



BUILDING SUPPORTS FOR THE
GENDER-BASED VIOLENCE
WORKFORCE



Ending
Violence
ASSOCIATION OF CANADA

ROADMAP

TO A STRONGER GENDER-BASED VIOLENCE WORKFORCE

MARCH 2024



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Aja Mason, Yukon Status of Women Council

Deb Tomlinson and Corinne Ofstie, Association of Alberta Sexual Assault Services

Jenn Gorham, Sexual Violence New Brunswick

Kate Rossiter, Ending Violence Association of British Columbia

Pamela Uppal, Ontario Nonprofit Network

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Report Authors:

Samantha Fernandes, MSW, RSW

Stephanie Lanthier, PhD (c), MEd

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The Ending Violence Association of Canada (EVA Canada) is a national non-profit that works to amplify the collective voice of those who believe it is possible to end sexual and gender-based violence. Through research, policy-change and advocacy, EVA Canada works collaboratively with gender-based violence organizations from coast to coast to coast, and serves as an umbrella organization for provincial/territorial sexual violence networks, as well as other community-based organizations committed to ending sexual and gender-based violence.

The Ending Violence Association of Canada acknowledges that the work it does in Ottawa takes place on the traditional, unceded territories of the Algonquin Anishnaabeg people.

Ending Violence Association of Canada

Address: 1903 – 130 Albert St., Ottawa, Ontario

Phone: 613-290-2070

Email: info@endingviolencecanada.org

Website: endingviolencecanada.org

Social Media: [@endingviolence_canada](https://www.instagram.com/endingviolence_canada)



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ASSOCIATION OF CANADA

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**BUILDING SUPPORTS FOR THE
GENDER-BASED VIOLENCE
WORKFORCE**



Introduction

The *Roadmap to A Stronger Gender-Based Violence Workforce* is the culmination of intensive work conducted between 2022 and 2024 through the Ending Violence Association of Canada's (EVA Canada) Building Supports for the Gender Based Violence (GBV) Workforce project, funded by Women and Gender Equality Canada. Informed by the voices of GBV workers, experts in the GBV field, academic research and grey literature, the *Roadmap* outlines a path forward to strengthen the health and wellbeing of the GBV workforce.

For too long the GBV workforce in Canada has been struggling, and for too long the workforce has been thought of as a 'footnote' to client outcomes rather than being recognized as a priority (Wendt et al., 2020). There is an urgent need for systemic change to strengthen the wellness of GBV workers through improving their working conditions.

All GBV workers require decent working conditions. Strong GBV workers are imperative to creating the conditions in which strong survivors can recover and thrive, and where the necessary work of intervention and prevention can be carried out to eventually end GBV.

Background

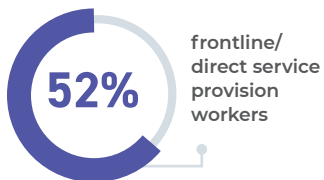
Gender-based violence (GBV) has been declared an epidemic across jurisdictions, including many regions in Canada. UN Women defines GBV as harmful acts directed at an individual or a group of individuals based on their gender, suggesting that these acts are rooted in gender inequality, the abuse of power and harmful norms. GBV encompasses a range of violent acts including, but not limited to, intimate partner or domestic violence, family violence, sexual violence, human trafficking, or violence against 2SLGBTQIA+ populations.

Despite vital work responding to the GBV epidemic, the GBV workforce in Canada remains largely invisible and their work little known.

While there is currently no agreed upon definition of the GBV workforce in Canada, we define it broadly, as including individuals who provide or support: acute and longer-term recovery and/or other services for those impacted by GBV; prevention programming; interventions for perpetrators; and education, advocacy, policy, and research related to GBV. We contend that an integral component of being a (un)paid GBV worker is routine exposure to survivors or perpetrators of various forms of GBV; the stories of survivors or perpetrators of GBV; and/or the trauma caused by GBV.

What do we know about the GBV workforce?

GBV work is carried out in domestic violence shelters, within community-based sexual assault centres, multi-service organizations, Indigenous organizations, settlement services, advocacy organizations and in healthcare, campus, and criminal justice settings, among others. A significant proportion of the work includes those who are on the 'frontlines', providing services directly to survivors and/or their loved ones, or in fewer cases, interventions for perpetrators (Wood et al., 2020). However, GBV work also includes countless other functions.

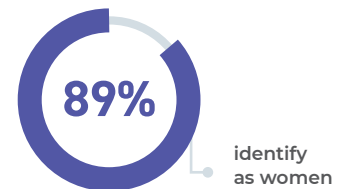


Responses to the recent *EVA Canada's National Questionnaire on the GBV Workforce in Canada*¹ from 400+ self-identified GBV workers in Canada found that just over half (52.2%) of these workers reported engaging in frontline or direct service provision.

Other types of work included roles in management (21%), education, training, or prevention (15%), administrative/reception (4%) and policy/research (2%). In addition, some respondents identified working as board members, fundraisers, or custodial staff.

Studies indicate that the GBV workforce has traditionally been and continues to be woman-majority (Rossiter et al., 2020; Wendt et al., 2020; Wood et al., 2020; Voth Schrag et al., 2022).

The findings of the EVA Canada GBV Worker Questionnaire support this finding with **89%** of respondents identifying as women, **6.7%** as gender non-binary and **3.1%** as men. While **29.7%** of respondents indicated they did not belong to any equity-seeking groups, **26.6%** self-identified as 2SLGBTQIA+ and close to one quarter self-identified as BIPOC² (**22.2%**).



These demographic characteristics of GBV workers are in line with more recent studies conducted in the USA among the intimate partner violence and sexual violence workforces and in Australia among the domestic and family violence workforces (Rossiter et al., 2020; Wendt et al., 2020; Wood et al., 2020; Voth Schrag et al., 2022).

A unique facet of the EVA Canada analysis however, found that a significant minority of the Canadian GBV workers who responded to the GBV Worker Questionnaire indicated identifying with more than one equity-seeking group.

For example, of the **26.6%** of respondents who indicated identifying as 2SLGBTQIA+, **8.9%** identified with least one other marginalized group, **3.6%** identified with two others, and **1.9%** identified with three or more.



¹ For details on the questionnaire, methodology and analyses please see Appendix D

² Black, Indigenous, People of Colour

What do we know about challenges facing the GBV workforce?

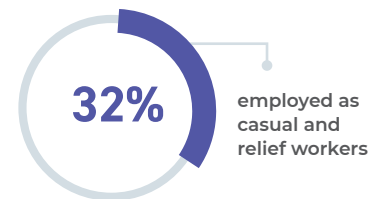
Research suggests that due to persistent inadequate funding by government(s) many GBV work settings contend with limited resources, high workloads, low pay relative to similarly skilled work, job precarity and limited or lack of health and pension benefits (Rossiter et al., 2020, Wendt et al., 2020; Wood et al., 2020; Voth Schrag et al., 2022)



Studies further suggest that many GBV workers are precariously employed (Maki, 2019).

For example, work done by Women’s Shelters Canada found that among domestic violence shelter workers, roughly half were reported to be full-time workers, while 32% were employed as casual and relief workers (Maki, 2019).

The GBV sector has further been reported to face high turnover and difficulty with recruitment and retention. In an American study, participants who had left the GBV sector cited doing so due to low wages, few opportunities for promotion and not having the tools (supports and services) or systemic supports available to help their clients (Merchant & Whiting, 2015).



The sentiment that it is “the system, not the victim” that creates challenges within the GBV sector is commonly reported by GBV workers.

Studies report an association between systemic challenges and an erosion of well-being among GBV workers (Voth Schrag et al., 2023). GBV workers carry out their work within a societal context that often minimizes or denies GBV and devalues the skilled and complex work they do. Qualitative comments from the EVA Canada GBV Worker Questionnaire support findings of an association between systemic challenges and an erosion of worker wellbeing.

For example, one GBV worker commented:



“The lack of resources and the gaps in the system that creates more difficulty for victims is what mainly affects my mental health negatively” while another suggested that “the impact of systemic inequities and the devaluation of this field of work have a significant impact on my mental health, and my sustainability in this work.”

What do we know about GBV worker wellbeing?

The evidence is clear that GBV workers face significant occupational stress as they are exposed to trauma as part of their daily routine work (Rossiter et al., 2020).



Antony et al., (2020) describe occupational (or operational) stress injuries as encompassing:

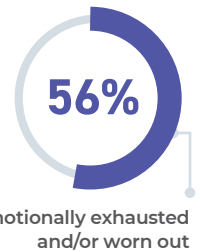


“a broad range of psychological and other conditions resulting from duties performed on the job that interferes with a person’s professional and personal life, including anxiety, depression, and post-traumatic stress disorder.”

Occupational stress injuries experienced by GBV workers and others working within woman majority fields are often referred to using ‘feminized’ language (e.g., compassion fatigue) which may act to downplay the seriousness of these health, safety, and wellness concerns.

Research shows GBV workers experience compassion fatigue, vicarious trauma, secondary traumatic stress, burnout and moral distress.

Results from the EVA Canada GBV Worker Questionnaire found that over half of respondents (**56%**) agreed that they often feel emotionally exhausted and/or worn out due to their work, while **26.7%** of respondents disagreed. A further **39%** agreed that the exposure to the trauma of others negatively impacted their mental health.



While EVA Canada’s GBV Worker Questionnaire did not ask respondents about physical and psychological violence, research has shown that GBV workers sometimes face direct violence and micro-aggressions within their work. A recent study found that experiencing microaggressions at work was associated with compassion fatigue specifically among workers in the areas of intimate partner violence and sexual assault (Schrag et al., 2022). Taken together, the evidence is clear that GBV work is demanding, complex, and often unsafe, leading to occupational stress and an erosion of worker-wellbeing.

The Building Supports for the Gender-based Violence Workforce Project

The Building Supports for the Gender-based Violence Workforce Project (henceforward referred to as the GBV Worker Supports Project) spanned from January 2022 until March 2024. The work of this project was carried out within the larger context of the body of work being done across the country on worker wellbeing.

Through the project, EVA Canada in consultation with an expert advisory committee built a network of organizations committed to addressing the challenges in the GBV sector and engaged in multiple dialogues on the health and wellbeing of the workforce. The project laid the groundwork for the *Roadmap to a Stronger GBV Workforce* and consequently, many of the artifacts produced during the project will be introduced, and referred to, in this document.



Navigating the Roadmap

This document includes multiple pieces of work that arose out of the GBV Worker Supports Project, which are included in the Appendices. Each of these documents can be used within the context of the *Roadmap* report or on their own for the purposes of advocacy within the sector.

They include:

- **Appendix A:** Synthesis of systems-level recommendations to strengthen the health and wellness of the GBV workforce in Canada.
- **Appendix B:** Mapping our collective knowledge
- **Appendix C:** Case scenarios
- **Appendix D:** Findings from EVA Canada's National Questionnaire on the Gender-Based Violence Workforce in Canada
- **Appendix E:** Charting the Vision for the Gender-Based Violence (GBV) Workforce

Throughout this document, **comments made by GBV workers from across the country can be found in green boxes.** These are comments submitted by workers in response to EVA Canada's GBV Worker Questionnaire in the summer of 2023. These voices from the sector represent the lived experiences of people doing the work on a day-to-day basis, many of whom have committed their professional lives and careers to ending GBV. The comments illustrate the practical realities and struggles of workers on the ground and demonstrate how they relate to the systemic factors and sector-wide concepts outlined in this report.

Throughout the report readers will also find intermittent **blue boxes which feature examples of work that is currently being done or recently completed** in various parts of the country that relate to an associated pathway or landmark (e.g., roadmap outcomes which will be discussed in more detail below). While the work of the *Roadmap* will take many years to complete, there are many organizations across Canada who are already engaged in work that fits well within the overall plan. This is to show that work is underway, and future work can take ideas from, and build on these initiatives.

Finally, this document also references case scenarios (these can be found in Appendix C). These are fictional stories of people in the GBV workforce but are based on the lived experience of workers in community settings. They will be referenced in the hopes of providing concrete examples of the concepts we will be discussing here.



Definitions/Terms

Through the Building Supports for the GBV Workforce project, several definitions were laid out to help us better understand and refer to the concepts involved. These working definitions are outlined here to help provide clarity for the concepts presented in this report. However, it is important to note that since GBV work is varied, these definitions may not be all-encompassing, and exceptions may exist that are not accounted for here.

Gender-based Violence (GBV) – Harmful acts directed at an individual based on their gender identity, gender expression, or perceived gender. This includes psychological, emotional, spiritual, financial, physical, sexual, and other types of abuse. GBV may take multiple forms, including intimate partner violence (IPV), femicide, sexual assault, human sex trafficking, female genital mutilation, and many others.

GBV worker/anti-violence worker – These terms are often used interchangeably to refer to anyone whose paid/unpaid work in Canada routinely exposes them to survivors or perpetrators of sexual/domestic/gender-based violence, the stories of survivors or perpetrators of sexual/domestic/gender-based violence, and/or the trauma caused by sexual/domestic/gender-based violence. GBV workers are sometimes referred to as anti-violence workers and may include (but are not limited to) counsellors, advocates, administrative and management staff in GBV programs, crisis line volunteers, researchers studying GBV, Sexual Assault Nurse Examiners, and many others.

GBV front-line worker – Workers whose roles are specifically focused on providing direct support services to survivors or perpetrators of GBV, and in some cases, their loved ones. This could take the form of one-to-one or group counselling support, advocacy, assistance with basic needs such as housing, or finances, and even legal support. While many professionals from many different backgrounds may engage in GBV work and support survivors as a part of their roles (e.g., nurses in community health clinics, settlement workers, homeless shelter staff), GBV front-line workers are hired solely to support survivors or perpetrators of GBV, where the focus of the work is on recovery from or prevention of GBV.

Wellness/wellbeing – A holistic approach to wellness is used here, one that acknowledges the impacts of all realms of a person's life on their wellbeing (including physical, psychological, emotional, spiritual, social, financial, political, etc.). While these dimensions of wellbeing are directly affected by individual life circumstances (i.e. job loss, death of a family member), wellbeing is also unavoidably impacted by the broader socio-economic and political context. These impacts vary depending largely on individuals' intersectional realities and their relationships to their contextual environment, which may include racism, colonialism, misogyny or other forms of structural injustice. Our approach to wellbeing acknowledges people's intersectional realities and the interconnectedness of personal wellbeing with larger societal structures.

Purpose

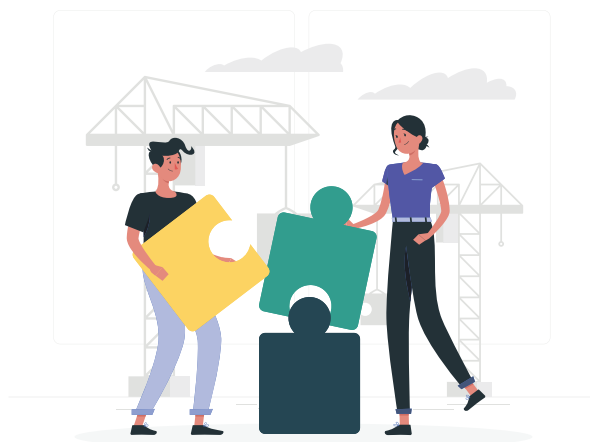
The purpose of developing the *Roadmap to a Stronger GBV Workforce* is to outline a path forward to generate the political will and investments necessary to strengthen the health and wellbeing of the GBV sector.

The GBV workforce is struggling, and these struggles have been exacerbated within the post-COVID period. Many service providers note that the landscape of service needs have changed to become more complex, demanding, and high risk. GBV workers are unable to keep up with the demand, and organizations struggle to retain skilled staff to do the work that is necessary to assist survivors, let alone the vital work of prevention and interventions for perpetrators. Without a plan to improve conditions in the workforce we risk reaching a critical point where the sector can no longer meet the needs of survivors, where perpetrators are not held accountable and marginalized populations are left behind.

A sustainable and well-resourced GBV sector will ultimately lead to stronger survivors and safer communities.

This *Roadmap* is focused on systems level solutions. More traditional approaches to improving worker wellness have focused on individual worker or organizational level actions, without acknowledging that what happens at the systems level creates the conditions in which worker or organizational level change either succeeds or fails. For example, GBV workers are often told to engage in 'self-care' to mitigate occupational stress. Often however, the act of self-care requires access to fair compensation, paid sick days or health benefits that cover the cost of counselling or therapy services; supports that many workers lack access to. In this example, increased government funding for the sector at the systems level would give organizations the resources they need to provide workers with adequate compensation, health benefits and paid sick days. This in turn would allow workers to access self-care supports to treat occupational stress.

While many politicians have spoken about their desire to end GBV, the piecemeal measures that have been taken are largely inadequate to meet this goal. Bringing an end to something as pervasive as GBV will require systemic changes and a long-term investment of resources dedicated to both those impacted by GBV *and* those who dedicate their professional lives to supporting them. If we wish to progress beyond political talking points and act to better support victims/survivors, we must commit to a coordinated, long-term plan of action, such as the one outlined in this *Roadmap*.



Methodology

As noted in the introduction, the *Roadmap to a Stronger GBV Workforce* is a culmination of work conducted between 2022 and 2024 through the Building Supports for the GBV Workforce project.

To build the *Roadmap*, we gathered evidence to inform its development. This process included summarizing and analyzing key systems level recommendations for improving the wellness of the GBV workforce in Canada through a scan of existing research reports, advocacy tools and policy recommendations (e.g., grey literature documents), the collection and analysis of data provided by over 400 GBV workers from across the country through a short questionnaire developed by EVA Canada, and consultations with experts and other key informants from across Canada. The advisory committee for the GBV Worker Supports project provided expert advice and feedback throughout the duration of the process.

The Roadmap to a Stronger GBV Workforce

Without a healthy, well-resourced workforce, the goal of ending GBV, which the federal government has committed to, cannot be realized. Our vision is a strong resilient and stable GBV workforce (for more detail please see Appendix E). This *Roadmap* details the steps that need to be taken to move the GBV sector towards this vision. With sufficient time, effort and resources put towards carrying out these actions, Canada may finally be able to achieve the robust and resilient sector it needs to move us towards ending GBV.

VISION

A strong, resilient, and stable GBV workforce (for more detail, please see Appendix E).

MISSION

Our mission is to strengthen the GBV sector to enable it to adequately support survivors of violence while providing decent work for those in the field of GBV. We aim to enhance the profile of the GBV sector and secure the resources needed for the GBV workforce to do their best work and keep communities safe. We believe that stronger workers lead to stronger survivors.

GOALS:

- To secure adequate and stable funds and resources for the sector that allows for comprehensive and equitable GBV supports for communities across Canada.
- To secure the provision of occupational health, wellness and safety supports for all GBV workers in Canada that ensure optimal psychological, emotional and physical wellbeing.

PRINCIPLES:

Throughout the GBV Worker Supports Project, many dialogues were carried out with partners in the GBV sector about needed changes for the workforce. One thread that ran through all conversations and discourse was the need for the work ahead to be aligned with intersectional feminist principles using a GBA+ analysis. Best practice in GBV work means operating from a perspective that aims to centre the needs of marginalized populations and understand the diverse needs of communities from a trauma-informed perspective. Using a GBA+ analysis also means that we strive to embrace decolonization of our practices, diversity, equity and inclusion.

In the development of the *Roadmap*, and in the work ahead, we are intentional in using an approach that is inclusive and collaborative with survivors, communities, and partners, rather than one that is exclusionary or competitive.

Our approach values lived experience and different ways of knowing, including intuitive/emotional knowledge, as well as interpersonal, experiential learning. At the same time, we understand that the use of these ways of knowing must be reconciled and balanced with evidence-informed decision-making. The convergence of different ways of knowing is embedded into much of GBV practice. Embracing these principles during the implementation of the actions outlined in the *Roadmap* will ensure that we stay true to the values that guide GBV work itself. We endeavour to do right by the many GBV workers in this country who base their work on these principles and honour the survivors whom we strive to support.



Pathways and Landmarks

Five 'pathways' have been identified in this *Roadmap*, as outlined by the diagram below. Along these pathways are multiple 'landmarks', each of which outlines a different piece of work that needs to be realized that will move us closer to our vision of creating a strong, well-supported GBV workforce.

It is important to note that it is not necessary to carry out these steps in the order they are listed. Much of this work is multi-faceted and pieces of the work may unfold in various ways or be undertaken at different times by several different parties (examples of which are highlighted in the blue boxes found throughout this document). What will be crucial, however, will be to avoid duplication of work, and to ensure that work done across the sector is complementary with each other in filling in the pieces of this roadmap.

The five pathways, each of which is described along with their associated landmarks below, include:

- A** Create a workforce identity and build collective visibility for the GBV workforce
- B** Build capacity in the GBV sector to collectively shape and influence policy, funding decisions, and systems that impact the GBV workforce
- C** Build foundational elements needed in a labour force strategy, and develop a strategy specific to the GBV workforce
- D** Take action to educate about and implement the GBV workforce strategy
- E** Build strong infrastructure and pathways within the GBV sector that allow for ongoing knowledge-sharing, nurturing of relationships, and communities of support for the workforce

Create a workforce identity and build collective visibility for the GBV workforce.

- Understand what GBV work is and who GBV workers are through research and data gathering
- Define core competencies, skills and knowledge used by GBV front-line workers
- Identify how GBV front-line workers acquire the skills and competencies needed for this work
- Create and execute a plan to change attitudes about GBV work with partners, decision makers and the general public, and build the professional profile of the workforce
- Create avenues to bring GBV workers together from across Canada to develop a sense of identity and solidarity



Build capacity in the GBV sector to collectively shape and influence policy, funding decisions, and systems that impact the GBV workforce.

- Identify organizations and partners with related interests who can contribute to collective policy efforts
- Build strong, sustainable relationships as a foundation to collective work
- Develop collective priorities and common goals for strengthening the GBV workforce
- Formulate advocacy and communications strategies to advance common goals
- Facilitate ongoing joint work and engage in collective action

Build strong infrastructure and pathways within the GBV sector that allow for ongoing knowledge-sharing, nurturing of relationships, and communities of support for the workforce

- Cultivate and maintain resource sharing networks and pathways across the GBV sector
- Build a data strategy across the GBV sector that facilitates information sharing and evidence-informed practice
- Normalize the implementation of best practices that support cultures of collective care within GBV work, allowing for supportive, sustainable work environments

Take action to educate about and implement the GBV workforce strategy

- Educate about and distribute workforce strategy to key stakeholders and sector partners
- Secure endorsements and commitments from federal, provincial/territorial and national-level actors
- Build a champion network of key advocates, allies, and stakeholders to sustain efforts to enact systems change and maintain momentum
- Pilot the GBV workforce strategy and evaluate outcomes

Build foundational elements needed in a labour force strategy, and develop a strategy specific to the GBV workforce.

- Identify the true cost of adequately and equitably funding GBV work
- Identify key factors that would improve working conditions for workers in the sector and strategies to address them
- Define and document the risks of GBV work and outline measures needed to address them
- Assemble a cohesive pan-Canadian workforce strategy that will cultivate a strong, sustainable GBV workforce

DESTINATION
A Strong, Resilient, Stable GBV Workforce



Pathway A: Create a workforce identity and build collective visibility for the GBV workforce.

Throughout the progression of the GBV Worker Supports Project, one theme that became clear is that a collective identity for the GBV workforce in Canada is lacking. GBV work across the country has been largely siloed and carried out in a myriad of ways across various communities. Nevertheless, while differences may exist in terms of specific GBV programs, situational circumstances and community needs, there are core elements of the work that often remain the same.

Landmarks along Pathway A:

- 1 Understand what GBV work is and who GBV workers are through research and data gathering.
- 2 Define core competencies, skills and knowledge used by GBV front-line workers.
- 3 Identify how GBV front-line workers acquire the skills and competencies needed for this work.
- 4 Create and execute a plan to change attitudes about GBV work with partners, decision makers and the general public and build the professional profile of the workforce.
- 5 Create avenues to bring GBV workers together from across Canada to develop a sense of identity and solidarity.

1 Understand what GBV work is and who GBV workers are through research and data gathering

As laid out previously, GBV work is performed in various settings. It entails any work that is directly or indirectly related to supporting victims, survivors or perpetrators of violence and sometimes includes extended family members. While many different types of professionals may engage in GBV work from time to time, GBV workers provide support to survivors/perpetrators as the main focus of their work or are immersed in GBV issues on a daily basis, providing support, advocacy and sometimes, life-saving services. These may include crisis line workers, women's shelter staff, GBV researchers, or front-line advocates and management staff, among others.

While EVA Canada's GBV Worker Questionnaire provided some valuable data, more research needs to be done to understand the demographics of this workforce, the scope of what they do, and how they operate. Qualitative and quantitative studies need to be carried out to better understand the nature of the workforce and its composition.



The case scenarios outlined in appendix C provide examples of roles played by GBV workers in various settings including in shelters, crisis services, community-based non-profits and sexual assault centres, as well as in various subsectors such as the settlement and legal sectors. While these are not real stories, nor an exhaustive list or worker roles, they provide examples of the breadth and scope of GBV work, and the diversity of roles workers can play, as well as the various ways they can be impacted by their jobs and working conditions.



“The impact of systemic inequities and the devaluation of this field of work have a significant impact on my mental health, and my sustainability in this work.”

2 Define core competencies, skills and knowledge used by GBV front-line workers

To clearly define the work done by the GBV workforce, we need to start by better identifying the competencies, skills and knowledge that are used daily by GBV workers. While professionals from many fields of practice can engage in GBV work, GBV workers are skilled at understanding risk factors, performing risk assessments (either formal or informal), safety planning, active listening, case management, supportive counselling, and advocacy.

All these skills are needed across the sector, whether working with survivors/perpetrators of sexual violence, intimate partner violence, honour-based violence, or other types of GBV. While some of these require formal training (i.e., learning to administer validated risk assessment tools), others are capacities that may be learned on the job and performed on an informal basis (i.e., safety planning). For example, front-line GBV workers often listen for signs of danger in client stories and constantly assess for further safety needs. More work needs to be done to understand how workers do this work and to formally identify the best practices undertaken to keep clients safe.



One piece of work that has begun this process is “Recognizing Critical Expertise: A Knowledge and Skills Framework for Intimate Partner Violence Specialists” (Centre for Research & Education on Violence Against Women & Children). This report begins to identify common competencies shared by workers across the field of Intimate Partner Violence (IPV). As the report says, “IPV specialists have a clear understanding of the skills and knowledge needed in their work. This specialized expertise has been developed over time by specialists themselves, alongside those with lived experience of IPV. However, these knowledge and skills are not generally written down. We believe that articulating the knowledge and skill sets needed for IPV work is key to it being recognized as a specialization”.

While the “Recognizing Critical Expertise” report focuses on one type of GBV (intimate partner violence), there are many skills and competencies shared by GBV workers across the sector as well as those that may be unique to specific sub-sectors of GBV (e.g., sexual violence). Identifying these will be a crucial step towards understanding the role that GBV workers play in keeping communities safe and acknowledging the value of the sector as a whole.

3 Identify how front-line GBV workers acquire the skills and competencies needed for this work



“The work in a shelter really requires a degree at this point due to complex needs and co-occurring disorders that clients present with. However, the pay scale at shelters does not attract anyone with a degree, or keep them for long if they do have one.”

Post-secondary programs to train social service professionals such as social workers and therapists often include limited GBV knowledge. Few professional/academic training programs offer a specialization in GBV that would equip students to immediately and effectively work with GBV survivors.

A large portion of training necessarily happens on the job, with new graduates needing to be mentored for months or even years before they can confidently and effectively support clients experiencing GBV. Through the GBV Worker Supports Project, we have heard many community GBV organizations describe their programs as “training grounds” for new graduates, who start their careers in GBV roles learning and honing their skills, before moving into higher paying roles in the public sector. Clearly the knowledge and expertise that staff gain doing this work is valuable, however, the working conditions in these roles are often unsustainable, leading to struggles with worker retention. To build a strong, sustainable GBV workforce, it will be necessary to cultivate formalized training programs on GBV that are well known and recognized, and to balance formalized training with the application of practical on-the-job training.

4 Create and execute a plan to change attitudes about GBV work with partners, decision makers and the general public, and build the professional profile of the workforce



“Providing education to community, stakeholders, and policy makers is demoralizing - it has felt like stepping back in time, and we are being met with increased misogynistic views of policy makers, and it’s so disheartening that we are still at a spot where we have to educate them on what GBV is, and the prevalence, when we have already been doing that for 50 years.”

Throughout the GBV Worker Supports Project, it became clear that the understanding of GBV work by parties outside of the GBV sector is often cloudy at best, or non-existent at worst. Prevailing harmful attitudes about GBV persist, and these are often reflected in the dismissive attitudes received by GBV workers who support survivors and work with perpetrators. In the eyes of the general public, GBV work is often not viewed as an established profession or an area of expertise, resulting in a lack of understanding of who workers are and what they do, consequently rendering the work undervalued and invisible.

Education and awareness campaigns are needed to build the profile of the workforce for the general public, with the intention of shifting attitudes and understanding the role GBV workers play in keeping communities safe. Awareness raising is especially important for sector partners who work with GBV survivors and perpetrators on a regular basis (i.e., law enforcement, mental health services, child protection, etc). Work is needed in these sectors to shift perspectives towards understanding how GBV work intersects with other realms of work, and the important skill sets that GBV workers bring to the table. Additionally, education is needed with funders, policymakers, and decision makers to shape attitudes around the value that the GBV sector brings to the community and the vital need for this life-saving work.

5 Create avenues to bring GBV workers together from across Canada to develop a sense of identity and solidarity



“The work is isolating, and there is never enough of a team/support network to properly and safely debrief.”

GBV work is often done in isolation, and this is especially true in smaller, rural communities. There is little cohesion amongst the workforce across various provinces and territories, and the structures of GBV programs vary greatly across the country. If we are to move towards building a healthy and resilient workforce, we need to find ways to bring workers from the sector together to allow for knowledge sharing, solidarity, and the creation of a collective identity. Avenues such as cross provincial/territorial training opportunities, communities of practice, or the building of professional associations and networks need to be expanded. Provincial/territorial associations that currently exist need to be strengthened, and opportunities for uniting worker voices need to be explored.



The YWCA has created a Violence Against Women (VAW) Staff Network consisting of VAW staff from across the country. This network is a community of practice that is open to all VAW workers in Canada and allows for training opportunities to be shared, providing a space for workers to come together to learn and engage in professional development. More information can be found here: <https://ywcacanada.ca/what-we-do/projects-initiatives/violence-against-women-staff-network/>

B Pathway B: Build capacity in the GBV sector to collectively shape and influence policy, funding decisions, and systems that impact the workforce.

Advocating for the wellbeing of the GBV workforce is no small task and will require a sustained, coordinated, and collective effort. Given that the GBV sector across the country has limited opportunities to come together and organize, it will be vital to provide collective spaces for those invested in improving conditions for workers. This building of collective capacity will be essential if we are to influence funding structures and shape policy to improve the wellbeing of GBV workers.

Landmarks along Pathway B:

- 1 Identify organizations and partners with related interests who can contribute to collective policy efforts.
- 2 Build strong, sustainable relationships as a foundation to collective work.
- 3 Develop collective priorities and common goals for strengthening the GBV workforce.
- 4 Formulate advocacy and communications strategies to advance common goals.
- 5 Facilitate ongoing joint work and engage in collective action.

1 Identify organizations and partners with related interests who can contribute to collective policy efforts

The first step along this pathway is to identify partners who have already recognized the need to strengthen the GBV or a closely related sector (e.g., other woman-majority sectors), and who have been involved in some work towards this end. These key partners will be vital to knowledge gathering, information sharing, and collective movement towards the end goal of building a strong GBV sector. It will be important to also reach out to key partners from outside the GBV sector, especially those involved in movements around decent work, women's work, the care economy, the labour movement, and others. Additionally, representation and engagement commitments from as many provinces/territories as possible will contribute to a fully realized effort and increase the strength of the collective work.



EVA Canada has begun work in this area by identifying organizations, projects, and work that has been completed related to worker wellbeing in the GBV sector, the women's/care sector, and within the broader non-profit sphere. This is outlined in the *Mapping Our Collective Knowledge* diagram in Appendix B and is studied in greater detail in our *Synthesis of systems-level recommendations to strengthen the health and wellness of the GBV workforce in Canada* found in Appendix D.

2 Build strong, sustainable relationships as a foundation to collective work

A network of committed partners willing to engage in collective work and joint advocacy over an extended period of time will need to be assembled. Building strong, sustainable relationships will be necessary for achieving impact and advancing the cause of strengthening the GBV workforce. Creating a resilient workforce will not be accomplished in a year or two; a long-term investment is needed to build the scaffolding that will support a strong sector. This effort will require leadership to guide this network, coordinate the work and maintain relationships with all partners. Relationships are the backbone of any collective effort, and time, energy and resources will need to be invested to maintain them.



EVA Canada has begun this process through the GBV Worker Supports Project, by creating the GBV Worker Wellness Network: a group of partners from the GBV sector, the care sector, and the larger non-profit arena across the country, who are committed to improving conditions for workers.

3 Develop collective priorities and common goals for strengthening the GBV workforce

To work together effectively in the interest of collective changemaking, joint goals need to be identified by the group. Members must agree on these joint goals along with a course of action that the network can collectively commit to undertaking. Goals need to be achievable and timely but with the understanding that the process can be fluid and require some flexibility.



Through EVA Canada's conversations with the GBV Worker Wellness Network, one of the priorities established is the need to develop a workforce strategy which would address multiple challenges currently being faced by the workforce, including worker recruitment, retention, wage parity, and other issues. This will be discussed further in Pathways C and D.

4 Formulate advocacy and communications strategies to advance common goals



"It feels that society, policy makers, funders and decision makers do not understand the impact of such work on frontline staff, supervisors and managers who work with offenders and the expectation seems to be unrealistic at times. All this can lead to feelings of discouragement, and a bit of hopelessness."

To achieve the collective goals and priorities of the group, an advocacy and communications strategy will need to be developed. A communications plan should consider the framing of issues faced by GBV workers from all parts of the sector across Canada and position these issues in ways that audiences such as community partners, policymakers, and the general public will understand and relate to. An advocacy strategy also needs to be developed that will use these messages to strategically target decision makers in key positions.

5 Facilitate ongoing joint work and engage in collective action

The best way we can move forward is together; joint efforts are more likely to have greater impact, but will require ongoing, sustained efforts. Resources including administrative and coordination support will need to be put towards facilitating the ongoing work with the collective to support the advocacy process and keep the work moving forward.

C Pathway C: Build foundational elements needed in a labour force strategy and develop a strategy specific to the GBV workforce.

Building foundational elements for a labour force strategy involves understanding the needs of the GBV workforce, addressing key challenges, and creating a comprehensive plan to support and sustain the workforce now and into the future. The goal of Pathway C is to create foundational building blocks that will lay the groundwork for a workforce strategy.

Landmarks along Pathway C:

- 1 Identify the true cost of adequately and equitably funding GBV work.
- 2 Identify key factors that would improve working conditions for workers in the sector and strategies to address them.
- 3 Define and document the risks of GBV work and outline measures needed to address them.
- 4 Assemble a cohesive pan-Canadian workforce strategy that will cultivate a strong, sustainable GBV workforce.

1 Identify the true cost of adequately and equitably funding GBV work



“Funding directly impacts my workplace and the ability for our programs to respond to the increased need for services in my community... Funding would mean being able to hire more counselors and educators to reduce our waitlists and address the needs of our community. The emergency funding we got from our provincial government did not scratch the surface of our needs.”

The true cost of providing robust GBV services has not been established, simply because funding has never fully covered comprehensive GBV services that meet people’s needs. A funding formula needs to be developed that would help determine what the actual cost is to provide a comprehensive host of GBV services, including education, prevention, intervention, and holistic ongoing long-term support. Additionally, funding is needed to support both survivors and perpetrators of violence to prevent violence escalation and recidivism. It is important to point out that program funding must support not just direct service delivery but the infrastructure of organizations and programs to ensure adequate administration, adherence to privacy policies, technological advancements, leadership development and other supports that front line staff heavily rely on.

Additionally, it is important that a funding formula addresses the need to equitably resource the sector across the country. Currently the distribution of resources for GBV supports across Canada are disproportionate, leading to situations where small rural communities with extremely high rates of violence are drastically underserved. For example, rates of violence in the territories are the highest in the country, and yet the funding received for services is sparse and hard to come by (Perreault, 2020).



The funding formula methodology recently developed in Alberta through the Association of Alberta Sexual Assault Services (AASAS) is an example of a standardized yet flexible approach that divides a set amount of new funding to sexual assault services that:

- distributes much needed resources to address the needs of survivors all across the province;
- accounts for the organizational differences between standalone sexual assault centres and programs;
- accounts for the variation in Core Service delivery across the AASAS Network;
- factors in the resource needs of rural communities while also allocating resources to population dense areas of the province; and
- ensures each Sexual Assault Service will get an impactful minimum allocation.

To find out more click here: <https://aasas.ca/contact-us/>

The cost of doing GBV work is also related to the quality of work (Ontario Nonprofit Network, 2023) available in the sector and the associated working conditions. Work that includes fair wages, adequate compensation and benefits is lacking in the sector; a funding formula for GBV services needs to include provisions for these working conditions as an integral part of the funding for GBV programs.



“Earlier this year I considered a medical stress leave, but most non-profits are unable to provide short-term leave due to high premiums for extended benefits. This left me in a position where I had to choose to continue working while I was suffering or put myself in debt through accessing medical EI. Ultimately, I was unable to take a leave.”



“I have learned over the years that therapy is a necessity for my mental health in this field, and good, specialized therapy is not available through EAP or provincial health”

2 Identify key factors that would improve working conditions for workers in the sector and strategies to address them

A labour force strategy is needed to address the many labour challenges that exist within the sector, such as work precarity, wage disparity, recruitment, and retention issues, etc. This strategy should include provisions to attract and retain social service professionals within the community-based GBV sector. While there can be a plethora of non-tangible benefits to working within this mission-driven sector, the tangible compensatory benefits are often not enough to attract and retain skilled staff. Low salaries and precarious jobs that lack benefits mean that workers are often financially penalized for choosing to remain in the sector and continue doing GBV work.

Provisions that ensure decent work opportunities such as wage parity with the public sector and stable long-term job opportunities are necessary to address the wage disparity and job precarity that currently exist. Improving decent work opportunities is needed to bring skilled and qualified professionals into the sector and incentivize them to stay in community-based GBV work. Much work already exists that outlines the importance of decent work and the various steps that can be taken to implement it (Ontario Nonprofit Network, 2023).

It will be crucial that these approaches are included in the labour force strategy for the GBV workforce. To make this a reality however, much advocacy will need to be done with the funders who typically support community-based GBV programming. Precarious work in this sector is intrinsically tied to the prevalence of project-based funding in the sector, and a lack of stable, long-term, core funding available to GBV services. It is imperative to shift the perspectives of funders, government ministries and decision makers so they better understand the links between funding constraints, precarious work, and the challenges with attracting and retaining staff.



“Stop saying “we aren’t in it for the money” of course we are not but we still need to be able to survive and pay our bills not to mention keep afloat with these wild increases in cost of living. This saying just perpetuates this ridiculous idea that we will survive on knowing we are making a difference, its time we are compensated fairly for the important work that we do.”

3 Define and document the risks of GBV work and outline measures needed to address them

Discourse about the impacts of GBV work on the workforce has largely centred on concepts like vicarious trauma, compassion fatigue, secondary traumatic stress, and other such phenomena. While these constructs can be useful to understand the nature of the impacts of trauma-exposed work, the framing of these concepts puts the onus solely on the individual worker to manage the trauma and fatigue within themselves. Framing the impacts of trauma-exposed work at an individual worker level is problematic as it shifts responsibility away from the systems that contribute to these effects and onto workers. A different understanding of this issue is needed, one that defines the particular risks faced by GBV workers and frames the impacts of trauma exposure at work under the umbrella of occupational health and safety.

The psychological and emotional impacts of GBV work are unique to this workforce and need to be better documented in a way that lays the groundwork for organizational and systemic solutions. Such a shift in understanding will also require advocacy and policy shifts with government and funders. Current funding models do not provide any recognition of the impacts of trauma-exposed work environments for the GBV workforce, rather they tend to focus solely on service delivery and outcomes. Updated funding models and structures are needed that will account for, not only services delivered, but supports for the people who are impacted in the process of delivering the services. These supports are critical to strengthening the health and safety of workers. Funding models must provide a portion of funds to be allocated for supports such as supervision for workers (both administrative and clinical), ongoing and critical incident debriefing, technology facilitated safety measures (i.e., emergency cell phones, alarm systems), administration, counselling support for affected workers, and ongoing health and safety training, with a focus on psychological wellbeing.



“The toll on our mental health is starting to outweigh the pay, affording anything let alone a therapist to deal with the vicarious trauma is impossible now”

4 Assemble a cohesive pan-Canadian workforce strategy that will cultivate a strong, sustainable GBV workforce

The eventual development of a labour force strategy will be a necessary step to addressing the recruitment and retention crisis that the sector is currently experiencing across the country. By completing the work of the above three landmarks, key components of a workforce strategy for the GBV sector will be built. Nevertheless, a cohesive strategy will need to be developed that includes worker health and safety supports, allows for decent working conditions, and that accounts for all areas of the work including GBV prevention initiatives, intervention programs, recovery and healing supports, as well as research and development. A workforce strategy also needs to incorporate flexibility to meet the unique needs of workers in the many different communities that exist across Canada, including Indigenous communities, rural and remote areas and communities of colour.

D Pathway D: Take action to educate about and implement the GBV workforce strategy.

The implementation of, and communication about, a GBV workforce strategy will be crucial to its success. An effective implementation of the workforce strategy and concomitant communications campaign will allow for the sector to build the capacity needed to ensure long term success for the workforce. Widespread education about the strategy and buy-in from partners within the sector will be key to sustainable change for the GBV workforce.

Landmarks along Pathway D:

- 1** Educate about and distribute workforce strategy to key stakeholders and sector partners.
- 2** Secure endorsements and commitments from federal, provincial/territorial and national-level actors.
- 3** Build a champion network of key advocates, allies, and stakeholders to sustain efforts to enact systems change and maintain momentum.
- 4** Pilot the GBV workforce strategy and evaluate outcomes.

1 Educate about and distribute workforce strategy to key stakeholders and sector partners

A strategy for the GBV workforce will require the support of GBV organizations and programs across the country. It will be crucial to build educational materials and documents that can inform sector partners about a workforce strategy and the process of its creation. Building on work done along Pathway B, a communications plan and educational campaigns will be necessary to build awareness of efforts being made to improve working conditions through the labour strategy.

2 Secure endorsements and commitments from federal, provincial/territorial and national-level actors

It will be vitally important to obtain the support of organizations, associations and stakeholders within the GBV, nonprofit and care sectors from various parts of the country. Partnering with these groups such as those from the care sector or labour movement can leverage support for the workforce strategy and further raise awareness of the issues faced by GBV workers. The link between research and advocacy cannot be understated; using data and research to gain support will be vital, thus research on the GBV workforce needs to continue to meet this objective.



“Our clients are not vectors of diseases with their trauma, just as there might be vicarious trauma there is vicarious resistance. What drains me most is systemic oppression and apolitical organizations who aren’t willing to take political risks for meaningful advocacy and internal working conditions work”

3 Build a champion network of key advocates, allies, and stakeholders to sustain efforts to enact systems change and maintain momentum

Implementing a workforce strategy for the GBV workforce will most likely require years of sustained efforts. This is no small task and will require several streams of work with support from many different actors to keep the work moving forward. Maintaining momentum in this work will require building and sustaining relationships with key partners and allies. These allies would include government ministerial representatives at federal and provincial/territorial levels whose goals and priorities align with supporting workers and strengthening the GBV sector. Securing the support of these allies will be crucial to securing funding for the implementation of the workforce strategy.



“People with the most privilege, decisions makers, people with so much power, they don’t believe in the work and it feels so hopeless when they’re the ones with the final say about our working conditions and the supports that we’re able to offer”

4 Pilot the GBV workforce strategy and evaluate outcomes

The implementation of a workforce strategy would provide an opportunity to enact a systemic response to the challenges that workers in this sector have been experiencing for years. However, to validate the strategy and for ongoing evaluation, piloting the strategy is recommended. Collaborating with partners and engaging in ongoing feedback loops will be essential to ensure the success of the strategy. In addition, collecting data on worker wellbeing and working conditions throughout the pilot process will be imperative. Piloting the strategy would also allow an opportunity to test the adaptability of the strategy for workers in a variety of contexts, for example in urban versus rural communities, and with workers from different ethnocultural groups. All these steps will ensure that lessons are learned, and improvements are made as the full strategy is implemented.

E Pathway E: Build strong infrastructure and pathways within the GBV sector that allow for ongoing knowledge-sharing, nurturing of relationships, and communities of support for the workforce.

A strong national GBV workforce will need to include key pieces of infrastructure to help sustain it. These should include strategically formed networks as well as avenues for communication and information sharing on a national scale, which will build the scaffolding needed to strengthen the workforce. These pathways can increase connectivity of organizations and workers who are often isolated in their work, while improving the quality of service provided to those affected by GBV.

Landmarks along Pathway E:

- 1** Cultivate and maintain resource sharing networks and pathways across the GBV sector.
- 2** Build a data strategy across the GBV sector that facilitates information sharing and evidence-informed practice.
- 3** Normalize the implementation of best practices that support cultures of collective care within GBV work, allowing for supportive, sustainable work environments.

1 Cultivate and maintain resource sharing networks and pathways across the GBV sector

Coordination and information sharing across the country is vitally important in a well-resourced GBV sector. Communities of practice, coalitions, and various types of networks that have a focus on GBV and the sector's working conditions will be needed across regions, provinces and territories. This will allow for capacity building and cross-pollination of knowledge as networks such as these can funnel valuable resources to GBV workers and encourage learning from best practices in other geographic locations. These spaces need to be created to enable information sharing and discourse across the sector that will allow for continued growth and development. This would also support the work outlined in Pathway A of cultivating visibility and fostering a sense of identity for the GBV workforce.



“The importance of having the transparent communication, support and collaboration with management and other parts of the organization cannot be understated. Burnout is not just from meeting clients.”

2 Build a data strategy across the GBV sector that facilitates information sharing and evidence-informed practice

The GBV sector in Canada has never had a cohesive data collection strategy, and consequently data collection efforts have been inconsistent across programs and services. Collection of data is often dependent on funder preferences and requirements, which leads to over collection of data in some instances and under collection in others. This often puts unnecessary pressure on workers to collect data without the necessary tools to do so. In addition to the data gaps on GBV knowledge, very little data exists on the wellbeing of GBV workers. Robust research and evidence are necessary to develop evidence-informed practice and support positive changes for the workforce.

A data strategy would ensure that a shared framework exists for data collection and management, that changes made in the sector are evidence-based, and that provincial, territorial and national GBV statistics are well informed by community-based data. A data strategy should include particular attention to rural and remote communities, as well as Indigenous and marginalized groups, to ensure that data collection is reflective and respectful of the challenges specific to these communities. Having a cohesive data strategy will also be vital for advocacy and policy work in the sector, which needs to be grounded in evidence and information collection.



The Yukon Status of Women Council has created an online data advocacy toolkit aimed at promoting community driven, wholistic GBV data framework development that is responsive to the intersectional needs of people experiencing GBV in rural, remote and northern communities. This toolkit includes resources that could aid in using data for advocacy and outlines the particular challenges with gathering data in the north. It also provides a framework that is essential to ensuring reliable data collection from northern communities and that could help inform a national GBV data strategy. The toolkit can be accessed here: <https://www.datatoolkit.yswc.ca/>

3 Normalize the implementation of best practices that support cultures of collective care within GBV work, allowing for supportive, sustainable work environments

A transformation is needed within the GBV sector to create a culture that allows for principles of collective care to flourish within organizations and programs. As we move from viewing wellbeing as an individual responsibility to understanding it as a collective goal, we can begin to implement best practices and measures that allow for this shift in workplace cultures across the GBV sector.



Sexual Violence New Brunswick (SVNB) continues to build evidence-based expertise on collective care as a trauma-informed practice and has used this expertise to inform the development of *Maintain: Strengthening Our Collective Care*, a guide for agencies in the gender-based violence sector. Collective care frames individual well-being as a shared responsibility within an organization and provides direction on how to embed this practice into policy and procedure.

Collective care will not remove the impacts of trauma-exposed work – it is an exercise in creating the sustainability needed to maintain passion, commitment, joy, and energy, and truly hold survivors at the center of the work. This guide provides information and resources on how SVNB continues to learn about collective care as well as examples on how they incorporate it. More information can be obtained by contacting SVNB: <https://svnb.ca/en/contact/>



Evaluating and Measuring Impact

Evaluating the elements outlined in the *Roadmap to a Stronger GBV Workforce* will be important to the ongoing success of the work. While each of these landmarks can and should be evaluated, we will need a way to measure and evaluate overall changes to several factors across the sector as the work of the roadmap is completed, including worker wellbeing, awareness of and attitudes towards GBV work, and workers' perceptions within the GBV sector. Additionally, it would be helpful to measure changes in the quality of working conditions, levels of worker retention, and recruitment rates.

Measures may need to be collected on an individual worker level (such as with EVA Canada's GBV Worker Questionnaire), and on an organizational level to truly understand the progress that is being made across the sector. An ideal situation would allow for longitudinal data to be collected over many years to assess the impact of the work done on the sector. Understanding that a stronger sector should translate into better outcomes for survivors, it may be prudent to also measure how sector-wide improvements have impacted survivors' experiences of getting help and healing. However, understanding that funding for research is often limited, the most important measures to collect will be those related to worker wellbeing.

The work of strengthening the GBV sector on a national scale requires systemic change, which can be extremely difficult to measure. Evaluating key data points however will be crucial to ensuring that the work of the *Roadmap to a Stronger GBV Workforce* stays on target and that changes are truly having a positive impact on the GBV sector and its workers.

Conclusion

The *Roadmap to a Stronger GBV Workforce* report has outlined a path forward to making transformative shifts within the GBV workforce. These shifts are paramount not just for the health and wellbeing of GBV workers, but also to ensure the effectiveness and sustainability of the sector. The pathways outlined here will likely require years of investment to carry out, but by prioritizing the wellbeing of GBV workers we will also be taking steps towards improving the safety and wellbeing of communities across Canada.

The Mass Casualty Commission, an independent public inquiry investigating the most lethal mass shooting in Canadian civilian history, clearly outlined the vital role that GBV work plays in community safety, and recommended "epidemic level funding" for the GBV sector (MacDonald et al., 2023). It will be imperative that government, GBV organizations, sector partners, policymakers, and advocates collectively commit to making changes within this indispensable sector. For GBV workers who have devoted countless hours to serving vulnerable people in their communities, the responsibility of caring for their wellbeing does not lie solely with them. It must be a coordinated systemic effort and must necessarily include significant investment from decision makers and funders who support the GBV sector. Ending GBV will not become a reality until those working to do so are valued and supported in their efforts, and this must be shown not just with statements of support, but through action and investment in a stronger GBV sector.

APPENDIX A:

Synthesis of systems-level recommendations to strengthen the health and wellness of the gender-based violence workforce in Canada.

MARCH 2024



BUILDING SUPPORTS FOR THE
**GENDER-BASED VIOLENCE
WORKFORCE**



Ending
Violence
ASSOCIATION OF CANADA

Canada



Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada

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Synthesis of systems-level recommendations to strengthen the health and wellness of the gender-based violence workforce in Canada.

Gender-based violence (GBV), a crime that is ubiquitous across Canada, includes sexual violence, intimate partner violence, human trafficking, and other violent acts disproportionately (though not exclusively) experienced by women, transgender, and gender-diverse people. The provision of acute and longer-term recovery and other support services to survivors of GBV, as well prevention programming, interventions for perpetrators, and advocacy, policy, and research are provided by a diverse women-majority GBV workforce across the country (Wood et al., 2022).

GBV work is demanding, complex and often unsafe as workers are routinely exposed to trauma while carrying out their regular job duties. Such routine exposure to trauma and violence is like that of the first responder sector (e.g., emergency health care workers, police, corrections officers) (Rossiter et al., 2020). Unlike the first responder sector however, the GBV workforce lacks system-level supports such as access to adequate wages, health and pension benefits, reasonable workloads, and other supports necessary to lessen the harm they experience (Rossiter, et al., 2020). For GBV workers in rural, remote, and Indigenous communities where the stressors are even greater these supports are often even less available. The intersection of demanding and unsafe work with a lack of systemic supports, has contributed to an increasingly unhealthy and unwell workforce.

A growing number of research reports, advocacy tools and policy recommendations (e.g., grey literature documents) focused on improving the health and wellness of the GBV workforce are being produced from within the sector itself, as well as within other closely related sectors.³ However, this work has often been done in 'silos' due to the funding environment in Canada.⁴ The result is that the outcomes of this work and the expertise of the GBV sector on strengthening their struggling workforce remains diffuse and therefore largely inaccessible to both internal and external stakeholders (e.g., policymakers). It has further acted as a barrier to collective advocacy.

This synthesis uniquely brings together key recommendations for improving the wellness of the GBV sector extracted from Canadian documents that have been produced within the last five years.

The aim of this synthesis is to summarize and analyze these key recommendations as a means of providing easier accessibility to the work being done within the sector, and as a tool to assist with the development of collective advocacy and action.



³ We consider closely related sectors to include other women-majority workforces.

⁴ Silos occur because of the preponderance of short-term project funding rather than long-term core funding. Governments create 'competitions' between organizations for limited amounts of funding. The result is that organizations work on time-limited independent projects which can lead to duplication of work as well as a lack of coordinated action.

METHOD

Framework. This synthesis is primarily concerned with recommendations that can be enacted at the systems level, rather than those enacted at an organization or worker level. More traditional approaches to improving worker wellness have focused on recommendations that are enacted at the worker level, without acknowledging that what happens at the systems level creates the conditions in which organizational and worker level change either succeeds or fails.

For example, GBV workers are often told to engage in 'self-care' to mitigate the impacts of the trauma that they experience on the job. Often however, the act of self-care requires access to paid sick days or health benefits that cover the cost of counselling or therapy services; supports that many workers lack access to. In this example, increased funding for the sector at the systems level would provide organizations with the resources they need to provide workers with health benefits and paid sick days. This in turn would allow workers to access self-care supports to help mitigate the effects of trauma exposure.

Grey literature search. We first searched grey literature⁵ through Google using combinations of search terms related to the GBV workforce (e.g., gender-based violence work*⁶, intimate partner violence work*, sexual violence advocate), later expanding the search to include documents from other women-majority sectors in Canada including the 'care economy' (e.g., early childhood educators) and the non-profit sector more broadly. We limited the search to Canadian documents published within the last 5 years. Further, we consulted with an advisory committee comprised of experts in worker health and wellness from the anti-violence, non-profit, and academic sectors to ask for their recommendations on documents to include, as well ensure that we had not missed important materials.

Selection criteria. Documents were included in this synthesis if the central focus was on the GBV workforce or workforces in other sectors dominated by women in Canada, and if the document contained at least one recommendation on strengthening worker-wellness, was written in English, published within the last five years, and was available online.

Data abstraction. From the sample, we extracted the year the document was developed, province in which it was developed (if applicable), type of organization/workers (if applicable), and two sets of key recommendations – those specific to the GBV workforce, and those related to woman-majority workforces more generally. The data was placed into a data extraction sheet which was created for this project. In total, n=203 key recommendations were pulled from the documents included in the final sample. Of these n=203 recommendations, n=109 were included in the final analysis. Recommendations were included in the final analysis if they were able to be enacted at the systems level and they were specific to either the GBV or other women-majority workforces. They were excluded if they were not specific to the GBV or other women majority-workforces (e.g., recommendations calling for a higher minimum wage across all sectors) or if they were recommendations that were meant to be enacted at the organizational or individual level (e.g., create a wellness committee at your organization).

Data Analysis. We conducted a thematic analysis of n=109 recommendations. A thematic analysis in its simplest form is a way of looking for patterns or themes within a particular dataset through what is called an iterative process (e.g., reading and re-reading the recommendations) (Braun & Clarke, 2005). The dataset for this report comprised the key recommendations (n=109) that we collected from across the various documents produced within the GBV and woman-majority sectors related to strengthening the health and wellness of their workers.



Figure One: Levels of Recommendations

⁵ Grey literature are documents that produced outside of traditional publishers, such as reports, newsletters, advocacy tools etc.

⁶ The asterisk (*) at the end of each term is used as a means of broadening the search by finding words that start with the same letters.

FINDINGS

In the first stage of the thematic analysis, we organized the key recommendations into categories. Seven key categories of recommendations emerged from this process [See Table One]. They included recommendations related to funding, training, policy, advocacy, organizational support, equity & diversity, and research.⁷

Categories	Example
Funding	Funding should be adequate and include stable core funding for services that have been demonstrably effective in meeting the needs of women survivors of gender-based violence and that contribute to preventing gender-based violence, including interventions with perpetrators.
Training	Increased funding for training to provide workers with adequate knowledge and tools to work with populations with severe mental health and substance use concerns, as well as specific funding for mental health and addictions positions within shelters.
Policy	Encourage the development of social policy that recognizes all forms of gender-based violence as critical issues that require training and best practices across all sectors, so that anti-violence workers are not further harmed by the inadequate responses of other sectors (e.g., justice, health, housing) that respond to victims of crime and trauma, including gender-based violence.
Advocacy	Advocate for the inclusion of anti-violence workers in federal action and provincial and territorial initiatives to address posttraumatic and occupational stress injuries among public safety personnel.
Organizational Support	Provide benefits for part-time, contract, and relief or casual staff, not just full-time staff.
Equity & Diversity	Adopt decent work and anti-racism/anti-oppression practices to help provide respectful, fair jobs where a diverse workforce can thrive.
Research	Fund further research on work related to occupational injuries in the anti-violence sector to increase knowledge about the short-term and long-term impacts of doing this work, including health implications, and inform evidence-based policy that addresses these impacts.

Table One

In the second stage of the thematic analysis, we defined and named what we called ‘areas for action’. Four areas for action arose out of this analysis [See Table 2]. Under each of these areas for action, we placed recommendations from across the categories associated with achieving successful outcomes. For example, to achieve success within a particular area of action might encompass implementing funding, policy, and research recommendations. The number of recommendations that fell under each of the areas for action were recorded by the authors.⁸ For the full list of recommendations by area of action, please see page 32.

⁷ Though some recommendations could be placed under two or more categories, the authors used their discretion to choose the category they thought best fit the recommendation.

⁸ Again, while some recommendations could be classified under more than one area for action, the authors used their discretion to categorize each recommendation under the area that best fit.

SUMMARY & CONCLUSIONS

Gender-based violence is a crime that results in devastating impacts for individuals, families, and communities. Vital recovery services for survivors, as well as violence prevention programming, and interventions for perpetrators, are provided by a diverse woman-majority GBV workforce (Wood et al., 2022). GBV work is demanding, complex, and often unsafe, leading to occupational stress and an erosion of worker-wellbeing. At the same time, the GBV sector has long dealt with significant under-resourcing relative to other first responders.

This synthesis brings together systems level recommendations for improving the wellness of the GBV workforce in Canada. Importantly, these recommendations were collected from documents created by and for the GBV, and other women-majority, sectors. From these documents, we compiled a final sample of 109 recommendations which were first placed into categories related to function (funding, training etc.). This was followed by organizing the recommendations across categories into four main areas for action.

Areas for Action	
The GBV sector receives annualized funding in line with other public services, as well as wage, benefit, and pension parity with those conducting similar work in the public sector	N=10
Organizations in the GBV sector have stable permanent funding at levels adequate to ensure a strong and healthy workforce.	N=36
A comprehensive GBV workforce strategy is developed which addresses recruitment and retention of workers, fair wages, professional and leadership development, equity, and diversity initiatives etc.	N=47
Occupational health and safety concerns for GBV workers including trauma exposure and lack of appropriate mental health supports are recognized, researched, and addressed by all levels of government.	N=16

Table Two

The need for improved economic security and prosperity for GBV workers as the means to improve health, safety, and wellness, rather than a reliance on more traditional occupational health and safety tools (e.g., worker recommendations such as self-care) emerged as the central theme of our analysis. This corroborates previous work that has found that economic security is a critical determinant of worker-wellbeing and a protective factor for occupational stress (Schrag et al., 2022). Two of the four areas of action were directly related to improved and sustainable long-term funding for the sector while such funding was a significant component of the other two. In each of the four areas of action, recommendations for adequate, stable, and permanent funding were inextricably linked with the ability to provide decent work opportunities for the GBV workforce.

There is an urgent need for systemic change to strengthen the wellness of GBV workers through improving their working conditions. All GBV workers require decent work. As Wendt et al. (2020) argue: “[the GBV] workforce needs to be recognised and championed as a priority, not simply a footnote to service delivery or client outcomes”. Strong GBV workers are imperative to creating the conditions in which strong survivors can recover and thrive, and the necessary work of intervention and prevention can be carried out with the ultimate goal of ending GBV.

Area for Action

The GBV sector receives annualized funding in line with other public services, as well as wage, benefit, and pension parity with those conducting similar work in the public sector.
(N=10)

Recommendations

- IPV services are core programming and should receive annualized funding like other public services.
- Ensure adequate wages, benefits, and pensions comparable to public service sector doing similar work.
- Treat the nonprofit sector as a valued partner, on par with the way that other industries of similar size are treated.
- Redesign funding agreements with an equal pay for equal work principle so funding for nonprofit services is on par with that of municipalities, school boards, and hospitals and there is a set wage floor.
- Phase in wage parity with annual instalments for similar groups of frontline workers across municipalities, hospitals, schools, and community settings to achieve equal pay for equal work in four years.
- Convene relevant Ministers (including the Minister of Justice and Attorney General, Minister of Labour, Minister of Health, Minister of Families, Children and Social Development, Minister of Public Safety and Emergency Preparedness, Minister for Women and Gender Equality) to communicate with provincial counterparts to consider labour code amendments to address the wellness of anti-violence workers and the inclusion of PTSD injury supports parallel to those provided to system-based first responders, including the classification of anti-violence workers' post-traumatic stress injuries as a workplace injury eligible for presumptive coverage.
- Produce compensation reports and analysis across the sector and position levels, equivalency across other sectors.
- Create a home in government for the nonprofit sector, so that it won't get left behind.
- Highlight discrepancies between prevention strategies and workplace supports for system-based first responders and community-based anti-violence workers.
- Advocate for the inclusion of anti-violence workers in federal action and provincial and territorial initiatives to address posttraumatic and occupational stress injuries among public safety personnel.

Organizations in the GBV sector have stable permanent funding at levels adequate to ensure a strong and healthy workforce.
(N=35)

- Priority should be placed on providing adequate and stable core funding to organizations in the gender-based violence advocacy and support sector.
- All levels of government work together to ensure continuous (not short-term or project-based) funding for Survivor Advocates with specialized training in VAW/GBV, including DV and IPV to represent and advance survivor interests through legal systems including criminal, family, immigration and workplace and administrative tribunals.
- Dedicated funding to support community-based VAW/GBV advocates and workers to share their expertise, including in the advocate case review processes, policy development, training for law enforcement and justice system workers, and other forms of consultation.
- Realign the approach to public funding provided to IPV service providers with a view to removing unnecessary reporting obligations with a focus on service.
- Draw on best practices in Canada and internationally, and adopt and implement improved, adequate, stable, and recurring funding.
- Service providers provide one annual report for all funders across government to account for the funds received, articulate results and highlight key challenges, learnings, and accomplishments.

Area for Action

Continued from previous page

Organizations in the GBV sector have stable permanent funding at levels adequate to ensure a strong and healthy workforce.

(N=35)

Recommendations

- Enhanced funding for IPV service providers, including shelters, sexual assault support centres, victim services, and counselling services, considering urban and rural realities.
- Federal, provincial, and territorial funding to end gender-based violence be commensurate with the scale of the problem.
- Funding should be adequate and include stable core funding for services that have been demonstrably effective in meeting the needs of women survivors of gender-based violence and that contribute to preventing gender-based violence, including interventions with perpetrators.
- Services should be funded over the long term and should not be discontinued until it has been demonstrated that the services are no longer required, or an equally effective alternative has been established.
- Priority should be placed on providing adequate and stable core funding to organizations in the gender-based violence advocacy and support sector.
- Funding community-based resources and services, particularly in communities where marginalized women are located.
- Stable core funding that reflects the complexity and scope of services and demand.
- Increase resources for shelters, hotlines, and holistic wraparound supports (including provision of childcare, travel subsidies, mental health supports, employment supports, and food) to meet heightened demand.
- Provide core, sustainable, and flexible funding to strengthen community-based care and support for GBV survivors.
- Make bold investments into critical social infrastructure.
- Core and sustainable funding, as opposed to program funding, must be provided to national and regional Indigenous women's and 2SLGBTQQIA people's organizations.
- Recognize the public health role of sexual assault centre work and stabilize funding at levels commensurate with growing demand while retaining autonomy and community governance.
- Increase funding for anti-racism and anti-oppression training.
- Provide core funding to women-serving agencies and equity-seeking organizations to support continued advances in gender equity in Canada moving forward.
- Financial sustainability through adequate, long-term, and renewable, and core funding across all funders and simplify and streamline administrative process.
- More core and unrestricted funding opportunities
- Funders should cover all core operating costs associated with project-based funding.
- Reduce the application and reporting burdens associated with funding opportunities.
- Provide more long-term funding opportunities and eliminate gaps in funding renewal processes.
- Allow for more flexibility in moving funding between cost categories.
- Through National Action Plan on Violence Against Women and Gender-Based Violence, include a timeline, financial transfers to the provinces and territories, and financial resources and standards sufficient to ensure national levels of service and protection for all women and decent work for the workforce.

Area for Action

Continued from previous page

Organizations in the GBV sector have stable permanent funding at levels adequate to ensure a strong and healthy workforce.
(N=35)

Recommendations

- All governments should provide adequate, stable, equitable, and ongoing funding for Indigenous-centred and community-based health and wellness services that are accessible and culturally appropriate, and meet the health and wellness needs of Indigenous women, girls, and 2SLGBTQQIA people.
- Funding must be provided to Indigenous and community-led organizations that deliver victim services and healing supports.
- The federal government should ensure the long-term, sustainable, and equitable funding of Inuit women's, youths', and 2SLGBTQQIA people's groups. Funding must meet the capacity needs and respect Inuit self-determination and must not be tied to the priorities and agenda of federal, provincial, or territorial governments.
- Priority for funding should be given to advocacy organizations that promote gender equality, provide culturally appropriate and trauma-informed services, and that provide accessible and inclusive services.
- Increase access to funding to train frontline workers.
- Access to stable funding with increases that reflect inflation and cost of living.
- Increased funding for training is needed to provide workers with adequate knowledge and tools to work with populations with severe mental health and substance use concerns, as well as specific funding for mental health and addictions positions within shelters.
- In the long-term organizations need access to stable funding, with increases that reflect inflation and cost of living.

A comprehensive GBV workforce strategy is developed which addresses recruitment and retention of workers, fair wages, professional and leadership development, equity, and diversity initiatives etc.
(N=47)

- Create a comprehensive workforce strategy that will address and support fair wages/benefits by designing and implementing provincial/territorial wage grids.
- Support the sector in building a comprehensive labour force strategy (as exists for skilled trades) that bridges all aspects of care, for a resilient nonprofit workforce. The strategy should include pathways into the sector, promotion of care work, and access to training.
- As an element of workforce strategies, establish programs to incentivize careers for front line workers including significant tuition subsidies and wage replacements. These programs need to be high-quality, affordable, expedited, and offer paid experiential learning opportunities.
- Design and implement professional development opportunities that provide a clear path for frontline workers that leads to career advancement and leadership roles.
- Adopt decent work and anti-racism/anti-oppression practices to help ensure respectful, fair jobs where our diverse workforce can thrive.
- Develop a workforce strategy for [GBV] workers that ensures adequate compensation and dignified working conditions.
- Workers have salaries that are commensurate to education, experience, and market rate.
- Transparent pay scales and grid.
- Recognize the long-term role of the broader gender-based violence service sector in service response and violence prevention with stable permanent funding that supports decent work in the sector.
- Pay transparency across position levels.
- Transparency in job advertisements regarding salary and benefits.

Area for Action

Continued from previous page

A comprehensive GBV workforce strategy is developed which addresses recruitment and retention of workers, fair wages, professional and leadership development, equity, and diversity initiatives etc.

(N=47)

Recommendations

- Recognize the specialized knowledge and expertise of IPV service providers involved in perpetrator intervention and support the development of workforce capacity within the sector by developing and providing competency-based training opportunities.
- Comprehensive health benefits for all GBV workers.
- Training to ensure that all staff have the needed qualifications. Organizations also need to be able to provide training for areas of emerging needs, like supporting those with mental health and addictions concerns.
- Invest in public awareness campaigns aimed at addressing stigma and misconceptions associated with [GBV] Workers and encourage more people to join the sector.
- Involve women's sector in decision making, by always including women-serving agencies and especially equity-seeking groups in decision making at government levels. This should include advisory group roles, and compensation for organizations that recognize the expertise of the sector.
- Introduce [campaigns] that educate people about gender stereotypes and norms around [GBV] work.
- Advocate for Pay Equity and Pay Transparency legislation so its applicable to the sector.
- Establish better data gathering and analysis on the women's sector's challenges, led and informed by the sector in partnership with Women and Gender Equality (WAGE) to better understand the challenges the sector faces and to develop solutions that are based on the realities of these organizations. These data and analysis would help inform funding and programming gaps.
- Encourage the development of social policy that recognizes all forms of gender-based violence as critical issues that require training and best practices across all sectors, so that anti-violence workers are not further harmed by the inadequate responses of other sectors (e.g., justice, health, housing) that respond to victims of crime and trauma, including gender-based violence.
- Ensure gender-based analysis plus within data collection on the nonprofit and charitable sector that helps quantify the structural gaps in funding and support for women's sector organizations.
- Educate funders on the importance of administrative and professional development budget lines and cost of living increases, market wages, increase wages.
- To address retention, government should provide additional funding to reduce reliance on short-term contracts, increase wages, and increase the number of full-time positions with benefits.
- Access to ongoing general and multi-sectoral training for workers.
- Funding for services that allows for the hiring and retention of skilled and experienced staff so that [organizations] are not required to rely on volunteers and fundraisers to provide services to survivors.
- Funders provide for an adequate number of staff positions, including administrative and management staff, living wage salaries for all staff, including paid sick days and access to extended benefits.
- Recognize the long-term role of the broader gender-based violence service sector in service response and violence prevention with stable permanent funding that supports decent work in the sector.
- Government funding that allows for decent work for the nonprofit sector's workforce and create funding terms that do not reinforce negative gendered and racialized stereotypes about the sector.

Area for Action

Continued from previous page

A comprehensive GBV workforce strategy is developed which addresses recruitment and retention of workers, fair wages, professional and leadership development, equity, and diversity initiatives etc.

(N=47)

Recommendations

- Staff benefits written into grant applications and proposals.
- Funders allow organizations to use project-based funding for employee benefits (i.e. parental leave top-ups, pension contributions, and health benefits), professional development, and, at a minimum, a living wage.
- Designing and implementing operational supply-side funding model that will increase salaries and ensure they are fair wages.
- Adoption of decent work and anti-racism/anti-oppression practices to help respectful, fair jobs where diverse workforce can thrive.
- Eliminate racial and gender pay gaps.
- Implement anti-racism and anti-oppression practices through pay transparency.
- Fair pay and competitive wages. At a minimum, living wage to all employees and cost-of-living increases.
- Employee benefits (i.e. parental leave top-ups, pension contributions, and health benefits) and paid sick and vacation time to all employees.
- Permanent employment, rather than contract employment (where possible)
- Provision of professional development opportunities
- Equipping [workers] with skills, tools, and resources on what is fair and resources on what is fair compensation and how to negotiate compensation.
- Wage tops ups and committing to inflationary increases every year.
- Benefits including access to counseling and psychotherapy.
- Paid time-off for vacation and sick leave.
- Retirement savings through a pension or RRSP matching program (some provinces have plans for the non-profit sector).
- Professional development opportunities including a clear path to career advancement.
- Benefits for part-time, contract, and relief or casual staff, not just full-time staff.
- Mental health or wellness days for all staff.
- Return to more traditional methods and provide staff support for recruitment, more flexible with qualifications when hiring (e.g., either no longer requiring particular degrees or accept experience in lieu of education or certifications or target non-traditional groups for hiring former clients, practicum students).

Occupational health and safety concerns for GBV workers including trauma exposure and lack of appropriate mental health supports are recognized, researched, and addressed by all levels of government.

(N=16)

- Communicate to the relevant federal government departments and leadership (including the Minister of Justice and Attorney General, Minister of Public Safety and Emergency Preparedness, Minister of Labour, and Minister for Women and Gender Equality) the significant impacts of trauma exposure for the anti-violence workforce.
- Advocate to the Minister for Women and Gender Equality the critical need to acknowledge the lack of prevention strategies related to occupational stress injuries for community-based anti-violence workers as an urgent gender equality issue.
- Encourage the federal government to support the development and delivery of training for anti-violence workers, including core training for new workers so they are better prepared to undertake trauma work, and have a better understanding of vicarious trauma, secondary traumatic stress, and posttraumatic stress injuries, and strategies to address these negative outcomes of working with victims of crime and trauma.

Area for Action

Continued from previous page

Occupational health and safety concerns for GBV workers including trauma exposure and lack of appropriate mental health supports are recognized, researched, and addressed by all levels of government.

(N=16)

Recommendations

- Recommend that the Minister of Labour and the Minister of Health support research and initiatives to address the impacts of trauma exposure on community-based anti-violence workers as a workplace health issue.
- Fund further research on work related to occupational injuries in the anti-violence sector to increase knowledge about the short-term and long-term impacts of doing this work, including health implications, and inform evidence-based policy that addresses these impacts.
- Highlight discrepancies between prevention strategies and workplace supports for system-based first responders and community-based anti-violence workers, and advocate for the inclusion of anti-violence workers in federal action and provincial and territorial initiatives to address posttraumatic and occupational stress injuries among public safety personnel.
- Funding to ensure mental health supports for IPV service providers, as well as timely access to trauma supports immediately following a traumatic event.
- Recommend that the Minister of Labour and the Minister of Health support research and initiatives to address the impacts of trauma exposure on community-based anti-violence workers as a workplace health issue.
- Funders recognize the impacts of providing care on the anti-violence work force (e.g., burn out, vicarious trauma).
- Expand immediate access to mental health and substance use health supports for staff who are currently struggling.
- Enhance organizational capacity building to implement the National Standard for Psychological Health and Safety in the workplace through the development of a resource hub and funding for pro-active mental health action plans.
- Access to flexible funding to support the mental health of the workforce as an element of workforce strategies.
- Increase funding for community-based mental health services and supports delivered to frontline workers, including health promotion and mental illness prevention programs and strategies, peer support, self-guided mental health skills building, mental health first aid, social and emotional learning.
- Fund research on better practices related to clinical supervision and incident debriefing at the agency level.
- Access to mental health supports and fair amount of health and wellness days.
- Develop a Federal-Provincial-Territorial committee to examine the provision of better supports and funding for anti-violence organizations to prevent vicarious trauma, secondary traumatic stress, and posttraumatic stress injuries among anti-violence workers, including addressing provincial/territorial differences in wages, benefits, pensions, and FTEs.

APPENDIX B:

Mapping Our Collective Knowledge Diagram

MARCH 2024



BUILDING SUPPORTS FOR THE
**GENDER-BASED VIOLENCE
WORKFORCE**



Ending
Violence
ASSOCIATION OF CANADA

Canada



Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada

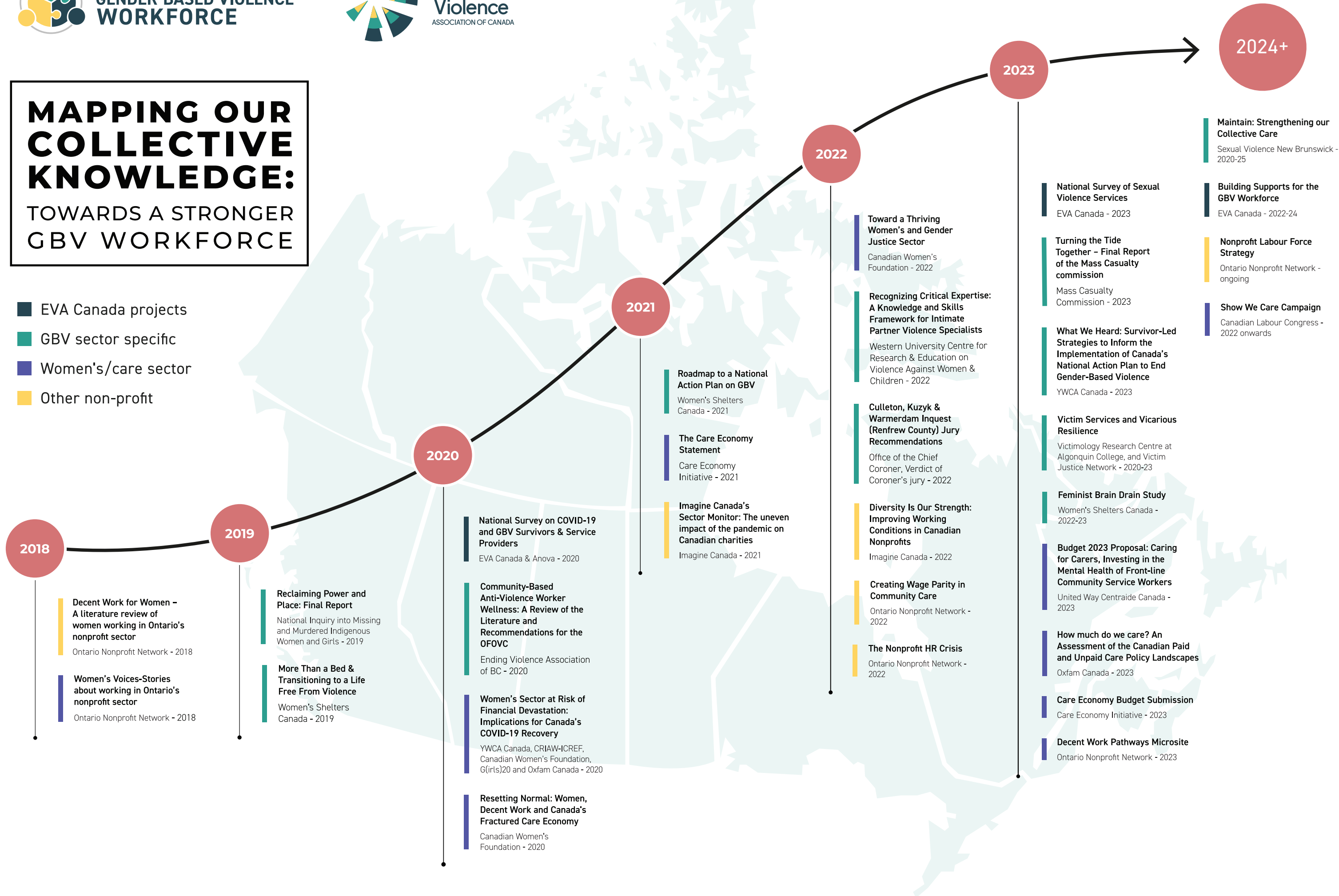
This project has been funded by
Women & Gender Equality Canada.

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Ottawa, ON: Ending Violence Association of Canada.

MAPPING OUR COLLECTIVE KNOWLEDGE: TOWARDS A STRONGER GBV WORKFORCE

- EVA Canada projects
- GBV sector specific
- Women's/care sector
- Other non-profit



2018

- Decent Work for Women – A literature review of women working in Ontario's nonprofit sector**
Ontario Nonprofit Network - 2018
- Women's Voices-Stories about working in Ontario's nonprofit sector**
Ontario Nonprofit Network - 2018

2019

- Reclaiming Power and Place: Final Report**
National Inquiry into Missing and Murdered Indigenous Women and Girls - 2019
- More Than a Bed & Transitioning to a Life Free From Violence**
Women's Shelters Canada - 2019

2020

- National Survey on COVID-19 and GBV Survivors & Service Providers**
EVA Canada & Anova - 2020
- Community-Based Anti-Violence Worker Wellness: A Review of the Literature and Recommendations for the OFOVC**
Ending Violence Association of BC - 2020
- Women's Sector at Risk of Financial Devastation: Implications for Canada's COVID-19 Recovery**
YWCA Canada, CRIAW-ICREF, Canadian Women's Foundation, G(irls)20 and Oxfam Canada - 2020
- Resetting Normal: Women, Decent Work and Canada's Fractured Care Economy**
Canadian Women's Foundation - 2020

2021

- Roadmap to a National Action Plan on GBV**
Women's Shelters Canada - 2021
- The Care Economy Statement**
Care Economy Initiative - 2021
- Imagine Canada's Sector Monitor: The uneven impact of the pandemic on Canadian charities**
Imagine Canada - 2021

2022

- Toward a Thriving Women's and Gender Justice Sector**
Canadian Women's Foundation - 2022
- Recognizing Critical Expertise: A Knowledge and Skills Framework for Intimate Partner Violence Specialists**
Western University Centre for Research & Education on Violence Against Women & Children - 2022
- Culleton, Kuzyk & Warmerdam Inquest (Renfrew County) Jury Recommendations**
Office of the Chief Coroner, Verdict of Coroner's jury - 2022
- Diversity Is Our Strength: Improving Working Conditions in Canadian Nonprofits**
Imagine Canada - 2022
- Creating Wage Parity in Community Care**
Ontario Nonprofit Network - 2022
- The Nonprofit HR Crisis**
Ontario Nonprofit Network - 2022

2023

- National Survey of Sexual Violence Services**
EVA Canada - 2023
- Turning the Tide Together – Final Report of the Mass Casualty commission**
Mass Casualty Commission - 2023
- What We Heard: Survivor-Led Strategies to Inform the Implementation of Canada's National Action Plan to End Gender-Based Violence**
YWCA Canada - 2023
- Victim Services and Vicarious Resilience**
Victimology Research Centre at Algonquin College, and Victim Justice Network - 2020-23
- Feminist Brain Drain Study**
Women's Shelters Canada - 2022-23
- Budget 2023 Proposal: Caring for Carers, Investing in the Mental Health of Front-line Community Service Workers**
United Way Centraide Canada - 2023
- How much do we care? An Assessment of the Canadian Paid and Unpaid Care Policy Landscapes**
Oxfam Canada - 2023
- Care Economy Budget Submission**
Care Economy Initiative - 2023
- Decent Work Pathways Microsite**
Ontario Nonprofit Network - 2023

2024+

- Maintain: Strengthening our Collective Care**
Sexual Violence New Brunswick - 2020-25
- Building Supports for the GBV Workforce**
EVA Canada - 2022-24
- Nonprofit Labour Force Strategy**
Ontario Nonprofit Network - ongoing
- Show We Care Campaign**
Canadian Labour Congress - 2022 onwards

"Dates are estimates and generally indicate when the project ended"

APPENDIX C:

Case Scenarios

MARCH 2024



BUILDING SUPPORTS FOR THE
**GENDER-BASED VIOLENCE
WORKFORCE**



Ending
Violence
ASSOCIATION OF CANADA

Canada



Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada

This project has been funded by
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Ottawa, ON: Ending Violence Association of Canada.

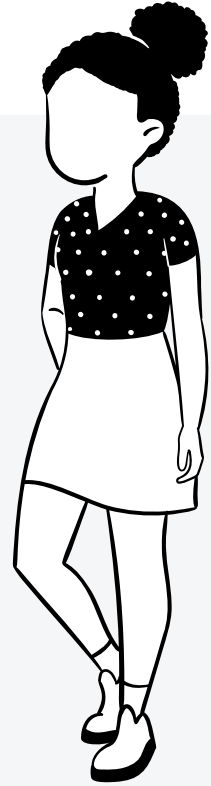
Case Scenarios

Meet Charlotte

Charlotte is an administrative receptionist at a women's crisis centre who works 4 days per week.

In her role she answers the phones, books appointments, greets women at the front desk, and distributes gift cards and vouchers to clients in need. Charlotte sometimes sees women come in with bruises or injuries, and she often finds herself consoling emotionally distressed clients on the phone before they can speak to an intake worker.

Charlotte regularly leaves her job at the end of the day feeling emotionally drained; she is constantly worrying about the clients she speaks to outside of work hours, and while working at her other job, which she needs to make ends meet. Being a part time admin worker at the centre, Charlotte is excluded from clinical trainings and supervisions that other front-line staff attend, and she does not have EAP benefits that would allow her to access counselling.



Meet Iman

Iman is a legal support worker for victims of violence.

She was inspired to use her legal training to do this after seeing her own family members struggle with the impacts of abuse. For the last 8 years

Iman has spent her workdays meeting with victims, explaining their rights to them, and helping them navigate the legal system, sometimes by accompanying them to court. Iman often finds women breaking into tears in her office and feels extremely discouraged when victims do not get justice through the court system. Over the last 2 years Iman has struggled to keep up with her caseload, working through several weekends. She often feels guilty about all the women on her agency's waitlist that she cannot support.

Lately Iman has been tired all the time and finds herself feeling numb and achy; it has been a struggle for her to get out of bed in the mornings and go in to work. She doesn't understand why she feels this way because she loves her work, but she doesn't want to bother her co-workers or supervisor about it because they are all overwhelmed with work and don't have much free time.

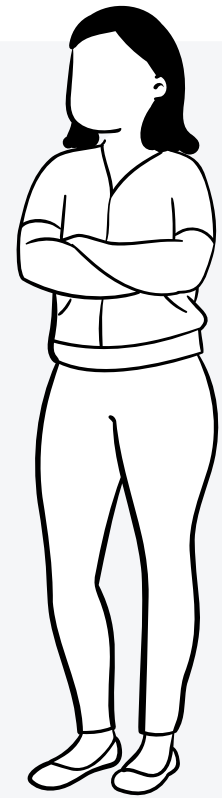


Meet Mai

Mai is a children's counsellor who has been working at a women's shelter for the last 11 years.

Mai cares for children while their mothers settle into the shelter and runs activities with them to help them heal from abuse and learn life skills. She frequently meets with children one on one where they disclose a lot of their experiences living in violent homes, but it brings her joy when she finds ways to help children thrive despite their previous trauma. Recently there was an incident where an aggressive parent came to the shelter and tried to kidnap a 5 year old child. Mai had to protect the terrified boy and his mother in a back room while the other shelter staff called law enforcement to arrest the perpetrator.

Mai was very glad that the family was safe, but since the incident she has been having nightmares and feels extremely anxious any time she is alone in her own home. She has also grown very protective of her own children who are 6 and 8 years old, and she feels uncomfortable leaving them in other people's care. Mai raised this with her supervisor, who recommended that she use her EAP benefits for support, as they covered 4 sessions of counselling. However even after this, Mai cannot seem to shake the anxiety and still sometimes wakes up at night in a cold sweat. She has been talking to her husband about going on an unpaid stress leave from work but it's become clear that this would put a huge financial strain on their family.



Meet Dana

Dana has been working part time for 8 years as a facilitator for a program that works with perpetrators of intimate partner violence.

Through group work and individual sessions Dana helps her clients reduce the risk of future violence, build healthier lives and connects them to resources. Although she has had a few aggressive encounters with clients over the years and groups have been full to capacity, Dana loves this work and feels this is her passion.

Being a single mom, Dana has struggled with her own finances and takes on other part time relief work at the local shelter to make ends meet for herself and her 4 year old daughter, who has some ongoing health conditions. Dana has talked to her organization several times about the possibility of advancing into a full time role and getting more training in de-escalation strategies, but she was told that despite long waitlists for the program, there aren't resources to offer her full time work or professional development.

Meet Tania

Tania is an Executive Director at a small centre that supports survivors of sex trafficking and sexual exploitation.

The centre started out 7 years ago with 3 staff but with the help of several grants, Tania has managed to grow it to employ 6 people, and help many clients live productive lives after being exploited. However, it has been increasingly difficult to retain skilled workers with experience in this area.

Today Tania spoke with Katya, who has been a counsellor with the centre since its inception, and supports clients with trauma, addictions, and mental health challenges. Katya shared that she is resigning because she has not been able to make ends meet with the minimal salary increases offered by the centre, and has started a private therapy practice that will allow her to support her family better. Tania knows that losing Katya at the centre would be devastating to many clients and to the morale of the other staff, but cannot find a way to keep Katya's wages competitive. She understands Katya's reasons for leaving but feels saddened by it and is discouraged about the additional task of hiring someone new.

Tania knows that finding another therapist with equivalent skills will be almost impossible, and she will have to grapple with the dilemma of either hiring someone who is not well qualified to do the job, or investing funds the centre doesn't have in professional development training for a new counsellor. Tania would like to see this centre thriving, however since its opening it has always felt like a struggle to just keep it financially afloat in order to serve vulnerable clients.



Meet Priya

Priya is a survivor of childhood sexual abuse who has decided they want to give back to their community by volunteering.

They got involved with a program where they are running a peer support group for family members of sexual abuse survivors. Priya runs this group twice a week where they hear from participants how their loved one's trauma has impacted their lives. Priya feels fulfilled doing this work, but for the last 2 months they have started having flashbacks to their own trauma and are struggling to sleep at night.

Priya would like to talk to someone from the organization about this, however they just found out that the Volunteer Coordinator was let go due to funding cutbacks. Priya has been considering resigning as a volunteer, given the emotional toll it's been taking on them. They feel bad about this, because they know the organization has struggled to find people to keep this program going. But resigning would also mean that Priya would have more time to take on extra shifts at work, which would help a lot since their rent has recently gone up.



Meet Amadi

Amadi is a manager at a settlement organization; he and his team run a program that helps newcomers and refugees deal with matters of citizenship, immigration, and sponsorship.

Lately he has noticed that a lot of his staff are supporting female clients living with abusive spouses who are unable to escape the abuse or are scared to leave. Amadi tries to provide staff with resources for these women but feels that more needs to be done. After intervening in an incident last week where a male client was yelling at his wife in the office, Amadi brought this up with his director, Meena and asked about building capacity with his staff. However, he was told that because they are below their yearly program targets they risked losing funding if the targets were not met. As a result, Amadi's team could not afford to spend extra time attending trainings. Amadi does not want their program to lose funds but worries about the couple that he saw last week, and knows that his staff feel very conflicted about not providing extra support to vulnerable women who are being harmed.

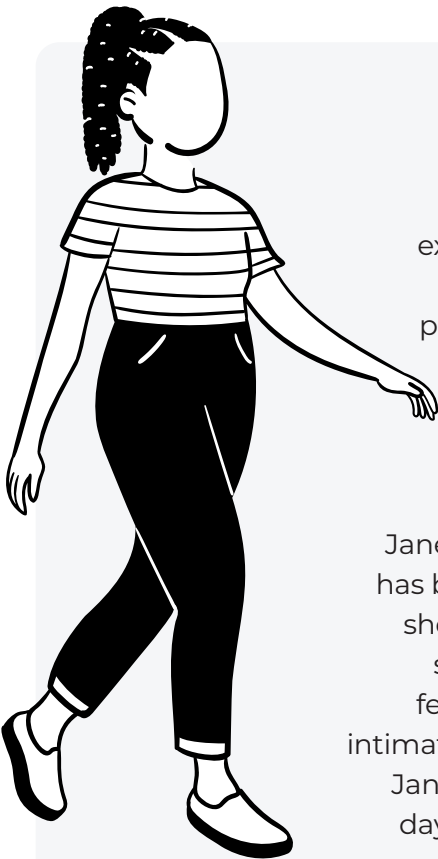


Meet Janelle

Janelle is a counsellor who works at a centre that supports survivors of sexual violence.

In her formative years she had many friends who told her about their experiences of sexual violence, so when Janelle graduated with her Masters degree 5 years ago, she decided to apply for this role even though the pay was minimal. As a counsellor, Janelle provides ongoing sessions to help survivors heal from their trauma and often hears graphic details of abuse while supporting her clients' emotional needs. Janelle also takes shifts on the centre's volunteer-led crisis line, and helps to train new volunteers to support callers.

Janelle is very passionate about her job, but over the last several months she has been feeling anxious and unsettled outside of work hours. On days when she hears really difficult client stories she comes home drained and cannot seem to enjoy spending time with her family. Recently she has also been feeling more distanced from her fiancé, Josh, and has had difficulty being intimate because she finds herself being reminded of client stories she's heard. Janelle hasn't taken time off in almost a year, but has had to use several sick days because of headaches that keep occurring. She thinks she could use a vacation but feels bad about taking it because she knows the centre is short staffed and they rely on her for coverage of their crisis line.



APPENDIX D:

Findings from EVA Canada's National Questionnaire on the GBV Workforce in Canada

MARCH 2024



BUILDING SUPPORTS FOR THE
**GENDER-BASED VIOLENCE
WORKFORCE**



**Ending
Violence**
ASSOCIATION OF CANADA

Canada



Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada

This project has been funded by
Women & Gender Equality Canada.

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Ottawa, ON: Ending Violence Association of Canada.

Findings from the Ending Violence Association of Canada's National Questionnaire on the Gender-Based Violence Workforce in Canada

Introduction

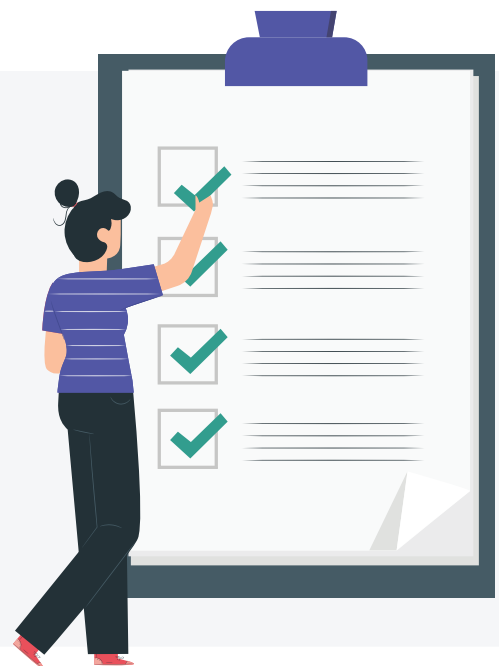
Gender-based violence (GBV) has been declared an epidemic across jurisdictions, including many regions in Canada. UN Women defines GBV as harmful acts directed at an individual or a group of individuals based on their gender, suggesting that these acts are rooted in gender inequality, the abuse of power and harmful norms. GBV encompasses a range of violent acts including, but not limited to, sexual violence, intimate partner or domestic violence, family violence, human trafficking, or violence against 2SLGBTQIA+ populations.

Despite being on the frontlines of responding to this epidemic, the GBV workforce in Canada is largely invisible, under-recognized and under-studied.

While there is currently no agreed upon definition of the GBV workforce in Canada, for the purposes of this report we define the workforce as broadly including individuals who provide or support: acute and longer-term recovery and/or other services to those impacted by GBV; prevention programming; interventions for perpetrators; education, advocacy, policy, and research related to GBV. GBV workers are sometimes referred to as anti-violence workers and may include (but are not limited to) counsellors, advocates, administrative and management staff, crisis line volunteers, researchers, health care professionals, and others. An important, but often overlooked component of GBV work is routine exposure to survivors or perpetrators of various forms of gender-based violence; the stories of survivors or perpetrators of gender-based violence; and/or the trauma caused by gender-based violence.

This short report provides an overview of 6 key findings that arose out of what we learned from a questionnaire administered to over four hundred individuals who self-identified as being members of the GBV workforce in Canada and the conditions under which this work is undertaken.

Given the lack of data on the GBV workforce in Canada, these findings can be understood as a first step in beginning to understand this important, but under-studied sector.



About the Questionnaire

The bilingual, online questionnaire was one component of an Ending Violence Association of Canada (EVA Canada) project called Building Supports for the Gender-based Violence Workforce. **It was completed by 420 respondents who self-identified as carrying out GBV work in Canada.**

The questionnaire was available on the EVA Canada website between July 2023 and October 2023. The questionnaire was promoted through EVA Canada's social media channels, email outreach through networks, and on the EVA Canada website.

Respondents were asked 8 questions which included their geographic location (province/territory), gender and identification with any equity-seeking groups, workplace information including type of organization or agency for which they worked, type of position, and questions related to working conditions, occupational wellness, and employment security. Respondents were given the opportunity to provide written comments at the end of the survey.

We used convenience sampling to recruit respondents which is a type of non-probability sampling. This means that rather than trying to ensure an equal chance of each member of the entire GBV workforce in Canada being selected as part of the sample, we simply solicited respondents who carried out GBV work and asked them to self-select. It is important to note that due to the method of sampling we used, we *cannot* draw conclusions about the entire population of GBV workers. However, through analyzing the data of these 420 respondents we can provide a snapshot of the workers and working conditions of those who chose to participate in the questionnaire at a point in time.

While we had representation from all provinces and territories (except the Northwest Territories), there were more respondents from some regions than others. For example, **37%** or 153 of 420 respondents were from Alberta, while **13.1%** (55) were from Ontario. Similarly, the number of respondents from Manitoba were (**11.2%** or 43), British Columbia were (**12.5%** or 49) and Quebec were (**8.8%** or 32). GBV workers who self-identified as Indigenous made up **10.39%** (43) of the sample, with at least one Indigenous respondent from ten of the thirteen provinces/territories.

Representatives of a broad range of GBV organizations including community-based sexual assault centres, multi-service organizations, domestic violence shelters or transition houses, victim services, services for perpetrators of violence, hospital-based sexual assault/ domestic violence treatment centres and others responded to the questionnaire.

Because of the way we asked the question it was difficult to identify the primary function of many of the organizations/agencies, as many respondents chose more than one descriptor for their organization. We can say however that **29.3%** of the respondents chose only community-based sexual assault centre, **11%** chose only domestic violence shelter or transition house, **5%** chose only an advocacy, research, and policy organization, **4.3%** chose only post-secondary campus based sexual assault services, **4%** chose only a multi-service organization, **3.6%** chose only victim services, **2.9%** chose only 'other' and **1.4%** chose only services for perpetrators. The 'other' category included police, provincial/territorial organization, services for Indigenous Peoples and a sexual health clinic among others.



Key Findings

- 1 GBV organizations, and GBV workers, carry out multiple roles including filling gaps in communities and stepping in to provide services where none exist.

The multiplicity of roles GBV organizations play make it challenging to fully capture the extent and complexity of their work. We can reasonably infer from respondents that their organizations are often involved in several different aspects of GBV and GBV-related work. When asked what type of organization or agency would best describe their workplace many respondents chose more than one type. For example, while **5%** of respondents indicated that their organization was best described as an advocacy, research, and policy body, **19%** of respondents described their organization as an advocacy, research, and policy body along with other descriptions (e.g., community based sexual assault centre, domestic violence shelter).

Similarly, the work undertaken at GBV organizations among our sample includes a variety of functions. A significant proportion of the work includes those who are on the ‘frontlines’, providing services directly to survivors and/or their loved ones, or in fewer cases interventions for perpetrators.

Just over half (**52.2%**) of individuals in our sample indicated that their work includes frontline or direct service provision. While we did not ask what proportion of workers engaged in frontline or direct service provision to survivors versus perpetrators, **5%** of respondents indicated that they work for an organization or agency that provides services for perpetrators. In addition to direct service provision, GBV workers are engaged in behind-the-scenes work of keeping communities safe through education, prevention, and advocacy. Respondents indicated working in management or supervisory roles (**21%**), education, training, or prevention roles (**15%**) and administrative work (**4%**). Policy or research work made up **2%** of the work done in our sample. In addition, we had respondents who identified themselves as board members for GBV organizations, fundraisers, and custodial staff.



Qualitative results show that GBV workers often complete tasks outside of their area of expertise and/or training due to resource constraints.



For example, a GBV worker notes:

“With my position, I have been given multiple work tasks that should be on another position’s task list. Since we are unable to afford those positions, they remain on my task list until [we are] able to receive funding to assist with hiring for these positions. We understand funding is limited and we try to work with what we receive and fundraise for.”

Results further suggest that GBV workers are encountering clients with an increasing complexity of needs at a time when government policies and inadequate funding have resulted in a weakening of the health and social care system in Canada. This means that GBV workers are being asked to “fill gaps” in their communities through working beyond the scope of violence counselling and support.



For example, one respondent who works as a leader wrote:

“The cases are becoming more complex. The economy, lack of affordable housing, short staffing, long counselling lists have definitely contributed to more impact and affect doing this type of work. Since the pandemic it sure is a different world out there and the tipping point for many clients is close at hand. The lack of resources available, low-income housing, increase in food expenses, makes our work that much more difficult because the basic needs of many are not met and therefore managing other stressors in their lives is that much more difficult.”

Key Findings

2 The GBV sector faces similar challenges as other diverse, woman-majority workforces including devaluation of the work and financial precarity.

The vast majority of GBV workers in our sample identified as women (89%), 6.7% as gender non-binary, and 3.1% as men. This is in agreement with previous studies in the USA which indicate that the GBV workforce has traditionally been and continues to be woman-majority (Wood et al., 2020; Voth Schrag et al., 2022).



A large proportion (66.9%) of workers identified with at least one equity-seeking group. Though 29.9% of our sample indicated not belonging to any equity-seeking groups, 26.6% self-identified as 2SLGBTQIA+ and close to one quarter self-identified as BIPOC (22.2%). In addition, 18.4% of our sample identified as part of a rural, remote, or northern community and 15.7% self-identified as low income. A significant minority of the GBV workers who responded to the questionnaire indicated identifying with more than one equity-seeking group. For example, of the 26.6% of respondents who self-identified as 2SLGBTQIA+, 8.9% identified with least one other marginalized group, 3.6% identified with two others, and 1.9% identified with three or more.

These results suggest that the GBV workforce is diverse and brings the variety of experience and skill-sets necessary to provide specialized supports that meet the needs of distinct communities.

However, qualitative comments suggest that being a diverse, woman-majority sector is associated with a devaluation of the sector.

A devaluation of the work not only reinforces but perpetuates the realities of financial precarity that has characterized women-dominated workforces (e.g., 'care economy' such as nurses, childcare providers).



For example, one respondent who works as a leader wrote:

“It is hard to steer a team of hard-working passionate women who continue to be exploited by our government by way of taking advantage of their passion. Pay equity would be a good place to start. It is the feeling of abandonment and disrespect which is hardest.”

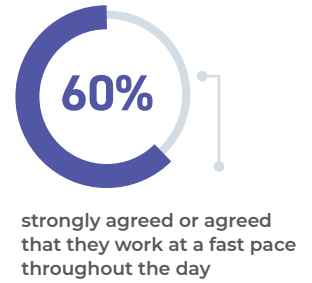


Key Findings

3 GBV work is trauma-exposed work that carries significant occupational health and safety risks.

GBV workers are skilled professionals who are committed to their work and passionate about what they do. The nature of the work, however, carries significant occupational health and safety risks that continue to be at best minimized and at worst overlooked in the GBV sector while being recognized in other sectors (e.g., first responders). The results from the questionnaire are in line with previous research that has shown GBV workers experience burnout, compassion fatigue, vicarious trauma or secondary traumatic stress, and moral distress. Together these conditions comprise what are known in the occupational health and safety literature as occupational stress injuries.¹

When asked about the pace of work, **60%** of the workers in our sample strongly agreed or agreed that they work at a fast pace throughout the day, while **16.2%** strongly disagreed or disagreed. Frontline workers and management accounted for **75.3%** of workers who agreed that they worked at a fast pace. A fast pace of work often means high workloads, limited breaks, and poor work-life balance, all of which are associated with burnout. Qualitative comments suggest the fast pace of work negatively impacts the mental health of GBV workers.



As one worker wrote in the comments:

“It is of the utmost importance to ground myself every morning before the start of work. There are some days where it feels like I don’t stop. I am constantly busy. I do not have any ‘down time’. There is work for a full time and a half time person in this office, but it is only contracted for one full time position.”

In addition to experiencing burnout, our results show that over half of respondents (**56.2%**) strongly agreed or agreed that they feel emotionally exhausted and/or worn out due to their work (**26.7%** of respondents strongly disagreed or disagreed). Further, **39%** of workers strongly agreed or agreed that the exposure to the trauma of others negatively impacted their mental health and **35.2%** of workers strongly agreed or agreed their work drains so much of their energy that it has a negative effect their private life. These proportions were higher for GBV workers who identified as persons with disabilities, with **50%** agreeing vicarious trauma negatively impacted their mental health and **51.7%** indicating that their work had a negative effect on their private life. Many GBV workers noted qualitatively the extent of compassion fatigue and vicarious trauma among workers.



A GBV worker stated:

“I have witnessed many colleagues negatively impacted by this work. Compassion Fatigue and Vicarious Trauma are commonplace amongst front-line workers.”

A common theme that arose in the qualitative data was that it is “the system, not the victim” that leads to negative impacts on mental health. GBV workers noted that it is a lack of resources available for survivors that causes occupational stress.



For example, one GBV worker commented:

“The lack of resources and the gaps in the system that creates more difficulty for victims is what mainly affects my mental health negatively”

while another suggested that

“systemic stress is a huge contributor to my negative impacts from the workplace. I find that more troubling than hearing stories of trauma or working in a trauma related environment. Dealing with systems that do not function well, that do not recognize or respect the needs of survivors is very challenging.”

¹ Antony et al., (2020) describe occupational stress injuries as encompassing: “a broad range of psychological and other conditions resulting from duties performed on the job that interferes with a person’s professional and personal life, including anxiety, depression, and post-traumatic stress disorder.”

Key Findings

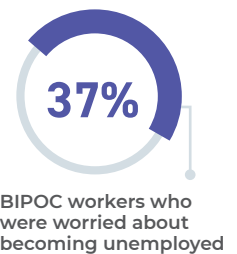
- 4 GBV work is insecure and undercompensated relative to the occupational health and safety risks of the work, the specialized nature of the skills required to carry out the work, and the increasing complexity of client needs.

Many GBV workers lack employment security and adequate wages particularly given the trauma exposure within their working environment, their high skill level, and the complexity of work they are increasingly required to take on.

As one GBV worker stated

“I have been working in the field of sexual violence for 17 years and have experienced an increasing level of employment insecurity and decreasing compensation for the last 5 years, despite growing experience. This, compounded by the increasing complexity of challenges survivors are facing (financial, relationships, mental health, family/criminal court), lack of adequate community supports to partner with or refer to, and a provincial government that does not prioritize the rights of women or survivors has led me to look for alternative employment opportunities.”

A significant minority of GBV workers indicated experiencing employment insecurity. A quarter of workers in the sample (**24.7%**) strongly agreed or agreed that they were worried about becoming unemployed; for BIPOC workers the proportion who were worried about becoming unemployed was higher at **37.4%**. Further, less than half (**41.4%**) of the GBV workers in our sample strongly agreed or agreed that they were fairly compensated for their work (**37.2 %** strongly disagreed or disagreed).



Respondents' answers however differed by province/territory. For example, in Alberta, **56.3%** of respondents agreed that they were fairly compensated for their work (**25.1%** disagreed), while in Ontario **16.7%** of respondents agreed (**64.8%** disagreed). If we remove Alberta from the analyses, **33.3%** of GBV workers across the remaining provinces and territories indicated that they are fairly compensated for their work (**43.6%** did not feel that they are fairly compensated).

GBV workers noted struggling with the increased cost of living in the post-pandemic period in the qualitative comments.

As a GBV worker wrote:

“I really enjoy my work, I love my colleagues and my organization. The work is hard but I feel supported. But the cost of living is very high right now, and I just don't think that people are paid adequately enough in this field.”

GBV workers also documented having to work more than one job or feeling forced to leave the sector due to inability to cover basic living costs.

Another GBV worker stated:

“I think it's important to recognize that most of us working in this field hold multiple jobs within the sector. Primarily because we are unable to afford life on one income. If you are lucky like me, you may get to work in a policy capacity and occasionally work front-line. However usually you are working multiple jobs from one crisis agency to another, and the combination of income insecurity and high-stress work environment is what really impacts a person's wellbeing.”

Key Findings

- 5 The GBV sector requires core, stable, adequate funding from governments to protect occupational health, safety, and wellness of workers.

The GBV sector has historically dealt with inadequate and unstable government funding. Inadequate funding levels have been associated with inability to recruit and retain staff, employment insecurity, low wages relative to similar work (e.g., first responders) and few or no health benefits to assist with the impacts of trauma-exposed work (Rossiter et al., 2020, Wendt et al., 2020; Voth Schrag et al., 2022). These factors have only been exacerbated over the last several years

As a GBV worker wrote:

“The piece that has been most draining over the past 15 years working in this field is that the field is insufficiently staffed so daily we have to turn away women and children who are ready to do the work. This is where the exhaustion comes in and the compassionate burn out. Feeling helpless in the face of so much need! Having many jobs off the side of your desk also means long days that are not always compensated, that are used to apply for funding to keep my position going and then the required report writing. This is a massive problem throughout Canada and should be fully funded by government so the NFP [Not for Profit] sector don't have to do their job and the Governments”.

Many GBV workers in our sample noted the impact of unstable funding and how it relates to occupational stress, suggesting that low wages, job insecurity and the lack of employee mental health supports negatively impact their occupational health and wellness.

A GBV worker commented:

“Salaries have not increased in probably 10 years or more. It adds stress to be able to pay bills and live. Ongoing funding for positions has been a constant worry, and with the increased cost of living, staff of charitable organizations like mine are feeling the pressure of working jobs that are often part-time and have comparatively low wages for the level of skill required to complete daily tasks. There is little formal supports in place to deal with listening to intense trauma day in and day out.”

Inadequate, unstable, and/or short-term funding was also related to issues with recruitment and retention. GBV workers documented that they felt compelled to leave the GBV sector because of the lack of adequate wages and health benefits:

“I grieve that fact that I may need to leave a sector that I have devoted my career to, in order to maintain health benefits for myself and my children, and am concerned about the sector as a whole, should experienced and educated professionals feel forced to leave for mental health, financial or other reasons.”

A tension that was noted in the qualitative data was that while GBV workers documented their dedication to, and positive effects of their work in the sector, the lack of adequate, core and stable funding has created employment conditions that are increasingly untenable.

As one GBV worker wrote:

“Mon travail m’affecte positivement car j’ai l’impression de contribuer à la société et d’aider à faire un changement. Je dirais qu’il a un effet positif sur ma santé mentale. Toutefois mon poste est relié à un financement par projet, et ces financements sont toujours de courtes durées, ce qui est inquiétant pour ma stabilité d’emploi”.

[My work affects me positively because I feel I’m contributing to society and helping to make a change. I’d say it has a positive effect on my mental health. However, my job is linked to project-based funding, and this funding is always short-term, which is worrying for my job stability].

A striking piece of qualitative data pointed to how the essential work of intervening with offenders – a fundamental component of ending GBV – is under-recognized, under-supported and often invisible to government funders.

When the work of supporting survivors is unable to keep up with demand due to under-funding by governments, funding for the work of intervening with offenders, which has been marginal at best, is further marginalized. The intersection of feeling responsible for keeping victims safe, along with a significant lack of resourcing uniquely impacts the occupational health and wellness of this group of GBV workers.

As a GBV worker wrote:

“Working with offenders of IPV/GBV/DV is a very lonely job. There are not many resources or supports to tap into for the offenders. The pressure of worrying about the victim’s safety by trying to manage the offender’s risk feels unbearable at times. It feels that society, policy makers, funders and decision makers do not understand the impact of such work on frontline staff, supervisors and managers who work with offenders and the expectation seems to be unrealistic at times. All this can lead to feelings of discouragement, and a bit of hopelessness.”



Key Findings

6 GBV workers recognize the impact and contribution of their work and thrive in supportive environments.

While GBV work is demanding, complex, and under-resourced, workers recognize the tangible and meaningful impact that they make in the lives of survivors, families, communities, and society. Through the qualitative comments, GBV workers documented seeing the benefits of their work.

As one GBV worker wrote:
“Although working with trauma can be heavy at times, it is also amazing to see healing happen on a daily basis.”

Another stated:
“I believe the work we are doing is incredibly important in the town/ small city that we live in.”

GBV workers noted feeling positively about taking action to create change at both the individual (survivor) and societal levels.

Workers further documented a strong sense of purpose and personal fulfillment derived from their roles.

One worker suggested:
“While the work can indeed be emotionally tiring, there are also positive feelings associated with supporting survivors and contributing to positive societal change that are worth mentioning.”

As a GBV worker commented:
“The work while at times can be very heavy and tough, it’s very fulfilling to help those in their worst moments.”

Several comments pointed to how supportive workplaces help mitigate the negative effects of occupational stress, allowing for GBV workers to thrive in their workplaces.

One GBV worker stated:
“The work itself is rewarding. The fatigue and rough experiences are much easier to recover from with a supportive team”.

Others talked specifically about how collective care² in the workplace positively effects their occupational health and wellness.

A GBV worker wrote:
“Getting to work towards meaningful change within a culture of caring has positively impacted my health and well being.”



² Mehreen et al., (2018) suggest that “Collective care refers to seeing members’ well-being – particularly their emotional health – as a shared responsibility of the group rather than the lone task of an individual”.

Conclusion

This brief report presents **6 key findings** from a short questionnaire answered by **over four hundred individuals** who self-identified as being members of the GBV workforce in Canada.



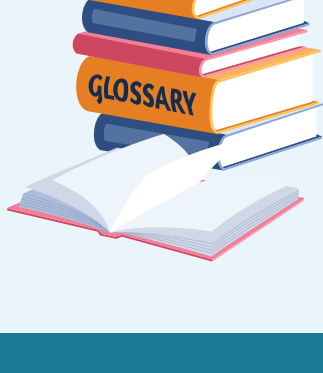
Their responses provide a snapshot of this diverse, woman-majority sector and the conditions under which they undertake their work in Canada. It is clear that the GBV workers in our sample dedicate themselves to their field because they are passionate about applying their specialized skills to support survivors, intervene with perpetrators and work toward prevention with the goal of someday ending GBV.

Government's failure to take seriously the vital contribution of the GBV workforce and the gaps these workers fill beyond the GBV sector has created a crisis for the workforce. The GBV sector requires core, stable, adequate funding from governments to protect the occupational health, safety, and wellness of workers so they may continue their work of making our communities safer.

The key findings of the questionnaire are clear:

without strong organizations and workers, the epidemic of GBV will continue, survivors will not get the support they need, perpetrators will not be rehabilitated, and communities will not benefit from the important prevention, education, and awareness raising initiatives these organizations provide.

Strengthening the Gender-Based Violence Workforce in Canada



What is Gender-Based Violence (GBV)?

Harmful acts directed at an individual based on their gender identity, gender expression, or perceived gender.

1 in 3 women experience this type of violence*

This can include sexual violence, intimate partner violence, femicide and many other forms of violence.

Who are GBV workers?

Anyone whose paid or unpaid work routinely exposes them to survivors or perpetrators of GBV; the stories of survivors or perpetrators of GBV; and/or the trauma caused by GBV.



GBV workers play multiple roles and fill gaps in communities.



Many GBV workers provide crisis intervention, counselling and other one-to-one services to survivors, families, and/or perpetrators.



GBV workers also keep communities safe through education, prevention and advocacy.

GBV work is done in many different areas of the community including:

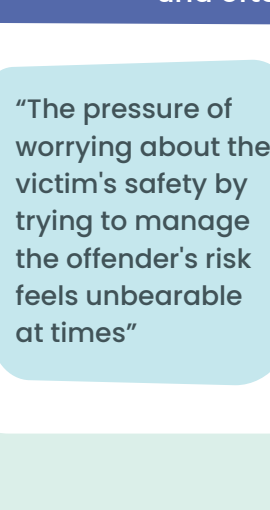
- Sexual assault centres
- Shelters and transition houses
- Multi-service organizations
- Victim services
- Court or legal support
- Services for perpetrators
- Post-secondary campuses
- Hospital based services
- Advocacy, research and policy organizations

GBV workers fill gaps in community services by providing many different types of support, and helping survivors meet complex needs



"The lack of resources available, low-income housing, increase in food expenses, makes our work that much more difficult because the basic needs of many are not met"

Working with offenders is under-recognized, under-supported and often invisible



"The pressure of worrying about the victim's safety by trying to manage the offender's risk feels unbearable at times"

The GBV workforce is a diverse, woman-majority sector.

67%

of workers identified as belonging to one or more equity seeking groups.

27%

of workers identified as 2SLGBTQIA+.

22%

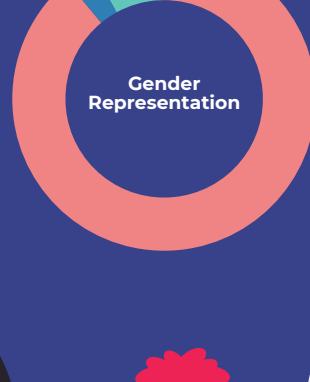
of workers identified as BIPOC.

18%

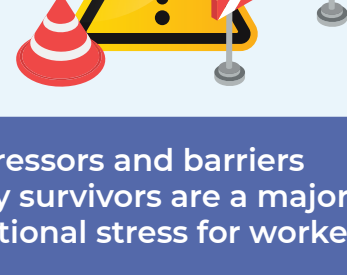
of workers identified as being from rural, remote or northern communities.

16%

of workers identified as being lower income/working class.



GBV work is trauma exposed work that carries health & safety risks.

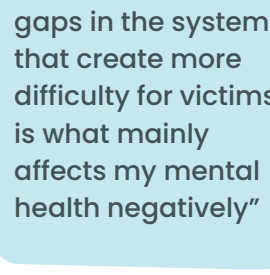


Over half of GBV workers agreed that they often feel emotionally exhausted and/or worn out due to their work



"I have witnessed many colleagues negatively impacted by this work. Compassion fatigue and vicarious trauma are commonplace amongst front-line workers"

Systemic stressors and barriers experienced by survivors are a major cause of occupational stress for workers



"The lack of resources and the gaps in the system that create more difficulty for victims is what mainly affects my mental health negatively"

More than **1 in 3** workers

said their work drains so much of their energy that it negatively effects their private life.

More than **1 in 3** workers

said that exposure to the traumatic experiences of others on the job negatively impacted their mental health.

over 50%

of GBV workers with disabilities experienced these impacts

GBV work is insecure and undercompensated, despite requiring highly specialized skills.



1 in 4 workers

were worried about becoming unemployed.

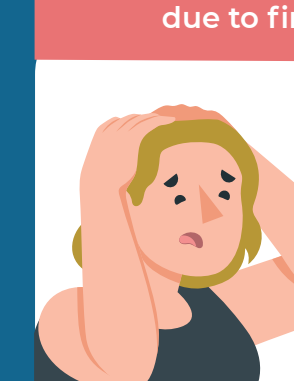
1 over 3 BIPOC workers

were worried about becoming unemployed.

60%

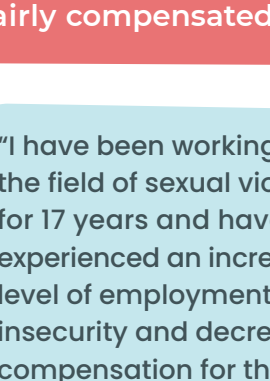
of GBV workers said that they work at a fast pace throughout the day.

Many workers work multiple jobs or were forced to leave the sector due to financial constraints



"...most of us working in this field hold multiple jobs within the sector. Primarily because we are unable to afford life on one income"

Over one third of GBV workers do not think they are fairly compensated for the work they do



"I have been working in the field of sexual violence for 17 years and have experienced an increasing level of employment insecurity and decreasing compensation for the last 5 years, despite growing experience"

The GBV sector lacks the core, stable funding needed to protect the wellbeing of workers.

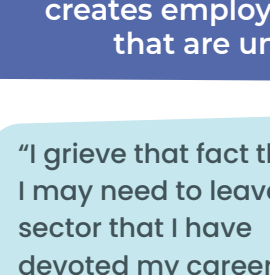


Precarious funding leads to occupational stress, low wages and job insecurity



"The piece that has been most draining over the past 15 years working in this field is that the field is insufficiently staffed so daily we have to turn away women and children"

The lack of core, stable funding creates employment conditions that are unsustainable



"I grieve that fact that I may need to leave a sector that I have devoted my career to, in order to maintain health benefits for myself and my children"

GBV workers do important work and need supportive environments to thrive.

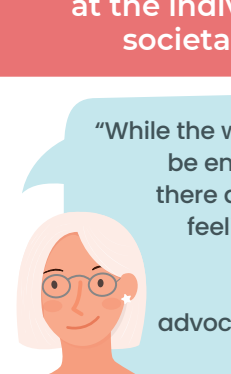


GBV workers impact communities and see the benefits of the important work they do



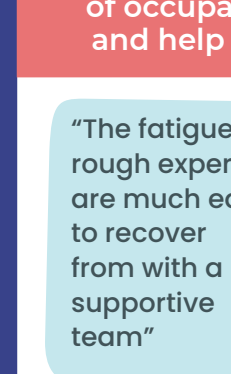
"I believe the work we are doing is incredibly important in the town/small city that we live in."

Workers feel positively about creating change at the individual and societal levels



"While the work can indeed be emotionally tiring, there are also positive feelings associated with supporting survivors and advocacy/education/contributing to positive societal change"

Supporting GBV workers can mitigate the negatives of occupational stress and help them thrive



"The fatigue and rough experiences are much easier to recover from with a supportive team"

APPENDIX E:

Charting the Vision: A Strong, Resilient, Stable GBV Workforce

MARCH 2024



BUILDING SUPPORTS FOR THE
**GENDER-BASED VIOLENCE
WORKFORCE**



Ending
Violence
ASSOCIATION OF CANADA

Canada



Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada

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Charting the Vision: A Strong, Resilient, Stable GBV Workforce



Adequate and equitable funding/resourcing for the GBV sector

- Sufficient funding for GBV prevention, intervention and holistic continued care
- Fair wages and decent work (generally on par with the public sector)
- Equitable and comparative work opportunities across the country, including in remote and rural locations
- Adequate funding for technology, administration and overhead in GBV programs
- Funding specifically allocated for occupational health & safety supports with a focus on psychological wellbeing (i.e. critical incident debriefings, clinical supervision, peer support, mental health leave, counselling, etc)
- An established funding formula, which is informed and determined by the sector



Well-developed infrastructure across the GBV sector

- A GBV sector data strategy to support evidence-informed service delivery and advocacy
- Coordinated and sustainable information-sharing pathways and communities of practice
- Standardized policies and procedures incorporated in workplaces, that address psychological, emotional and physical safety needs of GBV workers
- Robust professional and leadership development, capacity building, training, onboarding, backfilling, mentoring, and supervision practices implemented and normalized across the sector
- Strong bi-directional relationships with government and funders based on trust and mutual understanding
- Standardized GBV training, education and best practices established across the country, with flexibility built in to adapt to community uniqueness
- Workplace cultures in GBV organizations embrace and embody principles of collective care



A strong professional profile of GBV work

- The nature of GBV work and of the GBV workforce (i.e. their demographics, skills and knowledge) is understood and recognized
- The importance of GBV work and the GBV sector's professional expertise is understood, acknowledged, and valued
- The health and safety impacts of trauma exposed work on GBV workers is well understood and documented
- Networks exist that allow for support, coordination and collaboration across the sector on provincial/territorial and national levels
- Collaborative relationships exist with professionals from other sectors in an effort to work together to address the joint goal of ending GBV



Commitment to trauma informed, intersectional feminist principles is clear and evident throughout the GBV sector



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