

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

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

Introduction

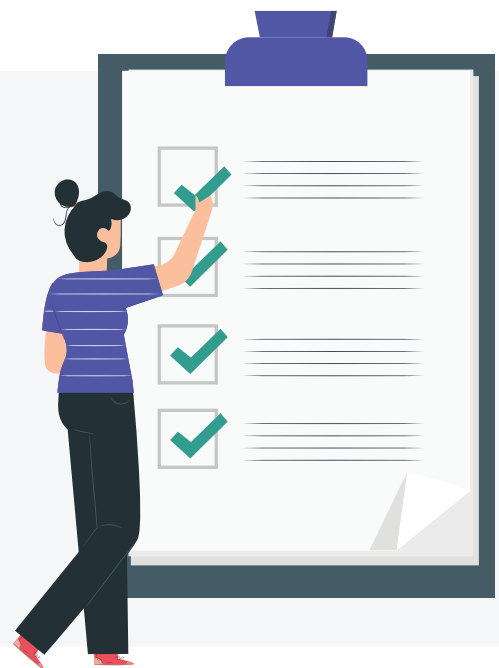
Gender-based violence (GBV) has been declared an epidemic across jurisdictions, including many regions in Canada. UN Women defines GBV as harmful acts directed at an individual or a group of individuals based on their gender, suggesting that these acts are rooted in gender inequality, the abuse of power 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 **10.4%** (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.



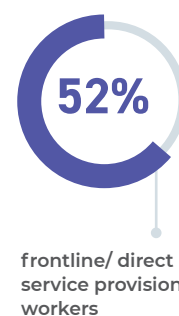
Key Findings

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."

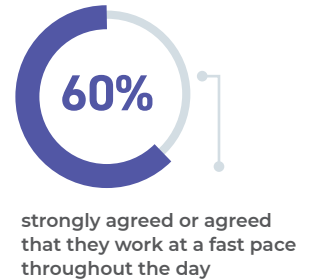


Key Findings

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

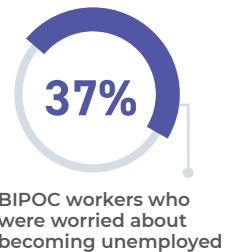
- 4 GBV work is insecure and undercompensated relative to the occupational health and safety risks of the work, the specialized nature of the skills required to carry out the work, and the increasing complexity of client needs.

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.