# Insights from the Gender Justice Labs on Emergency Preparedness

MAY 2022





## SHOCKPROOFING COMMUNITIES AGAINST GENDER-BASED VIOLENCE:

Building intersectional gender justice in postpandemic Canada

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# INTRODUCTION

This report is a summary of the insights gathered from Gender Justice Labs held by the Canadian Women's Foundation over the summer of 2021.<sup>1</sup>

At the time, Canada was still in the third wave of the pandemic. The deadly Delta variant was filling hospitals beyond capacity and most of the country was in lockdown. The first vaccines had only arrived a few months earlier. A year and a half into the pandemic, the devastating economic and social impacts on women\_including an alarming increase in gender-based violence\_were already clear.

The goal of the Gender Justice Labs was to apply a gender lens to the pandemic and identify specific actions to address gender-based violence and other gendered injustices.

Collectively, the individuals who participated in these consultations have decades of experience working for gender justice. Their organizations provide a range of services to women and genderdiverse people ranging from emergency shelter, transitional housing, and health-related programs to one-on-one supports such as counseling and legal advice, as well as research and policy analysis with a focus on systemic change.

As individuals, they represent many different communities and backgrounds: racialized, Black, and Indigenous; rural, remote, and northern; Francophone; Muslim; and 2SLGBTQI+. Their personal and professional expertise includes disability rights, housing and homelessness, the legal and justice systems, reproductive health, media and the arts, education, the immigration and refugee systems, migrant workers' rights, climate justice, mental health, harm reduction, working with girls and youth, business and entrepreneurship, community organizing, and academia. Throughout the pandemic they have found innovative ways to deliver services to survivors of gender-based violence despite lockdowns, outdated technology, and a chronic lack of funding. While other essential workers were celebrated they remained invisible. They warned decision-makers and tried to prepare their own organizations for what they knew was coming-because it predictably follows every major disaster-a tragic surge in gender-based violence.

Despite the overwhelming demands on their time and their understandable frustration about years of consultations that never seem to lead to change, they agreed to participate in the Gender Justice Labs. The Canadian Women's Foundation is profoundly grateful for their participation.

This report summarizes their insightful questions, specific demands for additional resources, recommendations for addressing bureaucratic failure and systemic discrimination, suggested collaborations, and much more. The bulleted lists on pages 8 to 22, as well as the highlighted quotes, are taken directly from the Gender Justice Labs participants.

For anyone interested in taking action to end gender-based violence, here are dozens of practical ideas from the experts. COVID-19 has shown us that things can be flexible yet the systems choose not to bend."

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There were a lot of conversations about what are the gaps to service and how to fix them. But the conversations should be about what is creating the gaps. It's about building a just society, not stop-gap measures as a response."

<sup>&</sup>lt;sup>1</sup> For details on the Gender Justice Labs process, please see Appendix 1.

The needs didn't change - they were just amplified. The importance of having not just a service response but a policy response was super clear during the pandemic."

- <sup>2</sup> For an overview of gender-based violence and sources, please visit <u>The Facts about Gender-Based Violence</u>
- <sup>3</sup> For more information, please see: <u>"Why is the COVID-19 pandemic</u> <u>linked to increased gender-based violence?"</u>
- <sup>4</sup> For details on the economic impact of the pandemic on women, please see: <u>Resetting Normal: Women, Decent Work, and Canada's</u> <u>Fractured Care Economy</u>

# SHOCKPROOFING COMMUNITIES AGAINST GENDER-BASED VIOLENCE

Long before the COVID-19 pandemic, Canada already had a serious public health crisis: violence against women, girls, and gender-diverse people.<sup>2</sup>

The risk of gender-based violence is especially high for women who experience additional forms of discrimination, such as being from a racialized, Black, or Indigenous community, living on a low income, being a vulnerable senior, living with a disability or being Deaf, being a sex worker, identifying as 2SLGBTQI+, or being an immigrant, migrant and/or undocumented worker. All strategies to address gender-based violence must recognize and reflect its intersectional nature.

Despite the high rates of gender-based violence, years of chronic underfunding meant Canada already had a deadly lack of shelter beds and other services for survivors when the pandemic began in March 2020.

Soon after the pandemic started, incidents of gender-based violence started to increase. The violence became more frequent, more severe, and more deadly.<sup>3</sup> The need for services soared, but few additional resources were made available. At the same time, gendered job losses were causing women to lose precious economic ground, which many experts said would take years to rebuild.<sup>4</sup>

Our hard-won progress on gender equality was being lost at alarming speed. This social and economic damage was both predictable and preventable. Action on gender-based violence is more important than ever. We must 'shockproof' our communities against the public health crisis that is gender-based violence.

We must repair the long-standing gaps in essential gender-based violence services, respond to the increase in violence during the pandemic, and build a stronger, more cohesive network of gender-based violence services across Canada.

If we act now, we can 'shockproof' our communities against gender-based violence and other gender injustices during future crises, such as climate change, an economic crisis, or another public health emergency.



# **INSIGHTS FROM** THE GENDER **JUSTICE LABS: 8 SHOCKPROOFING PRIORITIES**

In their discussions, the Gender Justice Labs participants identified the following 8 priority areas for 'shockproofing' communities against gender-based violence (GBV) now and in the future. Meaningful progress on these existing issues before the pandemic would have significantly reduced negative impacts on women and gender-diverse people.

- Advocate for a Guaranteed Livable Income
- Ensure Food Security
- End Homelessness for Women and Gender-
- Expand Rural Infrastructure
- Provide Sustainable Funding for Gender-Based Violence Services
- Respond to the Mental Health Crisis
- Improve Systems Navigation
- Conduct Gender-Based Analysis+ in Emergency Planning

A lot of women who lost their job [during the pandemic] faced illegal eviction because they couldn't afford to pay their rent."

### Advocate for a Guaranteed Liveable Income

For women and gender-diverse people without the financial ability to meet their own basic needs and those of your children—it can be extremely difficult to leave an abusive family, relationship, or employer. During the pandemic, many GBV service providers saw how the reliable, predictable income from the Canadian Emergency Response Benefit (CERB) program had a positive impact on their service users. The movement to introduce a basic income in Canada has been active for some time, but currently the analysis does not directly address its potential for reducing gender-based violence.

The Gender Justice Labs participants identified the following key research questions:

• What have been the gendered impacts of CERB for diverse groups?

- How would a GLI affect the historic gendered division of labour and the gender pay gap?
- Would a GLI serve as a protective factor against GBV and a support for rebuilding lives after experiencing GBV, especially in the context of another public health crisis or an environmental disaster?
- What research exists on a GLI as a protective factor against poverty in the context of a public health crisis or environmental disaster?
- If there is a strong gendered case for GLI, which model would be best for women and gender-diverse people and why?

The Gender Justice Labs participants identified the following suggested actions:

- Create a resource list of existing research/ reports, resources, FAQs, and factsheets, especially those in a Canadian context.
- Identify existing GLI advocacy groups and initiatives and explore opportunities for collaboration. For example, collaborate on expanding the gender-based violence section in LEAF's report <u>Basic Income & The Care</u> <u>Economy</u> and work with the <u>ubiworks.ca</u> campaign to include an analysis of gendered issues.
- Identify organizations that support a GLI, including women's organizations, other community organizations, labour groups, university researchers, political parties with GLI policies, Indigenous organizations, anti-poverty groups, local community leaders, senior civil servants, local Chambers of Commerce, and engaged citizens.
- Conduct research on the potential for a GLI to have positive impact on gender-based violence in Canada.



We had women thinking, 'Oh good, Canada is trying to help me,' applying for CERB and then not being actually eligible and then being told to pay it back... and I'm like, excuse me?! [The government was] telling women to give back money they've spent already because they had to pay the rent and feed the kids, you know?"

## 2 Ensure Food Security

During the pandemic, women as a group have experienced higher job losses and greater loss of income, deepening their food insecurity issues. Food insecurity is especially acute in certain communities, such as remote Northern communities where food prices are unaffordable for most. There is a widespread lack of 'food sovereignty'– access to culturally-appropriate food that is healthy, sustainably produced, and locally controlled. The Gender Justice Labs participants identified the following suggested networks and research:

- Encourage and mobilize more food security initiatives, such as:
  - Community gardens
  - Yard to Garden programs that help people to transform their lawns or balcony spaces into productive gardens for growing food
  - Programs that deliver boxes of healthy food to low-income families

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Not everyone has a place to store food or prepare food. Some housing units only have mini fridges and very limited cupboard space."



- Neighbourhood food hub programs typically partnerships between community organizations, farmers' markets, and others that support local food security initiatives and networks
- Food preparation and nutritional programs, including culturally appropriate menus and specific skills such as canning
- Ready-made meals for those without access to a kitchen
- Community food pantries to help raise awareness of local food insecurity
- School-based food programs
- Traditional food-sharing networks (e.g., hunters & fishers)
- Food security social enterprises/ partnerships
- Learn more about successful food security initiatives such as the 'Operation Grow' social enterprise in Midland Ontario and the new partnerships developed by Beausoleil First Nation to have food delivered on the island; explore opportunities to replicate promising practices.
- Raise public awareness of which types of donations are most useful during emergencies (e.g., donate gift cards for online grocery delivery instead of food).
- Encourage networks of producers/farmers to deliver fresh food to accessible community locations.
- Encourage or create networks between food security groups, academics and other interested professionals, and specific groups experiencing food insecurity, such as newcomers.

## 3 End Homelessness for Women and Gender-Diverse People

During lockdowns, those at risk of gender-based violence were often unaware that emergency shelters were still open or feared staying at shelters due to concerns about exposure to COVID-19. But even if they did seek shelter, the chronic lack of beds meant many were turned away due to lack of space. Despite a strong link between homelessness and trauma, there remains a shortage of mental health supports and harm reduction programs across the country.

The Gender Justice Labs participants identified the following specific issues for advocacy:

- Municipal legislation that requires all new buildings to contain a portion of affordable housing (as in Toronto).
- Stronger municipal regulations to discourage short-term rentals, such as legislation that prevents corporations from buying private homes to turn them into Airbnb rentals.
- Increased taxes on dwellings that remove rentals (e.g., basement suites) from the rental pool.
- Tax incentives for developers to build affordable housing and rental housing, rather than condominiums.
- More flexibility in government rent supplement programs, which currently do not accept certain types of housing.
- Explore programs for energy retrofitting of older homes and support for aging in place or other mobility-issues. Advocate to keep seniors in their communities as their housing needs change, rather than relocating women whose children have left home for new communities away from their established networks.

In our area [rural BC], we have a near or total 0% rental vacancy rate."

- Identify successful affordable housing models that could be replicated. Examine models that include on-site childcare, low barrier employment options that pay women maintain the units, and food security options such as community gardens and hydroponic growing systems.
- Advocate for changes to the existing federal funding model for affordable housing to provide interest-free loans rather than matching funds (many provinces cannot access the matching funds because they have little to no funding for affordable housing).



We need to shift the idea that housing is an investment or commodity – it's a necessity."

- Work to build broad partnerships between all levels of government, builders and developers, housing advocates including tenant organizers and encampment networks, and housing champions.
- Work with governments to expand the definition of "homeless" to include residents of GBV shelters.
- Provide capital grants to social service agencies to build supportive housing.
- To prevent mental health or substance use issues from causing survivors to lose their housing, advocate for trauma-informed programs designed specifically for GBV survivors.
- Address overly restrictive barriers that often prevent GBV survivors from accessing priority housing, such as short application timelines and guidelines around arrears.
- Challenge unrealistic Children's Aid Society requirements, such as providing each child with their own room and having two bedrooms before children are allowed to even visit.
- Advocate for funding that supports GBV survivors to navigate bureaucratic restrictions and secure safe housing.

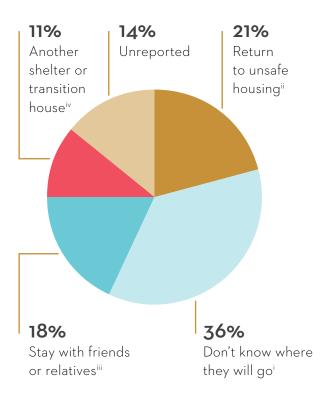
 Immediately correct bureaucratic barriers to safe housing, such as disallowing two individuals at the same address from receiving income support. The system should encourage shared housing and support social connection.

The Gender Justice Labs participants identified the following suggested next steps:

- Conduct a long-term cost-benefit analysis to demonstrate the benefits of affordable housing programs.
- Create advocacy, communications, and/or community engagement campaigns to address NIMBYism and destigmatize homelessness.
- Identify key concepts for successful housing strategies, such as harm reduction.
- Track existing government housing initiatives to measure their progress and ensure accountability.
- Build relationships with property managers and other housing providers.
- Support GBV organizations to collaborate with housing/homelessness networks to enhance their understanding of the links between GBV and homelessness.
- Document the link between housing affordability and GBV, especially in the context of emergency preparedness.
- Make the case for the application of GBA+ in housing research
- Examine alternatives to the "Housing First" model, which is designed for street entrenched people, not women facing violence
- Advocate on the urgent need for supportive housing for women with extensive histories of trauma to prevent evictions due to behavioural or substance abuse issues.
- In communities where shelter spaces are inadequate, explore partnerships with hotels.

#### Where Women Go After Leaving an Emergency Shelter

Although shelter staff always try to help survivors find housing before they leave, that's not always possible due to funding restrictions and a severe lack of safe and affordable housing options.



Out here on the coast. in the early days of the pandemic, everybody kind of disappeared. All our clients [went] eerily quiet. Particularly our trans and gender diverse survivors. and a lot of that had to do with the fact that people were having to move home with family members who didn't affirm their gender or who were perpetrators of harm."

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- <sup>iii</sup> 'Couch surfing' with a friend or relative isn't a permanent solution and is considered "hidden homelessness." It can also be unsafe. These are often the first places an abuser will check, which can place the friend or relative at risk of violence. And in some cases the friends or relatives may be abusive themselves, setting unreasonable terms and conditions in exchange for shelter, asking for exploitive 'favours,' or even demanding sex.
- <sup>iv</sup> Due to funding restrictions, most emergency shelters are forced to limit how long someone can stay, ranging from a few days to a few months. Transition houses and second-stage shelters provide longer term accommodation, sometimes up to two years, along with ongoing supports but this type of housing is in very short supply.

<sup>&</sup>lt;sup>i</sup> Those who leave without a clear plan may end up staying at a motel or hotel if they can afford it, but this leaves them vulnerable to having their credit card tracked by their abuser. Others may try to find a bed at a homeless shelter, where safety is often a concern. Some may try sleeping in their car or live on the street, but these also can be very unsafe, and women with children risk having them apprehended by child protective services.

<sup>&</sup>lt;sup>ii</sup> There are many reasons a survivor may return to an abuser, including a lack of housing options and a lack of money. One study found women who left a relationship to raise their children alone were five times more likely to live in poverty.

The isolation that built up in communities as well as the domestic abuse grew quite a bit. And because a lot of those communities don't have internet access, it was really hard for us to stay in touch with those clients. A lot of women were being trafficked and had no way of coming forward to get help."

## 4 Expand Rural Infrastructure

The longstanding lack of safe and affordable transportation and technology in rural, remote, and northern communities leaves women and genderdiverse people dangerously isolated. Some regions have no inter-city transportation options and travel in the winter-even by car-can be dangerous. Internet and phone services are prohibitively expensive, unreliable, and often have insufficient signal strengthen for basic communication tools such as Zoom.

The Gender Justice Labs participants identified the following suggested actions to address rural transportation:

- Work with stakeholders to develop a coordinated strategy for the upcoming federal funding for rural transportation (scheduled for 2026).
- Ensure all transportation decision-makers have actually used the existing services in their communities.
- Consider new partnerships among community organizations and service providers to ensure safe transport for GBV survivors. Consult women who access/require these services and incorporate their recommendations.
- Advocate for community organizations to be funded to provide emergency transportation for GBV survivors.
- Create and share a list of existing rural transportation organizations and services, such as the Rural Transportation Association in Nova Scotia, the safe ride program for Indigenous women in Winnipeg, and studies conducted by the <u>Rural Ontario Institute</u>.

The Gender Justice Labs participants identified the following suggested actions to address rural internet and phone services:

- Advocate for expanding 211 into rural, remote, and Northern communities.
- Advocate for research funding to collect data on how infrastructure issues in rural, remote, and Northern communities negatively impact GBV survivors.
- Advocate the CRTC to ensure equitable service levels in rural, remote, and Northern communities and to address "the last mile" issues for internet access (communities may technically have access to internet infrastructure but in practice cannot get the service to houses).
- Educate rural community organizations on flexible service delivery options, such as phone appointments and sending documents via phone text or photo.
- Create maps of existing free Wifi hotspots; create new informal Wifi hotspots.
- Advocate for place-based policy measures to address core structural issues to effectively interact with the telecommunications market.
- Explore options for integrating the co-op model to internet resources.

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In rural areas there are no taxis or shuttle services. Greyhound is gone. If you can't afford a vehicle, you are stuck."

In rural, Northern, and remote regions, where there is much distrust of governmentrun agencies, feminist NGOs stand out for their capacity to build trust with local communities."



<sup>&</sup>lt;sup>5</sup> Please see the Canadian Women's Foundation report series <u>Resetting Normal</u> on the impact of the COVID-19 pandemic on gender equality in Canada.

## 5 Provide Sustainable Funding for GBV Services

Programs that help GBV survivors in Canada have been chronically underfunded and understaffed for decades.<sup>5</sup> Few prevention programs are available to help stop GBV before it starts. Gender justice will never be achieved without sustainable ongoing funding for GBV services.

The Gender Justice Labs participants identified the following key research questions:

- How might feminist organizations incorporate the findings from the August 2021 <u>Imagine</u> <u>Canada report</u> to develop (or collaborate on) a lobbying campaign for mission-driven funding?
- What existing core funding modalities are out there? What would make most sense for in the Canadian context?
- Have any global women's organizations had success making the case for sustainable funding for GBV services using CEDAW and other human rights instruments as tools for holding governments accountable to their commitments to end discrimination against women, including GBV?

The Gender Justice Labs participants identified the following possible next steps:

- Form lobbying groups, including regional working groups. Ensure representation from multiple communities including Indigenous, youth, Black and racialized, immigrant, disability rights, rural and urban centres, and 2SLGBTQI+.
- Develop an alternate funding process (e.g., apply to get on a list, become a vetted organization, etc.)
- Work with the federal government and provinces/territories to transform project funding opportunities to core funding opportunities.

- Secure funding for researchers, writers and/ or a communications agency to create a public advocacy campaign with a clear, concise, practical message on funding needs. Create a 'wish list' of sharable communications tools.
- Advocate for decent work in the GBV sector, including fair wages, paid sick leave, benefits and pensions, and flexible work hours.

The increased... urgent calls for help brought on by the pandemic have not abated."

#### The Steep Cost Of Underfunding GBV Services

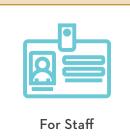
The chronic underfunding of essential gender-based violence services causes harm on many levels.



Loss of life due to lack of shelter beds and other critical supports

Long waiting lists for essential services like counseling for sexual assault survivors

Unreliable services many successful programs are only offered for a year or two because most funders will only fund new, not ongoing) programs



Poor working conditions, low salaries, few benefits, precarious hours

Untreated PTSD, high turnover, and burnout

Hours wasted reapplying for short-term funding and writing reports, instead of delivering essential front-line programs



For Organizations

No capacity to respond to emergencies like COVID-19

Mission Drift: funding priorities are set by bureaucrats instead of the community

No funding for basic expenses such as furniture, internet, heat, staff training, etc.

No funding for networking or service coordination



For the Broader Community

Root causes of GBV are never addressed due to low investment in prevention programs and advocacy for systems change

Decisions made by government agencies (e.g., pandemic planning, welfare, seniors' services) often have negative impacts for survivors, since community organizations are rarely funded to conduct advocacy and policy work

Marginalized communities have nowhere to turn. Due to the historic abuse from police, health care providers, government agencies, and the justice system, local community organizations are often the only places some people will trust.

## 6 Respond to the Mental Health Crisis

Survivors of intimate partner violence, sexual assault, and workplace harassment typically do not have access to timely or affordable mental health counseling. Similarly, people who work in shelters and crisis centres receive little help dealing with vicarious trauma or PTSD. Since the pandemic began, the cumulative impact of worrying about contracting COVID-19 (especially for essential workers), lost income due to business closures, parents working from home while also caring for young children or helping older children with online learning, and the ongoing stress of living under lockdown conditions has created a national mental health crisis.

Gender Justice Labs participants identified the following urgent needs related to mental health services for GBV survivors and people who work in GBV services:

- Intersectional feminist research on the impact of pandemic restrictions on the mental health of GBV survivors, with a focus on exploring the intersections of various socioeconomic issues (for example, poverty and food insecurity are known risks to mental health).
- Trauma-informed mental health services for survivors that include harm reduction approaches to substance use.

- Trauma-informed mental health services for front-line workers in the GBV sector, to address vicarious trauma and PTSD.
- Community-based alternatives to using police to respond to mental health crises, which not only places those in crisis at physical risk but worsens their trauma, especially those from racialized, Black, and Indigenous communities.
- Address major service gaps including those for 2SLGBTQI+ people and Black and Asian women.
- Explore programs that foster connections for Indigenous survivors such as mobile ceremonies and sweat lodges, community blanket ceremonies, at-home ceremonies, drum-making programs, etc.
- Explore programs that help survivors and their children experience joy and fun, such as game nights and art programs. These approaches can relive stress, build social connection, and help develop trust with service providers.

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[We] were robbed of community. And that's the number one thing women need when they are healing from violence. You really need people around you."

### Improve Systems Navigation

Too often, survivors of gender-based violence cannot access the government and community services they need due to needlessly strict regulations, confusing rules, poor communication, and overly complicated bureaucracies. Many of the government supports put in place during the pandemic were inaccessible to those who needed them most and included clawbacks that hurt those in the deepest financial need. They were also confusing, even to service providers accustomed to complex bureaucratic requirements. Improved systems navigation can help to ensure survivors get the help they deserve in a timely fashion.

The GJL participants identified the following strategies for helping clients to navigate existing systems, cut red tape, and overcome systemic barriers:

- Where possible, accompany clients to all appointments-legal, housing, medical-to advocate on their behalf to improve their safety and outcomes
- Learn about intake processes for various organizations GBV survivors depend upon, understand their service philosophies before referring women. Ideally, identify "go to" staff members who understand GBV to use in future referrals.
- Advocate for a 'single entry point' for people to get the help they need by extending 211 or developing an online system that can be replicated/maintained at the community level.
- Advocate at the local level for a 'no wrong door' agreement, i.e., community organizations commit to continuing to assist people until they're referred to the right person within the right organization.
- Advocate for funding to translate materials into languages other than English and French.

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There were ways that community organizations could have adapted and instead they did the bare minimum to serve - a grassroots model of care could have helped."

- In rural communities where services are scarce, partner with existing community providers (such as food banks and shelters) to ensure services are accessible and welcoming to all groups, including GBV survivors, 2SLGBTQI+, newcomers, etc.
- Explore creating a dedicated transportation community service, to be shared by women's shelters and other social service agencies, to safely transport women and children from homes to shelters; provide escorts where possible.

The GJL participants identified the need to build partnerships in order to improve systems navigation and/or develop alternative approaches:

- Survey feminist organizations to learn how they help their clients to navigate systems to access the range of supports they need - e.g., mental health counselling, addictions services, settlement services, income supports, etc.
- Collaborate with other organizations to stay informed on changes to social assistance programs and share this knowledge with clients and others.

It's not acceptable to have someone call and be told, 'Oh no, we don't help with that.' Okay, who does? How can we hand you over to that person so that I know that you are being taken care of as best as we possibly can?"

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[During the pandemic] there was a lot of confusion about how to navigate the systems that were in place to try to help people because there were a lot of mixed or confusing messages..."

- Consult with 211, community information centres, organizing bodies such as InformOntario and the National Association of Friendship Centres.
- Share strategies that local community organizations could use to support services users in identifying and reaching out to the services they need (e.g., how to update your 211 listing, tips for reaching service users via social media, etc.)
- Educate other service providers about how GBV can affect the ability to access their services and/or the gendered impacts of public emergencies.
- Advocate for police, health care, social services, social workers, and other public and nonprofit service providers who may interact with survivors to be trained on providing trauma-informed care.

The GJL participants identified the need to find ways to address the emerging technological barriers to accessing community services, government programs, and other essential supports:

- To ensure the shift to online service delivery doesn't prevent GBV survivors from getting the help they need, advocate for basic tech literacy programs for people who struggle the most, including seniors, people with low literacy or numeracy skills, whose first language is not English or French, those with learning disabilities, etc.
- Raise awareness within other organizations about how their technology requirements create barriers for survivors, such as courts requiring people to send documents by fax.
- Advocate for funding to provide survivors with temporary cell phones and other technology for emergency use.
- Address proper identification as a barrier to accessing services, especially emergency medical care and prescriptions.

## 8 Conduct GBA+ in Emergency Planning

Public health messages that encouraged people to "stay safe, stay home," but failed to add "but if you don't feel safe at home, emergency shelters are still open," put lives at risk. Gender-based violence is rarely considered in emergency planning. Neither are many other issues that disproportionately affect diverse and/or marginalized communities—in part, this is why they typically experience the worst effects of major disasters. Decision-makers who are responsible for public health and emergency planning must begin to incorporate GBA+ into their policies and procedures.

The Gender Justice Labs participants identified the following suggested key actions related to emergency planning for GBV organizations:

- Develop tools to help nonprofit GBV organizations and community groups to create their own emergency preparedness plans or update existing plans, focusing on ensuring safety for those who are most marginalized, particularly women, trans, and non-binary people who are also Black, Indigenous, and racialized, living with disabilities, and those with precarious immigration status.
- Connect Emergency Preparedness professionals with researchers working to identify grassroots community needs related to public health and emergency planning. Encourage them to learn from local community groups that performed well during COVID outbreaks. What did they do right? Can their processes be replicated?
- Consult with Indigenous advocates who are experts on treaty rights, e.g., 11 First Nations in Yukon have settled land claims and are in the process of creating agreements on emergency legislation among other issues)



For people with disabilities, every part of their life was affected."

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I found that victims of GBV weren't really thought of in some of the provincial responses [to the pandemic] and provincial messaging in British Columbia. Once we complained about it, they would say, oh yes, home is not a safe place for some people, and those people can travel outside of their health authority and get to shelter. But we had to raise that and that should already be built into public health responses."

- In creating organizational tools, consider the difference between mitigation, preparation, response, and recovery:
  - Mitigation: stop the disaster from happening - points to the need to shockproof our communities against GBV and other gendered impacts of crises
  - Preparation: focus of the Gender Justice Labs discussions
  - Response: primary focus during COVID to date
  - Recovery: few resources yet

The Gender Justice Labs participants identified the following suggested key actions related to GBA+ in emergency planning:

- Lobby at the provincial/territorial level to include GBA+ in public health and emergency planning processes.
- Advocate for permanent GBA+ representation at public health and emergency planning tables (at municipal, regional, provincial/territorial, and federal levels). Ideally, every public health and emergency planning body should have a GBA+ liaison representative to ensure intersectional gender issues are considered.
- Educate GBV advocates on public health planning in various jurisdictions.
- Research existing GBA+ tools to determine if they could apply to emergency planning or if new tools need to be developed.
- Identify members of public health or emergency planning bodies who might champion GBA+ in their organization.
- Consult with community groups to compile successful GBV-related strategies and resources developed during COVID. Share specific examples and personal stories to help describe gaps in emergency planning to public health authorities and other government agencies.

#### The Problem with "One Size Fits All" Emergency Planning

Public health messages urged people to avoid COVID-19 by staying home, but no one thought to add: "If home isn't safe, emergency shelters are still open," leading many victims of GBV to believe there was nowhere to go.

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In Canada, most jurisdictions did not collect data on the impact of COVID-19 on different groups, so it took months for public health officials to address higher infection rates in low-income neighbourhoods.



Emergency responses that don't consider a diversity of experiences often create unintended harm Eligibility requirements for the CERB federal emergency income program disqualified thousands of people, including those living on the lowest incomes, most people in nontraditional work, and people who receive disability benefits.

In Ontario, COVID rapid tests were initially distributed through liquor stores, disrespecting people who don't drink for religious or personal reasons, or who are recovering alcoholics. The Gender Justice Labs (GJL) were created by the Canadian Women's Foundation to examine the impact of the COVID-19 pandemic on gender-based violence and other gender inequities, using an intersectional feminist lens.

The GJL was intended to be a collaborative community, designed to nurture supportive, flexible, and forward-looking discussions that would:

- be an opportunity for those working in services, advocacy, research, and activism to share personal on-the-ground experiences and observations
- apply an intersectional feminist analysis to these insights to identify the issues public institutions and services fail to recognize or, in some cases, actually worsen
- integrate these insights into shared working documents with the goal of creating forwardlooking, practical responses to these challenges
- set the stage to initiate projects with the most functional potential and buy-in from GJL participants, while keeping the remaining potential projects in mind for future initiatives or collaborations.

In total, 64 people took part in the GJL consultations, which consisted of several rounds of phone and Zoom discussions. Slack channels were created to continue the conversations before, during and after each session. Participants were also encouraged to directly email the organizers regarding any specific issues.

The first round of consultations was a series of phone conferences, where participants were invited to share a broad range of observations including their experiences in the sector in general and during the pandemic. To help clarify the numerous issues that were raised, their responses were captured in several online documents organized into a framework of 'Gaps', 'Lacks' and 'Oversights.' The second round of consultations were Zoom brainstorming sessions. The goal of these sessions was to review the themes that had been raised, begin to identify practical actions that would address these challenges, and begin to identify stakeholders, supporters, advisors, and potential partnerships. The participants focused on identifying specific actions the majority agreed were essential and had a high potential for creating far-reaching change. In the follow up Zoom sessions, participants continued to narrow down these lists and clarify specific actions. Some participants then self-selected into online working groups to continue this refinement process.

## **Appendix 2: List of Gender Justice Labs participants**

Silmy Abdullah, SALCO Noura Afify, The SPACE Youth Centre Katie Allen, Doctoral Candidate Emma Arnold, Elizabeth Fry Society of Mainland Nova Scotia Valérie Auger-Voyer, Ending Violence Association of Canada Lourdes Balce. The Redwood Nikki Baldwin, Planned Parenthood NL Sexual Health Centre Megan Bateman, YWCA NWT Adrienne Bozek, Making Changes Association Annie Chau, Antigonish Women's Resource Centre & Sexual Assault Services Association Katina Cochrane, First Nation Healing Centre Cora Cole, Women Centres Connect Cathy Coutts, Making Changes Association Shelley Curtis Thompson, Pictou County Women's Resource and Sexual Assault Centre Lieran Docherty, Woman Abuse Council of Toronto Darcie Edwards. Thrive Ray Eskritt, Harmony House Fay Faraday, Faraday Law Gaelle Fedida, Alliance des maisons d'hébergement de 2<sup>e</sup> étape pour femmes et enfants victimes de violence conjugale Amy FitzGerald, BC Society of Transition Houses Brin Friend, Terrace Women's Resource Centre Society

Rekha Gadhia, Calgary Immigrant Women's Association Deirdre Goudriaan, Sources Trauma Counselling

Keri Guelke, BC Yukon Association of Drug War Survivors

Lauren Hancock, Ontario Association of Interval and Transition Houses

Kim Hawkins, Rise Women's Legal Centre

Heather Hay, Elder Abuse Prevention Muskoka

Tania Hlohovsky, Envision Counselling and Support Centre

Tara Howse, Howse Business Solutions

Misty Ireland

Dalya Israel, WAVAW Rape Crisis Centre

Lynda Kosowan, Scarborough Women's Centre

Patt Lenover-Adams

Kristen Lobay, Survivor's Hope Crisis Centre

Shahira Mabrouk, Saskatoon Open Door Society

Caitlin MacDonald, Community Resource Centre (Killaloe)

Haily MacDonald, Huronia Transition Homes

Aja Mason, Yukon Status of Women Council

Erin McKay, Planned Parenthood Ottawa

Abrah McKeen, The Redwood

Sandra McKellar, NL Sexual Assault Crisis and Prevention Centre

Hawa Mire, HYMIRE Consulting

Chanelle Morgan, Coverdale Centre for Women Inc.

Roberta Morrison, Coverdale

Judy Murphy, Elizabeth Fry Society New Brunswick Mercedes Mwemera, Grande Prairie Friendship Centre Eve Nyambiya, Brock University Human Rights and Equity Brandis Oliver, Fort Frances Tribal Area Health Services lliana Omelus, Pluri-elles Emily Oswald, WAVAW Rape Crisis Centre Michael Parsons, Canadian Aboriginal AIDS Network Candice Perry, Survivor's Hope Crisis Centre Harlie Pruder, Thompson Crisis Centre Samia Salomon. Maison d'Haiti Monica Samuel. Black Women in Motion Quinn Saretsky, The Elizabeth Fry Society of Manitoba Samantha Sibley, Anishnaabe Kwewag Gamig, Inc. Regional Women's Shelter Nadine Sookermany, Fife House Trina Stacey, Kahnawa'kehró:non Miia Suokonautio, YWCA Halifax Sara Tessier, Coverdale Courtwork Society Elvira Truglia, Canadian Association of Midwives Jac White, North York Women's Centre





National Office: 1920 Yonge St., Suite 302, Toronto, Ontario M4S 3E2 Toll free: 1-866-293-4483 info@canadianwomen.org

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