



Gender-Based Violence Forum

ROOTED IN CARE - INTERVENTION STRATEGIES FOR ERITREANS & ETHIOPIANS



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Executive Summary

Gender-Based Violence Forum:

Rooted in Care – GBV Intervention Strategies for Eritreans & Ethiopians

**JULY
12
2025**

Location: Ottawa, ON
The Mauril-Bélanger Social Innovation
Workshop (The Atelier).

**Organizer: Mehari
Centre Corp.**

**Attendance: 70+ participants
including 50 adult community
members, 22 children, faith
leaders, and service providers**

The *Gender-Based Violence Forum: Rooted in Care*—held July 12 2025 in Ottawa—was organized by the Mehari Centre Corp. in response to the sharp rise in intimate-partner violence and femicides in the city, including the murder of Brkti Berhe in 2024. The forum brought together more than 70 participants, including 50 adult community members, 22 children, faith leaders, service providers, and policymakers, to address gender-based violence (GBV) within Eritrean and Ethiopian newcomer communities.




Eritrean and Ethiopian families face distinct vulnerabilities in Ottawa, including limited access to culturally and linguistically safe services, language barriers, and deep mistrust of formal systems. Local organizations confirm that very few GBV programs are designed specifically for refugee and newcomer women—only about 17.5% in Ottawa offer tailored supports. This gap often leaves women navigating violence and trauma without accessible, culturally anchored pathways to help.

The Mehari Centre convened the forum to co-design community-driven, culturally grounded responses that reflect lived experiences rather than externally imposed frameworks, strengthening collaboration between faith leaders, community members, and service providers.

Forum Design and Knowledge Gathering

The day-long event combined a keynote and participatory dialogue. It opened with Terhas Gebretecle, Chair of OCTEVAW, welcoming participants in Tigrigna, and Yodit Girmay, Executive Director of the Mehari Centre, offering a land acknowledgement and framing why this forum now, in light of the femicide of Brkti Berhe. Meseret Haileyesus (Canadian Centre for Women’s Empowerment) delivered the keynote, followed by reflections from Liben Gebremikael (TAIBU Community Health Centre) and Gebrezgbhier Shimendie.

Roundtable discussions were held in five language-based tables (Tigrinya and Amharic) facilitated by trusted community members. Using a knowledge-gathering framework, participants explored three guiding questions:

-  What cultural strengths sustain resilience?
-  What harms exist and why are disclosures difficult?
-  How can communities build safety and support?

This participatory model centred confidentiality, cultural fluency, and collective analysis, balancing traditional discussion practices with trauma-informed facilitation.

Key Findings

1. Cultural Strength and Community Support

- 1.1.** Participants emphasized the importance of drawing on cultural values of solidarity, mutual aid, & respect as guiding principles in building safer communities.
- 1.2.** Trusted supporters—such as elders, faith leaders, and community associations—were identified as vital sources of guidance and protection in times of harm or hardship.
- 1.3.** Community-led spaces, such as forums and support circles, were seen as crucial for strengthening resilience and reducing isolation.

2. Naming and Responding to Harm

- 2.1.** Participants acknowledged that harms such as violence, abuse, and social isolation are present in our communities, but are often silenced due to stigma, shame, or fear of judgment.
- 2.2.** Survivors—particularly women, children, and elders—face unique challenges in speaking up or seeking help, including language barriers, cultural expectations, and mistrust of mainstream systems.
- 2.3.** There was consensus that the community needs practical tools, resources, and culturally safe supports to respond effectively to harm and to ensure survivors feel heard, protected, and supported.

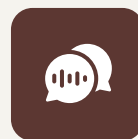
3. Building Safer, Supportive Communities

- 3.1.** Conversations highlighted the need to engage youth in open discussions about safety, respect, and healthy relationships, without relying on shame or exclusion.
- 3.2.** Cultural and faith leaders were identified as having a powerful role to play in prevention and support, especially for newcomers who often look to them first for guidance.
- 3.3.** Participants envisioned a future where newcomers arrive to find communities that are safe, supportive, and connected to resources—a future where prevention, intervention, and healing are part of everyday community life.

Critical Barriers



Cultural Shame & Stigma: Silence around sexual violence and mental health isolates women and youth.



Language & Accessibility: Limited interpretation in crisis and legal services leaves survivors unable to communicate at moments of highest risk.



Fragmented Infrastructure: Political and religious divisions inhibit coordinated response.



Systemic Distrust: Fear of punitive child-welfare or immigration consequences prevents help-seeking.

Core Recommendations

- ✔ **Establish a Neutral Community Hub** – Position the Mehari Centre as a third-layer response (after family and faith leaders) providing confidential, culturally grounded GBV and settlement support.
 - ✔ **Train Faith Leaders and Elders** – Deliver curricula on coercive-control recognition, Canadian legal protections, safety planning, and trauma-informed care.
 - ✔ **Develop a Graduated Response System** – Respect community help-seeking patterns (family → faith → cultural centre → formal services → justice system) with appropriate interventions at each stage.
 - ✔ **Expand Language Access** – Increase interpreter capacity across Ottawa’s crisis lines, police, shelters, & courts.
 - ✔ **Reimagine Traditional Structures** – Integrate GBV and mental-health discussions into Equb and Edir gatherings to normalize dialogue and reduce stigma.
 - ✔ **Address Cultural Norms and Education Gaps** – Introduce culturally adapted consent and gender-equality education for both adults and youth; affirm that marital rape is a crime.
 - ✔ **Support Mothers and Children** – Provide culturally appropriate child care linked to GBV & counseling services.
 - ✔ **Sustain Community-Led Research and Policy Dialogue** – Continue participatory forums to track progress and inform municipal, provincial, and federal implementation of the National Action Plan to End GBV (2022).
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Immediate Next Steps

Findings align directly with the federal National Action Plan to End GBV and the Canada–Ontario bilateral agreement (2023), which prioritize prevention, culturally responsive supports, and equitable access “no matter where survivors live.” However, funding continues to maintain barriers to support for community members.

The Mehari Centre and partners—OCTEVAW, East African Parents Association and TAIBU Community Health Centre, will develop a community implementation plan to:

- ✔ **Review and Reconvene**
- ✔ **Formalize a GBV and Mental Health Resource Hub**
- ✔ **Pilot Training for Faith and Cultural Leaders**
- ✔ **Advocate for Sustained Investment in Language and Childcare Infrastructure.**

By rooting prevention and response in care, cultural knowledge, and collective responsibility, this work lays the foundation for a survivor-centred, culturally grounded GBV ecosystem that protects Eritrean and Ethiopian women, children, and families, and strengthens the wider Ottawa community.

Introduction

Gender-based violence (GBV) is a critical and growing challenge in Ottawa and across Canada, threatening the safety, dignity, and well-being of individuals and families. In recent years, the city has seen an alarming increase in intimate partner violence and femicides, highlighting the urgent need for effective prevention and support systems (Ottawa Citizen, 2025; CityNews Ottawa, 2025). While GBV affects all communities, East African newcomers, including Eritrean and Ethiopian families, face distinct needs and barriers that make them particularly vulnerable. These include limited access to culturally safe services, language barriers, and systemic gaps in mainstream support programs.

Research also shows that survivors often suffer in silence, confiding only in family or community members due to stigma, shame, or mistrust of institutional supports (Kedir & Admasachew, 2010). Within Ottawa, this is compounded by the fact that refugee and newcomer communities are disproportionately underserved: only 17.5% of GBV organizations report targeted programs for refugee women, and the lack of culturally diverse staff limits service effectiveness (OCTEVAW, 2024).

The Mehari Centre, as a community-based non-profit, works to bridge these service gaps by fostering culturally responsive interventions, building safe spaces for meaningful conversation, and championing approaches that reflect the lived experiences of our community. To tackle this pressing concern and develop actionable, community-centered responses, the Centre convened the Gender-Based Violence Forum: Rooted in Care – GBV Intervention Strategies for Eritreans & Ethiopians. This day-long gathering united more than 70 Eritrean and Ethiopian community members for collective dialogue, knowledge-sharing, and partnership-building.

Despite being one of Canada’s top source countries of refugees for the past decade and more recently a top source country for Black immigrants, there is a lack of targeted services and support for Eritrean newcomers. Eritreans (one of the highest growing numbers of East Africans in Ottawa) have been settling across Canada since the 1980’s, but the population of Eritreans in Canada has grown by at least 200% in the last 10 years. Multiple humanitarian and refugee crises have led Eritrean newcomers to settle in Canada - predominantly in Ontario (e.g., Toronto, Ottawa). This trend is expected to continue as the United Nations Refugee Agency (UNHCR) recently ranked Eritrea in the top 10 countries of origin for refugees. Moreover, the recent crisis in Sudan has impacted (and likely displaced) many of the 100,000+ Eritrean refugees living in the country. Ultimately, Eritreans are settling in Canada (and Ottawa) in increasingly higher numbers, and this is expected to continue.

There has been a lack of sufficient outreach or support to Eritreans in Ottawa. Due to a lack of awareness or capacity, the service sector has not responded with culturally and linguistically appropriate adjustments. Findings through various community networks that exist in Ottawa (e.g. faith groups, social media groups, etc.), and Mehari Centre’s needs assessment study that Eritrean newcomers are chronically underserved and unable to access health services and resources.

About the Mehari Centre

Founded in 2022 by Eritrean-Canadian professionals, the Mehari Centre is a non-profit, community-based charity in Ottawa. It addresses critical gaps in social and health resources for Eritrean newcomers, many of whom continue to face systemic barriers in accessing housing, healthcare, education, mental health services, and culturally safe supports. Over the past decade, more than 60,000 Eritreans have settled in Canada, underscoring the scale of need (Mehari Centre, 2024).

The Centre's work is anchored in a belief that culturally and linguistically rooted supports are essential to successful settlement and integration. Programming is offered in Tigrinya, with organizational leadership also fluent in Amharic, ensuring that members of the community can receive guidance in the languages they know best. This approach reduces isolation, builds trust, and creates pathways for newcomers to engage more fully in Canadian society.

Programs and Services:

The Mehari Centre offers a growing range of supports designed to meet both immediate settlement needs and longer-term community wellbeing:

- ✔ **Settlement Drop-Ins and Workshops:** Covering practical topics such as housing rights, employment, financial literacy, education systems, and healthcare navigation.
- ✔ **Children's Program:** Weekly sessions that support social and emotional development, preparing children under 10 for school and community engagement.
- ✔ **Women's Circle:** A supportive gathering space designed to reduce isolation, strengthen networks, and foster empowerment among Eritrean women.
- ✔ **One-on-One Confidential Support:** Tailored assistance for individuals facing more complex personal or family challenges, offered virtually or in person.
- ✔ **Tax Clinic:** Volunteer-run assistance with income tax filing for permanent residents with modest incomes, helping families access benefits and meet requirements.

Additional workshops, forums, and community events are developed in response to emerging needs, such as the Education & Career Pathways Forum for Youth, designed to support high school transitions & early career development.

Knowledge Hub and Research:

The Mehari Centre conducts research and community needs assessments to identify service gaps and document lived experiences. Surveys, focus groups, and demographic studies ensure programs reflect real needs and inform broader policy and service development in Ottawa.

Why Focus on GBV

On October 25, 2024, the Ottawa community was shaken by the murder of Brkti Berhe, a 36-year-old Eritrean woman, in front of her children. This femicide brought national attention to GBV and underscored the urgent need for community-centered responses.

The Mehari Centre responded by convening this forum, recognizing that systems alone cannot ensure safety for survivors, particularly newcomers. GBV intersects with settlement, housing, mental health, and social integration, highlighting the need for holistic, culturally grounded interventions.

The forum was supported by OCTEVAW, which provided mentorship, training, guidance, and funds, and by the East African Parents Association, whose leadership has long supported Ethiopian families navigating systems and services in Ottawa. By hosting the forum, the Mehari Centre reaffirmed its role as a trusted community anchor, creating spaces for dialogue, collective action, and solutions that are driven by the community itself.

Gender-Based Violence Forum Objectives

Community-Led Goals

Building on the opening framing and keynote discussions described earlier, the GBV Forum: Rooted in Care brought together Eritrean and Ethiopian community members, leaders, and allies to begin the difficult but necessary work of defining community-led goals to address GBV. Both Liben Gebremikael, a respected Ethiopian leader, and Gebrezgbhier Shimendie, an Eritrean newcomer, emphasized the importance of the day. As they noted, the fact that so many people chose to spend an entire Saturday in July in dialogue on this issue demonstrates the deep care and commitment of our communities.

This was not an ordinary gathering. It was, as one participant put it, “a rare and crucial occasion.” GBV is a real and pressing concern, and while top-down solutions are often prioritized, as government-led funding models tend to shape priorities, participants emphasized that lasting change must also come from within the community. These are our families, our sisters, mothers, daughters, brothers, and sons. Women cannot be expected to shoulder this work alone; men and women must work together to name the harms and build the supports needed to keep people safe.

The presence of government policymakers and external stakeholders at the forum added significance to the conversations. Their willingness to listen opens the possibility that the ideas developed in this space can inform policy and practice. Yet participants also recognized that this is only the beginning of a longer process. This day marked a hopeful step forward toward mobilizing the strengths of the Eritrean and Ethiopian communities to confront GBV together.

Areas of Discussion and Emerging Goals:

Focus group discussions were organized around three key themes: Cultural Strength and Community Support, Naming and Responding to Harm, and Building Safer, Supportive Communities. Each theme generated insights and priorities that shape the next stage of work.

Policy and Service Linkages

National policy anchors: Canada’s GBV architecture is built on It’s Time: Canada’s Strategy to Prevent and Address Gender-Based Violence (2017), which established three federal pillars: prevention, support for survivors and families, and responsive legal/justice systems (Government of Canada, 2017). The 10-year National Action Plan to End GBV (2022) extended this framework across federal, provincial, and territorial governments, committing to ensure survivors can access comparable support “no matter where they live” (Government of Canada, 2022).

Bilateral implementation and funding: Women and Gender Equality Canada (WAGE) has signed bilateral agreements with all provinces and territories to operationalize the National Action Plan, tailoring investments to local needs such as prevention, responsive health/social services, and sector capacity. The federal 2023–24 Annual Progress Report confirms that all agreements are in place and in active implementation (WAGE, 2023). For Ottawa, the Canada–Ontario bilateral agreement (signed November 2023) is the direct conduit for funding to strengthen prevention, stabilize the GBV sector, and expand access for underserved groups (Government of Ontario, 2023).

Provincial action (Ontario). Ontario has aligned its initiatives with the National Action Plan and committed complementary investments to bolster programs that prevent and address violence against women and girls. These priorities are particularly relevant to newcomer-focused and culturally specific work (Government of Ontario, 2023).

Immigration-linked safety measures. For survivors whose safety is tied to immigration status, Immigration, Refugees and Citizenship Canada (IRCC) offers the Temporary Resident Permit for victims of family violence (FV-TRP). This short-term status allows survivors—and their children in Canada—to leave abusive situations, stabilize, and explore options; associated fees are waived (IRCC, 2024). Community navigators and cultural leaders should be aware of this pathway to better support survivors.

Local Service Providers in Ottawa

Organizations working on GBV issues in Ottawa include:

Immigrant Women Services Ottawa (IWSO) – provides crisis intervention, counselling, and settlement support for immigrant and racialized women

Ottawa Coalition to End Violence Against Women (OCTEVAW) – coordinates across service providers and leads prevention and education initiatives

Potential Alignment Between Forum Goals and Available Resources

The forum's focus areas may connect with existing policy priorities & funding streams:



Prevention and education initiatives:

Community-led programming that incorporates cultural context may align with prevention priorities identified in bilateral agreements. This could include educational programs delivered in community languages with cultural facilitators.



Supporting survivor pathways:

Establishing connections between community organizations, the Mehari Centre, and specialized service providers such as IWSO to create referral pathways for survivors seeking support.



Capacity building for community leaders:

Training programs for cultural and faith leaders in trauma-informed approaches, safety planning, and available resources may be supported under capacity-building frameworks.



Community knowledge sharing:

Forum outcomes can be compiled and shared with relevant policy implementation bodies to ensure community perspectives inform ongoing GBV strategy development.

Session Overview

Category	Details
Forum Title	GBV Forum: Rooted in Care – GBV Intervention Strategies for Eritreans & Ethiopians
Date	July 12, 2025
Time	9:00 AM – 5:00 PM
Venue	The Mauril-Bélanger Social Innovation Workshop (The Atelier) 95 Clegg Street, Ottawa, ON K1S 1C5
Participants	Over 50 Eritrean and Ethiopian community members
Organizer	Mehari Centre Corp.

Partner Organizations

Partner	Representative	Role/Organization
Ottawa Coalition to End Violence Against Women (OCTEVAW)	Yami Msosa	Executive Director
TAIBU Community Health Centre	Liben Gebremikael	Chief Executive Officer
East African Parents Association	Tsige Kibret and Biftu Gelashet	Community Leads



Forum Agenda

Time	Session	Description
9:45-10:10 AM	Arrival and Registration	Participants settle into the space and prepare for the forum
10:10-10:20 AM	Welcome and Opening	Welcome remarks from Terhas Gebretele (OCTEVAW Chair) and Yodit Girmay, Executive Director of Mehari Centre - in Tigrinya, Amharic and English
10:30-11:20 AM	Keynote Presentation	Meseret Haileyesus, Executive Director, Canadian Centre for Women's Empowerment
11:20 - 11:45 AM		Summary of Keynote's speech in Tigrinya by Yodit. Setting the tone remarks by Liben Gebremikael (TAIBU, CEO) and Gebrezgbhier Shimendi (Eritrean community member) Community guidelines and expectations - Context, key issues, and forum structure - Housekeeping/rules - by Yodit
11:45 AM - 12:40 PM	Round Table Conversation 1	Facilitated small-group discussions exploring: Cultural strengths and community support- Types of harm experienced- Barriers to disclosure
12:40-1:45 PM	Lunch Break	Shared meal and informal networking
1:45-3:30 PM	Round Table Conversation 2	Continued dialogue on: Community solutions and resources needed- Roles of faith and cultural leaders- Building safer communities
3:30-4:00 PM	Break	Informal discussion and refreshments
4:00-4:15 PM	Closing Remarks	Synthesis of key themes, acknowledgments, and next steps

Attendance Overview

Category	Number	Details
Named Adult Participants	43	Registered across all roundtables
English-only Attendees	2	Attended keynote/presentations only, not focus groups
Children	22	Participated in childminding activities
Childminding Volunteers	6+	Active throughout the day - Led by Mikyas Hailemeskel
Total Attendance	70+	Including participants, children, volunteers, and staff
Faith Leaders	3	Qeshi Tesfahannes Tesfamariam, Pastor Fitsum Debesay, Pastor Tsige Kibret
Table Facilitators	5	Liben Gebremikael, Leelti Gebremedhin, Tsige Kibret, Yom Bekele, Rida Abdukadir

Community Representation

Demographic	Description
Migration & Settlement Timeline	Some participants in Canada 30+ years; ~80% arrived within past 10 years; 50%+ arrived within past 5 years
Language Groups	Tigrinya-speaking (Eritrean) and Amharic-speaking (Ethiopian)
Religious Affiliation	Majority Christian from various denominations; fewer Muslim community members present
Gender Distribution	Men, women, and youth across all tables

Faith Leaders, Policymakers, and Service Providers

Name	Role/Organization	Community
Qeshi Tesfahannes	Orthodox Faith Leader	Eritrean (arrived 7 years ago via Israel)
Pastor Fitsum Debesay	Protestant Faith Leader	Eritrean (arrived 13 years ago)
Pastor Tsige Kibret	Protestant Faith Leader	Ethiopian (arrived 31 years ago via Kenya)
Sawsan Al-Refaei	City of Ottawa Policy Staff	Participated in Women's Amharic table
Taylor Blewett	Interval House Staff	Participated in Youth Amharic table
Khadija El Hilali	OCTEVAW Staff	Participated in Youth Amharic table

Recruitment and Outreach

Channel	Target Group	Method
Women's Circle	Eritrean women	Direct outreach through Mehari Centre's existing program
NEET Youth Focus Groups	Fathers and youth	Follow-up from April discussions; direct invitations
East African Parents Association (EAPA)	Ethiopian families	Announcements at EAPA gatherings; registered ~15 participants
Social Media	General community	Posts and announcements (smaller reach compared to direct methods)
WhatsApp	Community members	Direct messages and invitations

Noted Attendance Challenges:

- ✔ **Community events same weekend (graduations, church outings) affected attendance**
- ✔ **Strong interest expressed but some unable to attend due to scheduling conflict**

Roundtable Discussion Themes

Theme	Guiding Questions
Theme 1: Cultural Strengths and Community Support	<ul style="list-style-type: none">✔ What cultural values, traditions, or practices help Eritrean and Ethiopian communities stay strong during hard times?✔ Who are the trusted people or support systems that community members turn to in times of harm or hardship?
Theme 2: Naming and Responding to Harm	<ul style="list-style-type: none">✔ What kinds of harm (e.g., violence, abuse, isolation) are present in our communities but not always openly discussed?✔ What makes it difficult for survivors—especially women, children, or elders—to speak up or seek help?✔ What tools, resources, or supports would help our community respond to harm and support survivors more effectively?
Theme 3: Building Safer, Supportive Communities	<ul style="list-style-type: none">✔ How can we talk about safety, respect, and healthy relationships—especially with youth—in a way that protects people without shame or exclusion?✔ What roles can cultural and faith leaders play in preventing harm and supporting survivors, especially for newcomers?✔ What would a safe and supportive community look like for Eritrean or Ethiopian newcomers?

Knowledge Gathering Process

Roundtable Discussion Framework

The forum employed a structured yet flexible roundtable methodology designed to facilitate deep, culturally grounded dialogue while ensuring accessibility across language and demographic groups. The approach prioritized participant comfort, confidentiality, and authentic community conversation over rigid adherence to predetermined formats.

Language-Based Table Division

Participants were organized into five tables based on primary language and demographic characteristics to enable nuanced discussion of sensitive topics:

Language Group	Tables	Rationale
Amharic (Ethiopian)	3 tables: Adult Men, Adult Women, Youth	Allowed discussion of Ethiopian-specific cultural practices, migration experiences, and community dynamics
Tigrinya (Eritrean)	2 tables: Men, Women	Enabled Eritrean community members to discuss experiences related to political context, asylum processes, and cultural preservation

Cross-Cultural Inclusion: Some participants joined tables based on language comfort rather than strict national identity (e.g., Ethiopian participants fluent in Tigrinya joined Eritrean tables), reflecting the reality of multilingual competencies within communities.

Facilitation Structure

Each table was led by experienced community members who served dual roles as facilitators and participants:

Facilitator Selection Criteria:

- ✓ **Community respect and trust**
- ✓ **Language fluency in table's primary language**
- ✓ **Experience in community organizing or leadership**
- ✓ **Comfort discussing sensitive topics**
- ✓ **Ability to manage group dynamics across age and gender differences**

Facilitation Approach:

- ✓ **Semi-structured format:** Facilitators guided discussions through the three thematic question sets while allowing organic conversation flow
 - ✓ **Participant-led content:** Community members drove the substance of discussions; facilitators primarily managed time and ensured all voices were heard
 - ✓ **Cultural responsiveness:** Discussions incorporated cultural references, traditional practices, and community-specific terminology naturally
-

Knowledge Gathering Adaptations

Responsive Scheduling:

- ✓ Originally planned two report-back sessions; eliminated first one when tables requested more discussion time
- ✓ Extended lunch break when participants engaged in meaningful informal networking
- ✓ Allowed tables to progress through questions at different paces rather than enforcing uniform timing

Inclusive Participation:

- ✓ Youth table included both recent arrivals and long-term residents to capture diverse experiences
- ✓ Service providers and policymakers participated as table members rather than observers, contributing professional perspectives while learning from community insights
- ✓ Faith leaders participated as community members first, professional roles second

Cultural Integration:

- ✓ Traditional coffee ceremony incorporated as afternoon cultural element
- ✓ Community agreements reflected both Canadian discussion norms and traditional respect practices
- ✓ Food choices honoured cultural dietary practices and community celebration traditions

This process successfully created conditions for authentic community dialogue while generating actionable insights for policy and program development. The approach prioritized participant agency, cultural relevance, and trust-building over rigid academic research protocols, resulting in rich qualitative data reflecting genuine community perspectives on GBV prevention and response. Below are the key points and perspectives from the participants in each theme from the questions discussed at the round tables.

Summarizing Key Findings from the Forum

The community forum served as a crucial bridge between Mehari Centre’s ongoing front-line work and the city-wide efforts of OCTEVAW and other GBV partners. Building on the needs assessment findings, the forum created a space where Eritrean and Ethiopian community members could speak candidly—often for the first time—about the realities of harm, resilience, and survival in Canada.

For Mehari Centre, this was an opportunity to listen deeply to lived experiences and identify culturally grounded pathways to healing and prevention. For OCTEVAW and other sector partners, it illuminated how systemic gaps—language barriers, cultural dissonance, and mistrust of institutions—continue to silence survivors and isolate families.

Following the planning, outreach, and knowledge-gathering process described above, the forum offered a collective moment of reflection, dialogue, and visioning. It allowed participants to connect traditional systems of care and mutual support with the broader GBV landscape in Ottawa—recognizing both the strengths within the community and the barriers that continue to limit access to safety and justice.

From these discussions, three overarching lines of insight emerged, pointing to shared responsibilities across the community, service sector, and governments:

✔ **What can our community do to respond to its own needs?**

How can Eritrean and Ethiopian communities strengthen and adapt traditional systems of care, accountability, and mutual support in the Canadian context?

✔ **What type of leadership is needed from service providers?**

What is required from organizations like the Mehari Centre, OCTEVAW, and other GBV partners to build trust, cultural safety, and system navigation support?

✔ **What type of support or funding is needed from governments?**

How can public institutions and funders sustain community-led infrastructure, ensure language access, and close persistent service gaps?

Key Themes Emerging from Discussions

Cultural Strengths and Community Support:

 **Question 1: What cultural values, traditions, or practices help Eritrean/Ethiopian communities stay strong during hard times?**

Summary:

Participants identified powerful traditional support systems including: Edir (mutual aid societies), Equb (rotating savings groups), elder councils (Shengo, Aba-Geda), coffee ceremonies, and religious gatherings, as foundational to Eritrean and Ethiopian resilience. These practices create networks of connection, economic support, and collective problem-solving. However, evidence of a critical tension emerged from the analysis of responses: while the cultural strengths mentioned are deeply valued, participants consistently noted they are *"not fully practicing here"* in Canada. The diaspora context has weakened the *"tie that stretched from an individual to the whole community through family network, religion, and community centres."* Most significantly, youth reportedly *"seek help outside of the community because of fear,"* suggesting that traditional systems may not feel safe for discussing sensitive issues, including GBV.

Strengths Identified:

- ✔ **Traditional mutual aid and economic support systems:** *"Edir (mutual aid), Equb (economic support), cotton work, and coffee ceremonies. In this space beyond the Equb and the Edir process, community members find them useful for connection, network, and support."*
- ✔ **Collective problem-solving through elder leadership:** *"When there is a problem, elders meet in gatherings like Shengo and Aba-Geda to discuss and solve it."*
- ✔ **Communal care during crises:** *"There are a lot of people who get together often, and there are a lot of options where we can go and discuss our problems, like funeral times—people coming together to support the grieving family, and bringing food."*
- ✔ **Resilience through shared migration experience:** *"Many of the community members are people who have gone through different traumatic and difficult situations and journeys to migrate to Canada. Realizing this resilience and ability to overcome adversity is what makes people strong during difficult times."*
- ✔ **Cultural diversity as richness:** *"There are different tribes with different cultures of support among us (cultures of visiting people, like taking food, differences in clothing, and the way we prepare food)."*

Areas to Address:

- ✔ **Erosion of traditional systems in diaspora:** *"All our values and supporting culture we used to have back home, we are not fully practicing here. We should continue to support and meet with each other as a community." and "Here in Canada, we don't have these opportunities."*
 - ✔ **Service gap and cultural mismatch:** *"Apart from family members and friends, no system gives us culturally appropriate services." and "There are a lot of information barriers to getting services."*
 - ✔ **Need for intentional adaptation:** *"A community needs a plan to come together. The customs and challenges that we face here are different from those we had back home."*
-

Question 2: Who are the trusted people of support systems that community members turn to in times of harm or hardship?

Summary:

Participants identified a layered support system with community elders and religious leaders as first responders, followed by family and friends, and formal systems (police, social services) as last resorts. However, significant barriers emerged at every level. Religious leaders, while trusted, often lack capacity and skills beyond spiritual counsel.

Formal systems are viewed with fear and distrust—participants reported being "punished instead of being supported," particularly around child welfare interventions. Language barriers create critical gaps in emergency services. Political divisions within the community further fragment support networks. A strong theme emerged calling for a neutral, culturally appropriate community centre "free from politics and religions" that could provide comprehensive support in community languages.

Strengths Identified:

- ✔ **Multi-layered informal support infrastructure:**
 - ▶ *"Spiritual fathers, church leaders, fathers and grandparents, God, close family members, friends, and community elders play important roles."*
 - ▶ *"Community elders and religious leaders (they solve many inter-community issues outside of the government's scope)."*
- ✔ **Religious institutions as community anchors and mediators:** *"Our culture is deeply rooted in religion, and the religious institutions are working hard on the safety of our people, they mediate conflicts, and it's a place of solace for churchgoers."*
- ✔ **Recognition of shared gender responsibility:**
 - ▶ *"Both are contributors to the problem; solution needs to be from both genders."*
 - ▶ *"As men, it is a bit of both, and we have a lot of work to do."*

Areas to Address:

- ✔ **Uneven access to support networks:** *"People who have more family or more friends may be better supported, but many of us don't have many family or friends here."*
- ✔ **Underutilization of existing networks:** *"Family and friends (but we don't see often)"*
- ✔ **Stigma and isolation as barriers to help-seeking:** *"The stigma of 'who would understand me?'"*
- ✔ **Political fragmentation within the community:** *"There is political diversity among the community members, which makes it harder to get support from your rivals."*
- ✔ **Capacity gaps among trusted leaders:** *"Especially in the religions with a large congregation, there are not enough leaders to hear and support your hardships. Even if you get a chance to meet with the leader, apart from spiritual support, they are incompetent to give social, economic, or psychological support & services."*
- ✔ **Fear and distrust of formal systems:** *"When [community resources] fail, we reach out to the Police, social services, but it does not work well most of the time. We get punished instead of being supported."*
- ✔ **Child welfare system as source of trauma:**
 - ▶ *"Issues such as disciplining our children, we worry that they might be taken away and given to others. This fear causes a lot of mental stress and makes it hard to raise children who understand our cultural values."*
 - ▶ *"Many mothers live in constant fear of losing their children."*
- ✔ **Lack of case-by-case assessment:** *"It would be helpful if the government looked at the root causes of discipline issues on a case-by-case basis, especially when mental illness is involved, so better protect the child in that situation instead of banning everyone."*
- ✔ **Critical language barriers in emergencies:**
 - ▶ *"In case of emergencies, there is very limited access to translators, and no services that support us in our language"*
 - ▶ *"We need services that support us in our language because finding a translator takes a long time, especially in urgent situations."*
 - ▶ *"There is no safe place available where we can communicate in our language"*
- ✔ **Absence of culturally appropriate childcare:** *"There are no community-based child care programs for mothers who want to improve their situations through education or work."*
- ✔ **Intergenerational cultural transmission challenges:**
 - ▶ *"We cannot fully teach our children our cultural values because of cultural gaps."*
 - ▶ *"Children are happier at school than at home because of communication barriers"*
 - ▶ *"We need government support to recognize our culture, so we can raise our children in a way that helps them become good citizens without creating a generational gap"*
- ✔ **Need for neutral community infrastructure:** *"Therefore, it would be good if we had a community centre that is free from politics and religions that could serve everyone in the community."*

Implications for GBV Work (Cultural Strengths and Community Support)

1 Fear of Canadian systems traps survivors in violent situations:

Research shows 71% of Ethiopian women experience violence, yet 66% don't report it (WHO, 2005; Kedir & Admasachew, 2010). In Ottawa, fear that Children's Aid Society (CAS) will remove children or that police will "punish instead of support" means survivors avoid seeking protection orders, shelter, or emergency help—leaving them with abusers. This contradicts Canada's National Action Plan commitment to ensure survivors can access support "no matter where they live" (Government of Canada, 2022).

2 Religious leaders need GBV training to respond safely:

While trusted as first responders, religious leaders often lack training in recognizing coercive control, safety planning, or making referrals. Research in East Africa shows that untrained mediators may pressure survivors toward dangerous reconciliation (Rockowitz et al., 2022). Training should cover: recognizing intimate partner violence, understanding Canadian legal protections, identifying when reconciliation endangers lives, and making appropriate referrals to Interval House of Ottawa (IHO), OCTEVAW, and shelters. Ontario's bilateral agreement includes funding for sector capacity-building, which could support this training where available.

3 Language barriers in Ottawa emergency services are life-threatening:

Without Tigrinya/Amharic interpretation, survivors cannot reliably access police, Interval House shelters, or family court protection orders. Evidence from East Africa shows that language-accessible one-stop centres and specialized courts significantly improve survivor safety (UN Women Africa, 2024). Ottawa's 211 and crisis services require immediate expansion of interpretation capacity.

4 Without childcare, mothers cannot escape abuse:

Lack of culturally appropriate childcare prevents mothers from attending counseling, job training, legal appointments, or court proceedings needed to leave abusive partners (Rockowitz et al., 2022). Ontario's bilateral agreement prioritizes expanding access for underserved groups; community-based childcare enabling GBV service access aligns with this mandate.

4 The Mehari Centre can serve as the needed neutral bridge:

The call for "a community centre free from politics and religions" aligns with successful models like Rwanda's Isange One-Stop Centres, which provide integrated medical, legal, and psychosocial services regardless of affiliation (UN Women Africa, 2024).

The Mehari Centre may be positioned to:

- ✓ Provide Tigrinya/Amharic services where survivors can make safe first disclosures
- ✓ Train religious leaders and elders in trauma-informed GBV response
- ✓ Offer on-site childcare so mothers can access services
- ✓ Employ cultural navigators to accompany survivors through Canadian systems.
- ✓ Partner with IWSO and OCTEVAW for specialized support
- ✓ Address the "punishment paradox" by explaining Canadian protections and advocating alongside survivors

This approach aligns with the National Action Plan's emphasis on "culturally responsive" services and the Canada-Ontario bilateral agreement's mandate to strengthen prevention and expand access for underserved communities, however, funding continues to be a significant barrier.

Naming and Responding to Harm

Question 1: Naming & Responding to Harm; What kind of harm?

Summary:

Participants identified multiple, intersecting forms of harm experienced by Eritrean and Ethiopian women. Financial abuse emerged as a primary control mechanism, with men restricting wives' access to money, employment, and education. Physical violence, culturally normalized "back home", continues in Canada, though women live in fear of reporting. Emotional abuse through insults and blame, isolation from friends and family, and sexual abuse (including marital rape) were named, though participants noted sexual violence is often hidden due to shame. Migration-related stressors, role reversal, unemployment, mental health struggles, and misunderstanding of Canadian gender norms ("the West is about women's liberation")—compound the violence. Cultural barriers to speaking up, fear of divorce, lack of mental health literacy, and community fragmentation leave women isolated. Notably, participants questioned why GBV persists "when there is a rule and system," pointing to gaps between Canadian legal protections and lived reality.

Types of Harm Identified:

- ✓ **Financial abuse and economic control:** *"Financial abuse denies women the freedom to administer and spend their money... Especially if the men are breadwinners, they want their wives to be housebound to take care of their kids. Some even restrict them from going outside the house to even learn or work. There is no financial equality, even for those wives who have jobs."*
- ✓ **Physical violence:** *"Physical abuse - it was culturally acceptable for a man to hit his wife back home, and there are a lot of men who are still hitting their wives here in Canada. Many women are beaten by their spouses and live in fear of threats or abuse from them or others who hurt them."*

¹Immigrant parents feel trapped between using harsh discipline to prevent their children from needing police intervention, and avoiding harsh discipline to prevent child welfare intervention—both pathways lead to a justice system they fear will judge them unfairly due to racism and cultural misunderstanding (Maiter et al., 2018)

- ✔ **Emotional and psychological abuse:** *"Emotionally, by saying words that devalue their worth, by insulting them, and accusing them that every problem they face is their fault."*
- ✔ **Isolation as a control tactic:**
 - ▶ *"Isolation by hindering them from meeting friends and family members. They don't allow them to go to social gatherings in fear of exposing the abuses and getting support from others."*
 - ▶ *"Many people feel stressed about low income and stay isolated because they worry others will gossip."*
 - ▶ *"Women and their children experience all kinds of sexual abuse, and they feel ashamed because of cultural reasons."*
 - ▶ *"There is no open discussion about sex, & men will hide their sexual feelings until it turns into a bigger issue."*
- ✔ **Sexual abuse and marital rape:**
 - ▶ *"Sexual abuse even though they cover it with other issues, because they feel ashamed to openly speak about it. Women and their children experience all kinds of sexual abuse, and they feel ashamed because of cultural reasons."*
 - ▶ *"Marital rape happens often. If a woman were to complain, even other women would tell her it is her marital duty. There is no basis to complain, because the accepted truth is that a woman's duty to her husband is to have sex whenever he wants it."*
 - ▶ *"The women are shy (lack of sexual freedom as part of their responsibility as married people), and the men hide it in fear of stigma. There is no open discussion about sex, and men will hide their sexual feelings until it turns into a bigger issue."*

Migration-Related Stressors That Compound Harm:

- ✔ **Culture shock and gender role disruption:**
 - ▶ *"Misunderstanding of the impact of culture shock and the effects of post-migration adjustment. Reversal of role, prejudice, or prejudgment of the fact that the West is about Women's liberation and giving women more power than men"*
 - ▶ *"A mindset of back home, coupled with migration-related stress"*
- ✔ **Economic precarity:**
 - ▶ *"Unemployment"*
 - ▶ *"Many people feel stressed about low income and stay isolated because they worry others will gossip."*
- ✔ **Mental health challenges:**
 - ▶ *"Mental health issues"*
 - ▶ *"Mental health - lack of knowledge in regard to mental health"*
- ✔ **Intergenerational conflict:** *"Many mothers face challenges with their children's same-sex relationships and gender identity."*



Question 2:

What makes it difficult for survivors to speak up?

Summary:

Survivors face overwhelming barriers to disclosure, rooted in fear, shame, and cultural stigma. Participants identified fear of consequences (worsening violence, family division, economic hardship, community isolation) and shame ("our community is never understood") as primary silencers. Misinformation about Canadian systems—particularly narratives like "call the police and get him arrested"—creates fear rather than safety. Women hide harm because "even if they talk about it, there is no solution," and blackmail (threat of exposing private photos) traps young women in abusive relationships. Mental health issues and rape are especially stigmatized. Trauma itself becomes a barrier—survivors "don't want to talk about it or deal with it." Cultural norms that protect family reputation over individual safety mean women bear their suffering alone, believing "there is no point in talking about it."

Barriers to Disclosure:

✔ Fear-based barriers:

- ▶ *"Fear of creating division and confusion in their kids."*
- ▶ *"Fear of economic challenges they could face if they are separated."*
- ▶ *"They are afraid that their situation will get worse after speaking."*
- ▶ *"Living with fear for their life"*
- ▶ *"Because of fear, there is no open communication"*

✔ Shame and stigma:

- ▶ *"Embarrassment and shame"*
- ▶ *"Isolation because of cultural shame, as a woman who exposes these issues, is never understood by her community"*
- ▶ *"Isolation due to the shame of people in the community speaking about them"*
- ▶ *"They hide their hurt because even if they talk about it, there is no solution, & they may publicise their shame"*
- ▶ *"There is fear that word will go out in the community, specifically for those with mental health issues, which in turn hinders them from getting support."*

✔ Protecting family and community reputation:

- ▶ *"Protecting the family (not wanting to expose family problems to the world)"*
- ▶ *"Fear of isolation due to the stigma in the community"*

✔ Information gaps and misinformation:

- ▶ *"Lack of information – not knowing what to do. Or not knowing what exists?"*
- ▶ *"Misinformation or partial information (eg, regarding consequences)"*
- ▶ *"The narrative – call the police and get him out of the house, get him arrested" (this narrative creates fear rather than safety)*

- ✔ **Technology-facilitated abuse:** *"For young girls who are dating, some may use the fear of exposing private pictures they took to force them to either stay in an abusive relationship or not speak up. (Blackmailing)."*
 - ✔ **Hopelessness and learned helplessness:**
 - ▶ *"They may not have any hope that they will get a solution from talking."*
 - ▶ *"No point in talking about it."*
 - ▶ *"Feeling of disempowerment – the impact of GBV as well"*
-

Question 3: What tools, resources, or support would help our community respond to harm and support survivors more effectively?

Summary:

Participants envisioned a layered response system that begins within the community before reaching formal systems. Faith leaders and elders need training to respond to GBV confidentially and effectively. Traditional gathering spaces like Equb and Edir should expand beyond their economic functions to create safe spaces for discussing GBV and mental health—"Our shame is not greater than our problems. Let us face our shame to overcome our problems." Participants called for culturally appropriate counseling in community languages, integration of support services into churches and community organizations, and "safe places where we can talk openly." Cultural practices like symbolic communication (the Oromo stick tradition) and community fundraising (selling groceries, preparing food during funerals) demonstrate existing mutual aid capacity. A critical need emerged for "elders who will confidentially carry our shame" and services that understand "marriage is considered Legal, Cultural, and Religious" rather than only legal.

Barriers to Disclosure:

- ✔ **Traditional mutual aid structures with potential for expansion:**
 - ▶ *"We need to make gatherings like Equb and Edir stronger, so people with similar backgrounds can meet and talk about their problems"*
 - ▶ *"The Equb and the Edir spaces (in addition to their own scope) can create a space where community issues such as GBV and mental health are also discussed (e.g., awareness sessions, and discuss openly about the challenges faced in the community). It will help normalize the openness to discuss such stigmatizing topics."*
- ✔ **Community fundraising and practical support mechanisms:** *"During difficult times, the community will collect money by selling groceries and preparing food. (Eg. During the funeral time)"*
- ✔ **Cultural communication systems:** *"There are cultural symbols that show someone struggling without speaking. For eg. In the Ethiopian Oromo culture, there is a symbolic stick that is given to the newlywedded, and the way they put the stick in their house shows if they need help and support from their community."*
- ✔ **Recognition of the need to confront shame collectively:** *"Our shame is not greater than our problems. Let us face our shame to overcome our problems."*
- ✔ **Existing help-seeking through informal networks:** *"We ask relatives or close friends for help" and "Sometimes we go to counseling" (indicates some openness to formal support)*

Areas to Address:

- ✔ **Need for trained, trusted cultural intermediaries:**
 - ▶ *"We need elders who will confidently carry our shame."*
 - ▶ *"Faith leaders should be equipped to support/respond to GBV"*
 - ▶ *"Community elders should be kept connected to the community"*
 - ✔ **Capacity gaps in existing religious leadership:** *"There is no good support service system. We go to church, but one priest or pastor has to help many people"*
 - ✔ **Need for community-embedded professional support:** *"Bring counsellors and family support services in the community (e.g., churches, community-led organizations)"*
 - ✔ **Language Barriers and Accessibility Challenges:** *"No system helps us in ways we understand culturally in our language"*
 - ✔ **Inadequacy of informal support for complex issues:** *"We ask relatives or close friends for help, but some problems are too big for them. Also, some of us don't have relatives here in Canada"*
 - ✔ **Need for awareness about existing services:** *"More people should know about the service centres that already exist"*
 - ✔ **Need for safe disclosure spaces:** *"We should create safe places where we can talk openly about our issues."*
 - ✔ **Need for graduated response before formal systems:** *"We should have some measures before we get to the police and the system" and "We need to exhaust our community ecosystems"*
 - ✔ **Need for therapeutic work on internalized shame:** *"We need to address feelings such – 'I am cursed', 'I am less than...'; and replace them with 'I do not deserve ...'"*
 - ✔ **Cultural-legal disconnect:** *"Where we came from, marriage is considered Legal, Cultural, and Religious, but here it is supposed to only be a legal issue."*
-

Implications for GBV Work (Naming and Responding to Harm):

1 Multiple forms of harm require comprehensive, integrated response

Participants identified financial abuse, physical violence, emotional abuse, isolation, sexual violence including marital rape, and technology-facilitated abuse. Research confirms that intimate partner violence typically involves multiple coercive control tactics simultaneously (Stark, 2007), a pattern that continues in diaspora with added migration stressors. Ontario's bilateral agreement funds "prevention, responsive health/social services, and sector capacity"—this comprehensive harm profile justifies multi-pronged programming.

2 Marital rape normalization requires culturally adapted sexual consent education

The belief that marital sex is a "duty" even when coerced reflects cultural normalization documented in research (Kedir & Admasachew, 2010). Canadian law has no spousal exemption for sexual assault. Education must create language to name harm when "there is no open discussion about sex."

3 "No point in talking" barrier requires proof that disclosure leads to culturally appropriate support

The belief that disclosure leads to shame rather than help reflects inadequate service provision documented across East Africa (Rockowitz et al., 2022). Survivors need visible success pathways, confidential disclosure to trained cultural navigators, and correction of misinformation about Canadian systems.

4 Fear of Canadian systems requires bridge-building with cultural navigators

Fear that "their situation will get worse" reflects real experiences where disclosure led to child welfare involvement, police bias, or deportation threats documented in immigrant communities (Bhuyan & Senturia, 2005). Evidence from East Africa shows one-stop centres with interpretation significantly improve survivor access (UN Women Africa, 2024).

5 Traditional mutual aid (Equb/Edir) can become GBV prevention infrastructure

The vision that these economic support spaces "can create space where GBV and mental health are discussed" represents cultural adaptation of existing strengths (Kedir & Admasachew, 2010). The statement "Our shame is not greater than our problems" represents needed cultural reframing from silence to collective problem-solving.

6 Faith leaders need GBV-specific training beyond awareness

Research shows untrained religious mediators often pressure dangerous reconciliation (Rockowitz et al., 2022). Training must cover: recognizing coercive control; when reconciliation endangers lives; safety planning; Canadian legal framework; confidentiality protocols; trauma-informed response. Ontario's bilateral agreement funds "sector capacity-building."

7 Technology-facilitated abuse requires youth-specific intervention

Image-based blackmail disproportionately affects young women and maintains abusive relationships (Henry & Powell, 2018). Non-consensual image distribution is a criminal offense (Criminal Code s. 162.1). Youth need separate confidential pathways given that "youth seek help outside the community because of fear."

8 Graduated community response aligns with evidence-based practice

The call for "measures before we get to the police" reflects desire for community-controlled response. Research supports graduated intervention where survivors access community support first, then formal systems when needed (Goodmark, 2018). This respects survivor autonomy while ensuring access to legal protections.

9 Mental health stigma requires de-stigmatization alongside service provision

GBV causes significant mental health impacts (WHO, 2013), yet mental health is highly stigmatized. The need to replace "I am cursed" with "I do not deserve this" requires therapeutic work on internalized shame, professional support integrated with GBV services in community languages.

10 Mental health stigma requires de-stigmatization alongside service provision

The observation that "marriage is considered Legal, Cultural, and Religious, but here it is supposed to only be a legal issue" has direct GBV implications—women may not understand their legal rights to divorce, spousal support, property division, or that cultural/religious marriage doesn't exempt abuse from criminal law.

Building Safer, Supportive Communities

? Question 1: How can we talk about safety, respect, and healthy relationships, especially with youth, in a way that protects people without shame or exclusion?

Summary:

Participants emphasized that adults must model healthy relationships before expecting youth to learn them—"the problem is that we adults are not portraying a positive image." Prevention requires starting early (ages 0-6), shifting from ownership-based to partnership-based parenting, and creating spaces where taboo topics can be discussed openly. The call to move "From ownership (parenting) to partnership (parenting)" represents a fundamental reframing.

Youth need empowerment programs building self-confidence, adults who can say "I am sorry, I made a mistake," and acknowledgment that "we cannot live two lives (home culture and host culture)." Participants recognized that migration changes parental roles and spousal dynamics, requiring adaptation rather than imposing "our experience and way of life from our country of origin" on children in Canada. The need for validation spaces where survivors' "feelings and experiences [are] validated" emerged as critical.

Strengths Identified:

✓ Recognition of adult responsibility to model change:

- ▶ "The problem is that we adults are not portraying a positive image. The youth need a model they admire, aspire to, and respect."
- ▶ "We have to model a good and positive relationship"
- ▶ "We have to learn to say 'I am sorry, I made a mistake'"

✓ Understanding the importance of early intervention: "We need to work on the formative years (0-6 years). That is where we can build good characters"

✓ Collective responsibility framework: "A child is raised by a whole village."

✔ **Willingness to shift cultural parenting paradigms:**

- ▶ *"From ownership (parenting) to partnership (parenting)"*
- ▶ *"We cannot use our experience and way of life (from our country of origin) and try to implement it in our children and in this country. We have to adjust and adapt to the new environment and new society, culture, and generation."*

✔ **Recognition of need for open communication:**

- ▶ *"By using every channel of communication to speak openly."*
- ▶ *"To introduce a culture of speaking openly on those topics that are culturally considered taboo."*

✔ **Vision for holistic youth development:** *"We have to have a youth empowerment program, particularly geared towards safety and well-being. Other programs can include music lessons, sports, reading, and volunteering to build self-confidence and self-empowerment. We have to feed their interest"*

Areas to Address:

✔ **Current adult behavior undermines prevention efforts:**

- ▶ *"The problem is that we adults are not portraying a positive image."*
- ▶ *"Strong parental relationship" (identified as needed but often absent)*

✔ **Lack of validation spaces for survivors:** *"Once a situation has happened, we need a place that will provide guidance and counsel, where the experiences of those involved in GBV (and particularly victims of GBV) have their feelings and experiences validated"*

✔ **Cultural taboos prevent necessary conversations:** *"To introduce a culture of speaking openly on those topics that are culturally considered taboo."*

✔ **Intergenerational cultural conflict:** *"We cannot live two lives (home culture and host culture)."*

✔ **Need for parental education and support:**

- ▶ *"We have to educate ourselves"*
- ▶ *"Guide parents"*
- ▶ *"Understand and create awareness about the impact of migration- how it changes the role of parents, spousal dynamics, the law of the country, etc.."*

✔ **Lack of family integration opportunities:** *"Create opportunities for families to do things together"*

✔ **Need for survivor voice in prevention:** *"To create opportunities for survivors of abuse to speak about their experiences."*

✔ **Infrastructure gap:** *"We need a community centre that encourages us to connect and comfort one another"*



Question 2: What roles can cultural and faith leaders play in preventing harm and supporting survivors, especially newcomers?

Summary:

Participants identified faith leaders as crucial entry points given the respect they command, but highlighted critical capacity and theological barriers. The "inner-to-outer circle" help-seeking pattern places faith leaders as second responders after family, yet "faith leaders are stretched here"—one priest serves 100-300 people while working full-time. More harmfully, "most faith leaders have a stance and say openly that 'the church marries people, doesn't separate them'"—a narrative participants identified as dangerous to women.

Church teachings emphasize women's submission "and it ends there. The man's responsibility is not elaborated on." Despite these barriers, participants saw potential: faith leaders could facilitate open discussion (weekly forums), collaborate across cultural and religious lines, use anonymous social media platforms, and adopt non-judgmental approaches that include perpetrators in healing rather than only punishment. The need for "educated and competent people" in community centres suggests recognition that spiritual guidance alone is insufficient.

Strengths Identified:

- ✔ **Faith leaders as trusted entry points:** *"Use the respect that people have for religious and community elders, including the religious institution, and make it an entry point to raise issues of GBV and mental health, etc."*
- ✔ **Potential for proactive leadership:** *"Be proactive in speaking about the issue" and "Be open"*
- ✔ **Cross-sector collaboration potential:** *"We need both cultural and religious gatherings, working together hand in hand"*
- ✔ **Recognition of need for regular safe spaces:** *"Just like today, there should be an opportunity to openly discuss (once a week)"*
- ✔ **Understanding of help-seeking patterns:** *"When something happens, we often seek support in an 'inner-to-outer circle' way. First, we turn to our immediate family members or the closest trusted person, such as a friend or relative. If that doesn't resolve the issue, the next step might be a faith leader..."*
- ✔ **Openness to alternative communication methods:** *"Using social media, there should be a way we can express our thoughts anonymously."*
- ✔ **Restorative rather than punitive approach:** *"Even for those who abuse, instead of judging and accusing, we should include them by teaching them how to handle and solve their problems."*

Areas to Address:

- ✔ **Capacity constraints limit leader availability:** *"Faith leaders are stretched here – for example back home, In the Tewahdo Orthodox religion, we had lots of priests within one church. Every family had (nebse abat) 'a father' they'd confess to and seek advice from. Now, you have one priest in a congregation of 100-300 people. The priest has to work to make a living – he doesn't have a lot of availability as this is his full-time job. So, we can't talk to him."*

- ✔ **Harmful theological positions on divorce:** *"Most faith leaders have a stance and say openly that 'the church marries people, doesn't separate them'. This is a harmful narrative to women."*
 - ✔ **Gender-biased religious teachings:** *"In the churches, we are too often taught to submit to the man, and it ends there. The man's responsibility is not elaborated on. There is a lot of pressure on women through the church teachings."*
 - ✔ **Need for specialized knowledge beyond spiritual counsel:** *"We need to have education & awareness about therapy/counselling" & "We should be able to hire educated and competent people to support the centre."*
 - ✔ **Substance abuse awareness gap:** *"Acknowledge alcohol as an issue."*
 - ✔ **Need for systemic understanding:** *"Understand the climate that we are in"*
 - ✔ **Required shift from judgment to support:** *"No judgmental approach" and "Accept that we have a problem"*
Need for holistic family engagement: "Build a relationship with the priest, family, and children"
-

Question 3: What would a safe and supportive community look like for Eritrean or Ethiopian newcomers?

Summary:

Participants envisioned comprehensive community infrastructure centered on unity ("work towards the common well-being of the community regardless of differences"), full-time professional support, and culturally appropriate services. The powerful statement "When we have a loss in the community, no questions asked... We all go to support the family in grief, no matter what. Let us do it before something drastic happens" captures the vision—extending funeral-time solidarity to living community members in crisis.

Settlement support must extend "beyond arrival" as "settlement is a long process." A safe community provides accurate information about rights and duties, eliminates "tribalism or political and religious differences," offers free services at community centres, and creates spaces to "freely discuss our issues, cultural, economic, or related to health." Critically, participants noted "we are not bringing over the welcoming cultures that we were brought up with"—acknowledging that diaspora fragmentation has eroded traditional solidarity practices.

Strengths Identified:

- ✔ **Vision of comprehensive community infrastructure:** *"Create strong community centres where we can gather, support, and culturally grow together. We should have a skilled person who could strengthen the community centre and help members of the community on a full-time basis."*
- ✔ **Commitment to unity across differences:** *"Work towards the common well-being of the community regardless of differences" and "There is no tribalism or political and religious differences"*
- ✔ **Recognition of ongoing settlement needs:** *"Settlement services for people beyond arrival. Settlement is a long process and does not just happen soon after people have arrived in the country."*

- ✔ **Model of unconditional community support:** *"When we have a loss in the community, no questions asked about the background of the person, etc, we all go to support the family in grief, no matter what. Let us do it before something drastic happens. Let us support people when they are alive / before death / before loss."*
- ✔ **Understanding of holistic information needs:** *"To create a language and culture-appropriate community centre that helps newcomers to settle and get full information apart from what they get from families and friends. So that we will know our rights and duties as residents."*
- ✔ **Desire for professional capacity:** *"To hire professional service providers who could give community members beyond spiritual solutions."*
- ✔ **Vision for accessible, free services:** *"Information / paid, but at the community centre, it should be free."*
- ✔ **Recognition of Mehari Centre's potential role:** *"Have a space that has an accurate source of information – like Mehari Centre"*

Areas to Address:

- ✔ **Erosion of traditional welcoming practices:** *"We are not bringing over the welcoming cultures that we were brought up with"*
- ✔ **Lack of structured newcomer support:** *"Have a system of support for newcomers" and "Awareness of life in Canada, including expectations and skills required to adjust"*
- ✔ **Fragmentation along political/ethnic lines:** *"There is no tribalism or political and religious differences" (stated as aspiration, implying current reality is opposite)*
- ✔ **Need for sustained engagement beyond crisis:** *"They should give enough time to listen and have the initiative to solve their problems."*
- ✔ **Gap between community gathering and purpose:** *"A community that works together. (People gather around for specific object)" (implies current gatherings lack focus)*
- ✔ **Need for safe disclosure spaces:** *"We freely discuss our issues, cultural, economic, or related to health" (aspiration suggesting current barriers)*
- ✔ **Information access barriers:** *"We have access to accurate information about available support services" (need not currently met)*
- ✔ **Self-understanding and identity work:** *"Unity and understanding oneself"*

Implications for GBV Work (Building Safer, Supportive Communities):

1 Adult behavior change must precede youth prevention efforts

The acknowledgment that "we adults are not portraying a positive image" aligns with research showing children who witness intimate partner violence are more likely to perpetuate it in adulthood (Jaffe, Wolfe, & Wilson, 1990). In Ethiopia, violence is often culturally normalized—"it was culturally acceptable for a man to hit his wife back home"—creating intergenerational transmission of abuse (Kedir & Admasachew, 2010).

The shift "from ownership to partnership" parenting represents fundamental cultural adaptation. Research on immigrant families shows authoritarian parenting styles can increase family conflict when children adopt Canadian values of autonomy (Bui, 2003). Youth prevention requires parents who model accountability ("I am sorry, I made a mistake"), healthy conflict resolution, and gender equality—behaviors many adults haven't learned themselves. This suggests parent education must precede or accompany youth programming.

2 Faith-based teachings can unintentionally endanger women and require contextual reflection and renewal

The statement that "most faith leaders say openly that 'the church marries people, doesn't separate them,'" combined with teaching women to "submit to the man, and it ends there," creates theological justification for women to remain in life-threatening situations. Research shows religious pressure to maintain marriage is a significant barrier to leaving abusive relationships (Nason-Clark, 2004).

This is compounded by capacity constraints. One priest serving 100-300 people while working full-time cannot provide the individualized pastoral care (nebse abat/"father confessor") available in Eritrea and Ethiopia. The East Africa scoping review found religious leaders often lack competency beyond spiritual support (Rockowitz et al., 2022), yet Eritrean and Ethiopian communities place them as second responders in the help-seeking pathway.

3 The "inner-to-outer circle" help-seeking requires strategic intervention at each level

The described pathway—family → faith leader → cultural community centre → mainstream services → justice system—shows where intervention points exist. Research confirms immigrant women follow this pattern, with formal systems as last resorts (Bhuyan & Senturia, 2005).

Strategic response: Since family and faith leaders are first/second responders, they need GBV literacy most urgently. The Mehari Centre can position itself as the third layer (cultural community centre) offering what earlier layers cannot: professional, confidential support in community languages, free of judgment, with connections to specialized services (IWSO, OCTEVAW) and formal systems when needed. This aligns with evidence-based graduated response models (Goodmark, 2018).

4 Settlement as "long process" means GBV vulnerability persists beyond arrival

The recognition that "settlement is a long process and does not just happen soon after people have arrived" contradicts typical settlement services ending after 1-2 years. Research shows migration-related stressors—unemployment, role reversal, "misunderstanding that the West is about women's liberation"—compound GBV risk long after arrival (Bui, 2003).

The statement "we cannot live two lives (home culture and host culture)" reflects acculturative stress documented in immigrant families where parents and children adapt at different rates, increasing family conflict (Kedir & Admasachew, 2010). Women face particular vulnerability when men perceive Canadian gender equality as threatening their authority, using violence to reassert control. Extended settlement support addressing these dynamics is GBV prevention.

5 "Support people before death" requires transforming funeral solidarity into living support

The powerful call to extend funeral-time support—"when we have a loss, no questions asked... we all go to support the family, no matter what!. Let us do it before something drastic happens"—identifies existing solidarity infrastructure. Research shows Eritrean and Ethiopian communities mobilize significant resources during bereavement through Edir (funeral associations) and communal mourning (Kedir & Admasachew, 2010).

6 Political and ethnic fragmentation undermines collective response to GBV

The repeated call for neutral, non-partisan (unaffiliated with Eritrean or Ethiopian politics) and non-religious community infrastructure highlights that safety cannot depend on political or religious affiliation. The aspiration for "no tribalism or political and religious differences" indicates current reality is opposite—earlier findings showed "political diversity makes it harder to get support from your rivals." Research documents how diaspora political conflicts fragment community networks (Horn, 2010).

For GBV response, this means access to help may depend on political or ethnic alignment rather than need. Evidence from Rwanda and Kenya shows that neutral one-stop centres and specialized courts improve survivor access by removing these barriers (UN Women Africa, 2024).

7 Youth empowerment programs must address both prevention and digital safety

The call for youth programs including "music, sports, reading, volunteering to build self-confidence" alongside safety education reflects evidence that positive youth development reduces violence perpetration and victimization (Preventing Violence and Promoting Safety, 2023). However, earlier findings on image-based blackmail show youth also face technology-facilitated abuse requiring specific intervention (Henry & Powell, 2018).

Youth programs should integrate:

- ✔ **Healthy relationship education**
- ✔ **Digital consent and image-based abuse awareness**
- ✔ **Bystander intervention skills**
- ✔ **Recognition of coercive control**
- ✔ **Access to confidential support**

Youth-led spaces separate from adult oversight are recommended, as "youth seek help outside the community because of fear.

8 Professional capacity beyond spiritual solutions addresses documented service gaps

Calls to “hire educated and competent people to support the centre” acknowledge research confirming that religious leaders are often “incompetent to give social, economic, or psychological support” beyond spiritual guidance (Kedir & Admasachew, 2010). East African research also highlights gaps in mental health services for GBV survivors (Rockowitz et al., 2022). Professional staff with specialized training are essential to fill these gaps.

9 Breaking cultural taboos requires survivor testimony and anonymous platforms

The vision to “create opportunities for survivors to speak about their experiences” alongside “anonymous social media platforms” recognizes that shame (“the culture of not speaking up”) must be addressed through both public testimony (showing others they’re not alone) and private disclosure (safe initial help-seeking).

Research shows survivor storytelling reduces stigma and encourages help-seeking (Liang et al., 2005), but survivors need control over how/when/to whom they disclose. Anonymous digital platforms can enable initial disclosure (“there should be a way we can express our thoughts anonymously”) while building toward in-person support. This multi-channel approach meets survivors where they are.

10 “Unity and understanding oneself” links collective solidarity to individual healing

Pairing “unity” with “understanding oneself” suggests that effective GBV response requires both collective action and individual healing. Survivors need to shift from “I am cursed” to “I do not deserve this,” replacing internalized shame with rights consciousness. Research on post-conflict collective healing shows that individual trauma work must accompany community solidarity efforts (Zraly et al., 2011). For GBV, this means:

- ✓ **Therapy or counseling addressing internalized shame**
- ✓ **Peer support for sharing experiences**
- ✓ **Community education challenging victim-blaming**
- ✓ **Cultural initiatives framing GBV as a community problem, not individual shame**

The statement “our shame is not greater than our problems” becomes operational through this dual approach.

11 The Mehari Centre is positioned to become the envisioned neutral hub

Participants repeatedly emphasized need for infrastructure the Mehari Centre could provide: “have a space that has an accurate source of information – like Mehari Centre”; “a community centre where we can meet and support each other regularly”; “language and culture-appropriate community centre”; “free” services; professional staff providing “beyond spiritual solutions.”

Evidence-based practice supports this comprehensive approach where community trust enables initial disclosure, professional capacity ensures appropriate response, and formal system connections provide legal protection when needed (Goodmark, 2018). The repeated call for such infrastructure—from multiple participant groups across multiple themes—demonstrates community recognition that fragmented, informal responses are insufficient for addressing GBV.

Challenges and Barriers Identified from Knowledge Gathering

Language and Accessibility:

Language barriers create life-threatening gaps in emergency GBV response for Eritrean and Ethiopian survivors. Participants reported "very limited access to translators" in emergencies and "no services that support us in our language," meaning survivors cannot communicate with police during assaults, access shelter intake, or navigate protection orders at moments of highest risk.

Beyond emergency services, the lack of culturally appropriate childcare prevents mothers from attending counseling, job training, legal appointments, or court proceedings needed to leave abusive partners. Participants emphasized the absence of systems that "help us in ways we understand culturally in our language."

Information barriers compound language gaps. Participants often lack knowledge about Canadian legal protections, available services, and their rights. The "misinformation or half information" about consequences (such as the narrative that calling police automatically results in arrest) creates fear rather than safety. Research shows immigrant women face unique barriers accessing justice systems due to limited information about legal options, immigration implications, and service navigation (Bhuyan & Senturia, 2005). The call for "a space that has an accurate source of information—like Mehari Centre" alongside services that are "free" at community centres reflects understanding that accessible, trusted information sources are prerequisites for help-seeking.

Stigma, Shame, and Silence:

Cultural shame emerged as the primary barrier to naming harm and seeking support. Participants described pervasive stigma: "isolation because of cultural shame, as a woman who exposes these issues, is never understood by her community"; "they hide their hurt because even if they talk about it, there is no solution, and they may publicize their shame"; and "the stigma of 'who would understand me?'" This is compounded by specific stigmas around sexual violence ("women and their children experience all kinds of sexual abuse, and they feel ashamed because of cultural reasons") and mental health ("fear that word will go out in the community, specifically for those with mental health issues"). Research in Ethiopia documents that women "suffer in silence" due to fear of judgment and societal disapproval, with 66% not reporting violence despite 71% experiencing it (Kedir & Admasachew, 2010; WHO, 2005). The normalization of marital rape, "even other women would tell her it is her marital duty", demonstrates how deeply shame is internalized and policed, even by other women.

The "culture of not speaking up" is reinforced by fear of consequences at multiple levels: worsening violence ("afraid their situation will get worse after speaking"), family breakdown ("fear of creating division and confusion in their kids"), economic hardship ("fear of economic challenges if separated"), and community isolation ("fear of isolation due to stigma in the community"). Technology-facilitated abuse adds another layer, with young women trapped by "fear of exposing private pictures they took" used for blackmail. The resulting silence is profound, participants believe "there is no point in talking about it" and that trauma means survivors "don't want to talk about it or deal with it." This aligns with research showing that when disclosure historically leads to judgment rather than help, learned helplessness develops where survivors conclude "they may not have any hope that they will get a solution from talking" (Rockowitz et al., 2022).

Systemic and Policy Barriers:

The perception that Canadian formal systems "punish instead of being supported" creates dangerous isolation for GBV survivors. Fear of child welfare intervention dominates—"many mothers live in constant fear of losing their children" and worry "they might be taken away and given to others," creating what research identifies as a "protection/safety dilemma" where mothers stay with abusers to avoid CAS involvement (Burman, Smailes, & Chantler, 2004).

Participants questioned why GBV persists "when there is a rule and system," pointing to the gap between Canadian legal protections on paper and survivors' lived reality of inaccessibility. This distrust reflects real experiences documented in immigrant communities where disclosure led to negative consequences rather than support (Bhuyan & Senturia, 2005). The call for "case-by-case basis" assessment rather than "banning everyone" suggests past experiences of blanket policies that failed to consider cultural context or individual circumstances, particularly around parenting practices and mental health.

Religious and cultural leadership capacity gaps compound formal system failures. While faith leaders are trusted first responders ("the respect people have for religious and community elders"), they face critical constraints: one priest serving numerous people while working full-time cannot provide the individualized pastoral care available in Eritrea and Ethiopia, and "apart from spiritual support, they are incompetent to give social, economic, or psychological support and services." More harmful, "most faith leaders have a stance and say openly that 'the church marries people, doesn't separate them'", a narrative participants identified as dangerous to women, while church teachings emphasize women's submission "and it ends there. The man's responsibility is not elaborated on." Research across East Africa confirms religious leaders often lack GBV-specific training, with untrained mediators pressuring dangerous reconciliation (Rockowitz et al., 2022). The cultural-legal disconnect, "marriage is considered legal, cultural, and religious, but here it is supposed to only be a legal issue", leaves survivors uncertain about their rights to divorce, spousal support, and protection under Canadian law.

Community Solutions and Recommendations

Tools and Resources Needed

Participants envisioned comprehensive community infrastructure centred on a hub that reflects the heritage of the communities it serves while remaining inclusive, neutral, and accessible to all, regardless of cultural or ethnic distinctions. This requires professional capacity beyond what informal networks currently provide, including “educated and competent people” offering support beyond spiritual solutions, such as cultural navigators, trauma-informed counselors fluent in Tigrinya and Amharic, legal advocates, and economic empowerment specialists.

The call to reimagine traditional mutual aid, “Equb and Edir spaces can create space where GBV and mental health are discussed”, represents adaptation of existing economic support structures (rotating savings, funeral insurance) into platforms for awareness sessions and peer support. Evidence from Rwanda and Kenya shows neutral **one-stop centres providing integrated medical, legal, and psychosocial services significantly improve survivor outcomes (UN Women Africa, 2024). The repeated identification of Mehari Centre as “a space that has accurate source of information”** positions it to serve this role, offering what the third layer in the help-seeking pathway (after family and faith leaders) currently lacks: confidential, language-accessible support with connections to both cultural resources and formal systems.

Technology and communication infrastructure must enable both anonymous disclosure and public education. Participants called for “social media platforms where we can express our thoughts anonymously” alongside regular in-person forums (“opportunity to openly discuss once a week”) to break cultural taboos. Cultural symbols and practices offer resources—the Oromo tradition of symbolic sticks showing a household needs help demonstrates existing non-verbal communication systems, while the solidarity mobilized during funerals (“when we have a loss, no questions asked... we all go support the family”) should extend to living community members: “Let us do it before something drastic happens. Let us support people when they are alive.”

Faith leaders need GBV-specific training curricula covering: recognizing coercive control; when reconciliation endangers lives; Canadian legal framework; safety planning; confidentiality protocols; and trauma-informed response. This training, fundable under Ontario's bilateral agreement for “sector capacity-building,” would address both theological harm (“church marries people, doesn't separate them”) and competency gaps currently

Prevention Strategies:

Prevention must begin with adult behaviour change, as participants recognized: “the problem is that we adults are not portraying a positive image. The youth need a model they admire, aspire to, and respect.” The shift “From ownership (parenting) to partnership (parenting)” represents fundamental cultural adaptation necessary in diaspora contexts. Research shows children who witness intimate partner violence are more likely to perpetrate it in adulthood (Jaffe, Wolfe, & Wilson, 1990), while authoritarian parenting styles increase family conflict when children adopt Canadian values (Bui, 2003).

Parent education addressing migration's impact, "how that changes the role of parents, spousal dynamics, the law of the country", must precede youth programming, alongside modeling accountability and healthy conflict resolution. Early intervention is critical: "we need to work on the formative years (0-6 years). That is where we can build good characters," requiring programs that address intergenerational trauma transmission and support families to "adjust and adapt to the new environment" rather than imposing "our experience and way of life from our country of origin."

Community-wide awareness must challenge harmful norms, particularly around marital rape and gender roles. The belief that "even other women would tell her it is her marital duty" requires education that Canadian law has no spousal exemption for sexual assault and that consent requires ongoing agreement, not automatic obligation. Men's engagement is essential—participants acknowledged "both are contributors to the problem, and the solution needs to be from both genders" and "as men, we have a lot of work to do." Programs must address: how migration stressors (role reversal, "prejudgment that the West is about women's liberation") are weaponized to justify violence; healthy masculinity in diaspora contexts; and unlearning entitlement narratives. Youth prevention requires holistic empowerment—"music, sports, reading, volunteering to build self-confidence"—integrated with education on healthy relationships, digital consent, image-based abuse, and bystander intervention. The finding that "youth seek help outside the community because of fear" necessitates youth-led spaces separate from adult oversight. The cultural reframing "Our shame is not greater than our problems. Let us face our shame to overcome our problems" must become operational through "opportunities for survivors to speak about their experiences," normalizing GBV as a community problem requiring collective action, not individual shame.

Support for Survivors

Survivors need graduated response systems respecting the "inner-to-outer circle" help-seeking pattern (family → faith leader → cultural community centre → mainstream services → justice system) while addressing gaps at each level. Level 1 community support includes: safe disclosure to trained cultural navigators; confidential safety assessment and planning; counseling in Tigrinya/Amharic; economic support through reimagined Equb-style emergency funds; and peer support groups. Level 2 specialized services involve warm handoffs to IWSO for legal advocacy, culturally appropriate mental health counseling, and immigration consultation—with cultural navigators accompanying survivors to address the fear that formal systems "punish instead of support." Level 3 formal systems (police, protection orders, CAS) are accessed when survivors choose or safety requires, with navigators present to bridge language/cultural gaps. This graduated model, supported by research (Goodmark, 2018), respects survivor autonomy ("we need to exhaust our community ecosystems") while ensuring access to legal protections. Evidence from East Africa shows this approach—embedded in one-stop centres—significantly improves outcomes (UN Women Africa, 2024).

Validation spaces are critical where "the experiences of those involved in GBV (and particularly victims of GBV) have their feelings and experiences validated." Survivors need therapeutic work replacing internalized shame ("I am cursed," "I am less than") with rights consciousness ("I do not deserve this"), requiring professional mental health support addressing trauma responses ("doesn't want to talk about it or deal with it"). Mental health stigma must be addressed alongside service provision through: normalizing discussions in Equb/Edir spaces; psychoeducation framing trauma as injury not weakness; faith leader messaging that mental health care is compatible with faith; and peer support where survivors share experiences. Economic empowerment is essential given that financial abuse "denies women the freedom to administer and spend their money" and isolation prevents mothers from "improving their situations through education or work." Programming must include: financial literacy and banking access; job readiness training with on-site childcare; connections to employment services understanding GBV dynamics; and potentially matched savings programs adapting the Equb model. The vision that community centres offer services "free" rather than paid recognizes economic barriers facing survivors leaving abuse.

Policy and Service Recommendations

Federal and Provincial Alignment: The Mehari Centre's work aligns with Canada's National Action Plan to End Gender-Based Violence (2022) commitment to ensure survivors access support "no matter where they live," and Ontario's bilateral agreement priorities of prevention, responsive health/social services, and sector capacity-building. Funding applications should emphasize: language-accessible emergency services (Tigrinya/Amharic interpretation for 211, crisis lines, police); community-based childcare enabling GBV service access; training for faith/cultural leaders; and comprehensive community hub providing graduated response pathways. The gap between Canadian legal protections and Eritrean/Ethiopian survivors' ability to safely access them represents a policy implementation failure requiring bridge-building infrastructure—cultural navigators who can accompany survivors through formal systems while addressing legitimate fears about child welfare, police bias, and immigration consequences.

System-Level Changes: Ottawa Police Services, Children's Aid Society of Ottawa, and family courts need training on cultural context, immigration concerns, and trauma-informed response to Eritrean/Ethiopian survivors, addressing the perception that formal systems "punish instead of support." Immigration policy must ensure survivors know about the Temporary Resident Permit for victims of family violence, with information accessible in community languages through trusted intermediaries. The "case-by-case basis" assessment requested by participants requires nuanced child welfare approaches that distinguish cultural parenting practices from abuse, consider mental health context, and prioritize keeping families together when safe—rather than "banning everyone" through blanket policies. Settlement services must extend "beyond arrival" given that GBV vulnerability persists as migration stressors compound over years. Faith institutions should be encouraged to adopt theological positions recognizing that advocating for dangerous marriages violates pastoral duty of care, and that teachings emphasizing only women's submission without elaborating men's responsibilities enable abuse. Evidence from East Africa shows specialized GBV courts, police gender desks, and data-driven resource allocation to hotspots improve survivor access to justice (UN Women Africa, 2024)—models Ottawa should adapt for diaspora communities facing similar barriers of language, stigma, and cultural disconnect from formal systems.

Conclusion

The *Gender-Based Violence Forum: Rooted in Care* marked a profound moment of truth-telling and collective reflection for Eritrean and Ethiopian communities in Ottawa. For many participants, it was the first time they could speak openly, without fear, shame, or judgment, about the deep and complex realities of harm that exist within their families and communities. The courage shown by survivors, elders, youth, and faith leaders alike underscored the truth that care, when rooted in culture, becomes a pathway to healing and transformation.

What emerged from this forum was not only a catalogue of challenges, but a blueprint for community renewal. Participants reaffirmed that cultural traditions, Edir, Equb, coffee ceremonies, storytelling, and collective gatherings, remain powerful sources of resilience when adapted with intention and compassion. These practices remind us that our communities have always known how to care for one another, and that the strength to end violence must come from within, supported but not dictated by outside systems.

At the same time, the discussions revealed how systemic barriers, language inequities, institutional distrust, and the fear of being misunderstood or punished, continue to isolate survivors and limit access to safety. Addressing these barriers requires more than translation or training; it demands partnership grounded in respect for lived experience, cultural knowledge, and the spiritual dimensions of community life. Faith and cultural leaders, when equipped with the right tools and supported by professional networks, can play transformative roles in prevention and healing.

The Mehari Centre's leadership throughout this process demonstrates the importance of trusted, community-anchored spaces that act as bridges between families, faith communities, and formal services. As participants envisioned, the next chapter of this work must focus on establishing a neutral, accessible hub, free from political or religious division, where every person can seek support in their own language, where mothers can access childcare as they rebuild their lives, and where conversations about violence, gender, and mental health are no longer taboo but integral to community wellness.

This forum reaffirmed that ending gender-based violence is not solely a legal or institutional goal; it is a cultural, moral, and intergenerational responsibility. Healing requires shifting norms, expanding empathy, and restoring collective accountability. It means teaching children that care and respect are measures of strength, and showing adults that apology and transformation are acts of courage, not shame.

The Mehari Centre and its partners, OCTEVAW, TAIBU Community Health Centre, the East African Parents Association now carry forward a shared commitment to sustain this dialogue, advocate for resources, and build lasting structures of support. By centring community wisdom within national and provincial GBV frameworks, Ottawa can model how culturally responsive, survivor-led approaches strengthen both families and systems.

Ultimately, *Rooted in Care* reminds us that the fight against gender-based violence is also a call to reclaim dignity, belonging, and the fundamental right to live free from harm. Through unity, compassion, and courage, Eritrean and Ethiopian communities in Ottawa are charting a path toward safety that honours their histories, uplifts their voices, and ensures that care remains at the heart of justice.

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