Rooted in Practice:

Anti-Oppressive Discussion Guide

A companion resource for **Frontline Workers** to accompany the *Rooted in Practice: Reimagining Healing through Anti-Oppression and Embodied Practice Guidebook*

We would like to thank Taylor Newberry Consulting for their work in developing these discussion guides in collaboration with the team at ORCC.

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How to Use This Discussion Guide

This discussion guide is a companion resource to **Rooted in Practice: Reimagining Healing through Anti-Oppression and Embodied Practice.** The Guidebook explores how sexual and gender-based violence is connected to broader systems of oppression, power, and control, and what it can mean to bring anti-oppressive practice into front-line service provision. This discussion guide is intended to help readers move through some of the ideas presented in the Guidebook together, creating space for reflection, dialogue, practice-based learning, and action. The guide invites service providers to **come together in community to think critically about their work, learn from one another, and consider how anti-oppressive commitments can be strengthened in everyday practice**. It also offers a common language, or dictionary, so readers of the guide can start from the same place of understanding of common concepts and terms that are frequently referenced.

Anti-oppressive practice is not something that can be meaningfully taken up through individual reading alone. While self-reflection is important, the work of identifying and interrupting oppressive patterns also requires conversation, accountability, relationship-building, and collective action. Many people working in the anti-violence sector are already navigating complex questions about power, safety, access, identity, trauma, and systemic harm in their day-to-day work.

The purpose of this discussion guide is not to provide a single “right” way to interpret or apply the Guidebook, but rather to support ongoing learning and unlearning. The questions and activities are designed to help participants slow down, notice assumptions, connect theory to practice, and consider how a commitment to anti-oppression can shape everyday decisions- how we listen, how we assess and respond to risk, how we understand safety, how we respond to disclosures, how we document, how we refer, how we supervise, and how we advocate for change.

Who this guide is intended for

This discussion guide is publicly accessible and is intended **for use by front-line workers and organizations across the anti-violence sector**. It can be used in formal or informal learning spaces, including clinical supervision, team meetings, peer consultation groups, communities of practice, staff training, reflective practice sessions, or program planning conversations.

Facilitators are encouraged to adapt the guide to their context while maintaining the spirit of the resource. This may include selecting only the sections most relevant to the group, adjusting the pacing, adding local examples, or pairing the questions with organizational policies, case consultation, or community-specific resources.

Addressing anti-oppression collectively

In anti-gender-based violence work, there is often an understandable **pull toward urgency**. Front-line workers, clinicians, advocates, managers, and supervisors are frequently responding to immediate needs, limited resources, long waitlists, and complex harm. It can be difficult to create time and space to examine the larger systems that shape both violence and service responses. However, without opportunities to critically examine practice, organizations can unintentionally reproduce the very harms they are trying to address. A discussion-based approach creates space to ask harder questions.

This guide is also intended to **support a shift from individual responsibility to shared responsibility**. Anti-oppressive practice cannot rest only on the goodwill or insight of individual workers. It needs to be supported through team dialogue, organizational culture, policies, partnerships, and advocacy. For this reason, the discussion questions invite participants to consider multiple levels of practice: the individual level, the program or organizational level, and the broader systems level.

Creating a Reflective Discussion Space

Before using the guide, facilitators and participants are encouraged to review ***Section III: Anti-Oppression*** *(specifically,* ***"What is anti-oppressive practice?")*** and ***Section IV: Next Steps*** *(specifically,* ***"How can you implement anti-oppressive practice?")***. These sections offer important grounding for thinking about what anti-oppressive practice can look like in front-line service provision, organizational culture, advocacy, relationship-building, and collective action.

The Guidebook addresses topics such as sexual and gender-based violence, oppression, trauma, racism, colonialism, state violence, patriarchy, cisheterosexism, and other forms of harm, discussions may bring up discomfort, grief, defensiveness, or strong emotions. Facilitators are encouraged to create a clear and supportive environment and establish shared expectations for discussion before beginning.

1. **Start each session by naming the purpose of the conversation.** Remind participants that the **goal is not to reach perfect agreement, but to engage honestly, reflectively, and respectfully**. Facilitators may wish to **establish a few shared agreements with the group**, such as listening with care, speaking from one's own experience, making space for different levels of knowledge, noticing defensiveness, avoiding debate about people's lived experiences, and staying open to being challenged.

2. **Clarify confidentiality** at the beginning of the discussion. Participants can be reminded that examples shared in the group should not be repeated outside the space in ways that identify clients, colleagues, organizations, or community members. If clinical examples are discussed, they should be de-identified unless otherwise agreed upon and used only to support reflection and learning.

3. **Offer multiple ways to engage.** For example, participants may be invited to reflect quietly before speaking, write down thoughts before sharing, discuss in pairs or small groups, or pass on a question if they need more time. This can help avoid putting people on the spot, especially when the discussion touches on identity, power, harm, or personal experience.

4. **Creating a supportive space does not mean avoiding discomfort.** Anti-oppressive learning often involves noticing assumptions, sitting with tension, and being willing to examine how harm can be reproduced even when intentions are good. Facilitators can help hold this balance by acknowledging that discomfort may arise, while gently bringing the group back to reflection, accountability, and practice. The aim is to create a space where participants can be both supported and challenged as they consider what anti-oppressive commitments require in their everyday work.

Facilitator Note

Before beginning, it may be helpful to prepare a few shared agreements, a grounding or check-in question, and a plan for bringing the conversation back to practice if it becomes tense or harmful.

Shared agreements might include:

- Speak from your own experience rather than on behalf of a whole community.
- Listen to understand, not to prepare a response.
- Make space for different levels of familiarity with anti-oppressive language and concepts.
- Notice defensiveness, urgency, or the desire to "move on" when discomfort arises.
- Do not debate or minimize people's lived experiences.
- Use de-identified examples when discussing practice, clients, colleagues, or organizations.
- Expect that we may not resolve every question today; the goal is reflection, learning, and accountability.

A grounding or check-in question could be as simple as:

- What is one word that describes how you are arriving today?
- What is one hope you have for this conversation, and one thing you may need in order to participate thoughtfully?

If the conversation becomes tense, take a moment to pause and refocus the discussion. Try saying:

"Let's pause for a moment. I want to bring us back to the purpose of this conversation, which is not to reach perfect agreement, but to reflect on how power and oppression shape practice. What are we noticing right now, and how does this connect to the work we do with survivors?"

Key Concepts from the Guidebook

Facilitator Note:

You may choose which definitions are most relevant to the scenario or conversation.

The following concepts are included to support shared grounding before participants move into the scenarios. These are not intended to replace the fuller discussion in the Guidebook.

What is Oppression?

Oppression refers to systemic patterns of mistreatment and unequal power that restrict people's access to safety, dignity, rights, resources, opportunities, and belonging. Oppression is not only expressed through individual prejudice or harmful behaviour. It is also embedded in policies, institutions, professional norms, service systems, cultural narratives, and everyday practices.

In anti-violence work, this means that survivors' experiences of violence and support are shaped not only by the actions of the person who harmed them, but also by broader systems such as racism, colonialism, patriarchy, cisheterosexism, ableism, classism and state violence which manifest in immigration systems, policing, child welfare, housing systems, and health care.

What is Anti-oppression?

Anti-oppression is an active approach to recognizing, challenging, and transforming the systems, assumptions, practices, and power dynamics that reproduce harm. It requires more than being inclusive or respectful at the interpersonal level. It also involves examining how organizations, institutions, and broader systems may create barriers, reinforce unequal power, or define safety in ways that do not work for all survivors.

In front-line practice, anti-oppression may involve asking different questions, making space for survivors' knowledge of their own safety, recognizing the limits and harms of formal systems, documenting with care, building accountable referral pathways, and identifying where organizational or sector-level change is needed. Other concepts from the Guidebook, including power and control, intersectionality, and structural and state violence, may also be helpful when working through the scenarios. Brief definitions of these terms are included in Appendix A.

How to Use the Scenarios

Each scenario includes two parts:

A: The first version illustrates how oppression can be reproduced in everyday practice. These examples are not meant to blame individual workers. In the majority of cases, the worker is trying to respond supportively within real constraints. The purpose is to notice how harm can still be reproduced through assumptions, standard tools, documentation habits, referral pathways, or organizational routines.

B: The second version offers an example of moving toward anti-oppressive practice. These examples are not perfect solutions. In real life, workers and organizations must navigate legal obligations, limited resources, capacity constraints, funder requirements, organizational policies, and crisis conditions. Anti-oppressive practice does not mean being able to do everything. It means slowing down where possible, asking better questions, recognizing how systems shape people's options, reducing harm, and identifying what can be changed at individual, organizational, and systems levels. It also means reflecting on how our day-to-day decisions, documentation practices, referrals, conversations, and team processes can either keep anti-oppressive commitments alive or allow them to remain only as stated values or policies. The scenarios invite participants to consider what they can notice, question, interrupt, or shift, individually, with colleagues, and as part of a broader organization or sector.

Scenario 1: Safety Planning, Child Welfare, and the Criminalization of Poverty

This scenario explores how racism, poverty, coercive control, child welfare involvement, policing, and documentation practices can shape safety planning with survivors who are also parents. It invites participants to consider how organizations can take children's safety seriously without automatically interpreting material hardship as parental neglect.

A: What can happen in practice

A Black mother with two young children is working with a community-based anti-violence program. She has described experiencing escalating coercive control from her partner. She is fearful to leave because her partner has made threats to report her to local child welfare services if she does. During her appointments, staff notice that sometimes her children arrive in clothing that is not always appropriate; one child's shoes are visibly too big, and the other often repeatedly wears the same outfit that appears unwashed. When asked about how she is doing, the client shares that she is trying to save money separate from her partner, and is living on a limited income. She tells her worker that she does not want police involved unless there is an immediate emergency or threat to her children's wellbeing. She worries that police contact could escalate the situation, involve child welfare who may judge her as an unsafe parent and place her children in custody outside of her home.

The worker validates her concerns and supports her in identifying informal safety options, including identifying a trusted friend or family member, and establishing a code word with her oldest child.

During case consultation, the team discusses the children's exposure to violence, and whether the concerns about clothing and shoes suggest possible neglect. Someone suggests that the file should clearly document that police and child welfare options were reviewed to protect the organization. Another worker asks whether they should document the survivor's reluctance to involve formal systems as a risk factor in her case.

Discussion Questions

1. What assumptions might staff be making about parenting, safety, neglect, and formal systems?
2. How might the organization's concern about protecting itself influence how the survivor's experience is documented?
3. What could be harmful about documenting the survivor's reluctance to involve police or child welfare as a "risk factor" without context?
4. Which protective actions is the survivor already taking?
5. How can workers take the children's safety seriously without equating poverty or material hardship with neglect?
6. What might be different if the team understood police and child welfare involvement as potentially risky, rather than automatically protective?

B: Moving toward anti-oppressive practice

A Black mother with two young children is working with a community-based anti-violence program. She has described this as experiencing escalating coercive control from her partner. She is fearful to leave because her partner has made threats to report her to local child welfare services if she leaves. During her appointments, staff notice that sometimes her children arrive in clothing that is not always appropriate; one child's shoes are visibly too big, and the other often repeatedly wears the same outfit that appears unwashed. When asked about how she is doing, the client shares that she is trying to save money separate from her partner, and is living on a limited income. She tells her worker that she does not want police involved unless there is an immediate emergency or threat to her children's wellbeing. She worries that police contact could escalate the situation, involve child welfare who may judge her as an unsafe parent and place her children in custody outside of her home.

The worker validates her concerns and supports her in identifying informal safety options, including identifying a trusted friend or family member, and establishing a code word with her oldest child.

During case consultation, the team discusses the children's exposure to violence and the concerns about clothing and shoes. Rather than immediately framing these concerns as neglect, the team pauses to consider how poverty, financial control, racism, and fear of child welfare involvement may be shaping the family's situation. They distinguish there is a difference between what appears to be unmet needs and unwillingness to care for the children. They discuss how their client is making steps to keep her children safe, clothed and fed, white remaining connected to their social circle.

The team agrees that documentation should reflect both the seriousness of the violence and the structural context affecting the family. The case notes describe the mother's concerns about police and child welfare as part of her safety assessment, not as refusal, lack of insight, or failure to protect. The notes also document the protective steps she has already taken, the practical barriers she is facing, the supports offered, and any follow-up needed to address the children's immediate needs, like access to a clothing bank, or free childcare.

The team also reflects on its own role. Staff ask whether their usual safety planning tools assume that police, child welfare, or shelter systems are automatically protective, and whether those assumptions fit this family's reality. They identify next steps at multiple levels: immediate support for the mother and children, consultation with culturally relevant community resources, and a broader review of how the organization documents poverty-related concerns so that material hardship is not automatically interpreted as neglect.

Discussion Questions

1. What changed in the second version of the scenario?
2. How did the worker widen the definition of safety?
3. How did the team distinguish between risk, structural barriers, and parental care?

4. How did the documentation approach shift?
5. What did the team identify as within its immediate control?
6. What would require organizational review or longer-term change?
7. What might this look like in your own organization or practice setting?

Scenario 2: Immigration-Related Abuse and the Limits of Standard Safety Planning

This scenario explores how immigration status, legal precarity, isolation, financial control, language access, and fear of state systems can be used as tools of abuse. It invites participants to consider how standard safety planning may miss key risks when immigration-related threats are treated as separate from violence, rather than as part of how power and control are being maintained.

A: What can happen in practice

A survivor who arrived through a refugee pathway is referred to a community-based anti-violence program by a settlement worker. She shares that her partner has been controlling her access to money, transportation, and important documents. He is the only person she knows in Canada. He has also threatened to have her claim discredited by the Immigration and Refugee Board (IRB) if she leaves, telling her he will make sure it is not accepted.

The worker recognizes the seriousness of the violence and begins safety planning with her. They discuss emergency shelter, counselling, legal information, and options if the violence escalates. When the survivor raises concerns about her immigration status, the worker acknowledges that this is important but explains that the organization does not specialize in immigration issues. The worker suggests that they focus first on immediate safety and connect her to immigration support once things are more stable.

The survivor becomes quieter. She says she needs time to think before making any decisions. The worker documents that the survivor appears uncertain about next steps and may need

more time before she is ready to leave. The survivor does not return for her next appointment.

Discussion Questions

1. What assumptions might be embedded in the suggestion to focus on safety first and immigration later?
2. Does the phrase "not ready to leave" accurately represent what the survivor is experiencing? What could more accurately represent her situation?
3. What risks might the survivor be weighing that are not fully visible to the worker?
4. How might documentation either support or undermine the survivor's safety, credibility, and choices?
5. What could the worker have asked differently before moving into a standard safety plan?

B: Moving toward anti-oppressive practice

A survivor who arrived through a refugee pathway is referred to a community-based anti-violence program by a settlement worker. She shares that her partner has been controlling her access to money, transportation, and important documents. He is the only person she knows in Canada. He has also threatened to have her refugee claim discredited if she leaves, telling her that he will report information to immigration authorities, that she could be deported, and that she could lose access to her children.

The worker recognizes that immigration-related threats are not separate from the violence, but part of how the partner is maintaining control. Rather than moving quickly to a standard safety plan, the worker asks what feels most urgent from the survivor's perspective. The survivor explains that before making any decisions, she needs to understand what could happen to her immigration status, whether her partner can actually affect her claim, and what documents she should try to access safely.

The worker explains the limits of their own role but does not treat the immigration concern as secondary. With the survivor's consent, they explore options for connecting with a trusted immigration or legal support service. They also safety plan around documents, communication, transportation, and what information the partner may have access to. The worker asks how the survivor wants the organization to contact her and whether there are any risks related to language interpretation, community visibility, shared service providers, or messages being seen by her partner.

The worker documents the situation in a way that reflects the survivor's context and decision-making. Rather than writing that the survivor is "not ready to leave" or "uncertain about next steps," the notes describe that she is assessing the risks of leaving within a context of immigration-related coercion, financial control, isolation, limited resources, and fear of losing her children. The notes also document the information provided, referrals discussed, safety considerations identified by the survivor, and any follow-up steps she consented to.

After the appointment, the worker reflects on what this situation reveals about their usual safety planning process. They recognize that leaving, shelter, police involvement, legal action, or rapid referral may not be straightforward options for survivors whose immigration status is being used as a tool of abuse. The worker brings this forward as an organizational learning need: the program may need stronger referral pathways with immigration and legal services, clearer internal guidance for these situations, and more support for staff to recognize immigration-related coercion as part of safety planning.

Discussion Questions

1. What changed when the worker asked what felt most urgent from the survivor's perspective?
2. How did the worker stay within their role without minimizing immigration-related safety concerns?
3. How did the worker shift their approach in documenting the survivor's experience?

4. What safety concerns became visible when immigration status, documents, communication, transportation, isolation, and fear of losing children were considered together?

Implementing Anti-Oppressive Practices

Individual practice shifts

Client-facing staff can ask survivors what feels most urgent before moving into a standard safety plan. They can recognize immigration-related threats as part of coercive control, rather than treating them as a separate legal issue to address later. They can also document survivors' decision-making in context, avoiding language that frames careful risk assessment as reluctance, uncertainty, or lack of readiness.

Organizational practice shifts

Organizations can develop clearer guidance for supporting survivors whose immigration status, refugee claim, sponsorship, documentation, or fear of deportation is being used as a tool of abuse. They can strengthen referral pathways with trusted immigration, legal, settlement, and culturally specific services. Organizations can also support staff to understand when a warm referral, anonymous inquiry, interpretation planning, or consultation with a legal partner may be needed.

Systems and sector-level shifts

This scenario points to the need for more integrated responses across anti-violence, immigration, legal, settlement, and housing systems. It also raises broader questions about how immigration systems can be weaponized by abusive partners and how survivors with precarious or uncertain status are often forced to navigate multiple risks at once. Supporting safety in these situations requires both immediate practical support and longer-term

advocacy to reduce the ways formal systems can be used to threaten, isolate, or control survivors.

Scenario 3: Sexual Violence, Credibility, and Rape Myths in Service Responses

This scenario explores how rape myths and "perfect victim" expectations can shape service responses to sexual violence. It invites participants to consider how intoxication, fragmented memory, delayed reporting, knowing the person who caused harm, and distrust of systems may affect whether survivors are seen as credible, both by formal systems and by service providers.

A: What can happen in practice

A survivor contacts a community-based sexual violence program after being sexually assaulted by someone they know. They say they had been drinking that night and do not remember every detail clearly. They are not sure whether they want to report to the police, but they want support in understanding their options and managing the impact of what happened.

During intake, they mention that they have had previous negative experiences with police and health care providers, and that they are worried they will not be believed. They also say they do not want their family to find out. The worker is supportive and reviews available options, including counselling, hospital-based care, and reporting. When the survivor says they are unsure about any formal process, the worker reminds them that it may become harder to preserve evidence or pursue legal options if they wait.

After the appointment, the worker reflects on how easy it would be for the conversation to become centred on alcohol use, fragmented memory, delayed reporting, and legal timelines. While these details may be relevant to some options, focusing on them too heavily can unintentionally echo the same assumptions that often lead survivors to be disbelieved. It can also shift attention away from what the survivor has clearly named: wanting support, privacy, information, and time to decide.

Discussion Questions

1. How might intoxication, fragmented memory, knowing the person who caused harm, or delayed reporting affect how survivors are treated?
2. What might the survivor be communicating when they say they are unsure about formal processes?
3. How might past experiences with police or health care shape their decision-making?
4. What would it mean to offer information clearly without implying that one choice is better than another?

B: Moving toward anti-oppressive practice

A survivor contacts a community-based sexual violence program after being sexually assaulted by someone they know. They say they had been drinking that night and do not

remember every detail clearly. They are not sure whether they want to report to the police, but they want support in understanding their options and managing the impact of what happened.

The worker begins by affirming that not remembering every detail does not make the assault less serious or make the survivor less credible. They also make clear that drinking, knowing the person who assaulted them, or being unsure about reporting does not make the survivor responsible for what happened.

Before reviewing formal options, the worker asks what feels most important to the survivor right now. The survivor shares that they want to understand whether they need any medical care and how they might protect their privacy moving forward. They are concerned they will not be believed, and they want to make sure they have enough time to decide what they want to do next. The worker then reviews available options, including counselling, hospital-

based care, forensic evidence collection, reporting, and not reporting, in relation to the survivor's stated priorities.

When discussing time-sensitive options, the worker is transparent without creating pressure. They explain that some options may have timelines attached to them, and that the survivor deserves to have that information, while also making clear that they do not have to make any decisions in the moment. The worker checks in about how the information is landing and asks whether the survivor wants to continue, pause, or return to any part of the conversation later.

The worker also acknowledges that formal systems are not experienced as safe or supportive by all survivors. They ask what concerns the survivor has about police, health care, family, privacy, and being believed, and they use those concerns to guide the conversation. Rather than treating hesitation as avoidance or lack of readiness, the worker understands it as part of the survivor's assessment of what feels safe, possible, and supportive in their own context.

After the appointment, the worker reflects on how their role is not only to provide information, but to offer that information in a way that protects the survivor's dignity, credibility, and sense of choice. They consider how intake options, counselling, and documentation can either reproduce rape myths and "perfect victim" expectations, or help interrupt them by centering the survivor's account, priorities, and decisions.

Discussion Questions

1. What stands out to you about the worker's response in this version?
2. What assumptions could shape how this interaction unfolds?
3. What would make this kind of response easier or harder in your own practice setting?

Scenario 4: Optional Reflection

This exercise allows you to explore a situation that occurred in your place of work, and how as a team you might have addressed it differently. It is likely that there were instances where you supported a client to the best of your ability, but now in retrospect there could have been a different approach to service delivery. As a team, brainstorm a situation that could benefit from this reflection, and discuss alternative approaches rooted in anti-oppression.

Discussion Questions

1. Why did you choose this situation to unpack? What makes it particularly relevant for your organization, and why is it timely to revisit it?
2. What does an anti-oppressive approach to this situation look like? What implications does this have for other parts of your practice, or service delivery model?
3. What potential changes would you suggest to policies and procedures to ensure as an organization commitments to anti-oppressions are more easily made, and executed on?

Appendix A

Power & Control	Power and control are central to sexual and gender-based violence, but they do not only operate within individual relationships. Power and control can also show up in service systems, documentation practices, eligibility criteria, risk assessment tools, mandatory reporting processes, shelter policies, funding requirements, and assumptions about what survivors "should" do. An anti-oppressive approach asks workers to consider both how a perpetrator may be using power and control and how systems may unintentionally reproduce control over survivors' choices, stories, bodies, families, identities, and pathways to safety.
Intersectionality	Intersectionality helps us understand how different systems of oppression overlap and shape people's experiences in specific ways. A survivor's experience of violence and service access may be shaped by gender, race, Indigeneity, immigration status, disability, poverty, sexuality, gender identity, language, age, criminalization, housing status, or past experiences with state systems. An intersectional approach does not treat one part of a survivor's identity as the "main" issue while ignoring the others. Instead, it asks how multiple systems are operating together and how support can respond to the whole context of a survivor's life.
Structural & State Violence	Structural violence refers to the ways social, political, and economic systems create harm by limiting access to resources, safety, health, housing, legal protection, and other conditions needed to live with dignity. State violence refers to harm caused or reinforced by state systems, including policing, immigration enforcement, child welfare, prisons, courts, involuntary mental health systems, and other institutions with the power to surveil, punish, remove, detain, or control people. In anti-violence work, these systems may sometimes be sources of protection, but they may also be sources of fear, harm