

Anti-Racist, Anti-Oppressive (ARAO) and Trauma-Informed Practice

RESOURCE FOR SERVICE PROVIDERS



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The need for ARAO practice in Gender-Based Violence (GBV) Services

GBV can impact communities and individuals differently based on **access to resources, socio-economic position, societal norms and attitudes, and prejudices**. Effective service provision considers the realities of these challenges.

Survivors can experience a range of intersecting forms of oppression. According to WomanACT Survivor Project Advisory, survivors can face:

- Racism and prejudice because of their cultural or racial background which often makes them wary of approaching GBV services;
- Homophobia and lack of access to services due to misgendering and criteria that exclude them;
- Ableism, especially a lack of safe, affordable housing that is also accessible;
- Ageism and feeling excluded from services which do not take into account their lived experience.

Anti-Racist and Anti-Oppressive (ARAO) practice can be a **useful tool and approach** to service provision for GBV in a way that acknowledges **different and intersecting identities** and inequalities. It can support services by:



Providing safer spaces for clients.



Raise awareness of different barriers to resources and safety.



Lead to effective support and safety planning.



Build trust

Reflective Practice:

How do your intake procedures and service criteria accommodate LGBTQ+ survivors?



Anti- Racist & Anti-Oppressive (ARAO) Framework Principles

Anti-racism specifically focuses on oppressions based on race and ethnicity, while anti-oppression is a broader term that considers all forms of marginalization (Corneau & Stergiopoulos, 2012). The practice of ARAO began with Black, civil rights grassroots advocacy. Elements of the approach can be found in social work theory, as a practice in healthcare settings, and in diversity, equity and inclusion programs (Beavers, 2018; Burke & Harrison, 2002).

While expressed differently in different contexts, the **goal of ARAO is to recognize and dismantles inequalities in society**. The framework is continuously evolving as is its application in practice. The main principles associated with the ARAO framework include:

- **Social difference and intersectionality:** Acknowledging and understanding that **social differences exist and occur because of power differences** between dominant and dominated social groups (Burke & Harrison 2002). These divisions are described in terms of the different identities that individuals hold and how these **identities intersect to create unique and compounding forms of inequality** (Crenshaw, 1989).



Invite specialist organizations, or read material that describe the unique and compounded forms of oppression.

- **Personal experiences are understood as part of wider socioeconomic conditions:** Problems are analyzed from a **systemic perspective**, considering the impact of socioeconomic and political conditions on individual experiences (Burke & Harrison, 2002).

- **Power and privilege determine access to resources:** Power is a social concept that operates at both the individual and structural level. It is influenced by socioeconomic factors that affect how individuals and communities are able to access resources and positions of power (Burke & Harrison, 2002). Recognizing this is essential to **reducing the impact of power disparities** for marginalized groups. This is achieved through **shared decision-making**, viewing individuals as **experts in their own lives**, using a **strengths-based approach**, and carefully considering **how language is used** to reinforce racist ideas (Corneau & Stergiopoulos, 2012).



[See this strength-based approach practice guide.](#)

- **Historical and geographical location:** Life experiences are understood in the **context of their unique location and time period** (Burke & Harrison, 2002). Understanding historical and ongoing oppression, particularly the impact this can have **across generations**, is vital to understanding a community's present strengths and needs (Corneau & Stergiopoulos, 2012).



Actively seek learning and training on historical impacts of different forms of oppression.

- **Reflexivity and cooperation:** Reflective practice is used to critically examine how **intersecting forms of power and privilege impact relationships** between therapists, social service professionals, and their clients. It requires practitioners to be aware of their own **assumptions, prejudices, and socioeconomic positions**. Minimizing power differences is achieved not only through **self-reflection**, but also through working in **partnership** with clients, respecting their autonomy (Burke & Harrison, 2002).



There are multiple tools that can assist in the process of self-reflection in service delivery. Find a tool that works for your individual or team practice. For example: [A Guide to Critical Reflection](#)

- **Decolonization:** Decolonial work acknowledges and addresses the ways in which colonialism **continues to oppress** different communities and influence ideologies, policies and practices. It aims to **minimize the continuing harm** caused by colonialism (Thomas & Green, 2019).



[Read Thomas & Green for an Indigenous lens of ARAO practice focusing on decolonization.](#)

- **Dismantling White supremacy:** Understanding how **values, ideologies and practices** in organizations and workplaces have been influenced by dominant Euro-Western cultures and **actively challenging the assumption** that these are the best and only ways of being (Jones and Okun, 2001).



Explore resources at dismantlingracism.org's on white supremacy culture.

- **Building alliances:** Building partnerships and networks with other marginalized and oppressed groups, builds resources and power to address community issues (as discussed in Corneau & Stergiopoulos, 2012).
- **Social justice advocacy and activism:** Anti-racist and anti-oppressive practice works at a **systems level** to address how inequality is perpetuated by advocating for the rights of marginalized clients and communities (Corneau & Stergiopoulos, 2012).
- **Holistic healing strategies:** ARAO approaches use a **holistic approach** to healing that extends beyond Euro-Western, medicalized perspectives on health and well-being (Corneau & Stergiopoulos, 2012).

Reflective Practice:

Reflect on how power and privilege have influenced your interactions with clients. How do socioeconomic factors affect access to resources and positions of power for marginalized groups you work with?

Organizations providing services to survivors of GBV are encouraged to incorporate regular and anonymous feedback with clients to continuously improve how an ARAO approach is being used, ensuring that they are delivering effective and quality services.

Trauma-Informed Care Framework Principles

Trauma is an important concept to understand when working with survivors of gender-based violence. Trauma can result from a **single event or a series of events that overwhelm a person's ability to cope** (Harris & Fallot 2001; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014a). Trauma can describe a range of different reactions. Substance Abuse and Mental Health Services Administration lists these reactions as **emotional, physical, cognitive, behavioral, and existential** (SAMHSA, 2014b). It is important to be able to recognize some of these reactions ([See here for further examples](#)). Trauma can be experienced at an **individual level, community level** (SAMHSA, 2014b), and passed through **generations** (DeAngelis, 2019).

Trauma significantly impacts **memory, recollection of traumatic events, and information processing**. It can impact how memory is encoded and consolidated, how memories and information can be fragmented, and which details are possible to recall (Haskell & Randall, 2019). Service providers working with GBV survivors can **incorporate practices** that work in line with the body's responses and **cooperate with survivors** to ease any anxiety from these reactions. (For more information on trauma's impacts on the memory of survivors see [Haskell & Randall, 2019](#) and [OAITH's toolkit Her Brain Chose for Her](#)).

Trauma-informed approaches promote **acknowledging and understanding the impact trauma can have** and working in ways to **minimize harm** in any client or community interactions (Harris & Fallot, 2001). In the United States, SAMHSA has developed principles for trauma-informed practice that continue to evolve and be adapted by practitioners. The table below outlines **key elements** of a trauma-informed approach.



Principle	Practice	Rationale
Safety <p>Ensuring the physical and emotional safety for all. This involves protecting oneself and others (ITTIC, 2019).</p>	<p>Create a safe place in your interactions with clients. Ensure privacy during conversations.</p>	<p>Trauma can have lasting impacts on how safe someone feels in a variety of settings and circumstances. Therapeutic relationships are established in safe places that are free of judgement.</p>
Transparency & Trust <p>Trust is established by being transparent about all processes and stages of work with a client. Confidentiality and privacy are important aspects of trustworthiness (ITTIC, 2019).</p>	<p>Explain processes fully, including confidentiality policies. Clients should have access to organizational policies and procedures and the option to give anonymous feedback. Sessions and groups should be clearly outlined and predictable.</p>	<p>Trust and transparency are the beginning of any helping relationship. This takes place at both an individual and organizational level.</p>
Peer Support <p>Recognizing the role that those with lived experience have in the healing process and creating ways to draw on this (SAMHSA, 2014a).</p>	<p>Offer to connect or refer survivors to peer support models, if this is wanted.</p>	<p>Survivors may think they are alone in their experiences. Connecting with others can support them in building a shared sense of hope and community.</p>
Choice, Voice and Empowerment <p>Recognition of strengths, resilience, and personal expertise (SAMHSA, 2014a). Allowing clients to have a voice and choice. Working together to address power hierarchies and involving service users in their own care based on their priorities (Harris & Fallot, 2001).</p>	<p>Offer options, present full information for each option and allow clients to choose. Listen to their concerns. Be aware of and minimize power dynamics.</p>	<p>Working alongside survivors of GBV involves using practices that support their confidence and create more autonomy and choice. Survivors can be re-traumatized by situations where they do not feel they have a choice and autonomy. Lack of power, and not being heard are common experiences in abusive relationships.</p>
Intersectionality <p>Offers responsive service based on a client's intersecting identities. The organization has strong procedures in place that address discrimination. Workers understand historical trauma and see connections to cultural traditions as a form of healing (SAMHSA, 2014a).</p>	<p>Be aware of systemic and structural barriers and create support plans with the client that acknowledge and address these. Acknowledge that clients might feel comfortable getting support from specialist organizations and offer these resources if wanted. Develop positive working relationships with organizations to ease referral processes. Clients might be more comfortable with peer models of support.</p>	<p>Interacting with systems that perpetuate prejudices or systemic barriers can be retraumatizing. Understanding a client's intersectional identity supports workers in developing plans and practices that minimize harm.</p>



Impact of Racism & Oppression on Indigenous, Black, and Racialized Women Experiencing Violence and Accessing Support

It is important to understand the different ways women who experience violence are impacted by **systemic, structural, and institutional** forms of oppression and racism. These factors determine if and how someone can **access support** and what their experience will be like when they do.

Justice

Indigenous, Black, and Racialized women face higher rates of criminalization due to systemic and structural forms of oppressions (Duhaney, 2022; MMIWG, 2019; WomanACT & Elizabeth Fry Toronto, 2023).

- Ninety percent (90%) of Indigenous women who are incarcerated have a history of intimate partner violence (IPV) and often are criminalized when protecting themselves from this violence (Churcher as cited in MMIWG, 2019).
- Black and racialized women who report IPV to the police often find themselves charged along with the perpetrator (WomanACT & Elizabeth Fry Toronto, 2023).

Housing

Indigenous and Black women face discrimination when attempting to access safe and affordable housing.

- Indigenous and Black women can face stereotypes and racism, especially if they are single mothers (Springer, 2021).
- Indigenous women in rural areas face further barriers to accessing safe housing and water due to colonial laws and practices that steal Indigenous lands and resources (MMIWG, 2019).

Health

Survivors who face intersecting forms of marginalization have poorer health outcomes and reduced access to health care due to systemic and structural forms of oppression.

- 46.5% of First Nation women experience co-morbid conditions (FNGC as cited in MMIWG, 2019). First Nations women living in rural areas are at increased risk of violence when travelling to access healthcare (MMIWG, 2019).
- Black women experience higher rates of certain health conditions, like diabetes, which are exasperated by health disparities and racism (Gagné & Veenstra, 2017).
- LGBTQ2S+ individuals may lack safe access to health care and are less likely to access health care services due to past experiences of oppression (Institute of Medicine, 2011; Sanchez et al., 2006).
- Women with disabilities face higher rates of sexual violence and may be at risk of GBV by carers (Rajan, 2011).
- Older survivors often rely on abusers or abusive family members to access health care which puts them at further risk (WomanACT., n.d.).

Employment and Access to Finances

Survivors often face significant barriers to financial security due to gender bias and racism which can impact their safety (Docherty, Zawitkowski, Wilson, Currie, 2019).

- Indigenous, Black, and Racialized women face a double barrier accessing the employment opportunities needed to establish financial security (WomanACT, 2023). They are often in the care economy, or in contract or part-time employment (Canadian Women's Foundation et al., 2020). Due to intersecting forms of oppression, they often experience a pay gap when compared with men. (See examples at [Canadian Women's Foundation](#)).
- Survivors of intimate partner violence (IPV) often face long-term impacts from educational and employment sabotage, compounded by a lack of specialized support for re-entering the workforce. Tailored programs are needed to help survivors build or rebuild their careers and achieve economic independence. (Chellapermal, 2022b).
- Older survivors face ageist employment and hiring practices and are often coping with the life-long impacts of employment or educational sabotage, which may have prevented them from acquiring pension, savings, and career skills (Chellapermal, 2022a).
- Immigrant survivors may face discrimination if they lack Canadian experience or certifications and often have to finance their own retraining or accept jobs they are over-qualified for (Chellapermal, 2022b).

Anti-Racist, Anti-Oppressive (ARAO) & Trauma-Informed Practice in Service Delivery

Anti-racist, anti-oppressive, and trauma-informed care (TIC) are often viewed as separate perspectives. However, these approaches are **most effective when practiced in combination** (Powell, et al., 2022). ARAO practices cannot fully address inequality without addressing the impact of trauma from structural and systemic forms of racism and oppression. Addressing trauma must include dealing with the stressors of historical, intergenerational, and cultural forms of oppression. Additionally, healing frameworks themselves are often based on a colonial, Euro-Western approaches (Powell, et al., 2022)

How can ARAO and Trauma-Informed Practice work together? (Burke & Harrison, 2002; SAMHSA, 2014a):

- Both use strength-based approaches.
- Both recognize and address power differences.
- Both encourage collaboration, networking and peer support.
- Both require an understanding of structural and systemic forms of oppression and its impacts.
- Both require service user feedback and self-reflection.

How can social service professionals draw on ARAO and trauma-informed principles when addressing issues of gender-based violence?

This worksheet provides examples of how to apply trauma-informed ARAO practices. The exercises can be used for individuals or for team discussion.



Trauma-Informed Care Principles	ARAO-TIC Practice	Reflective Practice
<p>Safety</p> <p>Safety extends beyond the physical environment to include the cultural, mental, emotional, and spiritual needs of clients. Safety is determined by the person who is receiving services.</p> <p>Safety includes not only someone's immediate needs, but their long-term security. A holistic view of safety supports workers in creating spaces that are safe enough for clients to regain a sense of control over their lives. Factors such as housing, legal assistance, spiritual support, and financial stability as important aspects of safety.</p>	<p>Acknowledge and address the impact of racism and oppression on clients' sense of safety, including White supremacist cultural practices and colonial practices (Jones & Okun, 2001; Thomas & Green, 2019)</p> <p>Provide regular opportunities for staff as well as clients to discuss the impacts of all forms of violence, racism and oppression.</p> <p>Tailor safety plans to recognize race/community -based traumatic stressors (SAMHSA, 2014b).</p>	<p><i>What kinds of routines and structures convey a sense of safety?</i></p> <p><i>Recall a time when a racialized client expressed that they felt safe. What factors facilitated this sense for them?</i></p> <p><i>Provide examples of physical, cultural, mental, emotional, and spiritual safety. Where could your own practice change to address each area?</i></p>
<p>Transparency & Trust</p> <p>Transparency involves being open and honest, clearly communicating policies, procedures, and expectations with clients.</p> <p>Transparency is necessary to build trust. Trust is the foundation of a safe therapeutic relationship. Trust is formed relationally when workers are empathetic, reliable, and respectful. It must be consistently demonstrated in order to be maintained.</p>	<p>Establish clear and transparent reporting processes. Ensure that clients know how to voice concerns and complaints about the services they receive.</p> <p>Clearly communicate the limits of confidentiality and mandated reporting.</p> <p>Explain your organization's anti-discrimination policies.</p> <p>Utilize accountability metrics and evaluations that account for the needs of racialized clients.</p>	<p><i>What are your organization's anti-discrimination policies and procedures? How do you explain them to a client?</i></p> <p><i>How do you talk with clients about mandated reporting?</i></p> <p><i>How comfortable are you talking about your own race and social location with clients?</i></p>

Trauma-Informed Care Principles	ARAO-TIC Practice	Reflective Practice
<p>Peer Support</p> <p>The experience of gender-based violence can be isolating. Research has shown that peer support can be beneficial for marginalized communities (Chellapermal, 2022b). Programs and groups that bring together survivors from similar cultural and racial backgrounds can help address unique challenges and barriers that racialized survivors face, such as cultural stigmas, language barriers, and distrust of mainstream services</p>	<p>Locate relevant peer support groups in your service area. Offer referrals if the client finds this supportive.</p> <p>Consider how to provide targeted support to specific cultural groups.</p> <p>Form an advisory committee that intentionally includes those from diverse racial backgrounds.</p>	<p><i>What benefits might a peer support group offer to racialized survivors of GBV?</i></p> <p><i>How do colonization and racism show up in mainstream social services?</i></p> <p><i>What steps can your organization take to start peer support services?</i></p>
<p>Collaboration, Choice, and Empowerment</p> <p>Working collaboratively with racialized clients to direct their own care is pivotal to providing anti-racist, trauma-informed services. Oppression is rooted in a lack of choice and authority over one's life, which is often paralleled in experiences of GBV. Client directed services work to reduce this by sharing power and decision making. Radical healing is a framework that addresses identity-based wounds, drawing on individual strengths and collective resistance to oppression (French et. al, 2020).</p>	<p>Work from a person-centered, strengths-based approach that assumes the client is the expert in their own lives.</p> <p>Develop anti-racist and trauma-informed procedures that address the intersection of gender-based violence and racism.</p> <p>Provide opportunities for anonymous feedback.</p> <p>Regularly engage with community partners, advocacy and coalition groups.</p>	<p><i>How does your organization support clients to be actively involved in decision making?</i></p> <p><i>What strategies do you use to build trust and share power with clients?</i></p> <p><i>Do clients have opportunities to give you feedback?</i></p> <p><i>What does radical healing look like in your professional practice?</i></p>

Trauma-Informed Care Principles	ARAO-TIC Practice	Reflective Practice
<p>Intersectionality</p> <p>Individuals experience multiple layers of oppression simultaneously and these experiences cannot be understood in isolation from one another. An intersectional approach considers how various social identities, such as race, gender, class, and sexuality, intersect and create overlapping systems of discrimination or disadvantage (Crenshaw, 1989). For racialized survivors of GBV, an intersectional lens recognizes how their experiences, including their experiences of accessing support, are shaped by these intersecting identities.</p>	<p>Understand structural and systemic forms of oppression and racism and how these impact clients' safety and healing.</p> <p>Consider how safety plans address the needs of clients across intersecting identities.</p> <p>Understand the impact of intergenerational trauma, linking this to colonialism and racism.</p>	<p><i>What therapeutic approaches might you use to raise clients' awareness of their intersecting identities?</i></p> <p><i>Consider your own intersecting identities. In what ways might this influence your practice?</i></p> <p><i>How might clients' identities impact how they feel about accessing certain services?</i></p> <p><i>How do ongoing colonization and racism in social service systems impact racialized and Indigenous people?</i></p>

ARAO and Trauma-Informed Practice Helpful Terminology

The following definitions of different levels of racism have been taken from the Canadian Race Relations Foundations (CRRF) Online Glossary (CRRF, 2024)

Structural racism: Racial biases and ideologies on which society is structured are embedded into social structures, such as rules, policies, and laws, thereby normalizing racism and racial inequality. Structural racism, therefore, systematically disenfranchises and marginalizes individuals and communities based on race.

Individual racism: Racial prejudices that are expressed through individual words and actions is known as individual racism. Individual racism can be direct or indirect, but the target is always a racialized individual or community.

Institutional racism: Institutional racism refers to institutional norms, values, and principles that systemically reproduce the differential treatment of racialized groups. Institutional racism helps to maintain power structures that favour dominant social groups, such as cisgender White Canadian males.

Internalized racism: Due to persistent racial discrimination and messaging, some racialized individuals and communities begin to accept negative stereotypes and prejudices.

Systemic racism: Refers to the interlocking relationship between racism at the individual (including interpersonal and intrapersonal expression), institutional, and structural levels. Each level functions to mutually reinforce the other.

Reflective Practice:

How can you adopt a holistic approach to address systemic racism and promote systemic change within your practice?

- Colonialism: The practice of taking political control over a country, settling it and exploiting it for economic benefit, disenfranchising and oppressing original peoples (CRRF, 2024).
- Community-Based Trauma: Trauma that comes from a shared experience/experiences which erodes sense of safety within that community. This can include experiences of attacks on cultural practices or lack of systemic responses to harms experienced by a community (SAMHSA, 2014b). See also group trauma in SAMHSA, 2014b and collective trauma in Hirschberger, 2018).
- Critical self-reflection (or reflexivity): Tool in social work that involves an examination of power dynamics and assumptions by the worker in order to minimize these and transform practices (Heron, 2005).
- Intergenerational trauma: The impact of historical and cultural traumas that are experienced for generations (DeAngelis, 2019)
- Intersectionality: Theory of oppression by feminist lawyer Kimberlé Crenshaw to help understand how different forms of oppression intersect with each other based on different identities to create unique and compounded experiences of oppression (Crenshaw, 1989).
- Microaggression: Comments and actions based on bias, conscious or unconscious, that cause harm (Pride at Work, 2022). See Pride at Works online live document [Micropedia of Microaggressions](#).
- Privilege: When one social group has access to unearned benefits, opportunities and rights by belonging to that social group (CRRF, 2024).
- Power Dynamics: The understanding that there are different levels and a different balance of how access to power and authority is distributed between people, and organizationally. It is a concept that has been adapted in social work to minimize power imbalances between workers and clients (Hasenfeld, 1987).
- Radical healing: A framework to heal identity-based wounds that focuses on individual strengths and collective resistance to oppression as a way to make communities whole. (French et al., 2020).
- Vicarious trauma: Describes the impact on a person from supporting someone going through a traumatic experience or engaging with material that describes traumatic experiences. Also described as secondary trauma or compassion fatigue (Richardson, 2001).

- Trauma: Trauma results from a distressing event or series of events which overwhelm someone's ability to cope, causing lasting emotional and physical impacts. Trauma can be individual and community based, and impacts can be felt between generations. More information can be found on the [Center for Substance Abuse Treatment \(US\)](#) (SAMHSA,2014a).

Reflective Practice:

How do different forms of oppression intersect in the lives of your clients? How can an intersectional approach help you develop the skills and tools needed to support Racialized clients?

Trauma-Informed ARAO Practice: Resources for Further Reading - Reports, Articles & Toolkits

This list includes some useful reading for service providers who want to increase their knowledge on ARAO and trauma-informed practice as well as understand the intersecting experiences of GBV survivors. It is not meant as an exhaustive list.

Intersecting experiences of GBV

Indigenous women and GBV:

- FemNorthNet at Canadian Research Institute for the Advancement of Women. Resources by FemNorthNet at <https://www.criaw-icref.ca/our-work/research-projects/femnorthnet/>
- National Collaborating Centre for Indigenous Health (NCCIH) <https://www.nccih.ca/en/>
- National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019). Reclaiming power and place. The final report of the national inquiry into missing and murdered indigenous women and girls. The National Inquiry. <https://www.mmiwg-ffada.ca/final-report/>

Anti-Black racisms and GBV:

- Bent-Goodley, T. B. (2005). An African-Centered Approach to Domestic Violence. *Families in Society*, 86(2), 197-206. <https://doi.org/10.1606/1044-3894.2455>
- The National Centre on the Violence Against Women in the Black Community. (2018). Technical Assistance Framework for working with marginalized groups. <https://ujimacommunity.org/>

Anti-Asian hate and GBV:

- Violence Against Women Learning Network. (2021). Examining the Intersections of Anti-Asian Racism and Gender-Based Violence in Canada. https://gbvlearningnetwork.ca/our-work/backgrounder/examining_the_intersections_of_antiasian_racism_and_genderbased_violence_in_canada_Examining-the-Intersections-of-Anti-Asian-Racism-and-Gender-Based-Violence-in-Canada.pdf

Racialized women and work:

- Canadian Women's Foundation, Canadian Centre for Policy Alternatives, Ontario Nonprofit Network, and Fay Faraday, Resetting Normal: Women, Decent Work and Canada's Fractured Care Economy (Canadian Women's Foundation, 2020), <https://canadianwomen.org/wp-content/uploads/2020/07/ResettingNormal-Women-Decent-Work-and-Care-EN.pdf>.
- Chellapermal, P. (2022). Intersections between employment and safety among racialized women. WomanACT. https://womanact.ca/wp-content/uploads/2022/11/WomanACT_Intersections-between-employment-and-safety-among-racialized-women.pdf
- Shah, S. (2022) Voices that Matter: An Intersectional Analysis of Canadian Muslim Women. Canadian Council of Muslim women. <https://www.ccmw.com/>
- South Asian Women's and Immigrant's Services. (2023). Understanding the multidimensional impacts of covid-19 on low-income and precariously employed. <https://sawro.org/>

Criminalization, race and GBV:

- Department of Justice Canada, “Overrepresentation of Black People in the Canadian Criminal Justice System,” last modified December 15, 2022, <https://www.justice.gc.ca/eng/rp-pr/jr/obpccjs-spnsjpc/index.html#:~:text=Black%20people%20accounted%20for%209,8%25%20of%20the%20community%20population>.
- Duhaney, P. (2022). Criminalized Black women's experiences of intimate partner violence in Canada. *Violence Against Women*, 28 (11), 2765–2787. <https://doi.org/10.1177/10778012211035791>.
- WomanACT & Elizabeth Fry Toronto. (2023). Reducing Stigma: Exploring the intersections between trauma, race and criminalization. WomanCT. https://womanact.ca/wp-content/uploads/2022/11/WomanACT_E-Fry-Toronto_Reducing-Stigma-report.pdf.

IPV in LGBTQ+ communities:

- Baker, L., Straatman, A., Etherington, N., Barreto, E. (April, 2015). Intimate Partner Violence (IPV) in Rainbow Communities. Violence Against Women Learning Network. (Issue 12). https://gbvlearningnetwork.ca/our-work/issuebased_newsletters/issue-12/index.html
- Canadian Women's Foundation & Wisdom2Action. (2022). Queering Gender-Based Violence Prevention and Response in Canada. <https://www.wisdom2action.org/gbvtutorial/>

GBV and disability:

- Rajan, D. (2011). Women with Disabilities and Abuse: Access to Supports. DisAbled Women's Network/Réseau d'action de femmes handicapées Canada. <https://www.dawncanada.net/main/wp-content/uploads/2013/08/Women-with-Disabilities-and-Abuse-Access-to-Supports.pdf>

Older adults and GBV:

- Chellapermal, P. (2022) Economic abuse among senior immigrant women: Literature and research report. WomanACT. https://womanact.ca/wp-content/uploads/2022/11/WomanACT_Economic-abuse-among-senior-immigrant-women-Literature-and-research-report.pdf

Theory reading

Anti-Oppressive Practice

- Toolkit for Community Service Organizations. Springtide Resources. <https://endvaw.ca/wp-content/uploads/2016/05/An-Integrated-Anti-Oppression-Framework-for-Reviewing-and-Developing-Policy-OAITH-2008.pdf>
- Barnoff, L. & Moffat, K. (2007) Contradictory Tensions in Anti-Oppression Practice in Feminist Social Services. *Affilia: Journal of Women and Social Work*, 22 (1), 56-70. https://www.researchgate.net/publication/240700500_Contradictory_Tensions_in_Anti_Oppression_Practice_in_Feminist_Social_Services

- Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," University of Chicago Legal Forum, Iss. 1 (Article 8).
<http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>
- Heron, B. (2005). Self-reflection in critical social work practice: subjectivity and the possibilities of resistance. *Reflective Practice*, 6(3), 341-351.
<https://doi.org/10.1080/14623940500220095>
- Jones, K & Okun T. (2001). Dismantling Racism: A Workbook for Social Change Groups. ChangeWork (Summary available at: https://www.cwsworkshop.org/PARC_site_B/dr-culture.html)
- The CTN CIHR Canadian HIV Trials Network. (2021). Anti-Oppression Training & Resources. The CTN CIHR Canadian HIV Trials Network. https://www.hivnet.ubc.ca/wp-content/uploads/2021/11/Anti-oppression-training-and-resources_Nov-4-2021.pdf (living document)

Trauma-Informed Practice

- Center for Substance Abuse Treatment (US). (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. <https://store.samhsa.gov/product/samhsas-concept-trauma-and-guidance-trauma-informed-approach/sma14-4884>
- Center for Substance Abuse Treatment (US). (2014). Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series, No. 57. Chapter 2, Trauma Awareness. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK207203/#>
- DeAngelis, T. (February, 2019). The legacy of trauma: An emerging line of research is exploring how historical and cultural traumas affect survivors' children for generations to come. *Monitor on Psychology*, 50 (2). American Psychological Association.
<https://www.apa.org/monitor/2019/02/legacy-trauma>
- Department of Justice US. Vicarious Trauma Toolkit at
<https://ovc.ojp.gov/program/vtt/introduction>
- Ending Violence Association B.C. (n.d.). Resources: Mitigating Vicarious Trauma.
<https://endingviolence.org/resources/new-resources-mitigating-vicarious-trauma/>
- Ontario Association of Interval & Transition Houses. (2019). Her brain chose for her.
<https://herbrainchoose.oaith.ca/>

- French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a Psychological Framework of Radical Healing in Communities of Color. *The Counseling Psychologist*, 48(1), 14-46. <https://doi.org/10.1177/0011000019843506>
- Haskell, L., & Randall , M. (2019). The impact of trauma on adult sexual assault victims. Government of Canada, Department of Justice, Electronic Communications. <https://www.justice.gc.ca/eng/rp-pr/jr/trauma/index.html>
- Levenson, J. S., Craig, S. L., & Austin, A. (2021). Trauma-informed and affirmative mental health practices with LGBTQ+ clients. *Psychological Services*. <https://lgbtqequality.org/wp-content/uploads/2021/06/Trauma-InformedCare-Final.pdf>
- Richardson, J. (2001). Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers. Health Canada. https://publications.gc.ca/collections/collection_2008/phac-aspc/H72-21-178-2000E.pdf

Reference List

Beavers, D. (2018). Diversity, equity and inclusion framework: Reclaiming diversity, equity and inclusion for racial justice. Greenlining Institute. <https://greenlining.org/wp-content/uploads/2018/05/Racial-Equity-Framework.pdf>

Burke, B. & Harrison, P. (2002). Anti-oppressive practice. In R. Adams, L. Dominelli, and M. Payne (Eds.), *Anti-Oppressive Practice* (pp. 227 – 36). Palgrave MacMillan.

Canadian Race Relations Foundations [CRRF]. (2024). Glossary of Terms. <https://crrf-fcrr.ca/glossary-of-terms/>

Canadian Women's Foundation, Canadian Centre for Policy Alternatives, Ontario Nonprofit Network, & Faraday, F. (2020). Resetting normal: Women, decent work and Canada's fractured care economy. Canadian Women's Foundation. <200706-CWF-ResettingNormal-Report2-EN.indd> (canadianwomen.org)

Chellapermal, P. (2022a) Economic abuse among senior immigrant women: Literature and research report. WomanACT. https://womanact.ca/wp-content/uploads/2022/11/WomanACT_Economic-abuse-among-senior-immigrant-women-Literature-and-research-report.pdf

Chellapermal, P. (2022b). Intersections between employment and safety among racialized women. WomanACT. https://womanact.ca/wp-content/uploads/2022/11/WomanACT_Intersections-between-employment-and-safety-among-racialized-women.pdf

Corneau, S. & Stergiopoulos, V. (2012). More than being against it: Anti-racism and anti-oppression in mental health services. *Transcultural Psychiatry*, 49(2), 261–282.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1(8). <http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>

Dawn Canada. (n.d.). *Fact Sheet on Women with Disabilities and Violence*. <https://www.dawncanada.net/issues/women-with-disabilities-and-violence/>

DeAngelis, T. (2019). The legacy of trauma: An emerging line of research is exploring how historical and cultural traumas affect survivors' children for generations to come. *Monitor on Psychology*, 50(2). <https://www.apa.org/monitor/2019/02/legacy-trauma>

Docherty, L., Zawitkowski, S., Wilson, B., Currie, E. (2019). *Hidden in the Everyday: financial abuse as a form of intimate partner violence in the Toronto area*. WomanACT. https://womanact.ca/wp-content/uploads/2020/11/WomanACT_Hidden-in-the-everyday_Financial-Abuse-Report.pdf

Duhaney, P. (2022). Criminalized Black women's experiences of intimate partner violence in Canada. *Violence Against Women*, 28(11), 2765–2787. <https://doi.org/10.1177/10778012211035791>

French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist*, 48(1), 14 -46. <https://doi.org/10.1177/0011000019843506>

Gagné, T & Veenstra, G. (2017) Inequalities in hypertension and diabetes in Canada: Intersections between racial identity, gender, and income. *Ethnicity & Disease*, 27(4), 371-78. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5720946/>

Harris, M., & Fallot, R.D. (2001). Envisioning a trauma-informed service system: a vital paradigm shift. *New Directions in Mental Health Service*, Spring (89), 3-22. <https://doi.org/10.1002/yd.23320018903>.

Hasenfeld, Y. (1987). Power in Social Work Practice. *Social Service Review*, 61(3), 469-483. <http://www.jstor.org/stable/30011910>

Heron, B. (2005). Self-reflection in critical social work practice: Subjectivity and the possibilities of resistance. *Reflective Practice*, 6(3), 341-351. <https://doi.org/10.1080/14623940500220095>

Hirschberger G. (2018). Collective trauma and the social construction of meaning. *Frontiers in Psychology*, 9, 1441. <https://doi.org/10.3389/fpsyg.2018.01441>

Institute of Medicine. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. The National Academies Press.

Institute on Trauma and Trauma-Informed Care [ITTC]. (2019). Trauma-Informed Organizational Change Manual. University of Buffalo. <https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care.html>

Jones, K & Okun, T. (2001). The characteristics of white supremacy culture. Dismantling racism: a workbook for social change groups. ChangeWork. <https://pfc.ca/documents/white-supremacy-culture/>

Katshunga, J., Massaquoi, N., City of Toronto., OCASI., Wallace, J. (n.d.) Black Women in Canada. <https://monitormag.ca/shorthand/black-women-in-canada-200221160623/index.html>

National Inquiry into Missing and Murdered Indigenous Women and Girls [MMIWG]. (2019). Reclaiming power and place. The final report of the national inquiry into missing and murdered indigenous women and girls. The National Inquiry. <https://www.mmiwg-ffada.ca/final-report/>

Powell, W., Agosti, J., Bethel, T.H., Chase, S., Clarke, M., Jones, L.F., Lau Johnson, W.F., Noroña, C.R., Stolbach, B.C., & Thompson, E. (2022). Being anti-racist is central to trauma-informed care: Principles of an anti-racist, trauma-informed organization. National Center for Child Traumatic Stress. www.nctsn.org

Pride at work Canada. (2022). The micropedia of microaggressions. <https://prideatwork.ca/programs/resources/the-micropedia-of-microaggressions/>

Rajan, D. (2011). Women with disabilities and abuse: Access to supports. DisAbled Women's Network/Réseau d'action de femmes handicapées Canada. <https://www.dawncanada.net/main/wp-content/uploads/2013/08/Women-with-Disabilities-and-Abuse-Access-to-Supports.pdf>

Richardson, J. (2001). Guidebook on vicarious trauma: Recommended solutions for anti-violence workers. Health Canada. https://publications.gc.ca/collections/collection_2008/phac-aspc/H72-21-178-2000E.pdf

Substance Abuse and Mental Health Services Administration. (2014a). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. <https://www.samhsa.gov/>

Substance Abuse and Mental Health Services Administration. (2014b). A treatment improvement protocol: Trauma-Informed Care in Behavioral Health Services. <https://www.samhsa.gov/>

Sanchez, N. F., Rabatin, J., Sanchez, J. P., Hubbard, S., & Kalet, A. (2006). Medical students' ability to care for lesbian, gay, bisexual, and transgendered patients. *Family Medicine*, 38(1), 21-27.

Springer, A. (2021). Living in colour: Racialized housing discrimination in Canada. Homeless Hub Canada. <https://www.homelesshub.ca/blog/living-colour-racialized-housing-discrimination-canada#:~:text=Prospective%20tenants%20who%20are%20Black,only%20poor%2Dquality%20housing%20options>

Thomas, R. & Green, J. (2019). A way of life: Indigenous perspectives on anti-oppressive living. *First People's Child and Family Review*, 14(1). <https://fpcfr.com/index.php/FPCFR>

WomanACT. (2023). Race and gender in the workplace: A backgrounder. <https://womanact.ca/wp-content/uploads/2024/01/Race-and-Gender-in-the-Workplace-a-Backgrounder.pdf>

WomanACT & Elizabeth Fry Toronto. (2023). Reducing stigma: Exploring the intersections between trauma, race, and criminalization. WomanACT. https://womanact.ca/wp-content/uploads/2022/11/WomanACT_E-Fry-Toronto_Reducing-Stigma-report.pdf

WomanACT. (n.d.) Safety Planning with Older Women Experiencing Violence [online learning module]. WomanACT. <https://womanact.thinkific.com/courses/VAOWsafety>

