

ENDING THE SILENCE

POLICY BRIEF



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INTRODUCTION



Globally, one in three women experience abuse or have been subjected to gender-based violence (GBV) in their lifetime.¹ Prior to 2019, the social and economic barriers prohibited many women from accessing services. The COVID-19 pandemic has further worsened this access and increased the prevalence of violence. UN Women estimates that globally, 243 million women and girls aged 15-49 have experienced sexual or physical violence committed by an intimate partner during the first year of this pandemic.² The imposition of public health restrictions has led to gender-based violence increasing exponentially. Quarantine “lockdown” measures are forcing women into choiceless and often violent situations whilst limiting their access to support networks. For racialized groups throughout this time, this is especially true.³

Gendered violence knows no borders. In Canada, a woman is killed every six days by an intimate partner.⁴ Unless policy makers understand the violence experienced by GBV survivors through intersectional frameworks⁵ and holistic approaches are targeted, context-specific responses will be difficult.

This policy brief discusses seminal issues and trends related to gender-based violence in the Canadian context both generally, and particularly in relation to the impact of COVID-19. More specifically, it highlights inter-related policy gaps that emerged both from a desk review of recent GBV literature and a series of webinars conducted by the Newcomer Students’ Association. The data reviewed demonstrates that the barriers facing GBV survivors are multi-layered and complex; these create gaps and unmet needs that must be addressed at the systemic level with real policy changes.



¹ UN News (2019). A staggering one-in-three women, experience physical, sexual abuse. <https://news.un.org/en/story/2019/11/1052041>

² Ibid.

³ Khanlou, N., Ssawe, A., Vazquez, LM., Pashang, S., Connolly, JA., Bohr, Y., Epstein, I., Zahraei, S., Ahmad, F., Mgwigwi, T., & Alamdar, N. (2020). COVID-19 pandemic guidelines for mental health support of racialized women at risk of gender-based violence: Knowledge synthesis report. Funded by Canadian Institutes of Health Research (CIHR) Operating Grant: Knowledge Synthesis: COVID-19 in Mental Health & Substance Use. York University. <https://cihr-irsc.gc.ca/e/52062.htm>

⁴ Canadian Women’s Foundation (2020). Resetting normal: Systemic gender-based violence and the pandemic, https://fw3s926r0g42i6kes3bxg4i1-wpengine.netdna-ssl.com/wp-content/uploads/2020/12/20-08-CWF-ResettingNormal-Report3_v5.pdf

⁵ A policy framework that acknowledges that an intertwining of identity factors, like race, economic class, gender, sexuality, religion, culture/ethnicities, and immigration status, lead to complex and intersecting challenges. Crenshaw, K. (1991), Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Colour. Stanford Law Review. <https://doi.org/10.2307/1229039>

Drawing upon the experience and expertise of a wide range of experts who are working tirelessly to create support solutions to end violence against women and girls, the brief provides policy recommendations that, if implemented, have potential to prevent and effectively respond to scenarios where gender-based violence is either imminent, or prevalent and ongoing.

CONTEXT AND RATIONALE FOR THIS POLICY BRIEF: FRAMING THE ISSUE

Violence against women (VAW) is defined as any act of gender-based violence (GBV) that results in physical, sexual, or mental harm, or suffering inflicted upon women. Women experience VAW in many forms, for instance, domestic violence (DV), intimate partner violence (IPV), and workplace violence.⁶ Indigenous and racialized women experience a disproportionately high incidence of GBV as a result of an oppressive system founded in inequality. As an example, Indigenous women experience intimate partner violence 3.5 times more often than non-Indigenous women.⁷ Newcomers, refugee women and temporary foreign workers, as well as trans women, face unique barriers that put them at increased risks of GBV. Newcomer and immigrant women who belong to the trans community are even more vulnerable to GBV. For many women, their precarious immigration status, fear of deportation, pre-immigration stress, language barriers, social isolation and their limited knowledge about the legal system and community resources in Canada, are additional factors that make them even more vulnerable to GBV.⁸ In addition to the integration challenges faced by most immigrants and newcomers, women may often become dependent on their sponsors or support systems for economic support.⁹ Lack of access to employment and the systemic discrimination in recognizing education and work credentials means that most immigrant and newcomer women are reliant on their sponsors, often their spouses, and this dependency creates deep vulnerabilities to IPV. GBV against racialized women is rooted in systemic inequality, thus its impact is experienced differently by women of various intersecting identities, such as their economic class, gender, race/ethnicity, sexuality, and religion - a concept that is also referred to as intersectionality.¹⁰ The current system-centred approach, underpinned by racism and sexism, classicism and colonialism, leads to harmful forms of structural violence; and these intersectional identity factors compound immigrant women's experience of GBV as they also impede their ability to seek help. Further, due to a lack of cultural sensitivity, support programs also fail to adequately address their needs, and such scenarios end up exacerbating the vulnerabilities of GBV survivors.¹¹

⁶ Bruckert, C. & Law, Tuulia (2018). Women and Gendered Violence in Canada: An Intersectional Approach. University of Toronto Press. https://books.google.ca/books?vid=ISBN9781442636149&redir_esc=y

⁷ Canadian Women's Foundation (2020). Resetting normal: Systemic gender-based violence and the pandemic. https://fw3s926r0g42i6kes3bxq4i1-wpengine.netdna-ssl.com/wp-content/uploads/2020/12/20-08-CWF-ResettingNormal-Report3_v5.pdf

⁸ Khanlou, N., Ssawe, A., Vazquez, LM., Pashang, S., Connolly, JA., Bohr, Y., Epstein, I., Zahraei, S., Ahmad, F., Mgwigwi, T., & Alamdar, N. (2020). COVID-19 pandemic guidelines for mental health support of racialized women at risk of gender-based violence: Knowledge synthesis report. Funded by Canadian Institutes of Health Research (CIHR) Operating Grant: Knowledge Synthesis: COVID-19 in Mental Health & Substance Use. York University. <https://cihr-irsc.gc.ca/e/52062.html>

⁹ Chaze, F., Osborne, B., Medhekar, A., & George, P. (n.d.), Domestic violence in immigrant communities case studies <https://openlibrary.ecampusontario.ca/catalogue/item/?id=dac5e9c2-6997-4e12-ad6a-0e352c4bfe79>

¹⁰ Tabibi, J., Ahmad, S., Baker, L., & Lalonde, D. (2018). Intimate Partner Violence Against Immigrant and Refugee Women. Learning Network Issue 26. London, Ontario: Centre for Research & Education on Violence Against Women & Children. http://www.vawlearningnetwork.ca/our-work/issuebased_newsletters/issue-26/Plain-Text-Issue-26.pdf

¹¹ OCASI (n.d.). A future without gender-based violence: Building newcomers' resilience through Community Education. <https://ocasi.org/sites/default/files/ocasi-gbv-toolkit-english-online.pdf>

COVID-19 has further amplified existing social inequalities between communities, for instance, in income, housing, employment, and access to digital technology; and as a result, all types of GBV have intensified. Referred to as a “shadow pandemic,” a federal consultation that occurred in April 2020 found that GBV and domestic rates increased by 20 to 30 per cent; in one shelter in the Greater Toronto Area, calls to domestic violence helplines surging by up to 400 percent during this time.¹² A Statistics Canada survey conducted around the same time reported 1 in 10 women reported feeling very or extremely concerned about the possibility of violence in their homes.¹³

The complex intertwining of multiple identity factors create an interlocking systems of power dynamics for racialized women, and they impact these women’s vulnerability to GBV and shape their experiences within the system to a great extent.



ABOUT THE PROJECT

ENDING THE SILENCE: IN NUMBERS

2 PARTNERS	150+ TICKETS SOLD
3 BLOG POSTS	11 SPEAKERS
1 POLICY BRIEF	3 WEBINARS

Ending the Silence is a project that was led and delivered by the Newcomer Students’ Association, in collaboration with the Ontario Council of Agencies Serving Immigrants (OCASI), under the 2020-2021 Immigrant and Refugee Communities Neighbours, Friends and Families (IRC/NFF) Campaign. The 3-part digital series focused on addressing and responding to gender-based violence in immigrant and refugee communities. 11 speakers and panelists participated, and they shared their long years of experience in the GBV field across sectors, and their multiple perspectives. This policy brief centers these grassroots voices, highlighting insights that emerged both from these webinars, and a scan of recent literature on this topic.

Intersectional and Interrelated Policy Gaps:

The following gaps, identified through this project, are grounded in the complex and intersecting root causes that come together and lead to systemic breakdowns, as demonstrated (and ongoing) in the current heightened GBV environment, also known as the ‘shadow pandemic’ during COVID-19 times¹⁴, and an accompanying ‘she-cession’ that has disproportionately impacted women’s economic standing at this time.¹⁵

¹² CBC News (April 27, 2020). Minister says COVID-19 is empowering domestic violence abusers as rates rise in parts of Canada. <https://www.cbc.ca/news/politics/domestic-violence-rates-rising-due-to-covid19-1.5545851>

¹³ Statistics Canada (April 2020), Canadian Perspectives Survey Series 1: Impacts of COVID-19. <https://www150.statcan.gc.ca/n1/daily-quotidien/200408/dq200408c-eng.htm>

¹⁴ Canadian Women’s Foundation (2020). Resetting normal: Systemic gender-based violence and the pandemic, https://fw3s926r0g42i6kes3bxq4i1-wpengine.netdna-ssl.com/wp-content/uploads/2020/12/20-08-CWF-ResettingNormal-Report3_v5.pdf

¹⁵ Yalnizyan, A (2020). COVID-19’s impact: not a recession, but a completely different economics. Atkinson Fellows, <https://atkinsonfoundation.ca/atkinson-fellows/posts/covid-19s-impact-not-recession-but-a-completely-different-economics/>

- **The GBV sector lacks sustainable funding:** The absence of case management funding has left the GBV sector under-resourced and on the edge, leading to systemic gaps. Project-based funding is often inconsistent and short term, transient and unreliable.¹⁶ Such a funding model leads to uncertainty and unpredictability, making it impossible to look ahead with long term vision and planning, or work towards clear objectives centering desirable outcomes.¹⁷ Such a view and structure of the GBV sector also demonstrates a lack of prioritization of GBV at a policy level.
- **GBV stakeholders work in silos:** There are multiple service providers in the GBV sector as racialized women often simultaneously experience multiple barriers, and have a variety of needs, for instance, ranging from food, housing/shelter system, legal support, health, childcare, rehabilitation, to other needs associated with their immigration status, like access to the legal system. Unfortunately, stakeholders who operate in these sectors continue to work in silos, connected primarily through the weak links of a referral system; and precarious clients do not receive much needed coordinated care. This results in secondary victimization where GBV survivors have no option but to narrate their traumatic story to multiple agencies on separate occasions. Blessings Timidi Digha, Coordinator, Connecting Talent Initiative at Toronto Centre of Learning & Development, articulated it well when she said,

“With the legal, medical, security and housing systems all working in silos, that’s the easiest way to lose a survivor to bureaucracy.”

- **Intersectional feminist approaches are missing in GBV interventions:** By employing a race and gender-neutral approach to GBV while formulating public and social policy¹⁸; and ignoring the voices of advocacy bodies that have been working with women and girls, and with survivors, policy makers have ignored the reality that GBV intersects with other intractable structural issues, like poverty, income equality, inadequate housing, and residency status in Canada. In the words of Jasmine Rezaee, YWCA Director of Policy and Advocacy,

“An inter-ministerial, intergovernmental, horizontal approach is needed to centre the voices of women and communities directly impacted, to build GBV solutions.”

- **Community-based and culturally sensitive service provision is lacking:** In the GBV sector, issues emerging from ongoing racism and discrimination, patriarchy and misogyny, and the negative impacts these factors produce, can hardly be overstated. As a result, racialized women survivors of GBV continue to face systemic denial of their human rights. Community-based voices, with culturally equipped experience in service provision, as well as women who have experienced GBV, and now, as survivors, feel enabled to become advocates and agents of change, are critical for understanding the core needs faced by women impacted by GBV. These cohorts can contribute to creating interventions and solutions. Speakers alluded to an absence of culturally sensitive resources and appropriate

¹⁶ Trudell, A.L. & Whitmore, E. (2020), Pandemic meets Pandemic: Understanding the Impacts of COVID-19 on Gender-Based Violence Services and Survivors in Canada. Ending violence association of Canada & ANOVA <http://www.anovafuture.org/wp-content/uploads/2020/08/Full-Report.pdf>

¹⁷ Canadian Women’s Foundation (2020). Resetting normal: Systemic gender-based violence and the pandemic, https://fw3s926r0g42i6kes3bxg4i1-wpengine.netdna-ssl.com/wp-content/uploads/2020/12/20-08-CWF-ResettingNormal-Report3_v5.pdf

¹⁸ Tabibi, J., Ahmad, S., Baker, L., & Lalonde, D. (2018). Intimate Partner Violence Against Immigrant and Refugee Women. Learning Network Issue 26. London, Ontario: Centre for Research & Education on Violence Against Women & Children. http://www.vawlearningnetwork.ca/our-work/issuebased_newsletters/issue-26/Plain-Text-Issue-26.pdf

delivery of support services to survivors and women experiencing GBV.¹⁹ According to Margarita Pintin-Perze, Senior Coordinator of the Initiative to End GBV against Immigrant and Refugee Communities at OCASI,

“Through the work we do, we must ask ourselves, are we creating safe spaces where we centre the lived experience of women so they can be the experts in their own life?”

- **Investment in awareness-building, outreach, and cross-cultural understanding targeting families and racialized communities (as a potential pathway to GBV prevention), is missing:** There is a need to raise awareness of GBV within newcomer and immigrant families. In many racialized communities, patriarchal mindsets and male-dominant behaviours are pervasive. Families are currently not a part, either of solution-building or any interventions that may help in creating preventive paradigms. Cross-cultural education and outreach, with focus on families-elders and community leaders, men and boys-in a community setting, are missing. Secrecy and silence prevail in domestic matters, especially in relation to IPV and GBV as family values and honour systems are at stake. Creating supportive relational networks based in cross-cultural understanding, with respected insiders championing change, acknowledging, and taking ownership that the problem exists, can play an important role to strengthen informal support networks. This in turn can lead to long term behavioural change and transformation.

POLICY RECOMMENDATIONS

The following recommendations are grounded in a principled focus on approaches that include anti-racist and anti-oppressive perspectives, a human rights lens, and a social justice approach. In addition, they suggest that GBV interventions be informed by an understanding of the (intersectional) lived realities of racialized and vulnerable women, with specific attention paid to GBV-related experiences of immigrants and refugees, as well as non-status women and asylum seekers.

1 A survivor-centric approach must be employed:

The GBV sector needs to employ a survivor centric approach, and not the one currently used that serves the best interests of the system. For such a model to be realised, funds should be targeted towards creating holistic policy solutions. This implies that services, as well as processes and practices, should consider and centre lived experience; and be informed by the interests, needs, and voices of survivors, and others experiencing different forms of GBV- DV, IPV. Additionally, it is important to ensure that experiences of workplace violence as well as other challenges racialized women (particularly non-status women and asylum seekers) face, pertaining to their precarious immigration status, are taken seriously; and they are validated and integrated into the VAW framework while designing policy solutions. Salina Abji, a Postdoctoral Fellow at Carleton university, and an activist and researcher in immigration detention practices in Canada, urged policymakers to ‘listen to migrant justice movements to ensure permanent pathways to residency for non-status women and asylum seekers facing GBV; hear what grassroots groups are saying, so any recovery is a just one.’ Women are the experts of their own stories, and of their lives, was a sentiment emphasized by all panelists. Taking such an approach

¹⁹ Chaze, F., Osborne, B., Medhekar, A., & George, P. (n.d.), Domestic violence in immigrant communities case studies <https://openlibrary.ecampusontario.ca/catalogue/item/?id=dac5e9c2-6997-4e12-ad6a-0e352c4bfe79>

would strategically prioritise women's access to accurate information; and best practices would then incorporate cultural competencies as well as a standard-of-care based provision of services across all sub-sectors that serve marginalised women impacted by GBV.

2 Coordinated and collaborative approaches to service delivery are needed:

Collaborative approaches have the potential to provide support to survivors and women experiencing GBV across sectors in seamless ways. Current project-based funding makes it difficult for service providers and support agencies to work together for a common goal in the best interests of clients. A recent report on GBV settlement sector strategy found that not enough settlement agencies provide information about GBV. Given that settlement organizations are often the first point-of-contact for newcomers, immigrant, and refugee women, working together with the anti-violence sector, can increase the sector's capacity to serve individuals and families experiencing violence.²⁰ Deepa Mattoo, Executive Director at Barbra Schliker Commemorative Clinic in Toronto, and a lawyer, in addition to highlighting core funding gaps, spoke about the prejudicial treatment meted out to GBV survivors in the judicial context, saying also that 'people don't trust the system as it systematically fails them.'

Women impacted by GBV have multi-dimensional needs, and if those agencies too-like the shelter system, food banks, health services and childcare-are also better coordinated with the VAW sector, violence prevention interventions can support vulnerable women more efficiently and optimally, and in a timely manner. Such a service delivery model would also ensure that racialized women's interactions with multiple service providers do not further marginalize them or trigger their previous trauma.

3 A consistent and integrated approach in the terminology should be utilized

Employing an integrated perspective would importantly include guidelines regarding the use of consistent terminology, through 'languaging' (for example, naming women as 'survivors' versus 'victims'). Using a comprehensive approach through consistent 'naming' across multiple sub-sectors in the overall GBV space where women receive support, for instance, across the shelter system, in law enforcement and in the health and settlement sectors, and within the justice system, would help respect and validate the GBV experiences of racialized women. Further, it would prevent further alienation and criminalisation, including victim blaming and re-traumatisation.

"The language we use around gender-based violence tends to alienate survivors" - Blessings Timidi Digha

4a Allocation of Funding: Core Funding is needed in the GBV sector

As noted in earlier sections, based on strong recommendations from the speakers, there is a significant gap and demand for core funding in the GBV sector. Allocation of financial resources to this sector is needed for case management, sustainable provision of services without disruptions, and for long term planning to ensure service provision; for investments in developing resources for training, education, and for prevention; as well

²⁰ A project in collaborative partnership between: The Canadian Immigrant Settlement Sector Alliance, Ending Violence Association of Canada, Ontario Council of Agencies Serving Immigrants, and YMCA of Greater Halifax Dartmouth-Immigrant Services. Gender-Based Violence Settlement Sector Strategy: Building Capacity and Collaboration. https://ce22d122-150d-461b-8716-5d0f8761a9f5.filesusr.com/ugd/fb2f0c_a1760426d4544edba60aa04cbcf894ac.pdf

as for research and advocacy work that can lead to systemic change in the future. Funding and other resources are needed to build the capacity of women impacted by GBV, and to strengthen their networks of support.

“Our sector has not been able to advance as quickly as we would have liked due to the lack of core funding”. - Jessica Ketwaroo-Green

4b Allocation of Funding: Funding must be allocated to strengthen informal community-based supports:

The grassroots, community-based sector, as well as informal networks of support can be a valuable resource in minimizing, mitigating, and preventing acute GBV scenarios that adversely impact racialized women. This sector should be strengthened through core funding so that community-led support frameworks for GBV survivors can be developed in a sustainable manner; and training programs can be delivered to empower community members to be peer champions and leaders. This can be done through integrating processes and practices that include them in receiving training in trauma-informed care so they may be better equipped for providing resources to immigrant and refugee women in culturally appropriate ways, including advocating on their behalf.

“Without culturally appropriate and adequate outreach and support -- not just on individual level but also on the community level -- we'll never be able to sustainably tackle this issue beyond band-aid solutions” - Cheyanne Ratnam

5 Awareness, education, outreach, and capacity building must be prioritised:

Creating awareness among women and families regarding legislation and rights in Canada is important; dissemination of information, specifically around legal rights in the context of family and immigration law is critical. Resources are needed if focus is to rest on women's empowerment to build their capacity for self-advocacy. Processes should be set up and programs developed for working with families-men and boys- to integrate education about consent culture and victim blaming into the school curriculum; and to deconstruct patriarchal mindsets by highlighting the interconnections between different forms of GBV like physical and sexual violence, economic and emotional abuse. Culturally motivated behaviours and attitudes in multi-generational families, often oppressive towards women and limiting their freedom, must be checked; stigma and silence related to GBV experiences must be broken and perpetrators held accountable. Measures that can target root causes, with the objective of creating transformative change, can help prevent acceleration of dangerous and acute GBV situations. This is helpful from the perspective of the state too; such an approach has potential to cut down financial spending incurred on GBV management, like crisis response programs, law enforcement processes, and long-term investments in mental health resources for women and families.

“Are we listening? Do we know what to listen for? Are we prepared to ask or to offer help if someone we know is affected by GBV of any kind?” - Sidrah Ahmad-Chan

6 Policy must focus on maintaining due diligence in maintaining professional standards, gathering disaggregated data, and streamlining evaluation metrics across the GBV sector:

It is critical to ensure that clear guidelines for service delivery are in place for women impacted by GBV, and that robust standards of practice are maintained across organizations working in the VAW sector. It is important that women receive a professional standard of care; targeted and respectful, trauma-informed and culturally appropriate-across the violence prevention sector; these services though must also be nimble, with flexibility inbuilt in funding to be applied in response to needs as they arise. Strategies and evaluation metrics for data management and outcome measurement play a key role to ensure that the above objectives are being achieved. Another significant element that has emerged during COVID-19 is the need to collect disaggregated data by gender, race, migratory status, socio-economic factors, and other variables.²¹ During the pandemic, it became increasingly clear that lack of available data to identify inequities in Canada has contributed to higher rates and greater impacts of COVID-19 on marginalized populations.²² Collecting disaggregated data will enable policymakers and practitioners to monitor the causes of VAW and prioritize areas of policy interventions.²³

Conclusion: Envisioning a GBV-free Future

A consensus emerged through this GBV webinar series discussions that multi-level and cross sectoral approaches are necessary to target an issue as complex and tangled as GBV; and that these interventions should be envisioned as being on a continuum to achieve the objective of effecting sustainable impact and transformation. One of the important key messages confirmed that currently many foundational gaps exist that continue to marginalise racialized women who are already extremely vulnerable to GBV.

Gendered and race-based analyses, an equity lens, as well as ensuring that resources and care designed for survivors and families are culturally sensitive, and come from trauma and violence informed perspectives, are all key considerations to guide our efforts at a national level to address GBV. Equally significant is the fact that this policy framework come from a grounding in anti-racist ideologies and a deep understanding of the need for decolonization. Additionally, a focus on strengthening grassroots potential through investments in community capacity and informal support networks is needed. As part of an integrated solution model then, it is urgent that easily accessible and culturally sensitive programs that respond to the needs of GBV survivors are available at an everyday ground level too. Solidarity-building and strengthening of formal and informal structures of partnership, for instance, through education and creating more awareness, are critical if transformative change is to be envisioned and implemented.

Insights presented in this brief can be utilised to inform programs, practices, and policymaking to address the multiple forms of VAW (at home and in the workplace, and in relation to women with precarious immigration

²¹ Statistics Canada (2020). Statistics Canada and disaggregated data. <https://www.statcan.gc.ca/eng/transparency-accountability/disaggregated-data>

²² McKenzie, K (2020). Race and ethnicity data collection during COVID-19 in Canada: If you are not counted you cannot count on the pandemic response. Royal Society of Canada. <https://rsc-src.ca/en/race-and-ethnicity-data-collection-during-covid-19-in-canada-if-you-are-not-counted-you-cannot-count>

²³ UN Women (2020). Monitoring of violence and harassment: Sex disaggregated data. <https://www.endvawnow.org/en/articles/1979-monitoring-of-violence-and-harassment-sex-disaggregated-data.html>

status) not only during the pandemic but also in the post-pandemic world. For such an objective to be realised, stakeholders in the informal community, and in the family context, as well as others across levels of government and throughout the social sector, must work collaboratively to pursue the goals of a post-pandemic world free of GBV.

ABOUT THE AUTHORS

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Alka Kumar (PhD) is Manager, Research and Policy, with Newcomer Students Association (NSA). Currently also a Research Fellow with Canada Excellence Chair (CERC) in Migration and Integration at Ryerson University, Alka's most recent work is in the fields of migration, particularly in relation to labour market integration for racialized skilled immigrants in Canada; and in Conflict Resolution and Peace Studies. As a Consultant, Alka focuses on projects that involve research and writing, workshop facilitation and advocacy. Her goal is to impact social and public policy in relation to migration, and to support job seekers-particularly racialized groups, newcomers, and women- in building their capacity for career transition and economic integration.

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Sihwa is a Research Associate at the Newcomer Students' Association. She has held previous research roles with Medow Consulting, the Brookfield Institute for Innovation + Entrepreneurship and City of Toronto Employment and Social Services, where she focused on the innovation economy and ensuring its benefits are inclusive of vulnerable groups, including immigrants, low-income individuals, women, racialized groups, and self-employed workers. She recently completed a graduate program in Sociology with a specialization in program and policy evaluation at the University of Western Ontario and holds a BA in Sociology, and Criminology and Socio-legal Studies from the University of Toronto.

Sara Asalya

Sara is the Founder and Executive Director of the Newcomer Students' Association; a national not-for-profit organization working at the intersection of migration, higher education, and social justice. Sara holds a Master's degree in Higher Education from the University of Toronto, and a postgraduate certificate in Community Engagement, Leadership and Development as well as in Immigration and Settlement Studies. She has collaborated and worked on different research projects focused on refugee displacement and resettlement, gender-based violence, and labour market integration for immigrant women. An award-winning leader with a long track record of developing and managing programs targeting immigrant and refugee women internationally and in Canada, with a particular focus on building and advancing their leadership and economic empowerment. From promoting civic engagement to empowering women, Sara works to mobilize, activate, and galvanize immigrant communities to take action for social change.

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