

HEALING CIRCLES: WHAT WE LEARNED (SO FAR)



OFFERING DEEP GRATITUDE

Project Agape offers deep gratitude to the unceded, unsundered Anishinaabe Algonquin territory and its people who are the rightful owners and keepers of the land where we work, play and connect.

As Black people, as immigrants, this especially involves taking into account how our presence as folks who did not arrive here in the same way as settlers, and instead were most likely forced here (directly or indirectly) by factors of white supremacy, still perpetuates harm against Indigenous people that we are responsible for. This also involves acknowledging the often overlooked presence of Black Indigenous people who have to deal with both anti-Black racism and colonialism in very different ways than others.

In this spirit of reconciliation and healing, we commit to being allies in the fight for Indigenous sovereignty, to learning, unlearning, and uplifting the voices and stories that have been silenced. May we build a future where all peoples, Black, Indigenous, and beyond can walk in unity, strength, and mutual respect.

This project was put together by a group of Project Agape staff, volunteers and facilitators. It has been 2 years in the making and we are excited to share our work with you.

Project Agape offers deep gratitude to:

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INTRODUCTION

As gender-based and sexual violence continues to be pervasive in Canada, the need for services for survivors remains imperative. The Ontario Coalition of Rape Crisis Centres (OCRCC) reported that in 2021 6400 people accessed individual or group counselling from member centres, an increase of 19% from the 5400 people in 2019. The impact of the COVID-19 pandemic is evident in the number of crisis calls (via phone, text or online chat) that member centres received: 37,500 in 2021, a 63% increase from the 23,000 calls received in 2019 ([Ontario Coalition of Rape Crisis Centres, 2024](#)).

These statistics clearly highlight the need for services, while also raising an important question: are these services equally accessible to all survivors, and how many survivors are not accessing these services due to barriers? Gender-based and sexual violence in Canada are interconnected with colonialism and white supremacy, while healthcare services tend to be white-led and rooted in Eurocentrism. When Tarah Paul, one of the CBC's 2022 Black Changemakers, first started working in the non-profit sector with sexual assault centres, she saw how many of these spaces were "overwhelmingly white" (CBC, 2022). Critically, Paul states that "A safe space is not necessarily there when we try to get access to services...White supremacy is everywhere we work." (Ibid). This critical gap in services is what Project Agape worked to address with the development of the Healing Circles pilot project.





"WHEN YOU ARE TRYING TO GO GET HELP, YOU DON'T WANT TO EXPLAIN THINGS. YOU JUST WANT THE PERSON TO LISTEN AND TO UNDERSTAND." - TARAH PAUL

Project Agape is a Black, survivor-led organization, founded and run by Black survivors who aim to educate on all aspects of gender-based violence and support and promote wellness in survivors. The organization was founded as a response to the disproportionate amount of violence against Black people and the gap in services that centre their stories and experiences. Through a trauma-informed and survivor-centred approach, Project Agape offers several programs and support services focused on building community and increasing capacity among Black survivors in the Ottawa area.

Project Agape primarily serves Black women and gender-diverse people, creating an inclusive and safe space where they can be their authentic selves. This includes 2SLGBTQIA+ community members, immigrants and newcomers, youth living in poverty, and youth who are aging out of the child welfare system.

The Ottawa Rape Crisis Centre (ORCC) is a non-profit organization based in Ottawa, committed to employing trauma-informed approaches to support and empower people affected by sexual and/or gender-based violence. The third rape crisis centre to operate in Canada at the time of founding, the ORCC started by providing counselling and crisis services for survivors, and working to increase public awareness and change attitudes on the issue of rape. Today, ORCC continues to provide services and actively advocates for systemic change through education, policy, and research initiatives.



The partnership between Project Agape and the ORCC was formed through a shared commitment to supporting survivors of gender-based violence and addressing the unique needs of Black women and gender-diverse individuals in Ottawa. Project Agape, a Black survivor-led organization, recognized the lack of culturally relevant services for Black survivors, particularly those experiencing gender-based violence. The organization's mission to promote wellness and community healing aligned with ORCC's trauma-informed approach to supporting survivors of sexual and gender-based violence. As both organizations have a strong focus on community-driven, survivor-led care, the partnership was a natural fit. The collaboration was formalized to address an emerging need in the community, leading to the development of the Healing Circles.

The funding for the Healing Circles was obtained through the City of Ottawa's Emerging Community Needs Funding. This grant supports initiatives that address an emerging or unmet need within the community, supporting capacity building and resiliency. In partnership with the Ottawa Rape Crisis Centre, Project Agape developed the Healing Circles to address these unmet needs by providing holistic supports to Black women and gender-diverse people. This project, as with all of Project Agape's work, is grounded in anti-racism and decolonization.

This project began with the name Sharing Circles. Between September 2023 and May 2024, there were three Sharing Circle sessions (two in-person and one via Zoom). Through discussions after these initial sessions, it was determined that the current approach felt too much like a focus group and that a change was needed. The change to Healing Circles reflects the shift to holistic and Afrocentric spaces that are centred on healing. As part of this change, a decompression element and more opportunities for creative self-expression were added to the sessions.



The Healing Circles address a critical gap in services, providing a safe space for Black survivors to come together and share their experiences. By Healing their experiences, they provide invaluable insight into the experiences of Black survivors in the Ottawa area. This is of significant importance as the stories and experiences of Black survivors, such as racism in healthcare and the importance of culturally relevant services and service providers, are often ignored. Their experiences and insights have informed the recommendations in this report.



**"BEING A BLACK WOMAN IS A
VERY SPECIFIC EXPERIENCE" -
HEALING CIRCLE PARTICIPANT**



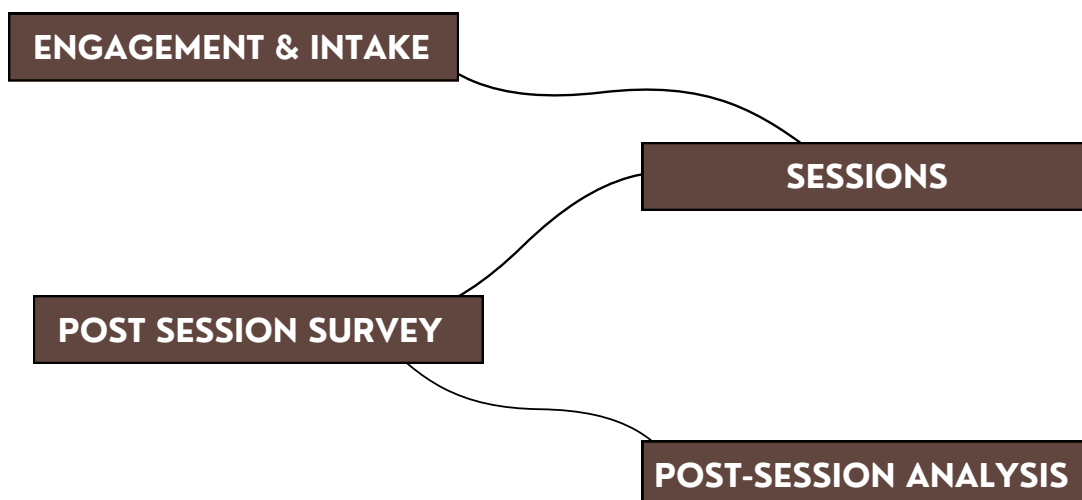


METHODOLOGY

The Healing Circle sessions were developed using a trauma-informed and survivor-led approach, grounded in anti-racism and decolonization work.

Between November 2024 and May 2025, ten Healing Circle sessions were held, with participants attending 2.5-hour sessions. Throughout these ten sessions, several participants attended multiple sessions, which could be inferred to mean that the Healing Circles provided something valuable to the participants and that there is a need for more programs like this.

The Project Agape team would meet for debriefing meetings following each Healing Circle session. In addition to general sessions, several sessions focused on the 2SLGBTQIA+ community, people with disabilities, immigrants, newcomers, and mothers. The participants of this project were representative of Project Agape's primary service demographic: Black women and gender-diverse persons between the ages of 18 and 29 years old who self-identified as having experienced or being a survivor of gender-based violence.





ENGAGEMENT & INTAKE

The safety and comfort of participants were the priority at every step of the process, starting with engagement and intake. People who had expressed interest in participating were contacted via email or phone. During phone calls, the Project Agape team member would introduce themselves with their name, pronouns, and some non-identifying facts about themselves. This was done to help make the potential participant more comfortable by humanizing the voice on the other end of the line.

Example: Hello, my name is _____, and I work as _____ with Project Agape. I go by __ pronouns. A few things about myself, I have a cat and love to garden.

In keeping with informed consent, potential participants were informed of the format of the Healing Circles, including the supports that would be available if they felt triggered, and how their insights would inform a report aimed at improving services for Black survivors. The anonymity and confidentiality of the Healing Circles were emphasized throughout, as well as a participant's right to withdraw consent at any time. This included after the Healing Circle took place, if the participant later decided they did not want certain information included in the report.

The intake process included a series of questions to ensure that the Healing Circles would be a confidential, safe, and healing space for all participants. The intake process included a series of questions to ensure that the Healing Circles would be a confidential, safe, and healing space for all participants. The questions followed a survivor-led approach, focusing on boundaries and accommodations, confidentiality, and how participants would feel most comfortable contributing to the circles.



Examples:

Do you feel comfortable with the level of confidentiality we have set, or is there anything additional we can do to make you feel safe Healing here?

Are there any accommodations you might need to participate fully in the healing circle? Is there anything you need to feel safe and supported in the healing circle?



SESSIONS

At the beginning of the Healing Circle sessions, the facilitator would go over the guidelines for group engagement, emphasizing the importance of consent, confidentiality, mutual respect, and care. Participants were allowed to add to these guidelines before moving forward. The facilitator would begin the introductions, starting with each member of the Project Agape team, who would explain their role in that session, such as notetaker or support person. During the online sessions, the Project Agape team would keep their cameras on so that participants could know who they were speaking to and maintain a safe environment. The in-person sessions were held in a space with multiple rooms, ensuring that if a participant needed a private space away from the group or to speak with a facilitator, there was a suitable option available.



For the virtual sessions, one of the unique safety risks was the potential for people to join the session under false pretenses, pretending to be someone they're not, or "Zoom bombing". For the Healing Circle session for people with disabilities, the Project Agape team encountered several instances where they had reason to believe this was the case. To ensure the safety of participants, the decision was made to move to individual interviews with the participant, facilitator, and a notetaker.

The discussion questions centred on three themes:

- 1. Self-care and Healing,**
- 2. Barriers to Accessing Supports, and**
- 3. Looking Forward to Creating Better Places.**

Each theme had multiple potential questions, with the discussion taking a non-rigid structure and led by the participants. Facilitators encouraged but did not pressure participants to engage in the discussion.

The Healing Circle sessions would conclude with a decompression activity. For example, participants were given a series of journaling prompts that asked them to reflect on how they felt before, during, and after the session. Other decompression activities, focusing on culturally rooted care, included sound bath sessions, mindful movement, meditation, and trauma-sensitive yoga sessions, all led by Black instructors.





POST-SESSION SURVEY

After the Healing Circle session, participants were sent a ten-question survey through SurveyMonkey, which contained a feedback comment section through Google Forms (see Appendix D). The purpose of the survey was to gather quantitative data on the experiences of Black survivors accessing services, in support of the qualitative data collected during the Healing Circle sessions.

The creation of the survey and outreach to former participants started in April 2025; this may be a reason for the relatively low response rate, which did not meet the minimum for statistical relevance, and to protect the anonymity of participants. The survey results have not been included in the report due to the low participant rate; however, applying this type of survey to programs in the future could provide important insights and feedback (see Appendix C for data collected in a survey conducted during the Healing Circles).



POST-SESSION ANALYSIS

Analysis of data from sessions was done by reviewing session notes taken by the notetaker(s) and facilitator(s), identifying recurring themes, and creating codes to organize these themes. The safety and confidentiality of participants were at the forefront of the analysis process: this required special consideration given the relatively small number of participants. Quotes were selected for their impact while also ensuring that the participants' anonymity was protected. The chosen quotes were reviewed to determine if there were any identifiable features.

An important factor to note is the fact that the November and December Healing Circle participants were part of two cohorts completing other programs through Project Agape: *Let It Heal* and *Black Joy*. These cohorts had participated in other program activities before the Healing Circle session and were more familiar with one another. Facilitators observed that the participants in these sessions displayed a higher level of vulnerability and openness during the discussion. This was attributed to the participants' pre-existing relationship as a cohort and a higher level of comfort and safety.





WHAT WE HEARD

Throughout the Healing Circle sessions, survivors bravely shared their experiences with Project Agape. They provided invaluable insight into their unique experiences and the systemic issues faced by Black women and gender-diverse people seeking to access services. These insights generally fell into one of two main categories: 1) Systemic Barriers to Services and 2) Social and Cultural Factors.

Systemic Barriers to Services

Many participants had accessed or attempted to access a variety of services, the majority of which were through university and public health providers. When discussing their experiences accessing these services, participants overwhelmingly reported negative feedback. Services such as counselling and therapy felt procedural or “textbook” rather than considering the unique needs of the person, and lacked empathy. This detached/clinical approach to treatment did not address the root issue or help participants heal; rather, it was an attempt to manage symptoms.

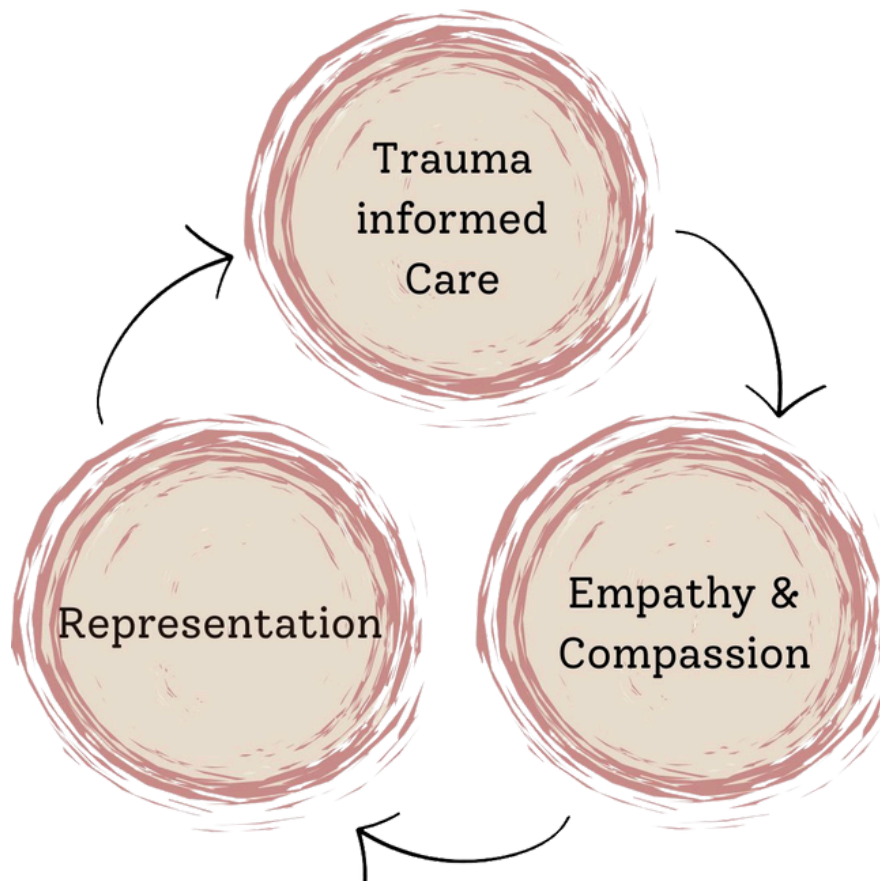
This procedural and clinical approach to healthcare services reflects the Eurocentric standards that have and continue to shape the Canadian healthcare system. These standards primarily focus on the absence of disease and illness, seeking to address symptoms through treatments such as antidepressant medication, rather than a holistic view of wellness (Thomas, 2024).



Barriers and challenges linked to this Eurocentricity were frequently reported by participants, including:

- Lack of representation in healthcare service providers
- A lack of empathy and understanding of the experiences of Black survivors
- Being listened to and believed by service providers

The crucial importance of **representation**, **trauma-informed care**, and **empathy** and **compassion** in the context of service delivery was a recurring theme among participants. The feedback from participants indicated that if one of these factors was missing, there was often a negative impact on their experiences.





"If they [service providers] are not a Black person or a black woman, they can't understand the depth of our experience." - Healing Circle participant

"When I go inside a doctor's appointment, I go and I know that I'm the only one who has my back" - Healing Circle participant

Openly discussing these experiences is essential, as there is a lack of quantitative data on the rates of violence, specifically gender-based and sexual violence, against Black women and gender-diverse people, and their experiences accessing services ([Souffrant, 2024](#)). Current available data often groups Black women under the label of "visible minority", missing a critical intersectional lens and erasing the unique factors, such as misogynoir, that contribute to the disproportionate rates of violence against Black women and gender-diverse people. This intersectional lens is also absent from much of the statistics on violence against the 2SLGBTQIA+ community.

While violence is often gendered, racism also continues to devalue the lives of Black, Indigenous and other racialized women, girls and gender-diverse people. ([Ontario Coalition of Rape Crisis Centres, 2024](#))

Social and Cultural Factors

There is a multitude of social and cultural factors that affect and influence Black survivors, depending on their background and experiences. Within this multitude, there are shared experiences, as several participants identified.



One of the significant socio-cultural factors raised by participants was that they felt that their ability to express themselves was limited. Some participants mentioned feeling that they could not express their emotions or would not receive support if they did. Feeling unsupported contributed to the repression and internalization of emotions, leading to feelings of isolation and hopelessness.

“What happens when you come from a background where you don't have the luxury of lashing out?” - Healing Circle participant

For many participants, there was the added element of feeling the pressure to be strong and independent, and do what is deemed best for the community or family, such as not speaking out about violence. The socio-cultural pressure to be the Strong Black Woman further contributed to feelings of isolation and that no one could help them. The expectation to keep things within the family or community further contributed to feelings of isolation. Participants also identified community as an important aspect of the healing journey.

Additional Themes

Within the Healing Circles, themes specific to certain populations emerged: one notable example was the perceived politicization of services among post-secondary students. This, in turn, made them feel that the priority was on pushing an agenda rather than healing, which created barriers to access for some. For a French-speaking participant, accessing services was challenging and created a barrier, as they could not fully express themselves in English. Some participants also brought up financial barriers to accessing services.



For transgender and gender-diverse participants, the inability to be their whole, authentic selves in certain spaces and situations was a recurring theme. Participants described feeling that they needed to choose what part of their identity to embrace in these spaces and situations, rather than embracing their whole identity. One participant described feeling as though they could not embrace their queer identity in some Black spaces, and conversely could not fully embrace their Black identity in some queer spaces.





KEY TAKEAWAYS

- Eurocentric healthcare standards contribute to systemic barriers.
- Representation, Trauma-informed Care, and Empathy are crucial in service provision.
- Social and cultural factors are important considerations for service providers.



THEMATIC FINDINGS

Over the course of the 10 Healing Circles, five central themes emerged in discussions with participants: (1) Impact of the Strong Black Woman schema, (2) Barriers Associated with Eurocentric Healthcare Standards & Practices, (3) Authenticity & the Necessity of Inclusive Black-centred Spaces, (4) the Role of Cultures and Communities and (5) Self-Expression & Self-Advocacy. The first and second themes are systemic in nature and have been studied and researched. Themes three, four, and five focus more directly on the experiences of participants.

THEME 1: THE IMPACT OF THE STRONG BLACK WOMAN SCHEMA

The Strong Black Woman schema, rooted in misogynoir, is the expectation that Black women will provide emotional support and care for their family and/or community, displaying strength while suppressing their own emotions and needs ([Castelin & White, 2022](#); [Erving et al., 2023](#)). Often referred to as the Strong Black Woman stereotype or trope, the term schema describes how this archetype and cultural ideal can also be internalized as a coping mechanism ([Abrams et al., 2020](#)). [AL1] This schema has a significant negative impact on the health and well-being of Black women, as it can be a barrier to seeking help and support ([Parks & Hayman, 2024](#); [Ibid](#)).

"Sure, I am independent...but I also need help." - Healing Circle participant



The internalization of this schema was evident in the discussions with participants. Many mentioned how they did not want to “burden” someone else with their problems. Some participants stated that they felt there was no one who could help or support them, and that their problems were theirs to deal with on their own. Other participants mentioned feeling guilty for asking for help and support.

“There was just this sense of hopelessness, plus also a sense of burdening people with your issues.” - Healing Circle participant

“No one can help me already, so I need to keep it to myself.” - Healing Circle participant

“Feeling a lot of guilt receiving help” - Healing Circle participant

Participants expressed that they felt that the people around them were not as understanding or receptive to their pain, specifically because of the Strong Black Woman schema.

“[the cost of healing] it’s all on me” – Healing Circle participant





Participants described feeling isolated, as if they were not being heard even when they did seek support, or that they needed to bottle up their true feelings and/or mask their true selves. Having to mask or suppress parts of themselves was one aspect of what participants stated makes living life as a Black woman in Canada exhausting. Other factors include the negative assumptions made about Black women and the cost of living life in an authentic way, misogynoir, and the hypervigilance that can stem from feeling unsafe. Participants also noted that even the home was not necessarily a safe or restful place for Black women to express themselves and drop that mask, further contributing to feelings of exhaustion.

"The fact that as a Black woman, you experience everything simultaneously. You could be doing anything, and people will assume the worst of you. People make assumptions." - Healing Circle participant

"It is exhausting because you don't get a break from it." - Healing Circle participant



THEME 2: BARRIERS ASSOCIATED WITH EUROCENTRIC HEALTHCARE STANDARDS & PRACTICES

Perspectives on health and the Canadian healthcare system “have historically been founded on Eurocentric knowledge”, focusing primarily on the absence of disease rather than overall well-being and privileging Whiteness (Thomas, 2024; Etowa, 2015). Perspectives and approaches to healthcare that fall outside of the Euro-Western standards are often disregarded or suppressed (Chowdhury et al., 2024; Thomas, 2024). The racist framings of Eurocentric healthcare systems are evident in beliefs such as that Black women have a higher pain threshold, and the unconscious bias that negatively impacts Black people's ability to receive appropriate care (Shaheen-Hussain et al., 2023).

These types of experiences were common amongst Healing Circle participants: the majority reported having had a negative experience when accessing healthcare services. When asked about their experiences accessing services from healthcare service providers and institutions, participants highlighted not only the lack of representation in service providers but also the centring of Whiteness in the healthcare system. As one participant described it:

“The health care and mental health space is based around the knowledge and experiences of white people and is mainly white directed.” - Healing Circle participant



Participants reported that in their interactions with service providers, they did not feel that they were being heard or believed.

**"I'm not pretending about what I'm going through."
Healing Circle participant**

**"I'm telling you my pain is an 8 out of 10, you're not
listening to me, and you're really just judging me." -
Healing Circle participant**

Negative interactions, such as when participants felt that service providers were not listening to them or were being judged, impacted their likelihood of continuing to access services. One participant noted how many Black people are taught how to navigate talking with healthcare professionals early on, revealing a shared multigenerational experience of medical colonialism. Masking and code-switching, as described by a self-identified Black queer participant, can be a "survival tactic" for navigating these spaces.

**"You have to keep tabs on yourself, just to prove that you
are worthy of care" - Healing Circle participant**

For Black trans and gender-diverse people, the transphobia and homophobia of service providers are another barrier to accessing services. It means potentially entering an unsafe space where their whole identity will not be respected.

**"You can't be picky, you can't say, is this a doctor that is
going to respect my pronouns? Is this a doctor that is
going to react in a certain way if I ask for birth control?" -
Healing Circle Participant**



The experiences shared by Healing Circle participants during the sessions raised three recurring points: the importance of representation, trauma-informed care, and empathy and compassion. Throughout the discussions, it was evident that if one of these pieces was missing, it had an impact.

Theme 2.1 - Representation

Representation, the importance of it, and the impacts of its absence were a common theme in discussions with Healing Circle participants. In these conversations, representation went beyond having a Black service provider, as some participants noted that this was not a guarantee that they would be understanding of someone's whole identity, for example, a Black survivor who identifies as gender-diverse.

Participants emphasized how crucial representation is, noting that "good intentions aren't enough" when it comes to providing services for survivors. Many participants observed how service providers, particularly in mental health spaces, were overwhelmingly white and did not always understand queer identities. It is vital, they stressed, to have service providers who can understand and relate to the lived experiences of their service users.

Theme 2.2 - Trauma-informed Care

Having service providers who are trained in providing trauma-informed care was repeated by many participants as an important factor in service provision.



"Service providers should be trauma-informed. You might be the nicest person on Earth, but you might not be able to be helpful because you don't have the tools to help somebody. They need to be trauma-informed. If you are helping people who are traumatized, you need to have the tools to at least meet them where they are." – Healing Circle participant

Participants of one Healing Circle session were asked what trauma-informed care looked like in practical terms to them. First and foremost was compassion and understanding, meeting service users where they're at and allowing them to share at their own pace without pushing them beyond what they're comfortable with. Participants brought up encouraging service users to express their feelings rather than keeping them bottled up, including methods such as journaling, recognizing that it can be difficult to speak about traumatic experiences. Safety, a recurring theme throughout the discussions, was also raised as an important aspect of trauma-informed care by participants. They highlighted various factors that contribute to creating safe spaces, including ensuring the space is respectful and empowering, and taking into account cultural and identity-based factors, as well as historical factors, that can shape a person's lived experiences. This also included tangible, actionable items, such as having a list of triggers and self-soothing materials, such as fidget toys, available for service users.



Theme 2.3 - Empathy & Compassion

Several participants raised concerns about the lack of empathy and compassion they experienced from service providers. One participant described waiting to see a service provider only to have an experience with them that lacked compassion, where the service provider asked tokenizing questions. These types of interactions impacted participants' views of accessing services.

There is an important distinction between empathy and pity, as one participant noted, and it is important to consider where people are at in their healing journey.

"Not everyone wants to be treated as a victim, not everyone wants to be tiptoed around" - Healing Circle participant

Importance of Consistency

Having consistent access to services was an aspect of service delivery that was frequently mentioned by participants. Several participants noted that many services focus solely on crisis management, providing services in moments of crisis but not offering long-term support for healing.

"A lot of mental health services don't really have the time and services to focus on your wellness, and it's only when you are in a crisis that you can access those services." - Healing Circle participant



"A lot of mental health services don't really have the time and services to focus on your wellness, and it's only when you are in a crisis that you can access those services." - Healing Circle participant

This can be connected to the Eurocentric foundations of our approach to healthcare: a report from the National Collaborating Centre for the Determinants of Health entitled "Let's Talk Whiteness and Health Equity" noted that one of the ways the values of Whiteness appear in the healthcare system is with a "sense of urgency".

The impact that consistency can have was observed during the Healing Circles. The participants of the Healing Circles that took place between November and December 2024 were part of established cohorts for separate programs through Project Agape. At the time of the Healing Circle sessions, each cohort had been together for approximately 6 weeks. Facilitators and notetakers observed that the participants in these sessions were more willing to be open and vulnerable with each other. They believe the reason for this is the level of comfort and safety that these participants felt with each other, compared to other sessions where participants were not familiar with one another.



THEME 3: AUTHENTICITY & THE NECESSITY OF INCLUSIVE BLACK-CENTRED SPACES

In a Eurocentric healthcare system, spaces are designed from Euro-Western perspectives and are overwhelmingly white-centred. Participants highlighted the challenges of being in such spaces, feeling that their humanity and personhood are not fully acknowledged.

"It's hard to be humanized in spaces that are not for me." - Healing Circle participant

"I try to avoid being in white spaces as often as possible because they don't make space for my personhood." - Healing Circle participant

The prevalence of Anti-Black racism is one of the reasons that participants emphasized the importance of having specifically Black-centred spaces.

"Often other people (of colour) want to put themselves on your level. Some POCs think that their identities absolve them of anti-Blackness behaviours, when it's not." - Healing Circle participant

It is imperative that these spaces not only be Black-centred but also inclusive. One participant stated, "I feel like I have so many identities that make me feel like I don't belong". Several participants expressed a sense that they needed to choose which part of their identity to embrace in a particular space. For example, in a space for Black people highlighting that part of their identity while not drawing attention to their identity as a queer person. Instead of being their whole self, it becomes a matter of what feels safe in that space.



"It is important to have spaces where the person's authenticity is celebrated, no matter their identity. Even if it is unconventional. There are so many ways of being religious, being Black, and 2SLGBTQ+." - Healing Circle participant

The participants' comments underscored the positive impact of Black-centred spaces on survivors, highlighting the feelings of safety and validation they experienced in these spaces.

"Environments of Black women makes me feel safe and seen" - Healing Circle participant

"Hearing someone echo what you feel in your heart is so validating" - Healing Circle participant

THEME 4: THE ROLE OF CULTURES AND COMMUNITIES

The influence and impact that culture and community have on the decisions participants made regarding disclosure, seeking support, or accessing services were significant throughout the Healing Circle sessions. It is essential to acknowledge that, although there were shared experiences, no single culture was universally shared by all participants, and culture should not be viewed from a monolithic perspective. For example, some participants noted that they come from families and/or cultures that restrict emotional expression, while others stated that their families and/or cultures are more expressive. Both factors had an impact on the participants.



In the context of these types of cultural and community norms, what is best for the individual is not necessarily the primary consideration: the impact on and potential responses from family and community are also important considerations. In conversations about mental health, cultural stigma was mentioned as a factor in whether and how they access services and support, for example, the decision to take antidepressant medication or not.

Participants mentioned that in some cases, they felt pressured not to speak out about their experiences, and that they felt ashamed about Healing. There are cycles of violence, participants stated, that are not discussed by families or communities in large part due to the shame attached to it.

"What happens at home, stays at home" - Healing Circle participant

"You're going to destroy this family if you say that to people." - Healing Circle participant

Many participants described feeling that they could not approach their family for support or needed to censor themselves around others, fearing they would overshare. A lack of boundaries and personal space was also a recurring theme, with many participants expressing that this was something service providers needed to understand from a cultural perspective.



While community and culture can be barriers to accessing services, they are also an important part of the healing process, according to participants. Participants expressed that they appreciated the pairing of a therapeutic program with being in community and an environment where they could still receive support without having to 'pour emotionally as much'. Having a Black-centred space to come together in community was also a vital aspect of this, providing a space where participants felt they could drop the mask of the Strong Black Woman and be their authentic selves.

THEME 5: SELF-EXPRESSION & SELF-ADVOCACY

When participants discussed healing, self-expression, setting boundaries, and advocating for oneself, these themes were central. Most importantly, healing is a unique journey for each individual and should be respected as such.

"Healing isn't 'When I get over something': healing is ongoing, even though you can be in a good mental space, you can always relapse." - Healing Circle participant

"Healing is how you respond to grief" - Healing Circle participant

Participants stated that methods of creative self-expression, in particular creative writing and journaling, were especially helpful.

"Healing is how you respond to grief" - Healing Circle participant



Participants stated that methods of creative self-expression, in particular creative writing and journaling, were especially helpful.

"Being able to write gives me permission to write my own truth. It is a cathartic practice." - Healing Circle participant

Being in a Black-centred space was key for self-expression, as participants were able to drop their masks, such as the Strong Black Woman, and be soft and vulnerable with others. This was especially true for the two cohort groups, who had been together longer and had more time to form bonds and become comfortable Healing with the group.

"For us (Black folx) to have a community is a beautiful thing. Being able to have spaces to express our feelings is amazing. As a queer person being able to be gay outside is amazing." - Healing Circle participant

Gaining new skills, being able to advocate for oneself, and setting boundaries were important to participants, particularly in relation to family and community.

"There's something with seeing yourself learn new skills, and getting stronger, it's like: I can protect myself now" - Healing Circle participant





CRITICAL NEEDS & ACTIONABLE ITEMS

The discussions with participants during the Healing Circles highlighted several critical needs and actionable steps for service providers.

CRITICAL NEEDS

Critical Need 1: Moving Beyond Eurocentric Standards and Practices

Many aspects of participants' experiences can be connected to the Eurocentric standards and practices in the healthcare system and service provision, such as the lack of representation and disregard for the lived experiences of Black women and gender-diverse people.

Critical Need 2: Recognizing Healing as a Unique Journey

Eurocentric perspectives continue to influence the conceptualization of healing in spaces providing services, which focus on a destination rather than the healing journey. Providing trauma-informed care that is survivor-led and allowing the service user to have some control and autonomy are important factors in the healing journey.

Critical Need 3: Service Providers Need to Represent the Communities Being Served

Representation was a core theme throughout discussions with participants, emphasizing the importance of having a service provider who can understand and relate to the unique experiences of being a Black woman or a gender-diverse person. An important aspect of representation in this context is considering intersectional identities and having service providers from diverse backgrounds and lived experiences.



ACTIONABLE STEPS

Actionable Step 1: Including Intersectionality in Trauma-Informed Training for Service Providers

Having trauma-informed training is a critical component of service delivery; including intersectionality builds on that foundation by adding nuance, recognizing that experiences of trauma and even service access are not universal, and the influence of social identity factors.

For Black individuals, the impacts of trauma are shaped by systemic racism, cultural histories, and the intersections of race, gender, immigration status, class, and other aspects of identity. Service providers must understand that these intersecting factors influence the access to and delivery of support services. Embedding intersectionality into trauma-informed training ensures that service providers recognize the unique ways Black individuals experience and navigate trauma, allowing for a more holistic approach to care.

Actionable Step 2: Consistency with Service Provision

Participants noted how, in many cases, they were only able to access crisis services, but not long-term services. There is value in crisis services; however, only having crisis services available neglects the long-term journey that healing can be. A person does not need to be in crisis to need help and support throughout their healing journey.

Actionable Step 3: Ensuring Service Providers are Representative of the Communities They Serve

Having a service provider who understands or shares similar life experiences with their service users was one of the central concerns shared by participants. While participants acknowledged that this did not guarantee they would understand or empathize with their experiences, they still believed that representation was essential.



In Black-centered spaces, service providers must reflect the community they serve. This representation helps create an environment where service users feel seen, valued, and understood, fostering a sense of belonging and safety. When service providers engage with a deep respect for Black histories, values, and lived realities, it contributes to the creation of an inclusive, healing space for Black individuals.

Actionable Step 4: Taking Steps to Create Safe, Culturally Responsive Spaces

Representation is a crucial step in creating safe and culturally responsive environments for Black service users. Participants stated that they felt that service providers were not listening to them when accessing services, and in some cases, suggested treatment options were at odds with community or cultural norms. Accessing services within a space that honours cultural norms, practices and healing traditions of Black communities is crucial to the restorative process. Healing requires spaces that respect the lived experiences, histories, and unique needs of Black individuals, where service providers actively listen and engage with an understanding of these cultural foundations.

Actionable Step 5: Opportunities for Survivors to Express Themselves Creatively

Healing is a journey, one that isn't linear and is unique to each individual: throughout the Healing Circles, participants identified opportunities to express themselves creatively, particularly through creative writing and journaling, as beneficial to them. This could be done independently or shared with a service provider, especially when the service user struggles to express themselves in conversation.



CONCLUSION

As sexual and gender-based violence remain prevalent issues across Canada, the need for services to support survivors is imperative. While progress has been made, gaps in services and systemic barriers to access remain, such as the overwhelmingly Eurocentric and White-led healthcare system. The Healing Circles program by Project Agape aimed to address a critical gap in services and provide a space for Black women and gender-diverse survivors to come together in community and take important steps on their healing journey. Participants expressed their gratitude for having a space like the Healing Circles, where they could gather in a safe environment with other Black survivors, and emphasized the importance of Black-centred spaces. Several participants even returned to attend more than one session, again highlighting the importance and value of this program and similar services.

The participants of the Healing Circles have bravely shared their experiences, providing invaluable insight into not only their individual experiences but also systemic issues impacting Black survivors and how they access services. Five core themes emerged from these discussions, reflecting both these systemic issues and the shared experiences of participants.

The five themes identified reflect both critical gaps and opportunities for action and change. Through discussions with participants, several recommendations were identified, centring on representation, trauma-informed care, and empathy and compassion. Their insights and the recommendations that came from them provide actionable points for creating more Black-centred spaces, with service providers that represent the communities they serve.





Moving forward, this glimpse into the experiences of Black women and gender-diverse people has illuminated the pressing need for transformative change in how services are provided and the types of services available. There are opportunities and actions that can address these critical needs as identified by the participants, so that they can access services where they feel heard and seen, and their experiences are validated. From individual service providers to the organizations providing services, there are opportunities to take action towards making a more inclusive space for Black survivors.



**"I thank The Lord for Project Agape"
by KC, The Creator aka Faith Grace Assogba**

Healing Circles

Sometimes

Tears shed

Other times

Laughters shared

Solidarity

There is immense power in solidarity

There is immense power in community

Healing Circles

Spaces like this is a tremendous blessing

GLORY!

Story

We all have story

We all have story

Story to share

Worry

We all have worries

Journey

We each have our journeys

Journeys to victories

We've been oppressed

We may have been/felt defeated

But

It is not the end

It is not the end of our stories

Project Agape

I thank The Lord for Project Agape

Participating in various Project Agape programming made me realize my potentials

Made me feel seen

Made me feel heard

Made me feel safe

I found my community

I found my home/safe space in people I met through Project Agape



APPENDICES

A. Glossary of Terms

Afrocentric – Practices that are rooted in African cultural practices (noting that there are a multitude of ethnic and cultural groups) and centre the experiences of people of African descent. In the context of service provision, this could take the form of incorporating cultural elements into programming.

Anti-Black racism – First expressed by Dr. Akua Benjamin, a Ryerson Social Work Professor, Anti-Black racism highlights “the unique nature of systemic racism on Black-Canadians” ([Black Health Alliance, n.d.](#)).

Code-switching – A conscious or unconscious change in speech, dress, and/or behaviour based on the environment a person is in and the dominant social norms. This extends beyond how a person behaves in the workplace versus with friends, and it serves as a coping mechanism and survival tactic ([Conner, 2020](#); [McCluney et al., 2019](#); [Zandbergen, CBC News, 2020](#)).

Eurocentric – A cultural and ethnocentric (the belief that one ethnic group is superior) phenomenon that views and compares non-European cultures from a Euro-Western perspective. It is implied that Euro-Western cultures, knowledge, and perspectives are superior to those of the Other (“[Eurocentrism](#)”, [Tufts University, n.d.](#)).

Gender-based violence (GBV) – Violence enacted against a person based on their gender identity and/or gender expression. GBV includes “any word, action, or attempt to degrade, control, humiliate, intimidate, coerce, deprive, threaten, or harm another person” ([Government of Canada, 2025](#))

Intersectionality – First defined by Professor Kimberlé Crenshaw in 1989, it is the concept that social identity categories, such as age, race, and gender, are interconnected and create “overlapping and interdependent systems of discrimination or disadvantage” ([Taylor, 2019](#))



Masking – Hiding or repressing aspects of one’s self to better fit the dominant social norms or to conceal emotions. This term is commonly used in relation to neurodivergency and masking to fit into a neurotypical world; however, it is applicable beyond this context. Long-term masking can have negative consequences, including emotional burnout. In some cases, code-switching is used as a form of masking (note that code-switching is not always considered a form of masking) (["Masking", Psychology Today Canada](#); [Benevolent Health, 2024](#)).

Misogynoir – A compound “misogyny” and “noir”, first defined by Moya Bailey, this concept describes the intersection of anti-Black racism and sexism directed towards Black women. Bailey emphasizes that this concept is about how anti-Black racism and sexism operate together, influencing each other and creating “simultaneous and interlocking oppression at the intersection of racial and gender marginalization” (Bailey, 2021; [Canadian Women's Foundation, n.d.](#))

Schema – A cognitive model or patterns of thinking that are used to interpret the world around us. Additionally, these patterns of thinking can be internalized and affect behaviour ([Abrams et al., 2020](#)).

Social Identity Factors – Characteristics such as gender, race, and age that identify us and influence how we are perceived ([State of New York University Oswego, n.d.](#)).

Survivor-led – This approach centres the experiences and participation of survivors, allowing them to explore and define what healing looks like for them and choose their own goals ([Pintin-Perez, n.d.](#)).

Trauma-informed – Understanding and responding to the unique needs of trauma survivors, actively working to reduce the risk of re-traumatization. There is a focus on creating a safe space and establishing trust ([Alberta Health Services, 2020](#); [Nova Scotia Health Authority, n.d.](#)).



B. Sample Consent Form

Healing Circles Consent Form

It is important that you are comfortable and safe in this space to share. We would like to remind you that you have the right to a supportive and confidential environment.

Please note that a note-taker will be present and will be taking notes on the discussion. A consent form will be given to you for your signature on the day of the event. **No identifying information shared by participants will be recorded. If at any point you would like something you have shared not to be recorded, please note that you have the right to revoke your consent at any time before publication.**

Furthermore, if at any time you wish to leave the discussion, **please know that you have the right to do so.**

If you have any questions or concerns about any of the above, please do not hesitate to contact us.

Please sign and date below to confirm your consent to participate in this discussion, and that you have read and understood the above.

Please let us know if you are interested in receiving an honorarium for your participation in the circles.

☐ I consent to participate.

☐ I do not consent to participate.

☐ I do not want to receive an honorarium.

☐ I want to receive an honorarium. My email address is _____

Name

Signature

Date



C. Additional Charts or Visual Data

The following data was collected from the Gender-Based Violence Submission Tool Survey.

Question 1: Gender Identity

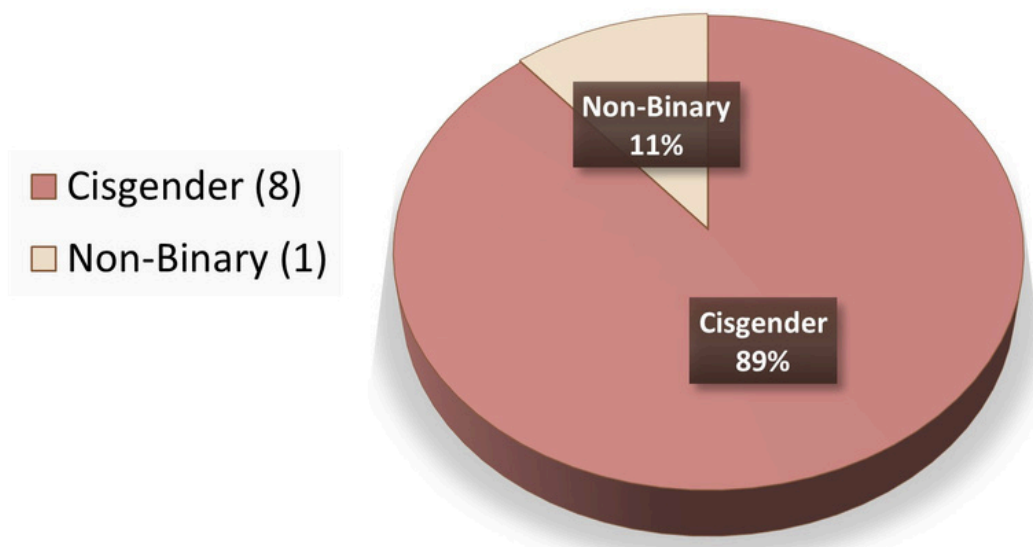


Image 1: Question 1. Gender Identity

Question 2: Sexual Identity

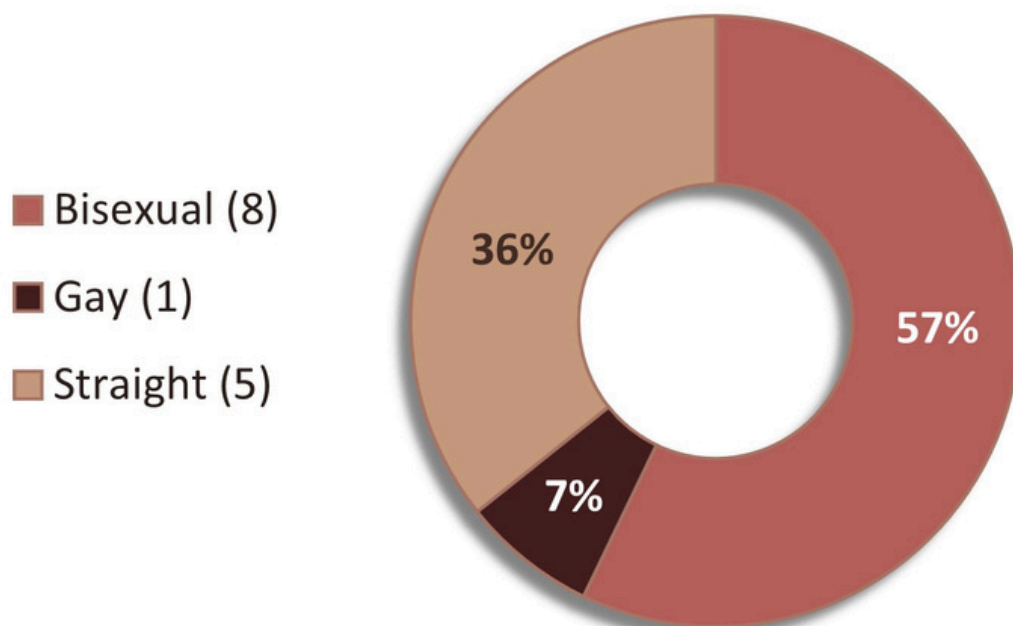


Image 2: Question 2. Sexual Identity



Question 3: Do you identify as a person with a disability?

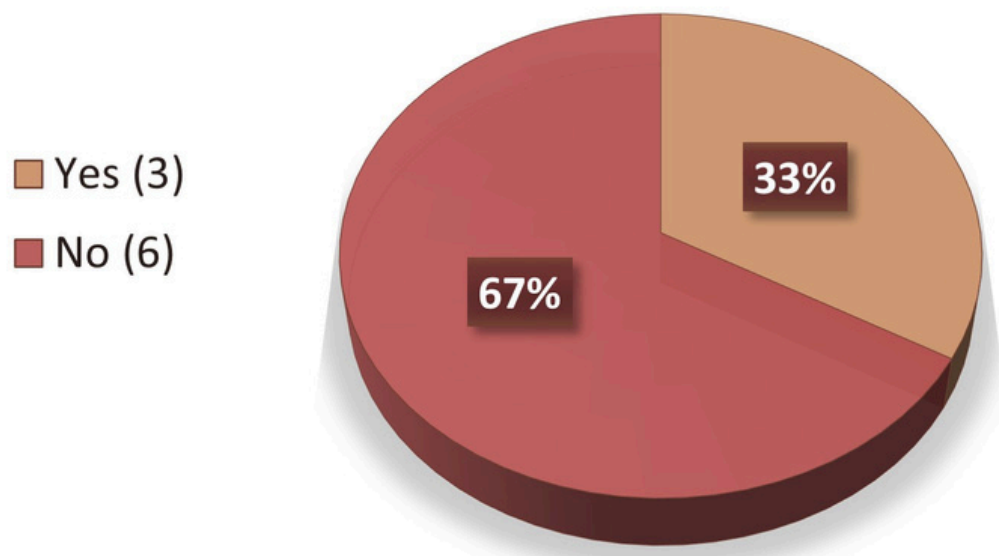


Image 3: Question 3. Do you identify as a person with a disability?



D. Healing Circle Session Follow-Up Survey

Survey Title: Healing Circle Feedback – Project Agape & Ottawa Rape Crisis Centre

Introduction:

Thank you for participating in the Healing Circle designed for Black women and Black gender-diverse survivors. Your feedback is crucial for improving services and support for our community. This survey will gather your experiences and insights to inform recommendations for community organizations and frontline workers in this sector that serve you.

The Healing Circle, in collaboration with the Ottawa Rape Crisis Centre, provides a safe, intimate space where participants can connect, share experiences, and engage in collective healing, rooted in Afrocentric healing practices.

This survey contains three sections about your identity, your lived experiences accessing services for survivors and feedback on the Healing Circles. There are a total of 10 questions and all responses are options. The survey is available in English and French and takes between 5–10 minutes to complete.

Section 1: Demographic Questions

1. What is your gender identity?

- Woman,
- Gender diverse
- Non-binary
- Prefer to self-identify: (open text box)
- Prefer not to answer



2. What is your age range?

- 18–25
- 26–35
- 36–45
- Prefer not to answer

3. What is your nationality? (Open answer)

4. How would you describe your race or ethnicity? (Open answer)

5. Do you currently live in the Ottawa area? If not, what city/town/region do you currently live in?

- Yes, I live in the Ottawa area
- No, I live outside the Ottawa area (please specify)
- Prefer not to answer

6. What best describes your citizenship status?

- a. Canadian citizen (birth)
- b. Canadian citizen (naturalized)
- c. Permanent Resident
- d. Temporary Resident (student visa, permit holder)
- e. Refugee
- f. Other (please describe)
- g. Prefer not to answer





Section 2: Experiences

7. Have you accessed gender-based violence (BGV) support services before?

If yes, do you feel that their response to your identity negatively affected your interactions and/or the level of care you received?

This could include feeling misunderstood or dismissed, microaggressions, stereotyping, etc.

- Yes, I have accessed services with significant negative effect
- Yes, I have accessed services with moderate negative effect
- Yes, I have accessed services with minimal negative effect
- Yes, I have accessed services and feel my experience was not effected
- No, I have not accessed services
- Prefer not to answer

8. Have you accessed any of the following services?

- CALACS francophone d'Ottawa
- Carlington Community Health Centre
- Family Services Ottawa
- Ontario Network of Sexual Assault/Domestic Violence Treatment Centres
- Ottawa Rape Crisis Centre
- The Ottawa Hospital Sexual Assault and Partner Abuse Care Program
- The Sexual Assault Support Centre of Ottawa
- Western Ottawa Community Resource Centre
- Other (please name here)
- Prefer not to answer



9. Did you feel like these services are culturally relevant and responsive?

- (1) Very Dissatisfied
- (2) Dissatisfied
- (3) Neutral
- (4) Satisfied
- (5) Very Satisfied
- Prefer not to respond

10. Do you trust service providers to understand your unique needs as a Black survivor?

- (1) Very Dissatisfied
- (2) Dissatisfied
- (3) Neutral
- (4) Satisfied
- (5) Very Satisfied
- Prefer not to respond

