matter-3.pdf>
>

Profile of Participating Organizations and Service Users

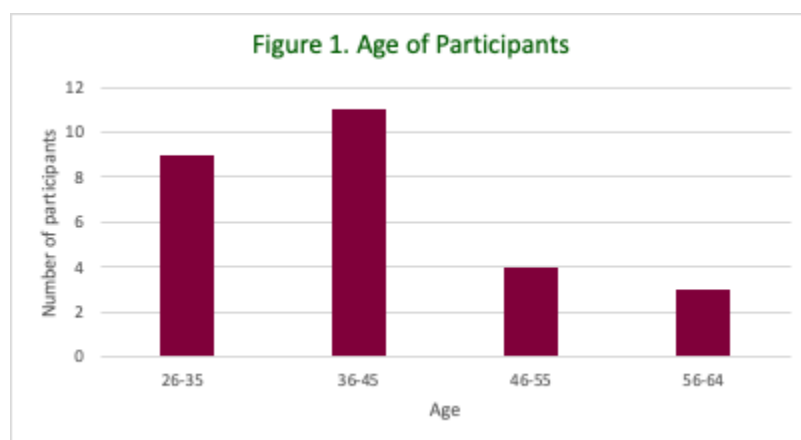
Organizations

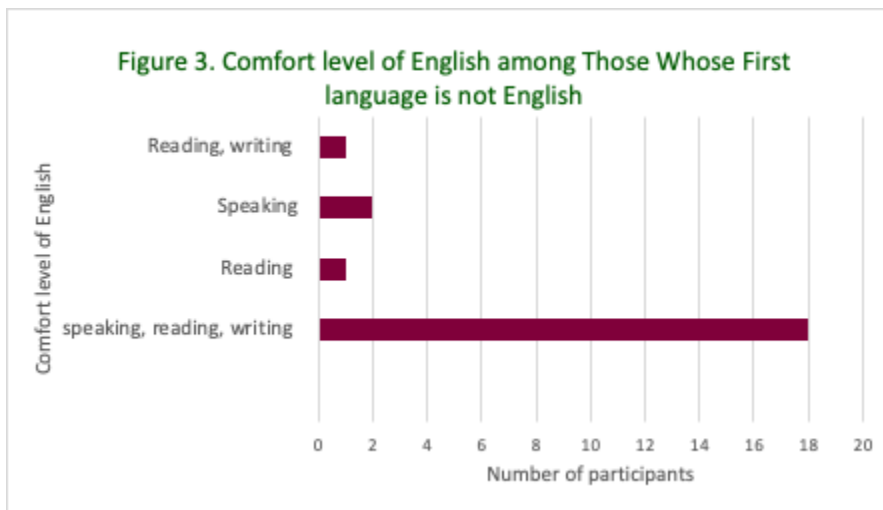
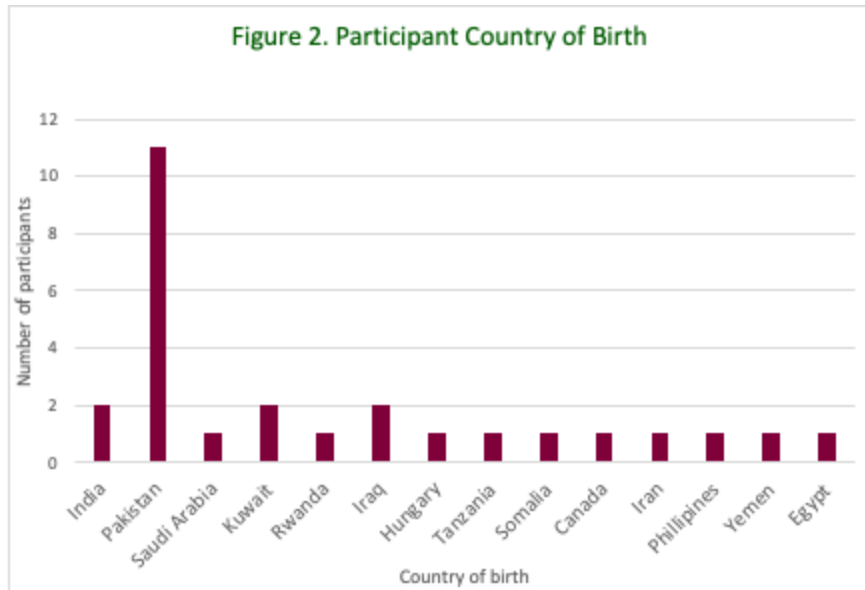
Organization	Mainstream or Muslim-Serving	Service area	Regions covered	% of clients that identify as Muslim (anecdotal approximation)
South Asian Legal Clinic of Ontario (SALCO)	South Asian serving	Legal	Ontario	35-40%
Barbra Schlifer Commemorative Clinic (The Schlifer Clinic)	Mainstream	Legal Counselling Interpretation	Ontario	30%
Islamic Family and Social Services Association (IFSSA)	Muslim serving	Outreach and counselling	Alberta	98%
Muslim Resource Centre for Social Support and Integration (MRCSSI)	Muslim serving	Anti-violence and social support	Ontario	High 90s
Punjabi Community Health Services (PCHS) Calgary	South Asian serving	Health and social services	Calgary, Alberta	20-25%
Luke's Place	Mainstream	Legal and education	Durham region, Ontario	14%
Sakeenah Canada	Muslim serving	Housing/Shelter	Canada wide	95-98%
Nisa Homes	Muslim serving	Housing/Shelter	Canada wide	80-90%
Victim Services of Durham Region (VSDR)	Mainstream	Victim Services	Durham region, Ontario	Data available in the future

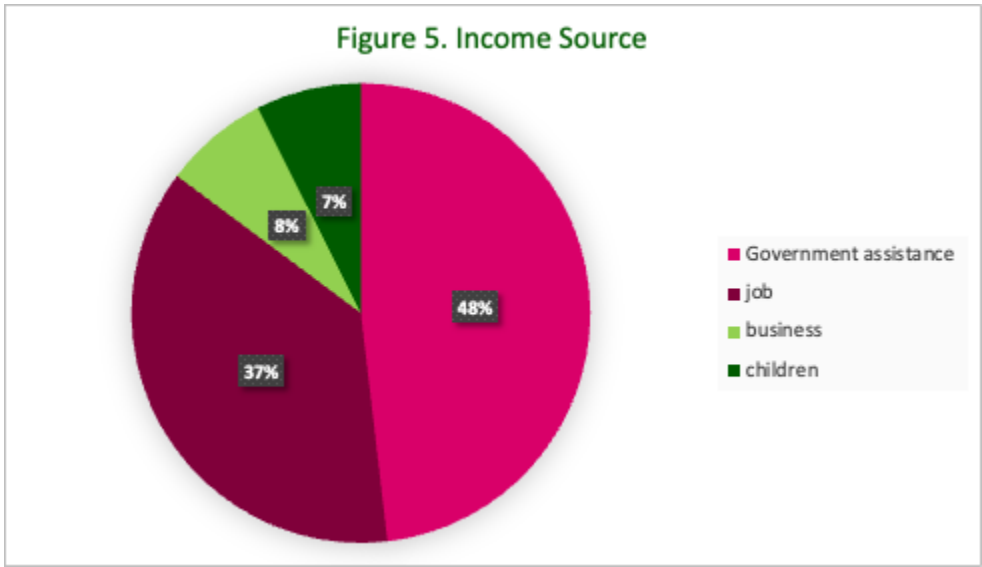
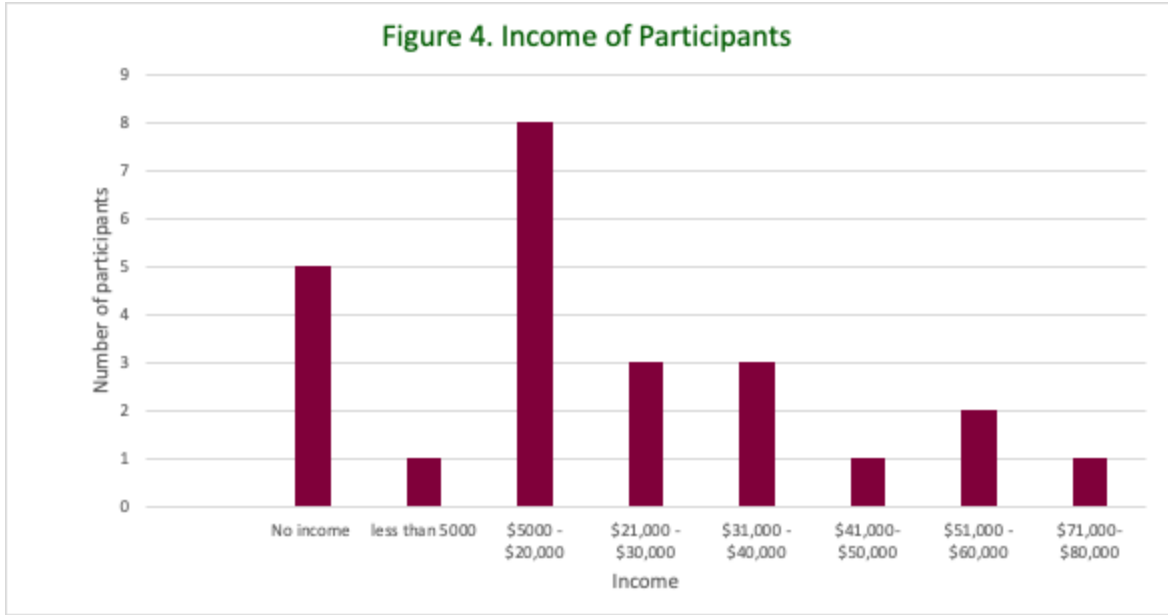
Service Users

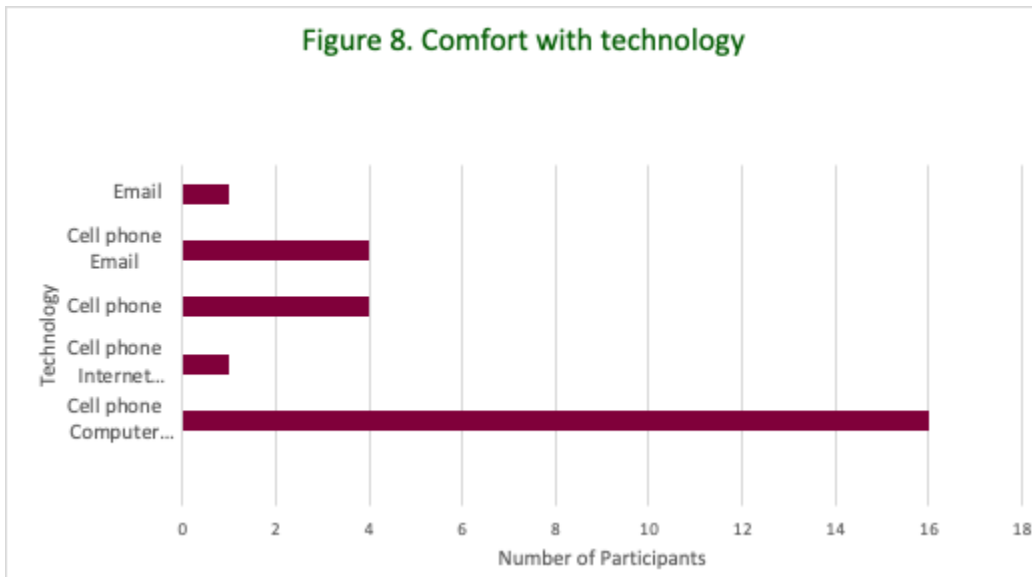
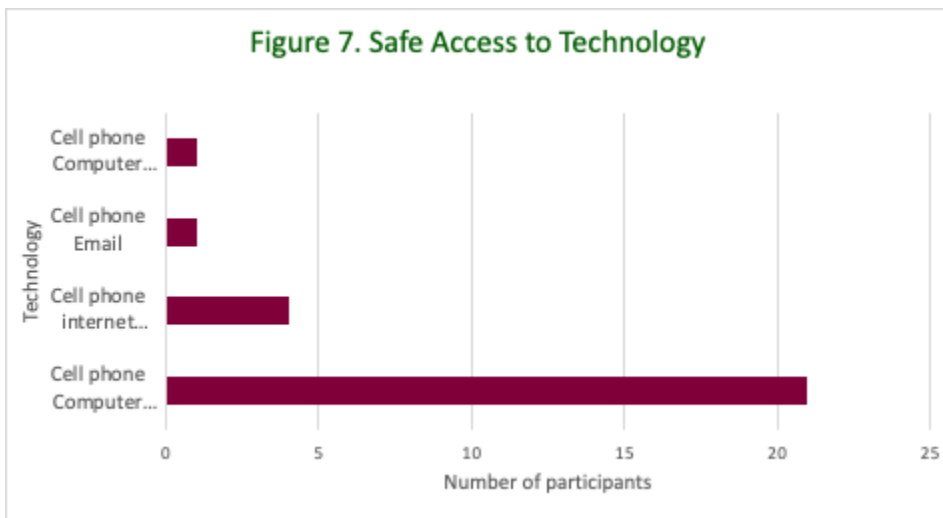
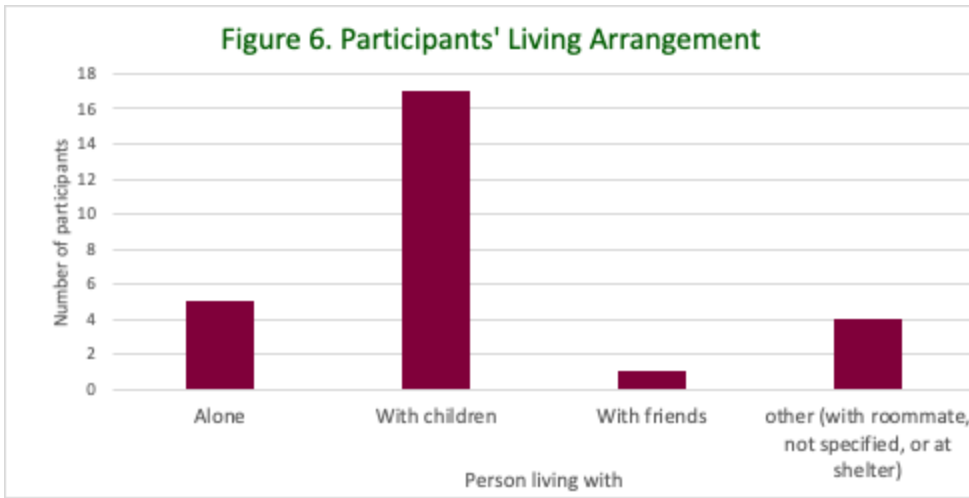
- A total of 27 participants took part in the focus groups/interviews and all self-identified as women.
- The age ranged from 26-64, with the highest number in the 36-45 age group. (See Figure 1)
- 82% of respondents were divorced, separated or single, 11% were widowed, and 7% were married.

- 62% identified as heterosexual, 25% as other, and 13% did not want to share.
- 73% were citizens, and 27% were permanent residents of Canada.
- Arrival date in Canada ranged from 1990 – 2022
- 48% identified as Sunni, 35% did not identify with a specific sect of Islam, 13% said Shia and 4% said Ahmadiyya.
- All but one were born outside of Canada, their birth countries including India, Pakistan, Saudi Arabia, Kuwait, Rwanda, Iraq, Hungary, Tanzania, Somalia, Iran, Philippines, Yemen, and Egypt. (See Figure 2)
- When asked about ethnicity, participants born outside of Canada self-identified as South Asian, African, Middle Eastern, Kurdish, Roma, Iranian, Filipino, Jordanian, Indian, Pakistani, East Indian, Yemini, and Egyptian.
- 85% said their first language was not English, however, most indicated being comfortable with reading, writing and speaking English. (See Figure 3)
- More than half (54%) were not working at the time of the survey.
- Participants had a wide range of income levels, with most respondents having an income of \$20,000 or less. (See Figure 4)
- 48% indicated government assistance as their income source. (See Figure 5)
- Nobody indicated as still living with their partner or in-laws. (See Figure 6)
- Most said they had safe access to a cell phone, computer, email and internet, and most were comfortable using a cell phone, computer, email, and internet. (See Figures 7 and 8)
- When asked if they have a support system, 78% of respondents said “yes”. Their support system was made up of different combinations of parents, friends, neighbours, agencies, doctors, in-laws, neighbours, colleagues, and other family members. 50% said they had the support of parents, and 45% stated they had the support of friends.









Key Findings of the Review

Snapshot Overview: Muslim Women and Girls' Experience of Violence, Needs, and Barriers to Services

In addition to specific questions about policies, programs, and services, we asked both the organizational leaders and service users some background questions (see the [review guide](#)) to get a glimpse of Muslim Women and Girls' experience of violence, the common types of support they sought, and the barriers they generally faced.

Types of Violence

The demographic surveys show that violence cuts across age groups, income levels, and ethnicities. The over-representation of South Asian participants in this review may be because we spoke to a number of organizations that specifically serve members of the South Asian community, and also because the organizations are primarily from the provinces of Ontario and Alberta which have a large South Asian population, not because violence is more prevalent in the South Asian community.⁴

Without exception, all organizational leaders we interviewed indicated intimate partner violence (IPV) as the most common type of violence they see amongst their Muslim-identifying clients. 22% mentioned workplace discrimination and harassment as one of the forms of violence seen, and 1 pointed out the prevalence of hate crimes against Black and hijab wearing Muslim women in 2021. 33% mentioned the involvement of extended family, such as in-laws, in IPV. All stated that IPV increased significantly during the Covid-19 pandemic due to factors, including confinement and isolation, stress from job loss, and loss of a sense of control of the male provider of the household.

Within IPV, most organizations (89%) acknowledged the presence of physical violence, but we saw a theme of non-physical violence being more common than physical among the responses. For example, the prevalence of coercive control was highlighted as a significant form by 56%. Emotional, financial, and spiritual abuse came up frequently as forms of violence that were more prevalent than physical. 33% stated that they saw an increase in physical violence during the pandemic. Sexual violence (both inside and outside the IPV context), though present, did not come up as a commonly reported form of violence in the responses.

When we asked our focus group/interview participants (service users) about the type of violence they faced, their responses matched greatly with what

⁴ Statistics Canada. [Table 98-10-0351-01 Visible minority by gender and age: Canada, provinces and territories](https://www150.statcan.gc.ca/t1/tb1/en/tv.action?pid=9810035101) <
<https://www150.statcan.gc.ca/t1/tb1/en/tv.action?pid=9810035101>>

organizational leaders shared. Most respondents mentioned experiencing IPV, with a few people also experiencing violence from their extended family, such as in-laws. Out of those who disclosed the type of IPV they faced, they most commonly reported emotional/psychological violence, followed by physical and financial abuse. Sexual abuse was the least frequent response.

“Most of the domestic abuse was not physical, people don’t understand how hard that is.” – Service user

According to the World Health Organization (WHO), IPV is by far the most prevalent form of violence against women globally (affecting around 641 million).⁵ While this matches the trend we see in this review, and it is possible that IPV is the most common form of violence within Muslim communities, we cannot make firm conclusions unless supplemented with larger, quantitative studies.

According to the 2021 Census⁶, there were 130,475 Muslim Women+⁷ in Canada in the 15 – 24 age group. There were also 53,710 Women+ in the 65 and over category, while there were 459,850 women in the 25-64 category.

In our service user participant pool, there was no one under the age of 26, or over the age of 64. Very few participants were in the 56-64 age category. More than half of our participants were not working at the time of their interviews/focus groups. This means that we did not hear from older women or young girls or younger women who are students or in the workforce and may be facing other types of violence, such as workplace harassment, human trafficking, gendered Islamophobia and elder abuse.

According to the Schlifer Clinic, IPV may be commonly seen in clients because that is the violence they are seeking support for. Studies also tell us that sexual violence is significantly underreported.⁸ Therefore, there may be a large proportion of Muslim women and girls who are not reporting or disclosing violence such as, sexual assault and human trafficking, which warrants a further inquiry into why they are not reaching out, and how we can support them. However, given that IPV is the most commonly reported violence in this review, it is clearly an area of focus for improving existing services. Special attention should also be given to recognizing the need for support for non-physical forms of violence, such as emotional violence, financial abuse, and coercive control.

⁵ World Health Organization (2021). Devastatingly pervasive: 1 in 3 women globally experience violence <<https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>>

⁶ Statistics Canada. [Table 98-10-0353-01 Religion by gender and age: Canada, provinces and territories](https://doi.org/10.25318/9810035301-eng) <<https://doi.org/10.25318/9810035301-eng>>

⁷ According to Statistics Canada, Woman+ includes women (and/or girls), as well as some non-binary persons.

⁸ Government of Canada. Just Facts: Sexual Assault. <<https://www.justice.gc.ca/eng/rp-pr/jr/jf-pf/2019/apr01.html>>

“There isn’t much support for emotional abuse in mainstream society. For example, proof of abuse is required within a specific period of time to be eligible for priority housing. But you cannot prove emotional or spiritual abuse.” – Sakeenah Canada

“Police did not believe me. They didn’t help me because I wasn’t bruised enough and because I couldn’t prove it...If I was able to wait until he beat me harder and there was blood they would have helped me faster. It was like I did not matter.” – Service user

While we see that some participants faced violence from extended family, and that involvement of family may be more common in a collectivist community, this is not to be used as a justification to perpetuate stereotypes against Muslim communities as inherently unsupportive of victims/survivors of GBV. As we see from the demographic survey, many of our participants stated that they had the support of their family and friends.

Common Supports Sought

When we asked organizational leaders about the most common types of support victims/survivors reached out for, we heard the following responses:

Emotional support and/or counselling rose to the top as the most frequent response, followed by legal support, shelter and housing, financial support, and cultural and faith specific/competent services. Most organizations stated that clients needed someone to listen to them and to understand what they were going through. Within legal support, immigration and family law support were mentioned as the areas where clients were seeking support. Safety was mentioned as a “huge piece” by one of the leaders. Other needs included emergency and crisis support, information on how to navigate systems (where to go, what to do, etc.) and building life and survival skills.

When organizations asked interview/focus group participants about the supports they sought out as a whole for their situation of violence (not specifically from the respective organizations), the most frequent responses were emotional support/

counselling (55% of total responses), followed by legal (41%) and housing (32%). Even if emotional support was not the reason some participants reached out initially, it was something they greatly appreciated:

“The organization made me feel safe and strong. They helped me apply to services to be independent.”

“Caseworkers and court workers were involved with me and were very emotionally supportive. They were there for me.”

As SALCO stated, “clients may not knowingly be seeking mental health support, but it becomes obvious when you speak to them that it would be very helpful for the client.”

Two organizations said that their clients wanted specific information and advice around Islamic rights.

“There is a lot of miscommunication in the Muslim community about family law, divorce and separation, and what their rights are, so legal advice around that.” - Luke’s Place

This ties to client need for culturally and faith-specific services, such as culturally specific counselling. MRCSSI shared that clients want a connection to their Imam, understand what their rights are and what is acceptable within the faith.

“They need faith-based validation” - MRCSSI

However, while there is a clear need for faith-specific services, this should lead to the assumption that all Muslim survivors/victims will seek out services from within the community.

“A disaster for Muslim and South Asian women – there are few culturally competent spaces for Muslim women/South Asian women. Sometimes they want the opposite, and don't want to be in their own community.” – SALCO

The discordance between the prevalence of emotional/psychological abuse, the need for emotional and mental health support, and the unavailability of appropriate support and healing give us clues about a potential gap between the needs of Muslim women and girls and the available services.

Barriers

When we asked organizational leaders about some of the reasons Muslim women and girls don't reach out for help, lack of awareness of services (44%), stigma and shame in the community (78%), lack of trust in the system and mainstream organizations (56%) and fear around immigration status (56%) came up as the most frequent responses. Other responses included lack of awareness of rights, isolation, and lack of support for newcomers.

Lack of awareness of services:

What leaders shared about lack of awareness of services was consistent with what service users told us. Most respondents (65%) stated that they did not know about the available services, 10% said they knew a little bit, 15% said yes, and 5% said they knew about services in Toronto, but not in the region where they were located, and 5% said they did not know about Muslim-specific services.

Lack of trust in the system and mainstream organizations:

“When you don't see yourself reflected in the agency's demographic or staffing, that's a barrier. People feel comfortable when an agency or service provider is representative of that individual. Agency needs to champion values of inclusivity, otherwise people are not comfortable reaching out for help.” – VSDR

VSDR also reflected on the general mistrust of police among marginalized communities due to a history of harm, which often makes victims/survivors more

reluctant to reach out to organizations that have close partnerships with police, such as VSDR.

“Communities don’t see systems as trustworthy – funded by government institutions, social services sector, we are all part of the system – average people see us all as one. Trust factor is huge. A lot of women, for example, Muslim women, have trust issues, worrying they wouldn’t be understood.” – The Schlifer Clinic

Some service users also mentioned their need for cultural/faith based services and their reservations about mainstream organizations:

“Main-stream organizations should have faith-based counselling. Hire a Muslim counsellor, for example... I wanted my daughter to get a Muslim counsellor. Didn’t want a white counsellor giving her advice that is not in line with the values of my faith.”

“Know the background and where people are coming from.”

Stigma and shame in the community:

The majority of leaders spoke about the fear of stigma and shame that prevents survivors/victims from seeking help for their situation of violence. For example, they are afraid of being blamed for breaking up the family, having their reputation destroyed by their abuser, or being ostracized by community and family due to the taboo of speaking about violence.

“A lot of people don’t reach out because they feel like they don’t have the agency. They’ve lived in an environment where it’s not acceptable — they’re told to compromise, they don’t have family support, they are isolated. If they’re new to Canada, they don’t have the infrastructure and systems to do that.” - SALCO

When we asked service users whether they spoke to anyone in their social circle about the violence, 71% said they did, and 35% said they did not. Some of those who did not speak about their experience with anyone in their social circle shared their following:

“No, I don’t trust anybody in the community. Nobody from my community reached out.”

“I don’t want other people talking about my issues and gossiping behind my back.”

Interestingly, a few participants mentioned they didn’t receive any help or support from the Imam or their mosque. One mentioned that Imams can engage in victim blaming:

“Even our Imams don’t help. If you bring examples of strong women from Islamic history, they think you are a rebel. Need examples of how women were in Islamic history. Examples of single mothers in Islamic history.”

However, one participant mentioned receiving support from her Imam.

This is a prime example of how systemic racism and gender inequality can intersect for many Muslim women and girls. While there is a clear element of stigma within the community, there is at the same time, a dire need for women to access culturally appropriate and faith-based services. Understanding stigma and the importance of reputation is important in understanding the context within which supports should be tailored to survivors/victims. Assuming that a Muslim survivor/victim will need faith-based or culturally specific services can create further harm if that is not possible within her social circle. On the other hand, stereotyping the entire community based on stigma experienced within one’s social circle can exclude women from important community and faith-based services they may be in need of (see more below). When tailoring policies, programs and services for Muslim women, girls, and gender-diverse individuals, these nuances are crucial to keep in mind.

Immigration-related and deportation fears:

A number of organizations spoke about the fears that their clients face around immigration status and threats of deportation by their abusive partners, and what would happen if they left the relationship. Often, abusers will lie to their partners, telling them they will lose their immigration status if they leave the relationship. Women believe what they are told.

“Canada hasn’t done anything to quell that message. No education on telling people that it isn’t true. There should be an active campaign.” – SALCO

Unfortunately, we did not get to hear about barriers related to precarious status from our focus group/interview participants as all of them were citizens and permanent residents. This is an important intersection which needs to be explored further.

Current Efforts and Organizational Challenges in Addressing Barriers

The review guide also contains some questions for organizational leaders that seek to get a broad sense of how organizations are already addressing some of the barriers faced by their Muslim clients, and what some of their limitations are in providing effective services to Muslim women, girls, and gender-diverse people facing GBV.

The following themes emerged regarding efforts to address barriers:

- **Education**
 - Workshops in the community and empowering clients with information.
- **Community partnerships:**
 - Mainstream organizations partnering with Muslim-serving organizations.
 - One organization mentioned the importance of advocating at all levels for the needs of Muslim clients, including parliament, police and other organizations. (For example, advocating for the availability of halal food in mainstream shelters)
- **Building trust and rapport with clients:**
 - MRCSSI spoke about adopting a culturally integrative framework, where the idea is not to simply isolate the client who is facing abuse, but rather recognizing the reality of what choices are possible for

- survivors/victims given the involvement of extended family and the collectivist nature of the community. Therefore, a culturally integrative framework in their organization also means early interventions, which also includes working with the person demonstrating abusive behaviours.
- o PCHS Calgary mentioned that they had support groups for women to build mutual confidence.
- **Language-specific services:**
 - o Hiring staff that speak clients' languages and having resources available in various languages.
 - **Data collection and evidence-based learning:**
 - o Consulting with clients to see where the gaps are, to inform project and program design.

When asked how organizations tailored services during the Covid-19 pandemic, the following themes emerged:

- All organizations incorporated remote services. While this made services more accessible, it also created new challenges around the safety of using technology at home where the abuser may have been present. For this reason, organizations did not give up in-person services.
- Where safety at home was an issue, organizations adopted different creative methods, such as meeting clients where it was the safest for them, such as at home, or in the hospital. To accommodate clients' needs to meet at the office, organizations made changes to infrastructure, such as installing plexiglass barriers in the office to facilitate client meetings, or renovating food banks by handing out food through a window.
- To maximize safety around remote services, organizations gave examples of different methods that they adopted, such as providing specialized safety plans around telephone communications, and coming up with a safe code word to use.
- The Schlifer Clinic adopted an innovative case management model, where one caseworker is assigned to a client in complex GBV cases, providing coordination throughout the case.
- The pandemic created unique challenges for shelters that had to reduce capacity due to infection control mandates. This created an issue for survivors/victims who needed a safe place to stay. Sakeenah Canada stated that accommodations were provided by placing clients in hotels until shelter space became available.

Despite efforts to minimize barriers, organizations shared some limitations in providing effective services to Muslim women, girls, and gender-diverse people:

- **Limitations in capacity and funding:** Leaders from multiple organizations mentioned the challenges around limited capacity to provide services as well as limited and inconsistent funding.
- **Financial eligibility criteria for services:** Two organizational leaders mentioned that government financial eligibility criteria for legal services was pushing many people out of the system despite their need for financial aid.
- **Lack of consistent professional development and knowledge-building:** Leaders from two mainstream organizations spoke about challenges around staff retention. For example, a staff member might bring in specific skills and knowledge, but when they leave, it is difficult to replace those skills and expertise. Three organizations emphasized the need for consistent professional development and training on how to work with Muslim women and girls, through partnership with organizations like CCMW.

Interestingly, the need for education was also expressed by Muslim serving organizations, who stated that there needs to be more education around understanding of GBV faced by Muslims with disabilities, and the LGBTQIA2S+ community, which is often not recognized as GBV within the Muslim service provider space. Within the shelter space specifically, this poses specific challenges. For example, one shelter mentioned the challenge around being inclusive of trans women while also navigating questions of residents' safety by including those who are biologically male within the shelter space. Muslim serving shelters also face difficulties when looking to mainstream shelters to model their work on, because they are trying to do things differently. For example, one shelter mentioned the challenge of boys over 12 or 13 years age having to go to family shelters, which are handful or always full. This poses a barrier for Muslim women with young boys, because there is no space for their sons to go to. It also poses challenges around following the Islamic guide on Mahram⁹, and having boys who have reached puberty in women's shelters where other women may consider them to be "non-Mahram."

These discussions make it evident that there is a need for more education and training both for mainstream and Muslim organizations on how to serve Muslim women, girls, trans, and gender-diverse individuals by maximizing inclusion and balancing the values of their faith that are important to them.

⁹ In Islam, Mahram means a man a woman is not allowed to marry, such as a father or brother. In front of a Mahram it is permissible for a woman to be without hijab. See: Al-Islam TV. Who is your Mahram and non-Mahram <<https://www.al-islam.org/media/who-your-mahram-and-non-mahram>>

- **Challenges around ensuring safety of survivors/victims in the community:** A couple of organizations mentioned the difficulties around creating safety for survivors/victims within their communities. One of them spoke about the fact that many women face isolation and lose friendships after leaving an abusive situation, and it is challenging to ensure they are safe in their community after leaving. One mentioned the need for more one-on-one or group counselling for healing, which is difficult to find in the community due to stigma. Another spoke about the importance of building a “circle of care” for women, and the difficulty they found in doing so within Muslim communities.

Key Findings from the Review of Policies, Programs and Service Delivery Practices

Getting a snapshot overview of Muslim survivors/victims’ experience of violence and with services has helped us to contextualize the more specific review of policies, programs and service delivery practices of organizations. As we zoom into the strengths and gaps in policies, programs, and services that have emerged from the review, we try our best to tie them back to broader conversations around Muslim women, girls, and gender-diverse people’s needs and experiences.

Compliance with a Human Rights Framework

In Canada, gender equality falls within the umbrella of human rights legislation.¹⁰ Because GBV is rooted in patriarchy and gender inequality, support for GBV survivors/victims must be based on laws that promote gender equality. When it comes to services, federal and provincial human rights laws in Canada (e.g., *the Ontario Human Rights Code*) provide important protections against discrimination based on gender, as well as grounds such as race, age, disability, sexual orientation, marital status, etc. Therefore, checking compliance with human rights laws and principles is an important way for organizations to protect Muslim women, girls and gender-diverse people from discrimination, and maximize access and accommodation in services. To learn more, see the [review guide](#).

Following the guide, the organizations that participated in this project addressed the questions in the chart below as they reviewed their policies, programs and services to check for compliance with human rights.

¹⁰ Government of Canada. Federal Gender Equality Laws of Canada. <
https://www.international.gc.ca/trade-commerce/gender_equality-egalite_genres/lois_can_gen_eq_laws.aspx?lang=eng>

<p>Policy questions</p>	<ul style="list-style-type: none"> ● Does my organization contain policies on anti-discrimination and anti-harassment? ● Has there ever been any feedback on the policies? When were they last revised and who created the policies? ● Do my organization's policies articulate the principles of gender equality according to international and domestic law? ● Do those policies clearly acknowledge the disproportionate impact of gender-based violence on women, girls, trans and genderqueer/gender non-binary people as well as the increased vulnerability and barriers faced due to intersectional factors, such as race, disability, sexual orientation, religion, etc.? ● Do the policies comply with federal or provincial legislation? Some questions you can explore include: <ul style="list-style-type: none"> ○ Do they clearly articulate what discrimination and harassment are? ○ Do they articulate the obligations of management and staff and the rights of service users? ○ Do they provide for accommodation based on religion, disability, family status, pregnancy, etc., to reduce barriers for individuals facing violence? ○ Do they lay out the process of making an internal complaint about discrimination or harassment as well as filing a human rights complaint under the appropriate legislation? ● Are employees who are newcomers, immigrants, and refugees aware of the policy documents and are they made aware of their rights to be free from discrimination when they start employment? ● Are service users/clients aware of the policy documents and are they made aware of their rights when they reach out to my organization? Are the policies readily available and accessible for all, including service users (e.g., in various languages, as well as ASL and braille)?
<p>Program questions</p>	<ul style="list-style-type: none"> ● Is the program in compliance with federal or provincial human rights legislation? <ul style="list-style-type: none"> ○ Is it designed in a manner that is accessible to diverse groups of the target population and provides accommodation as needed?

	<ul style="list-style-type: none"> ▪ Consider: Timing, accessibility of the location, mode of delivery (e.g. remote or in-person and barriers posed by each), staff capacity and training requirements, flexibility in availability, languages (interpreters or multilingual staff, languages of written material) and formats of delivery, content of the program and processes that participants have to go through, feedback mechanism (present or absent and how is it designed if present) ○ Is the program implemented in a manner that is accessible and anti-discriminatory? (i.e., what is happening on the ground in terms of how the program is being delivered) <ul style="list-style-type: none"> ▪ Consider: Timing, accessibility of the location, mode of delivery (e.g., remote or in person and barriers posed by each), staff capacity and training requirements, flexibility in availability, languages (interpreters, multilingual staff, languages of written material) and formats of delivery, content and processes that participants have to go through ▪ Is an accessible feedback mechanism being used where community members/participants can share their input?
<p>Service-related questions</p>	<ul style="list-style-type: none"> ● Are any of the actions of those delivering services discriminatory? ● Are staff providing accommodation to diverse groups based on their needs? Are service users made aware of anti-discrimination and anti-harassment policies of the organization and their rights to be free from discrimination and harassment when receiving services? ● Are services provided based on community needs and interests? ● Have diverse community sections been consulted to ensure services are responsive to their needs? ● Are diverse communities reaching out and using the services, and participating in the feedback process?

Policy Findings

Existence of policies

All organizations that responded indicated that they have policies on anti-discrimination and anti-harassment. The majority said they have had feedback on the policies. In most cases, policies were either created or approved by the Board of Directors. Most stated that the policies were revised between 2019 and 2022. One organization said they are also compliant with The [Accessibility for Ontarians with Disabilities Act \(AODA\)](#). Though this is not a question that was asked in the review, this is an important reminder for organizations to check whether they are compliant with the relevant and specific laws pertaining to accessibility for people with disabilities.

Content of policies:

Majority of organizations that responded stated that the policies articulate the principles of gender equality according to international and domestic law. 50% said the policies clearly acknowledge the disproportionate impact of gender-based violence on women, girls, trans, two-spirit and genderqueer/gender non-binary people as well as the increased vulnerability and barriers faced due to intersectional factors, such as race, disability, sexual orientation, religion, etc.

57% indicated their policies clearly articulate what discrimination and harassment are, outline the obligations of management and staff and the rights of service users, provide for accommodation based on religion, disability, family status, pregnancy, etc., and lay out the process of making a complaint about discrimination or harassment. For the rest of the respondents, elements were missing in the policies, such as the rights of service users in addition to those of employees, a detailed outline of the human rights complaint mechanism outside of the internal complaint mechanism of the organization, a clear explanation of discrimination, harassment and the duty to accommodate around pregnancy, family status, etc. Please note that not all elements were missing in each organization.

Accessibility of policies:

All organizations said their policies were available to all, including service users. Only 22% said that they were available and accessible in different formats, such as braille, large print and online versions.

The majority stated that the policies were only available in English. However, 33% demonstrated that translation needs were accommodated in different ways, such as having shorter versions of the policies translated into different languages, having an interpreter on the phone or in-person to explain the policy, or

translating the full policy and procedure upon client request. One organization highlighted that the lack of translation was associated with financial limitations.

“We don't have the financial capacity at this time to have it available proactively in different languages, because it's updated so frequently. However, if we have a client who requests the policies and procedures in their first language, I would go and have them translated in the language, or have an interpreter sit with them and go through it with them.” – VSDR

Service users' knowledge of policies:

All organizations said their employees were aware of the policy documents and made aware of their rights when they started employment. Different organizations indicated different methods of ensuring staff awareness, such as:

- Having staff re-read policies and sign acknowledgements annually
- Training staff during orientation
- Making a shared folder available to all
- Asking staff to sign policies and procedures and adhere to them as a condition of employment, and providing the opportunity for discussion and clarification with leaders

However, when asked if their service users/clients were aware of their rights to be free from discrimination and harassment while receiving services from the organization, there were mixed responses. Less than half of the organizations (44%) mentioned that clients were educated and oriented on their rights when they began receiving services. Methods included:


- Plain language workshops and educational resources.
- Talking to women about their rights on the initial phone call.
- Providing them with brochures or short-form documents that contained non-harassment clauses and rights and responsibilities while having a long form version available in a shared, accessible space for people to read.

For the rest of the respondents, there wasn't a consistent process or approach to actively educating clients about their rights and the contents of the human rights policies, especially when providing remote services, such as on the phone.

When organizations asked service users through the interviews and focus groups, most respondents said that they are aware of what discrimination and harassment are. Most also said that they are aware of their rights to be free from discrimination and harassment when it comes to receiving services. However,

when asked if they read or if someone told them about the policy on anti-discrimination when they came to the organization, 41% said “no”, 18% said they could not recall, and 41% said “yes”. This confirms what we discovered from the organizational leaders about the inconsistent practice around sharing human rights policies with clients as well as explaining their rights to them.

It is possible that many of the service users who participated in this review had acquired knowledge about their rights beforehand. But this cannot be taken as an indication that service users generally come into organizations with this knowledge. The participants in this review only identified as citizens and permanent residents, and most have been in Canada for at least 3 years. It is possible that due to their time and status in Canada, clients had a basic knowledge of their human rights. This may not be true for newcomers who have spent less time in Canada, or those with precarious status and greater language barriers.



“In general, a lot of our clients are aware of human rights law, but there are a lot of clients who are new to the country and may not know, so I am so glad you asked this question.” – VSDR

Program Findings

Language Accessibility:

Most organizations that responded stated that they have language access either through interpreters or multilingual, racialized staff, though one said they would benefit from more languages to serve their clientele. One of the shelters we spoke to provides phone messages in different languages.

Hybrid model of services:

As discussed earlier, the hybrid model of remote and in-person services adopted by all organizations maximizes accessibility in terms of timing and mode of program delivery.

However, a recurring theme among our organizational leaders was the barriers remote services created for clients who didn’t have technology access. The Schlifer Clinic stated that remote services only worked when clients were provided with equipment. However, VSDR pointed out that even if clients were given equipment, there is no guarantee that the abuser would not confiscate it.

Remote access was also identified as a gap by one of the service users. It should be noted that most service users who participated in this review indicated they had safe access to technology and were comfortable using it. Interviewing participants who did not have access to technology would have likely led to more participants identifying this as a gap.

Accommodations:

A couple of organizations mentioned transportation support and food vouchers as part of their accessibility efforts in program design. One of the shelters stated that they provided culturally appropriate food based on client preferences, and a prayer space, all of which improve accessibility for Muslim clients from a design perspective. One said that the availability of various physical locations for services made it easy for clients to receive services if they did not want to be seen in their area.

One of the service users mentioned that she wished there were more child-friendly activities at the organization, and another wished that the food bank she accessed was available on the weekends to accommodate working women. One of the organizations pointed out that limiting the timing of phone calls to working hours was a barrier for some people who may be in a crisis situation.

Physical accessibility:

56% of organizations mentioned that their buildings were physically accessible, with ramps, accessible washrooms, automatic doors, etc. But one mentioned that they were unsure whether the locations of their satellite services were also accessible. The shelters we spoke to specifically stated that there were challenges around accessibility in the homes. One stated that this is because the homes are rented, and therefore, they are not allowed to make any changes. This was pointed out as a resource challenge.

Multiple organizations, including the shelters have expressed the priority of making their physical spaces accessible.

Service Delivery Practices Findings

Experience of unfair treatment or discrimination by service providers:

When it came to how service users were treated while receiving services, all service users stated that they did not face any unfair treatment or discrimination and overwhelmingly, mentioned that they were happy with services. This is laudable and indicates great practice by organizations. However, we need a larger

representative sample to get a better sense of individual experiences. As mentioned earlier, we did not hear voices of younger or senior women, or those who identified as being from the LGBTQIA2S+ community. We only heard from two women with disabilities. Consistently educating service users about their rights and complaint processes may allow more people who have experienced discrimination or harassment to come forward.

Accessibility and Accommodations:

When it came to accessibility, service users shared what they appreciated and where improvements could be made. One participant shared her appreciation for receiving halal food, and having food delivered to her home during the pandemic. Another mentioned long wait times on the phone, whereas one mentioned confusing prompts when the phone was answered. Another said that the first interpreter she spoke to was not good. However, she was provided a different interpreter afterwards whom she was happy with.

Strengths and Areas of Growth

Strengths	Areas of Growth
<p>Policies</p> <ul style="list-style-type: none"> ● Existence of policies ● Availability of policies to employees and service users ● Employee education on policies and right to be free from discrimination and harassment 	<ul style="list-style-type: none"> ● Content of policies ● Accessibility of policies in different languages and formats ● Service user education on policies and right to be free from discrimination and harassment
<p>Programs</p> <ul style="list-style-type: none"> ● Language-specific services ● Hybrid model of services 	<ul style="list-style-type: none"> ● Access for service users without technology ● Physical accessibility of buildings ● Accommodations, such as halal food, prayer space and prayer breaks
<p>Services</p> <ul style="list-style-type: none"> ● Fair treatment by individual service providers 	<ul style="list-style-type: none"> ● Educating service users about human rights and complaint mechanism ● Greater accessibility in phone services

Compliance with a Trauma and Violence-Informed Approach

If we are looking to effectively serve survivors/victims of gender-based violence, it is crucial that we undertake a trauma and violence-informed approach. “Trauma and violence-informed approaches are policies and practices that recognize the connections between violence, trauma, negative health outcomes and behaviours. These approaches increase safety, control and resilience for people who are seeking services in relation to experiences of violence and/or have a history of experiencing violence.”¹¹ The goal of this approach is not to treat trauma, but to minimize the potential for harm and re-traumatization.¹² To learn more, see the review [guide](#).

Following the guide, the organizations that participated in this project addressed the questions in the chart below as they reviewed their policies, programs and services to check for compliance with a trauma and violence-informed approach.

Policy questions	<ul style="list-style-type: none">• Does my organization have a policy on a trauma and violence informed approach? If not, are principles of a trauma and violence-informed approach clearly articulated across the policies that are relevant to serving diverse GBV survivors/victims?• Are “trauma” and “trauma-informed” clearly defined in the policies and are the definitions grounded in the experiences of diverse GBV survivors/victims?• Were GBV survivors/victims with lived experience as well as community experts who serve GBV clients consulted when creating these policies? Are the policies easily accessible to GBV survivors/victims? (Consider: physical or online location, languages and formats)• Are they written in plain language?• Is there a requirement for training of staff, board and management on a trauma and violence informed approach in the policies? Do the policies include training on how to deal with clients who are facing trauma? (i.e., active listening, trigger words, responding with empathy)• Do the policies emphasize hiring staff and management and appointing board members who have expertise on trauma and violence or lived experience?
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¹¹ Government of Canada. Trauma and violence-informed approaches to policy and practice
<<https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>
>

¹² Ibid.

	<ul style="list-style-type: none"> ● Do the policies outline the obligations of staff and management in applying a trauma and violence-informed approach? Do they outline the steps involved in applying this approach consistently? ● Do they include a mechanism to investigate breaches of the policy? ● Do the Human Resources (HR) policies emphasize appointing board members, and hiring staff and management that understand violence and trauma?
<p>Program questions</p>	<ul style="list-style-type: none"> ● Is the program designed in a way that can increase harm for survivors/victims? ● Who delivers the program? What type of training do they have? ● Does it have the effect of excluding or alienating certain groups of survivors/victims or discouraging them from accessing the program? ● Were diverse groups of survivors/victims consulted when developing the program? ● Is there an accessible mechanism for feedback from service users? Is there support for clients regarding referrals?
<p>Service-related questions</p>	<ul style="list-style-type: none"> ● Are those delivering services (staff and volunteers) creating a physically and emotionally safe environment through their actions and words? ● Are they meeting the clients where they are at? ● Are there instances of probing the client for information even if they are not ready to share details yet? ● Are any of the staff members being judgmental about clients' faith, their culture, or any part of their identity or experience? ● Are they making any assumptions? ● If a client reacts in an unexpected way, are they taking the time to reflect and try and understand what may have happened to them? ● Are they exercising compassion, and empowering them through recognizing their strengths, and acknowledging and validating their experiences? Are they providing the space for them to communicate their needs and concerns freely? Are they equipped to recognize triggers? ● Do they listen attentively, and ask questions if there is something they don't understand? Do they ask them if they would like a break, or if there is anything else they can do to support them? Do they follow up with them on a regular basis?

Policy Findings

Existence of policy:

Only 33% organizations stated that they had a dedicated policy on a trauma and violence-informed approach. 33% said that the principles of a trauma and violence-informed approach were embedded in other policies, and 22% stated they were embedded in programming and procedures.

Consultation with survivors/victims:

Out of the organizations that either have a dedicated policy or the principles of a trauma and violence-informed approach embedded in other policies, most of them developed those policies in consultation with survivors/victims and experts. While one was unsure, they indicated they had a policy on including survivors/victims in everything they did. For those without policies, most indicated that principles of trauma and violence-informed approach in the organizational framework and programming were adopted with survivor/victim input. However, we did not get a sense of the diversity of survivors/victims who provided input.

VSDR has an excellent model, which consists of a survivor panel that informs all of their policy and program development. The survivor panel meets monthly and is remunerated on an honorarium basis. However, VSDR highlighted the fact that there were no Muslim survivors/victims on the panel.

Content of Policy:

Out of the organizations that had a dedicated policy or other policies with principles of a trauma and violence-informed approach embedded in them, 40% said they defined “trauma” and “trauma-informed”, 20% said that they defined “trauma-informed care” but not “trauma.” 20% said they were unsure if those definitions were included.

50% said the policies had a requirement of training on a trauma and violence-informed approach. Out of all organizations (whether or not they had a policy), 78% said staff were trained on a trauma and violence-informed approach either as a requirement or non-uniform process. 33% specified that their board was not trained, and 11% said they were unsure if the board was trained.

60% of those with policies said they had a requirement to hire staff, board and management who have expertise on a trauma and violence informed approach or lived experience, that they outlined the obligations of staff and management in applying a trauma and violence-informed approach, that they outlined the

steps involved in applying this approach consistently and a mechanism to investigate breaches of this policy.

63% of all respondents mentioned that the HR policies emphasized recruiting board, staff and management that understand violence and trauma.

Accessibility of Policy:

67% of organizations with policies said that they were available online, 33% also had a physical copy, and 16% stated that other formats such as large print and braille were available upon request. 16% said that their brochures on their policies and procedures were translated into different languages and are translated into further languages based on client request.

All organizations with policies said their policies were written in plain language, though one of them said some of the content contained a lot of jargon.

Program Findings

Preventing harm and maximizing inclusion

When asked about the potential for programs to increase harm for survivors/victims, all organizations talked about best efforts in design and implementation to prevent harm, but also shared some areas where there is potential for harm.

For example, organizations highlighted the following as areas of best efforts:

- Presence of multilingual staff and language-specific services
- Having a survivor panel and input from survivors in program development
- Taking steps to ensure safety, such as basic conflict-checking when providing legal services, asking for a safe email address, etc
- Providing ancillary support, such as food vouchers and support for religious observations
- Adopting a Case Management Model to provide coordinated services through one case manager

Some areas of concern included the following:

- Resource challenges due to project work rather than long-term programming.
- Lack of specialized services for Muslim women in mainstream organizations, such as Muslim counsellors.
- The risk of providing virtual services if the survivor/victim is still living with the abuser. One organization stated that their policy required the client to not be

living with an abuser in order to qualify for remote services. This is done to maximize the safety of the client.

- Not having mandatory mental health support which could increase the level of trauma and prevent growth and healing.
- Some programs can have unintentional adverse impacts on survivors/victims, which may disproportionately impact equity seeking groups, such as Muslim women. For instance, VSDR highlighted challenges with accessing some external supports. When eligibility requires a victim to leave the abusive situation to qualify for support, it can heighten the risk for women who face additional barriers to exiting, such as Muslim Women. In addition, programs that require proof of abuse to qualify can leave victims of psychological injury at risk, particularly because coercive control and emotional abuse can be difficult to prove.
- One shelter highlighted the inability to control who is staying in the home and their efforts to minimize the triggers for residents. For instance, one client wanted to sleep with a knife under her pillow to feel safe. To ensure the safety of others, she was given a room with her own key. Another client's curfew time was adjusted so that she could finish her work day before returning to the shelter.

Training of staff:

In terms of training of those who deliver programs, organizations shared that staff were trained in a variety of fields depending on the role they were hired for. Staff had degrees in law and social work, and some were trained and registered therapists. One organization stated that their staff were trained in domestic violence and suicide assessment. As discussed in the policy section, most organizations trained their staff on a trauma and violence informed approach.

Inclusion of diverse groups of victims/survivors:

When asked whether programs have the effect of alienating or excluding certain groups of survivors/victims, leaders shared a number of ways in which they prevented exclusion, such as:

- Providing free programs.
- Alternating dates and times for online programs, such as webinars.
- Recognizing triggers, such as, assigning a different case worker if a caseworker has the same name as an ex-partner of the client.
- Case-workers dressing casually.
- Assigning a case worker from a specific racial background, if requested.
- Providing resources in plain language.
- Content/materials geared towards collectivist cultures with the goal of not alienating someone.

- Having a referral system in place so clients can be referred to the appropriate service if the organization cannot provide the service. All organizations stated that they had a referral system in place.

Some of the challenges shared include:

- Inaccessibility of online programs, such as webinars, to those without technology.
- Systemic challenges, such as financial eligibility criteria set by the government to receive legal services.
- Systemic challenges, such as ethno-specific services having a mandate to provide services to certain ethnic groups, excluding Muslim women and girls from other ethnic backgrounds.
- Eligibility criteria for transitional home programs and navigating the needs of women with young sons who are only eligible for family shelters, and members of the LGBTQIA2S+ community. (see [Snapshot Overview](#) section)
- Muslim-serving organizations could alienate some survivors/victims who are worried about confidentiality within their community, especially those who have faced spiritual abuse.

Feedback and consultation on programs:

All organizations said that diverse groups of survivors/victims were consulted when developing the programs that they reviewed. However, one mentioned that they were not sure if GBV survivors/victims were included, as those who were consulted were not asked to identify as survivors/victims. We did not hear any specifics about targeting LGBTQIA2S+ communities, and religious minorities for consultations. Consultation processes of organizations included co-creation of programs with survivors/victims, interviews and focus groups, and consulting with a survivor panel.

"I think we can do a better job in hearing from diverse Muslim women in terms of what they would like to see from us." - MRCSSI

22% of organizations mentioned they also consulted with partner organizations. According to one organization, staff understands "client is expert", and they also have staff that have lived experience as newcomers. As mentioned before, VSDR has a survivor panel that they consult with on all policy and programming matters, but there is no Muslim representation on the panel.

With respect to feedback mechanisms built into programs, all organizations stated that they had one. A variety of methods were mentioned, including:

- Surveys conducted during specific times of the year, pre and post-evaluation surveys for programs, and satisfaction surveys at the end of programming.
- Completing the “[Common Outcomes Report](#)” for program evaluation. (specific to Alberta)
- Anonymous feedback form on organizational websites in multiple languages along with a form embedded in staff email.
- Client evaluations on a chosen month with an evaluator.
- Asking for client testimonials and impact statements during specific times of the year.
- Client debriefs and verbal feedback.
- Phone and email feedback.

One organization specifically raised the difficulty of emailing surveys to clients due to safety concerns that came up. They would ideally like to have them anonymous on websites in different languages, so clients could fill them out without pressure when they feel safe.

We did not hear from service users directly about their opportunity for feedback on the programs. The questions around feedback and consultation were built into the focus group/interview questions following the guide’s launch. The participants who completed interviews before the guide’s launch did not have an opportunity to answer this question. A few participants who completed the interview after the guide’s launch chose not to answer this question.

Service Delivery Practices Findings

Service user experience with staff/management of the organization:

As we saw in the program section, organizations are adopting a variety of methods to deliver services using a trauma and violence-informed approach, such as recognizing triggers by providing alternative services from a different caseworker, casual dressing of staff, etc.

When organizations asked their service users about their experience, all said they felt safe and respected when receiving services. All respondents said that their experiences were validated. “Kind,” “respectful,” and “supportive” came up frequently when participants described their experiences with staff.

“Yes. they listened to me and asked sensitive questions and reminded me that I will be ok.” – Service User

However, some of them provided important insight on areas of improvement. We want to emphasize that detailed, targeted questions were added to the final version of the guide to get a better sense of service users' experience of services. However, since most of the interviews were conducted prior to the publication of the final guide, we received answers that spoke to participants' overall experience with services. We also recognize that targeted, detailed questions may lead to interview fatigue, and we tried to focus on the rich experiences shared by participants in the free-flowing conversation.

As mentioned in the human rights section, one participant mentioned her dissatisfaction with the quality of the interpreter and found prompts in phone messages confusing. One participant showed appreciation for the program she used being free of charge and the compassion that her service provider showed:

"It is good because it's free, this is very important. When you are going through abuse, you have a lot going on, they keep you focused on what needs to be done without taking away your pain as if you are some sort of machine. The compassion they showed me was beyond what I could imagine"

One participant indicated the importance of not making assumptions about one's culture and learning more about the person's culture: (see the [cultural safety](#) section)

"Know the background and where people are coming from"

Another participant talked about the importance of advocacy:

"I wish the organization could help people in my situation, who are in a waiting list for subsidized housing to push them up in the list. Somehow to collaborate and work with the housing organizations to be able to solve the person's problem."

Remote services:

We received mixed responses from service users when it came to remote services. Some said they had to wait a long time for call-backs. Privacy was also a concern for one participant in accessing remote services:

“Gap was that I was not able to go and meet privately but that is due to the pandemic.”

Some said availability via phone was beneficial and one participant appreciated that she could do therapy from her car.

This shows that client needs are different, and virtual or in-person support has to match clients' needs.

Strengths and Areas of Growth

Strengths	Areas of Growth
Policies <ul style="list-style-type: none">• Principles of Trauma and Violence-informed approach in a dedicated policy or embedded in other policies• Development of policies in consultation with survivors/victims and experts• Plain language of policies	<ul style="list-style-type: none">• Dedicated policy on Trauma and Violence-informed approach• Clear definition of “trauma” and “trauma-informed” in the policy• Inclusion of Muslim women, girls, trans, and gender-diverse people in consultations when developing policy• Mandatory staff, management and board training requirements in the policies
Programs <ul style="list-style-type: none">• Staff training in respective fields and trauma and violence-informed approach• Multilingual staff and language specific services• Free programs and flexibility in timings• Consultation with diverse groups of survivors/victims in development of programs• Existence of feedback mechanisms for service users• Plain language resources	<ul style="list-style-type: none">• Ensuring staff, management and board are completing mandatory trainings• Specialized, faith-based services, such as Muslim counsellors• Advocacy around financial and other eligibility criteria of some programs• Ensuring diverse groups of Muslim women, girls, trans and gender-diverse people take part in consultations around program development

<ul style="list-style-type: none"> • Caseworkers assigned as per client request 	<ul style="list-style-type: none"> • Access and safety around online programming • Access and safety around service user feedback mechanism
Services	
<ul style="list-style-type: none"> • Staff recognition of triggers • Service users feeling safe and respected 	<ul style="list-style-type: none"> • Safety and flexibility around providing services • Checks and balances around interpreters • Staff understanding of service user's worldview and background

Compliance with Integrated Feminist Anti Racism/Anti-Oppression (IF-ARAO)

“An Anti-Racism/ Anti-Oppression (ARAO) framework, at an organizational level, is a way of looking at our work in the sector, which allows us to change our personal and systemic practices in order to reduce or eliminate service barriers for...clients. It is a process that starts with continuous self-reflection as individuals and as organizations, but moves the organization (its staff, its volunteers and peers, and its board of directors) to concrete, planned changes to policy and programs”¹³ with the goal of better outcomes for clients. We must analyze the impact of policies, programs and practices on Muslim women, girls, trans, two-spirit, and genderqueer/gender non-binary individuals with an understanding of the broader context of power imbalances, racism, colonialism, sexism and ableism that impact their experience of violence, as well with the goal of subverting power imbalances and systems of oppression.

“An Integrated Feminist Anti-Racism/Anti-Oppression (IF-ARAO) lens allows us to analyze the ways in which forms of systemic oppression, including colonialism, racism, classism, ableism, homophobia, transphobia, ageism...and sexism marginalize survivors of violence, leaving them with less social, political and economic power than cis-gendered men in our society.”¹⁴ “An IF-ARAO framework is survivor-centered and focuses on the lives and realities of women and marginalized people. It affirms every survivor’s right to contribute to, and to determine, social, political, and economic changes in their lives. It affirms survivors’ right to safe spaces in the groups, agencies, and institutions they encounter in their lives, including their pathways out of violence and their healing journeys.”¹⁵

We recognize that an Anti-racism/Anti-oppression framework is not necessarily separate from a trauma and violence-informed approach and principles of

¹³ HIV Resources Ontario. Anti-Racism/Anti-Oppression <<https://www.hivresourcesontario.ca/sector-orientation/anti-racism-anti-oppression/>>

¹⁴ EMBRAVE. Who We Are <<https://embrave.ca/about/who-we-are/>>

¹⁵ The Peel Committee Against Woman Abuse (PCAWA). About Us <<http://www.pcawa.net/about-us.html>>

cultural safety. A trauma and violence-informed approach would also incorporate an Anti-racism/Anti-oppression framework and cultural safety. To learn more, see our [review guide](#).

Following the guide, the organizations that participated in this project addressed the questions in the chart below as they reviewed their policies, programs and services to check for compliance with an IF-ARAO framework:

<p>Policy questions</p>	<ul style="list-style-type: none"> • Does my organization contain a policy on ARAO? • Are ARAO principles embedded in all policies? • Did my organization consult or learn from the lived experience of GBV victims/survivors to create the ARAO policy or the policies that have the ARAO principles embedded in them? • In addition to GBV victims/survivors, were perspectives of vulnerable, isolated and at-risk women, girls, trans, two-spirit and non-binary individuals considered? Were they consulted? • Do the policies specifically acknowledge the historical systems of power and oppression, the colonial legacy of Canada as well as the current existence of racism in our society? • Do the policies have the effect of perpetuating systemic racism against vulnerable groups, including Muslim women and girls? • Do the policies contain requirements of ARAO training for management, staff and board? • Are accountability measures built into the policies to measure compliance with ARAO principles? Do they lay out the steps for investigating complaints or breach of this policy? Do the HR policies emphasize the hiring of diverse staff and management and appointing a diverse board to ensure representation of service users? • Are the policies readily available and accessible for all? (In various languages and formats, including ASL and braille)? • Are they written in plain, easy language? • Are they placed in a location that people can easily access? • Do the process of creating policies and the language of the decision-making provisions outlined in them centre the lived realities of diverse groups of GBV victims/survivors, including Muslim clients? Who creates the policies? • Is there an opportunity and a safe space for feedback on policies by management, staff and service users?
<p>Program questions</p>	<ul style="list-style-type: none"> • Is the program design informed by lived experiences of service users, i.e. diverse groups of GBV victims/survivors? • Is the program designed in a way that could alienate any group or discourage them from using the program? In our case, we

	<p>would be looking at whether it excludes Muslim women, girls, trans and non- binary people in any way. (Consider content, process and framework of the program)</p> <ul style="list-style-type: none"> ● Is the program implemented in a way that has the effect of alienating any group or discourages them from using the program? ● Is there a mechanism for regular feedback from clients on whether the program addresses their needs? Describe the mechanism ● Were GBV survivors consulted in designing the programs, and is there a consultation mechanism in place? What is the consultation process? ● Are there resources for staff training for serving diverse clients? ● Are trainings being completed by staff? ● Are there resources for staff wellness to maximize services for diverse clients? Are staff wellness resources being used?
<p>Service-related questions</p>	<ul style="list-style-type: none"> ● Are staff and management perpetuating systems of inequality and oppression through their words and actions? ● Are clients feeling safe and understood when accessing services? ● Are services being advertised in various languages and formats? ● Are clients being responded to in a timely manner? ● Are clients' agency to make their decisions and express their needs being respected?

Policy Findings

Existence of Policies:

Most organizations (56%) said they had a policy on ARAO. For those who don't have a dedicated policy, ARAO is either an assumed part of their existence informing their entire business model, or ARAO principles are incorporated in another policy.

Content of Policies:

When asked if the policies specifically acknowledged the historical systems of power and oppression, the colonial legacy of Canada as well as the current existence of racism in our society, 67% stated that they did. 67% stated they had requirements for ARAO training for management, board and staff in the policy.

Since the question about accountability measures was not asked in the guide prior to its launch, most organizations did not have an opportunity to speak to this. Only one responded that their policies contained accountability measures to check compliance with ARAO principles.

33% mentioned that the process of creating policies and decision-making provisions outlined in the policies centred the lived realities of diverse groups of GBV victims/survivors, including Muslims.

71% (whether or not they had a policy on ARAO) said that the HR policies emphasized the hiring of diverse staff and management and the appointment of a diverse board to ensure representation of the client group.

Feedback and consultation:

63% of the organizations who have policies, or have principles embedded in other policies stated that they created the policies in consultation with GBV survivors/victims. However, we did not get a sense of the diversity of groups within those who were consulted.

38% stated that perspectives of vulnerable, isolated, and at risk women, girls, trans, two-spirit and non-binary individuals were considered. 25% stated that while at-risk populations were considered, there is a need to work on considering the perspectives of trans, two-spirit, and non-binary individuals. We believe that considering perspectives of women and gender-diverse individuals who are at risk, but have not necessarily experienced violence may be beneficial for added and unique perspectives on ways to address risk factors and mitigate risks of violence through education, referrals, etc.

Accessibility:

67% of organizations said that the policies were available and accessible, although only one of them mentioned that they had them available in both paper and electronic format, along with interpreter services for policy interpretation and brochures in 11 languages. For others who specified how accessible their policies were, they mentioned it was only available in English or other formats were available upon request. The majority stated that policies were placed in a location that was easy for people to access. 83% said the ARAO policies were in plain language.

Program Findings

Centering the voices of diverse groups of survivors/victims:

85% of organizations stated that program design was informed by lived experiences of service users, i.e. diverse groups of GBV victims and survivors. For example, one organization stated that they developed their human trafficking education programming by partnering with survivors of sexual violence and human trafficking.

As mentioned in the Trauma and Violence-informed Approach section, when asked whether programs have the effect of alienating or excluding certain groups of victims/survivors, organizational leaders shared a number of ways in which they prevented exclusion, such as:

- Providing free programs.
- Alternating dates and times for webinars.
- Recognizing triggers, such as, assigning a different case worker if a case worker has the same name as an ex-partner of the client.
- Case workers dressing casually.
- Assigning a case worker from a specific racial background, if requested.
- Providing resources in plain language.
- Content/materials geared towards collectivist cultures with the goal of not alienating someone.
- Having a referral system in place (all organizations have this) so clients can be referred to the appropriate service if the organization cannot provide the service.

Additional insights shared in this section about design and implementation included:

- Having diverse staff on a team who represent target groups and have lived experiences as immigrants or refugees.
- Providing disclaimers and trigger warnings for content during educational sessions, and creating safety within online space by removing participants who behave in an inappropriate manner and flagging them for future presentations.
- One organization shared that it wasn't the design that was the issue, but for certain demographics, there was not enough capacity, for example, providing long-term, constant care for older clients.
- Providing interpretation within 60 seconds.
- Having a welcoming and accessible physical space.

*For findings on feedback from and consultation with service users in program development, please see the [Trauma and Violence-Informed Approach](#) Section.

Staff training on working with diverse clients:

89% of organizations said they had resources for staff training, either internally or through external networks. 22% mentioned that staff had the opportunity to explore and request trainings on interested areas. Majority said that trainings were being completed by staff, and 44% stated that they had it as part of a mandatory or structured practice.

When asked whether there were resources for staff wellness to maximize services for diverse clients, all said yes. These included health benefits, allocated wellness days, group activities, workshops on vicarious trauma and debriefing with a mental health lead. However, one organization mentioned that given the reduced capacity of the organization and the workload, more resources were necessary for staff wellness.

Service Delivery Practices Findings

Service user experience with individuals staff members:

We received overwhelmingly positive responses when organizations asked service users about their experience with staff when receiving services. All respondents said they felt safe and respected when interacting with staff.

A recurring theme in participant responses was that they were unaware of available services before needing help. Most respondents (65%) stated that they did not know about the available services before they needed help, 10% said they knew a little bit, 15% said yes, and 5% said they knew about services in Toronto, but not in the region where they were located, and 5% said they did not know about Muslim specific services.

When participants were asked how organizations could improve in providing services for victims/survivors of GBV, the recurring theme was around educating service users about the available services and organizations:

“Maybe having more advertising about where to get help in community centres and in different languages.”

I truly wish I had known about them before. I would suggest mosques having people (peer groups, counselling) that women and young people can talk to, even if it's through the phone – or having the organization have a poster in the local mosque letting them know about services. CCMW can put something on the radio channel about available services. We need more awareness of services. We need safe spaces for talking about LGBTQ issues, bullying, etc.”

“Partner with the police – so when they come they can educate women about services. In the schools, the counsellors can be a big help. Partner with schools to give parents information about services”

There is clearly a need for better advertisement and education of services so that survivors/victims are not at a loss of where to find help when they are in a situation of crisis. To align with an ARAO framework, it is crucial to ensure that services are being advertised widely, in various ways, and in different languages and formats.

Strengths and Areas of Growth

Strengths	Areas of Growth
<p>Policies</p> <ul style="list-style-type: none"> • Existence of ARAO principles in a dedicated policy or other policies • Consultation with victims/survivors in developing policies 	<ul style="list-style-type: none"> • Dedicated policy on ARAO • Consistent content, including the colonial legacy of Canada and racism in our society, requirements for ARAO training for management, board and staff, and mechanism for complaints and investigations of breach of the policy • Prioritization of hiring diverse staff and management and

	<ul style="list-style-type: none"> appointing diverse board members in HR policies • Consultation with diverse groups of survivors/victims and at risk- people (including Muslim women, girls, trans and gender diverse people) in developing policy • Availability of policies in different languages and formats
Programs	
<ul style="list-style-type: none"> • Diversity of staff • Multilingual staff and language specific services • Free programs and flexibility in timings • Plain language resources • Caseworkers assigned as per client request • Existence of feedback mechanisms for service users • Program design informed by lived experiences of service users • Referral system • Staff training and staff wellness resources 	<ul style="list-style-type: none"> • Ensuring diverse groups of Muslim women, girls, trans and gender-diverse people take part in consultations around program development • Access and safety around online programming • Access and safety around service user feedback mechanism
Services	
<ul style="list-style-type: none"> • Service user feeling of safety and being respected 	<ul style="list-style-type: none"> • Service user knowledge of services and organizations • Advertisement of services and outreach

Compliance with Cultural Safety

The concept of “cultural safety” extends beyond “cultural awareness,” “cultural competence,” and “cultural sensitivity”. Cultural safety is the outcome we achieve through respectful engagement and understanding and addressing the power imbalances inherent in our systems.¹⁶ It urges service providers to recognize the impact of their personal culture on their professional practice. The practice of cultural safety prioritises how service users define safety for themselves.¹⁷ A culturally safe environment is where people with diverse backgrounds and experiences feel spiritually, physically, socially and emotionally safe and free from discrimination and a denial of their identity and needs.¹⁸ It is a way of working

¹⁶ First Nations Health Authority. Cultural Safety and Humility <<https://www.fnha.ca/what-we-do/cultural-safety-and-humility>>

¹⁷ Culturally and Linguistically Diverse Projects with Action Research initiative (2020). Cultural Safety Principles and Guidelines <<https://d2rn9gno7zhxqg.cloudfront.net/wp-content/uploads/2020/04/20101356/CALD-PAR-Cultural-Safety-2020.1.pdf>>

¹⁸ Ibid.

rather than specific knowledge about cultures.¹⁹ To learn more, see our review [guide](#).

Following the guide, the organizations that participated in this project addressed the questions in the chart below as they reviewed their policies, programs and services to check for compliance with cultural safety:

<p>Policy questions</p>	<ul style="list-style-type: none"> • Does my organization have a policy on cultural safety? • Are principles of cultural safety embedded in other policies across the organization that are relevant to specific groups, such as GBV victims/survivors who identify as Muslim? • Does the cultural safety policy or other policies with cultural safety principles embedded in them articulate principles of cultural safety as a vision and goal of the organization's practices? • Do the policies lay out the duties of the organization in conducting cultural safety training for staff and management? • Do service users have access to the policies? Are the policies made available to diverse groups of service users, i.e., in different languages and formats? Do they lay out the responsibilities of staff, board, and management in practising cultural safety? • Do they lay out the steps involved in ensuring consistent application of this policy? • Do they lay out the steps in investigating complaints of breach of this policy? • Were policies created in consultation with and based on the expertise of diverse marginalized groups, including members of the BIPOC, faith-based, disability and LGBTQIA2S+ community?
<p>Program questions</p>	<ul style="list-style-type: none"> • Who was involved in developing the program? Do they represent the target groups that the programs are meant to serve? If not, do their knowledge and skills reflect an understanding of the cultures and practices of target group service users, and an ability and willingness to learn from their experiences? • Are program facilitators trained in cultural safety or do they represent the target groups? • Were target groups consulted for the design and implementation plan of the program? • Does any aspect of the design or implementation perpetuate stereotypes about other cultures or the experiences of others?

¹⁹ Kathleen Martin. Charles Darwin University Centre for Remote Health. Culturally Safe Practice <<https://ntcoss.org.au/wp-content/uploads/2014/10/Culturally-Safe-Practice-2.pdf>>

<p>Service-related questions</p>	<ul style="list-style-type: none"> • Even if those who are delivering the services are trained in cultural safety, are they practicing it on the ground? • What is the client/service user's experience? • Are service providers using language that is advancing stereotypes against certain cultures? Are they speaking in a condescending manner, without allowing the clients to express their needs and share their experiences? • In the efforts to ensure cultural safety, are they inadvertently excluding other groups? (e.g., minority sect Muslims, LGBTQIA2S+ Muslims)
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Policy Findings

Existence and content of policies:

Only 22% of organizations stated that they had a cultural safety policy. However, the majority (88%) said they had cultural safety principles built into other policies or guidelines. 60% said the policies had requirements of cultural safety training. 75% said the policies laid out the responsibilities of staff, board, and management in practising cultural safety. 75% stated that the policies contained steps involved in ensuring consistent application of the policy. All respondents said the policies contained steps in investigating breach of consistent application of this policy. 67% said they were created in consultation with diverse marginalized groups, including members of the BIPOC, faith-based, disability and LGBTQIA2S+ community.

Accessibility of policy:

80% of organizations said that their policies were accessible, but one said they are not available in different languages. Another said different formats were available upon request.

Program Findings

Consultation with service users:

All organizations developed programs with input of service users along with a combination of board members, management, and external researchers with representation from their respective target groups, such as Muslim, Arabic speaking women, women of colour, immigrants, and newcomer women. However, some mentioned that not all target groups could be represented. We recognize that it is not possible to have input from individuals with all intersections of

target groups, especially in mainstream organizations that serve a large number of communities.

All organizations said their staff/program facilitators represented target groups. One mentioned the informal ways in which they practiced cultural safety, by doing activities on the diversity and power dynamics within Muslim communities, for example, in the case of religious minorities within Muslims.

Grounding program design and implementation in the experiences and cultures of diverse groups:

All organizations talked about their efforts to make sure that design and implementation do not perpetuate stereotypes about other cultures or experiences of others. However, one mentioned that in providing specialized services, there may be bias against mainstream organizations. A Muslim organization stated that they received some feedback around clients feeling that Muslim-specific resources perpetuate stereotypes against Muslims as more violent. Another mainstream organization said that they tried their best to not make assumptions about Muslims, for example, that the extended family would be involved in intimate partner violence.

We heard from a number of service users about the importance of having faith-specific services within mainstream organizations:

“Main-stream organizations should have faith-based counselling. Hire a Muslim counsellor, for example... I wanted my daughter to get a Muslim counsellor. Didn't want a white counsellor giving her advice that is not in line with the values of my faith.”

“Know the background and where people are coming from.”

They also emphasized the importance of having language-specific services.

Practicing cultural safety within program design and implementation would ensure that there are systems in place so that services can be provided according to the needs of diverse clients.

One participant also talked about the importance of having spaces to talk about needs of LGBTQIA2S+ community, bullying etc.

Service Delivery Practices Findings

Service user experience with individual staff members:

Overwhelmingly, service users reported being satisfied with services and their interactions with staff. As mentioned in the previous sections, participants felt safe and respected, and in most cases, felt supported. Some participants shared specific areas of improvement in the area of practising cultural safety.

Service providers' humility, and knowledge and understanding of service users' cultural and religious values:

A number of participants talked about the importance of service providers ensuring that women who are seeking services have an understanding of their faith. They talked about the importance of separating true Islamic values which empower women, versus what may be practised by some in the community in the name of Islam. They wanted service providers to empower women to understand their rights in Islam, and to help them understand that abuse is not acceptable in their faith. As one of our organizational leaders mentioned, a lot of clients want "faith-based validation."

For example, one participant mentioned that a lack of understanding of the Islamic faith could lead mainstream counsellors to cause more harm by advising children to cut ties with their father. However, if the mother (the survivor/victim) feels that despite the end of the relationship, she would want the child to have a relationship with the father, and practice forgiveness according to her faith, that choice should be respected by the service provider.

Agency of service users' in expressing and addressing their needs:

We also heard mixed responses from service users about their experience of getting help from the community. Some did not choose to share their situation in the community, some found Imams unhelpful while others did. Therefore, referrals should also be provided carefully and after consulting with the client.

As we discussed, practising cultural safety would entail not making assumptions through the lens of one's own worldview, and allowing the client to decide what is safe for them. A client-centred, culturally safe approach would therefore not force a survivor/victim to leave a relationship if there are factors that could put them at more risk by leaving, for instance, precarious immigration status, financial dependence, lack of support in the community, etc.

Strengths and Areas of Growth

Strengths	Areas of Growth
Policies	
<ul style="list-style-type: none"> • Cultural safety principles embedded in other policies 	<ul style="list-style-type: none"> • Dedicated cultural safety policy containing its principles, training requirements, steps for consistent application of the policy and investigations of breach of the policy • Availability of policy in various languages and formats • Consultation with diverse groups of service users, including Muslim women, girls, trans, and gender-diverse people
Programs	
<ul style="list-style-type: none"> • Consultation with target groups in program design • Representation of target groups among staff 	<ul style="list-style-type: none"> • Specialized services for Muslim service users, such as faith-based counselling, in mainstream organizations
Services	
<ul style="list-style-type: none"> • Service user feeling of safety and being respected 	<ul style="list-style-type: none"> • Knowledge and understanding of service user's cultural and religious values • Providing services according to needs expressed by clients, whether it is faith-based or non-specialized supports

A Strategy for Change

We hope that the review we have presented in this report will serve as a starting point for more in-depth and larger scale reviews as well as more conversations around how best to support Muslim women, girls, trans, two-spirit and gender non-binary people who are experiencing or are at risk of GBV.

We are extremely grateful to our partner organizations, who are leaders in the field and are already setting an example in many ways on preventing and addressing GBV in diverse communities. However, we believe that we can always do better. The collective learnings from this review, both in terms of strengths and areas of growth have been combined to come up with an initial set of recommendations that organizations can adopt as a way forward for change. Below, we present these recommendations for best practices, and where appropriate, provide ideas for key performance indicators to measure change.

Overall Approach and Broad Strategies

- Using the combined lens of human rights, a trauma and violence-informed approach, integrative feminist ARAO and cultural safety, begin with the understanding that Muslim communities are diverse, and the needs of women, girls, trans, and gender-diverse individuals who identify as Muslim will differ based on their intersectional subject location.
- Understand that any kind of strategy to assist Muslim women, girls, trans and gender-diverse individuals facing violence must be underpinned by an equal effort to prevent Islamophobia, racism, and prejudices against Muslim communities. In other words, no efforts to address GBV in Muslim communities should make assumptions or perpetuate the stereotype that Muslim communities are more violent and less supportive of victims/survivors than others.
- Increase outreach in the community to get a better sense of the needs of groups who are not coming forward, such as those facing sexual violence, human trafficking, and workplace harassment, etc. Partner with mosques, community centres, and Islamic schools to see where there is a significant population of Muslims, and advertise services in those spaces. Apply for funding for greater outreach activities, including funding for translation of resources in various languages.
- Advertise services widely by creating plain language brochures and flyers, translate them into various languages and formats, and hold public education workshops on what GBV is, and available services in various languages. Target ethno-specific radio and TV channels, high schools, post-secondary institutions, day care centres, mosques, and convenient stores to advertise services and distribute flyers.

Examples of Key Performance Indicators:

- The number of high schools and post-secondary institutions flyers were distributed to in one year.
 - The number of times flyers were requested by institutions over a period of one year after the initial set was distributed.
 - The total number of flyers provided to institutions in one year.
- Data collection is key. Organizations should collect demographic data on their service users to determine the percentage of Muslim clientele and have a better understanding of their predominant service needs. Surveys can be built into initial intake forms where case workers collect data on one's faith, gender identity and expression, age, income level, affiliation with a specific sect of the religion, ethnicity, immigration status, and language needs. Disaggregated

data should be collected in a client database.

- Focus on greater coalition building between Muslim-serving and mainstream organizations. Consistent dialogue and learning between the two can enhance coordination and supports for Muslim survivors/victims. Reach out to credible Muslim organizations, such as CCMW and the National Council of Canadian Muslims (NCCM) for a list of credible resources and other Muslim organizations across the country. Organizing a symposium on GBV services can bring together organizations from various sectors both in the mainstream and community space to learn about each other's existence and strategize on ways of working together.

Examples of key performance indicators:

- For mainstream organizations: Number of credible and reputable Muslim organizations on the roster for referrals, advice, and consultation.
 - For Muslim serving organizations: Number of credible and reputable service providers across a wide variety of sectors (legal, mental health, housing, etc) on the roster for referrals.
- Engage in mutual training and education where Muslim serving organizations can train mainstream organizations on the basics of Islam and working with Muslim women, and share resources. Also, mainstream organizations can train Muslim service providers, such as counsellors and Imams on the various facets of gender-based violence, as well as engage in conversation around the safety and rights of minority Muslims, such as members of the LGBTQIA2S+ community.

Examples of key performance indicators:

- Number of trainings completed annually.
 - Number of staff that complete each training in a year.
- Depending on the limits of their mandate, organizations should prioritize systemic advocacy on issues pertaining to marginalized groups, such as financial eligibility criteria for services and supports (e.g. legal services), and formal ways for systems to recognize emotional/psychological abuse when providing services.
 - A significant theme that came up in this review is the fear of stigma, shame and ostracization from their social circle that prevents survivors/victims from speaking about the abuse. Organizations should have a long term goal to continue educating the community about ways to not only recognize different forms of violence, particularly emotional/psychological violence, but also support survivors/victims by providing them with safety and care within the community. This should be a priority for Muslim-serving organizations and

faith leaders in particular, where there is already a general level of trust and rapport with the community. This education should extend to all community members, where the goal would be to create shifts in mindsets of extended family members, neighbours and others in survivor/victims' social network, and enable survivors/victims to reach out without the fear of stigma. Education should be provided from an ARAO framework, where educators refrain from stereotyping the community and families of Muslim women as inherently unsupportive. We have seen from the experiences of our focus group/interview participants that this is not the case. It is also important to keep in mind that stigma is not exclusive to the Muslim community and exists in multiple groups and communities.

Specific Policy, Program and Service-Related Recommendations

Human Rights

Policy recommendations:

- Have a dedicated policy on anti-discrimination and harassment according to the relevant human rights legislation. It should contain clear language about intersectionality and the disproportionate impact of GBV on women, girls and gender-diverse individuals, what discrimination and harassment are, staff and management obligations, right of service users and complaint mechanisms.
- Educate and train all staff, board and management on the policy.
- Educate every individual that receives services on their rights to be free from discrimination or harassment while receiving services.
- Make education and training mandatory for employees, board and service users and have this requirement embedded in the policy.
- Have a detailed, plain language version of the policy available online and in print (accompanied by infographics or short-form brochures). Translate the policy, infographics and brochures into the languages spoken by clients. Email to clients and explain the policy to them on the phone or Zoom if providing remote services. Otherwise explain in-person and provide a paper version to service users to have and refer to. Have paper versions available in the physical office space in a location where service users can easily read it and access it.

Program recommendations:

- Determine your target group for services and have language-specific services by hiring staff that speak the language and/or having access to interpreters.
- Vet interpreter quality. Ask clients about interpreter experience after first contact. Provide an alternative interpreter as quickly as possible. Have clients complete surveys on interpreter quality.

- Provide flexible timing of programs such as crisis calls and food banks to maximize access for everyone.
- Look to specific laws around disability rights (e.g., *AODA* in Ontario) and make programs compliant with them.
- Take inventory of where all programs are delivered in-person and strategize on making those spaces more physically accessible.
- Whenever there are workshops or group sessions where food is served, arrange for halal food. Food vouchers to Muslim women and girls should include options to buy halal food.
- Vet physical spaces to accommodate for prayer space.
- Make spaces child-friendly with activities for children.
- Design programs to deliver them not only in different languages, but with ASL interpretation, and design resources in different formats. (including large print and braille)
- Have a consistent and accessible feedback mechanism built into the programs.

Service delivery recommendations:

- Consistently check in with clients about their accommodation needs. (timing of program, halal food, prayer space, etc.)
- When programs are delivered, be mindful of prayer times for clients and provide necessary breaks for prayer.
- Reduce long wait times on the phone. Have a process where clients can immediately get access to someone without having to go through multiple prompts.
- If physical space is not accessible, provide alternatives to clients to meet in a safe place.

Examples of Key Performance Indicators:

- Number of staff, board and management team members who complete training on human rights policy upon starting work with the organization, and every time the policy is updated.
- At the end of each year, the number of service users who indicate that their knowledge of human rights laws and their rights to anti-discrimination and anti-harassment has increased after coming to the organization.
- Over a period of time, increase in the number of service users accessing programs, such as food banks and helplines after increased flexibility in timings.
- Increase in diversity of staff, board and management and the languages in which services are provided over a period of time
- Over a period of time, increase in client attendance to meetings and workshops after providing accommodation for food, prayer space and childcare arrangements.

- Over a period of time, the number of complaints around discrimination and harassment by service providers after clients have been educated thoroughly on their rights.

Trauma and Violence Informed Approach

Policy Recommendations:

- Have a dedicated policy on a trauma and violence approach with the following elements:
 - Requirement to hire staff, board and management who have expertise on trauma and violence informed approach or lived experience
 - Obligations of board, staff and management in applying a trauma and violence-informed approach
 - Outlining of steps involved in applying this approach consistently
 - A mechanism to investigate breaches of this policy
- Have a panel of survivors/victims identifying as women, girls, trans and gender-diverse (for Muslim serving organizations, this would include minority groups within Muslim communities) to advise on program design and implementation.

Program Recommendations

- Ensure all staff and management are completing training as part of a structured, mandatory and ongoing process.
- Ensure mandatory training for board members.
- Enhance client safety by having a client-informed approach to program design. For instance, requiring clients to leave an abuser in order to receive virtual services may increase harm. A more trauma-informed process could include asking clients if they have an alternative place to access technology, such as the car, or a neighbour's home. Just because a client has left the abuser does not mean their devices are not being tracked and just because a client is still living with the abuser does not mean they have no safe space to access technology. Inquire clients about safe access. If possible, provide them with a device and ask them to keep it in a safe place.
- Mandatory mental health support can be helpful, but some survivors/victims may not be ready. Perhaps a mandatory session on the importance of mental health support, ensuring confidentiality to curb feelings of stigma and shame, and flexible options for mental health support could increase participation.
- Have a robust referral system, including prompt coordination between mainstream and Muslim serving organizations, to accommodate for client needs. For example, if a client reaches a mainstream shelter but expresses need for a Muslim shelter, refer them to a Muslim shelter and vice-versa.

Mainstream shelters should make efforts to have halal food, prayer spaces and other accommodations for Muslim clients, so that someone who does not want to be in a predominantly Muslim space due to confidentiality concerns can still find shelter and practice their faith.

- Have a consistent feedback mechanism for service users, such as an anonymous form on the website in plain language, different languages and formats. Educate clients about the existence of the form.
- Have in-person alternatives for webinars and online programs for those who do not have access to technology.
- Engage in conversations with partner organizations on balancing needs of different groups, such as the safety of women in shelters, and ensuring survivors of violence from the LGBTQIA2S+ community have access to shelters.
- Have a panel of survivors/victims identifying as women, girls, trans and gender-diverse (for Muslim serving organizations, this would include minority groups within Muslim communities) to advise on program design and implementation.

Service delivery recommendations:

- Exercise compassion without making any judgments or assumptions about someone's faith or other identities.
- Check in with client on preferences for services. (e.g. remote versus in-person)
- When providing remote services, ask questions about safety at home, and assess client needs.
- Provide what the client needs.
- If a shelter is unable to provide a safe space for, for example for LGBTQIA2S+ community members, ensure prompt referral to a shelter where they would be safe.
- Ensure clients are given resources and information about mental health support. Ensure that emotional support is incorporated into all service provision as an element of practice, separate from formal mental health support and/or professional counselling.

Examples of Key Performance Indicators

- The number of staff members, board and management team members completing training on the policy and trauma and violence informed approach.
- Number of Muslim survivor/victims on the survivor panel in a mainstream organization, and diversity of Muslims in the panel in Muslim-serving organizations.
- Satisfaction of clients and survivor panel when reviewing policies, programs, and services.
- Increase in the number of clients (who need mental health support) accessing mental health support.

- Increase in the number of clients providing anonymous feedback after having the feedback form accessible in various languages and formats.
- Feelings of client safety, respect, and satisfaction at the end of each program.

IF-ARAO Framework

Policy recommendations:

- Ensure a dedicated policy on ARAO, that specifically incorporates an integrated feminist framework and centres the voices of diverse groups of survivors/victims, including Muslim women, girls and gender-diverse people.
- Ensure that Muslim women, girls, trans, and gender-diverse people's voices are included in the consultation process when creating the policies. Have a panel of survivors/victims identifying as women, girls, trans and gender-diverse (for Muslim serving organizations, this would include minority groups within Muslim communities) to advise on program design and implementation.
- Ensure that policies
 - Acknowledge the historical systems of power and oppression, the colonial legacy of Canada as well as the current existence of racism in our society.
 - Have a requirement for ARAO training for management, board and staff.
 - Have accountability measures built into the policies to measure compliance with ARAO.
 - Lay out the steps in investigating complaints of breach of this policy.
- Ensure that the policy acknowledges survivors/victims of GBV as experts of their own lived experience.
- Ensure the ARAO policy is available in plain language and different languages and formats, that clients are educated about the policies and that they are in a location where all can read and access the policy.

Program Recommendations:

- Have a diverse staff team with lived experience and representation of target groups, and languages specific services
- Make sure staff training is built into programming as a mandatory part of employment.
- Ensure staff and board trainings are being completed.
- Board training should also be mandatory.
- Hire a mental health coach, or counsellor for staff to address and prevent vicarious trauma.
- When it comes to staff wellness, breaks for self-care or group activity days should be coupled with reduced staff workload as work priorities can prevent staff from participating in self-care or group activities.

Note: For further recommendations, see the previous section on [Trauma and Violence-informed Approach](#)

Service delivery practice recommendations:

- Advertise services widely, in different languages.
- Provide flyers in mosques and other community organizations, such as settlement agencies or languages classes, daycare centres, secondary schools, high schools, colleges and universities.
- Work with police to train them to provide information and brochures about services to clients.
- Advertise in ethno-specific and mainstream TV and radio channels.
- Post widely on social media.

Note: For further recommendations, see the section on [Overall Approach and Broad Strategies](#).

Example of Key Performance Indicators

- The number of staff members, board and management team members completing training on the policy and ARAO framework when starting to work with the organization and any ongoing training
- Number of Muslim survivor/victims on the survivor panel in a mainstream organization, and diversity of Muslims in the panel in Muslim serving organizations
- Satisfaction of clients and survivor panel when reviewing policies, programs, and services
- Increase in staff productivity and performance due to wellness strategies
- Increase in the number of clients providing anonymous feedback after having it accessible in various languages and formats
- Feelings of client safety, respect, and satisfaction after the end of each program
- The number of spaces flyers were distributed to in one year.
- The number of times flyers were requested by institutions over a period of one year after the initial set was distributed
- The total number of flyers provided to institutions in one year

Cultural Safety

Policy Recommendations:

- Have a dedicated cultural safety policy that outlines the contents mentioned in the guide questions.

- Have a panel of survivors/victims identifying as women, girls, trans and gender-diverse (for Muslim serving organizations, this would include minority groups within Muslim communities) to advise on policy development.
- Have the policy accessible in different languages and formats in an accessible location.

Program recommendations:

- Seek to diversify staff, board, and management to represent as many target groups as possible. (both in mainstream and Muslim-serving organizations)
- Have a panel of survivors/victims identifying as women, girls, trans and gender-diverse (for Muslim serving organizations, this would include minority groups within Muslim communities) to advise on program design and implementation.
- Muslim organizations can collaborate with mainstream organizations to train and educate on the Islamic faith and train them to empower women and gender-diverse individuals through Islamic guidelines.
- Mainstream organizations should understand that Islam and Muslims are diverse and seek out the right resources to help them.
- Collaborate with religious leaders but research on their credibility to prevent harm and re-traumatization.

Service delivery practice recommendations:

- Refrain from assumptions about the experiences and faith of women, trans, two-spirit and gender-diverse individuals who identify as Muslim.
- Create safety by understanding the client's reality and asking them what they need and want.
- Getting trained on how to work with Muslim women and learning basic principles and values of Islam.
- Empowering women, trans, two-spirit and gender-diverse individuals who identify as Muslim by providing emotional support through empowerment and compassion and without stereotyping their community.
- Staff in Muslim serving organizations can gain education on how to work with the Muslims who are from the LGBTQIA2S+ community.

Example of Key Performance Indicators:

- The number of staff members, board and management team members completing training on the policy and cultural safety framework

- Number of Muslim survivors/victims on the survivor panel in a mainstream organization, and diversity of Muslims in the panel in Muslim serving organizations.
- Satisfaction of clients and survivor panel when reviewing policies, programs, and services
- Increase in the diversity of Muslim clients reaching out for services. (young women, older women, religious minorities, gender-diverse individuals)

Acknowledgments

I would like to extend my heartfelt gratitude to our Advisory Committee for valuable feedback during different phases of the project, and our reviewing partners without whom this project would have been impossible. Your time, knowledge, expertise and support are the backbones of this project. I am grateful to our Executive Director, Nuzhat Jafri, and my team members, Zainab Jamal, Hana Shafi and Sabrine Azraq for their unwavering support, valuable input, and assistance. Last but not least, we give thanks to our funder, Women and Gender Equality Canada (WAGE) whose funds allowed us to turn our creative vision into a reality.

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This guide was made possible through financial support from the Federal Department of Women and Gender Equality (WAGE).



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