

Session #1

February 10th at 1:00 PM

**Please note that we did not ask for any information pertaining to the demographic of participants, as they were expected to complete the demographic questionnaire*

Role of Gender Inequality in Daily Life

Q1: When you think about your day-to-day life in Toronto, what are some common barriers or other challenges that you and your clients (survivors and victims of GBV) experience?

- *[Lack of safe space and resources]*
 - As per HT survivors, if they are in the process of leaving an abusive situation, or just had recently left, it is still dangerous for them (especially women) since abusers/traffickers can actively be looking for them
 - “Just because victims get out, it doesn't mean that it is over”
 - Especially since the start of the recent pandemic, there has been an increase in individuals trafficked into pornography and live illicit video, as well as filmed prostitution
 - “Violence never ends, victims never truly escape the totality of the cycle of abuse”
- *[Lack resources and housing]*
 - There are so many different barriers one may experience that impact their physical, mental, financial, and housing status – there is a challenge to support victims/survivors and provide support accordingly
- *[Navigating trauma and substance abuse]*
 - when working with survivors and victims of GBV, trauma is significant, especially when many are constantly living in fight or flight state
 - This can further harm survivors, resulting in substance abuse
 - Especially for service providers, it is important to ensure that there is a trauma-informed lens that is being utilized when working with survivors and victims navigating barriers and trauma
- *[Housing]*
 - There needs to be an emphasis on stable housing for survivors and victims of HT/GBV, there is a great need for safe houses
- *[Sense of community, and the lack thereof]*
 - Survivors of GBV may feel isolated and alone, especially when they do not have access to a safe community to lean on
 - When Survivors escape physical violence, there needs be a better support system in place to aid the emotional violence they endured
- *[Access to daycare]*
 - There needs to be better access to meaningful childcare, especially in terms of financial affordability and also flexible time schedule

- Possible a center that is open to watch children during afternoon/midnight shifts for survivors who need to work multiple jobs to support their children and herself
- *[Access to mental health services]*
 - There needs to be a greater emphasis on mental wellness; better recovery/harm-reduction strategies and models in place throughout the City
 - Currently, there is not enough access to recovery spaces for women who experienced GBV and HT
 - Waitlist timeline to access mental health services can further victimize and potentially cause further harm
- *[Support services for frontline workers]*
 - “What are we doing to protect the workers running these services/shelter/hotline?”
 - Since the onset of covid, frontline workers need to produce more effort to make services accessible
 - With the large volume of requests from people accessing support services, there is a heightened intensity in workload & emotional intensity & capacity overload for service providers
 - At the same time, this is also causing many survivors to wait to access help/services

It is important to consider “how can the City create spaces for collective healing rather than individualized work?”, especially when the day-to-day life for a person living in Toronto is intertwined with many underlying barriers at the same time

Impact of COVID-19

Q2: How has the City's response to the COVID-19 pandemic impacted women experiencing violence?

- *[The issue of wait time]*
 - With COVID-19, over the past two years, it has exponentially increased the volume in need for services for many women experiencing violence
 - For survivors and victims who need immediate support, they are forced to wait
- *[Lack of in-person gatherings]*
 - Covid eliminated in-person meetings; which makes it hard to meet with survivors & break them out of the cycle
 - For many, in-person meeting opportunities would allow them to connect with the community and start seeking support
 - Frontline workers and services providers saw an increase of risk for survivors and needed to pivot in order to better support them
 - The rate of GBV/DV has significantly increased during the pandemic, and the numerous lockdowns, resulted in many women experiencing violence at home, and this also includes young girls, who may experience violence at home because of online schooling, and there has been a lack of services or information navigating the severity of this issue

- *[Inaccessible services]*

- Many survivors and victims may not know where to go to receive support and reach service providers when at risk
- There need to be more services that are accessible to young people/children, and women experiencing GBV/HT
- High rates of survivor re-entering or considering entering/getting trafficked into sex work due to Covid reducing job availability and financial support
 - Forcing many to re-navigate life, creating an added layer of vulnerability, and an issue that traffickers can use to exploit women

- *[Limited service opportunities]*

- The issue of shelter availability time (e.g. survivor only allowed to stay in the shelter for approximately only one month)
 - It does not serve survivors as many need to stay in shelters longer or hop from one shelter to another

Core Values for City Decision Makers

Q3: What values do you wish decision-makers would uphold when creating City policies, programs, services for you and your organizations and survivors of GBV?

- *[Trauma-informed lens]*

- There must be a trauma-informed understanding when creating policies and programs for survivors and victims of GBV
 - It is important to be mindful of this framework when implementing services and identify ways in which it would better support survivors and victims instead of causing additional harm during the process

- *[To understand the importance of intersectionality]*

- Need to value and prioritize the framework of intersectionality at both macro and micro levels, especially when new programs and services are being created – and if these spaces are going to engage with survivors and victims of GBV and HT
 - To also recognize that a lot of young males are coerced into trafficking others – without acknowledging the root causes and implementing intersectionality, the City would miss the mark

- *[Education and prioritizing training program for City staff/decision-makers]*

- When decision-makers and City staff are creating new policies, they need training and education on ways to support marginalized young people, both men and women
 - Recognize power dynamics and create programming that is equitable for marginalized communities, youth and women
- City decision-makers need to understand why are people getting involved in HT without victim-blaming others
 - Understand the issue so they are able to identify the reasons why youth and women are vulnerable to GBV and HT

- Once there is a better understanding of issues such as GBV and HT, they are able to create programs that reduce the vulnerability women experience
- Education on transformative justice and identifying alternatives to incarceration, punitive measures, which are some of the current methods and we know that these measures are not effective
 - City decision-makers also need to study how youth, especially young girls are being socialized and exploited

“There is need to create a community surrounding love/peace/empathy”

Session #2

February 15th at 2:00 PM

**Please note that we did not ask for any information pertaining to the demographic of participants, as they were expected to complete the demographic questionnaire*

Role of Gender Inequality in Daily Life

Q1: When you think about your day-to-day life in Toronto, what are some common barriers or other challenges that you and your clients (survivors and victims of GBV) experience?

- *[Lack of knowledge on GBV]*
 - People/community members do not understand the severity of the issue and often are not survivor-centric survivors/victims situations, such as, not believing survivor stories
 - All organizations with front-facing services and staff need to have **ongoing** training in all forms of GBV to understand the unique risks associated with different situations
 - Even if there is an existing education/training system in place, it may not be passed on to other staff, or new staff
 - It is fundamental that service providers are trauma-informed when engaging with survivors and victims of GBV
- *[Housing]*
 - There needs to be more stable housing opportunities and ensure that they are accessible, but as well as safe for survivors in Toronto
 - When there are no accessible housing, it creates an added layer of vulnerability for survivors and victims who need to escape their abusers, especially in domestic households
- *[Lack of accessibility to services]*
 - The recent pandemic caused **severe** strain on resources
 - This resulted in difficulty in providing meaningful support for survivors/victims; even prior to the pandemic, the system in place was not sufficient for survivors and victims but the pandemic had further increased the issue

- To also note that not all victims require the same needs and that there should be different systems of service in place to ensure that victims and survivors are able to receive equitable resources for their unique circumstances

Impact of COVID-19

Q2: How has the City's response to the COVID-19 pandemic impacted women experiencing violence?

- *[Lack of in-person gatherings]*
 - Gatherings not being permitted in-person has severely affected types of services provided to women experiencing violence but as well as the availability of the services may also be limited compared to before
 - Since most services are online, due to the volume services/programs have not been prepared to serve a larger volume of people
 - Difficult for both those seeking services and also for service providers as they are forced to work overtime, and beyond their capacity limits
- *[Increase of violence and lack of acknowledgement about the issue from the City]*
 - GBV had always existed across Toronto but with the recent pandemic, there has been a rise in domestic violence, gender-based violence and as well as HT
 - Many women are put in risky/abusive situations in which they are unable to access resources and services for safety
 - Some may even be forced to live with their abusers – and the lack of acknowledgements about this issue from the City
- *[Housing and lack of acknowledgement about the issue from the City]*
 - A pre-pandemic study showed that housing was already problematic and inaccessible for many women experiencing violence but covid-19 further exacerbated the severity of the problem
 - After 2 years into covid-19, there is still no nuanced response that addresses the different needs of victims and survivors
 - And the circumstances of survivors and victims of violence are all unique so there are not enough systems in place that fully understands the depth of the issue through an equitable framework
- *[Transportation and accessibility to services]*
 - There have been some positive changes, including transportation and accessibility to services
 - Many women are not forced to travel/commute long distances to attend workshops and services that are now being offered virtually by various organizations
 - Allowing women to connect with community members through virtual settings
- *[Recent News]*
 - Child marriage is now recognized as human trafficking

- Possibility for new programs and services to be in place that allows greater protection for youth, and young girls from being trafficked into forced marriage
 - Necessary steps need to be further implemented to ensure safety across the City

Unmet Needs with City Programs & Services

Q3: What needs of yours are not currently being met, within the programs and services you are currently accessing/organizing for survivors and victims of GBV?

- *[Lack of funding]*
 - One of the biggest concerns, especially for service providers that are supporting survivors and victims of GBV, and with the recent pandemic, there has been an increase of demand and volume for people accessing these places but with the lack of funding, many are struggling to continue the program, support staff financially and their well-being
 - With funding, it allows programs to stay afloat and provides an opportunity for service providers/frontline workers to identify strategies to enrich their programs to reach more individuals and also meaningfully engage with folks who access the services
- *[Inaccessible services]*
 - There needs to be more safe space to facilitate services
 - While covid-19 pushed everything online, resulting in more women having access to programs virtually, it also resulted in a greater accessibility issue, such as access to technology and the internet– a barrier that may result in many not being able to access services they need, especially at risk of violence
 - Survivors and victims may not have the opportunity to access safe space to part-take in online services, attend counselling and connect with community members as their abusers may not allow them to participate in these spaces
 - Resulting in many to experience having difficulty building a sense of community through virtual events/services
 - Survivors and victims are forced to stay indoors with their traffickers/abusers and have little to no control to help out for help or access services

Core Values for City Decision Makers

Q4: What values do you wish decision-makers would uphold when creating City policies, programs, services for you and your organizations and survivors of GBV?

- *[Education and prioritizing training program for City staff/decision-makers]*
 - To utilize Gender-based Analysis Plus (GBA+) framework
 - To establish an analytical tool kit to examine policy/mandate and how it affects different people's identity
 - The create a purpose is to seek out common barriers/shortcomings and actively implement changes through the GBA+ framework

- *[Empathy and compassion]*

- Most decision-makers do not have personal or lived experience when it comes to GBV or HT or the working grassroots so they are unable to understand the perspective of victims/survivors
 - This further causes harm as they are unable to empathize with survivors and victims, resulting in them causing further harm when creating policies and services
 - Oftentimes, it is not survivor-centre or trauma-informed
- There may be instances in which, they invite survivors or victims of violence to the table to create policies, outlining it as ‘survivor-lead and trauma-informed lens’ but decision-makers do not meaningfully engage with them, causing the entire opportunity to be another example of tokenism

Areas of Improvement/Concluding Comments

Q5. Can you share specific successful actions or initiatives that have responded to you and your communities’ needs, that the City can learn from or build upon?

- *[Prioritizing training program for City staff/decision-makers]*

- The City can learn through ongoing training about GBV for all City staff and decision-makers
 - During these training sessions, it would be important to bring survivors in to directly speak with policymakers
 - There need to be more opportunities created in which direct feedback, inclusivity, & input are coming from survivors
- The policymakers need to build on their knowledge about the different types of violence and the different barriers/risks associated with each – it cannot have the framework of “one-size-fits”
 - This process will allow them to better understand with needs of victims/survivors and create equitable strategies

- *[The issue of sustainability and adaptability]*

- In terms of areas of improvement, all future projects/initiatives/services should be developed with sustainability & adaptability in mind
 - In the past, and especially in the past two years, there has been an issue of sustainable funding and accessibility of program/services
 - otherwise, program providers are going to burnout and successful initiatives that may have been able to serve the community no longer be able to operate and support survivors and victims

Session #3

February 15 at 3:00 PM

**Please note that we did not ask for any information pertaining to the demographic of participants, as they were expected to complete the demographic questionnaire*

Role of gender inequality in everyday life

Q1: When you think about your day-to-day life in Toronto, what are some common barriers or other challenges that you and your clients (survivors and victims of GBV) experience?

- *[Pay inequality]*
 - Women are paid less than men for the same position. If we were to analyze this through the lens of GBV, it showcases ways in which financial precarity/dependence may force women to stay with their abusers
 - Removing pay inequality (one of many barriers/challenges) would decrease financial dependency and help women have an opportunity to leave the violence
- *[Survivor-centric lens]*
 - Across Toronto, services and programs need to be survivor-centred; if not, this results in women's experiences are not being seen and it may hinder them to reach out for support – resulting in additional harm being caused onto survivors and victims of GBV/HT
 - Especially for organizations, services at the frontline and community spaces, staff need to know resources that would support women experiencing violence and also know strategies when receiving disclosures
 - When these spaces are not mindful of the way they interact with survivors and victims, especially when disclosures are being shared, it may cause further harm, push the survivor and victim away – they may return back to the space of abuse; also continues the cycle of stigma surrounding GBV and HT
 - Need to mandate business/organizations to conduct GBV training and ensure new hires are trained and know what GBV is – unfortunately, some organizations don't talk about it/acknowledge the prevalence of the issue
 - With appropriate training, service providers, community center staff, and other folks are able to identify the difference between types of violence and understand the depth of the issue
 - There needs to be GBV training in all institutions and educational institutions – beyond frontline or service providers
- *[Interactions with police]*
 - When survivors of GBV go to the police, they are forced to present evidence of violence they have experienced. This process can be traumatizing for many survivors and victims, especially for women

- There need to be strategies that step away from this process and ensure it is survivor-centre and trauma-informed
 - Many international students and newcomers, especially women experience there are various different barriers that are forced to navigate – interactions with police is one of them
 - They may fear the presence of law enforcement officers,
 - fear being charged themselves, and may not know their rights
 - The complexity for individuals who are partners of officers, law officials, etc – although they have experience GBV, they do not have anywhere to turn because they are forced to be with their abusers
 - There is also the level of fear experienced by survivors and victims since there is a risk of increased violence by their abusers if they come forward with their story and police officers (and others) may not be believed the incident since the abuser is in a position of power/privilege
- *[Interactions with healthcare professionals]*
 - Healthcare professionals may not have adequate training to recognize various forms of GBV (ie. FGM) because their training isn't wholistic or intersectional
 - they may lessen the severity of the issue or fail to provide adequate healthcare support to survivors and victims of violence
 - not being able to spot the red flags
 - Healthcare professionals may not recognize how patients' race plays into the healthcare they receive and they may fail to understand ways in which race can be an indicator of the way survivors and victims navigate GBV

Impact of COVID-19 Pandemic

Q2: How has the City's response to the COVID-19 pandemic impacted women experiencing violence?

- *[Lack of in-person gatherings]*
 - Before COVID, there were spaces where survivors could go and seek support in person; however, when programs/events/services were forced to go virtual, many survivors may not have safe space or the necessary resources to reach out for support
 - This makes services inaccessible
- *[Mental Health]*
 - Mental health issues have also been prevalent as part of many impacts of covid-19. In addition to the violence and abuse experienced by women, the pandemic stress of staying indoors (with or without their abusers) may also significantly impact one's mental well-being
 - Lockdown forced people to stay in unsafe places/homes, especially for women who don't have the opportunities to leave violent situations or reach out for help outside

- Survivors sometimes use the gym as an outlet but with gyms shutdown; other forms of therapy being too costly — it causes various levels of mental distress and negatively impacts survivors who are trying to heal and get better
- *[Career advancement and jobs]*
 - Mothers who try and advance their careers are constantly forced to compete with men with carrying additional responsibilities, such as being a primary caregiver
 - Women are often the primary caregiver. Even if they aren't, people assume women can't do things or take on responsibility just because they have kids.
 - This may result in women not receiving opportunities to advance in their careers, which limits their financial dependence and if they are experiencing abuse or violence, they are unable to leave the situation as it is one of the barriers that they are forced to navigate – causing the cycle of abuse to continue
- *[Violence experienced by marginalized women]*
 - Racism against Asian women heightened during the pandemic and they were forced to experience violence to a greater degree than before
 - The City didn't put any measures in place to support Asian women. This has negatively impacted Asian communities and prevented them from seeking help
 - Causing further marginalizing and a disproportionate harm
- *[Access to healthcare]*
 - The ability to have doctor appointments over the phone has increased accessibility for people, including folks with disabilities
 - Phone appointments mean women can seek necessary medical support without taking time off work
 - Phone appointments are important for health and need to continue after a pandemic

Unmet needs with City programs and services

Q3: What needs of yours are not currently being met, within the programs and services you are currently accessing/organizing for survivors and victims of GBV?

- *[Education and lack of knowledge on GBV]*
 - There is a massive gap in GBV education in high schools, teachers need to know the red flags of GBV and HT
 - GBV education should be an integral part of the curriculum and teach kids why it exists, how to get help, etc.
 - There need to be programs and support in schools for kids (high school and elementary) who show signs of exposure to/are already perpetrating acts of GBV
 - Schools need to have resources to intervene early and programs available for kids and their families to stop kids who already perpetuate GBV
 - Through the education system and engagement with youth/students – there needs to be an emphasis on sexual exploitation prevention among male youth;

- Prevention often focuses on how women/girls can prevent themselves from getting raped or experiencing sexual abuse or exploitation but it is also important to teach male youths from a young age about the issue and it can start at schools
 - Education needs to be provided through a feminist perspective
 - Including, male organizations who are aiming to combat GBV
 - By creating a space to discuss the issue of GBV through programs in school, it provides an opportunity for the discussion about online sexual exploitation to be held with youth as it has significantly increased due to the pandemic as more individuals are spending time online,
 - including traffickers who are using this as an opportunity to exploit young women
 - Thus, it is important for the City to engage youth in how to end this and identify exploitation and for programs/events/services/schools to actively engage in this conversation
- *[Supporting service providers]*
 - Workers in the women’s service sector need additional support to prevent compassion fatigue
 - If service providers are burned out, the programs will not be able to sustain themselves and survivors or victims of violence be unable to receive adequate services while also being forced to be put on an extensive waitlist
- *[Housing]*
 - Housing is not affordable or accessible and creates dependency
 - SERB and other emergency federal funds for those who were affected by the pandemic often gave people more money than they made from their jobs
 - This strategy implemented by the City is not sustainable – similar to a “bandaid solution”
 - With the increasing housing and rent prices, women are forced to continue living with their abusers

Human trafficking, like gender-based violence, is a manifestation of inequity. It thrives where there is an unequal power balance.

Throughout our consultations, our community partners have shared ways, women, girls and gender diverse people face inequality, discrimination, violence and control. Marginalized and racialized women and girls experience added layers of discrimination and barriers to support, as well as youth in care and youth with mental health issues.

Moreover, colonialism, systemic racism, and homo/transphobia have helped to create intergenerational trauma within communities, who are targeted by exploiters. Indigenous, Black, and other racialized women, girls and youth often lack social support, leaving room for exploitation under the guise of love, community and a better life.

In order to implement a successful gender equity strategy in Toronto, we need to zoom out, address root causes, and unpack societal power imbalances and inequities – the impact of GBV/HT needs to be part of the discussion.