Stronger Workers
Stronger Survivors

SECTION B

Challenges faced by the Gender-Based Violence Workforce

Authors: Kawther Ramadan, PhD (ABD), and Samantha Fernandes, MSW, RSW

Suggested citation: Fernandes, S. & Ramadan, K. (2026). Challenges Faced by the Gender-Based Violence Workforce. In Stronger Workers, Stronger Survivors: A Strategy to Strengthen the Gender-Based Violence Workforce in Canada (pp. 14-44). Ending Sexual Violence Association of Canada. https://endingviolencecanada.org/stronger-workers-stronger-survivors/

Challenges Faced by the GBV Workforce

This section outlines the multiple challenges experienced by workers in the GBV sector, based on both, research and first-hand reports from the sector, gathered from GBV workers across the country through our engagements. These challenges are separated into themes and sub-themes to enable us to more fully understand and appreciate the nuanced experiences of workers.

The information gathered is organized in the following manner:

Red Outlined boxes indicate descriptions of the challenges that workers are experiencing

Purple Outlined boxes indicate the systemic change needed to help address the challenge and improve working conditions

Solid Blue boxes are stories from the field that were shared during engagement sessions

Solid Green boxes indicate responses that workers provided to the question of "If funding and resources for GBV work were abundant and accessible, how would this work be different?"

Geography

The literature and sector feedback point towards stark differences in GBV service in urban versus rural, remote, and Northern areas. Language inequities, particularly affecting Francophone communities, as well as growing wait lists in Quebec, signal systemic capacity failures that leave survivors stranded without timely access to the help they need, and place ethical strain on workers.

Across these contexts, GBV workers routinely absorb logistical, relational, and systemic gaps to keep services functioning, often without adequate resources or formal recognition.

Safety Risks

Rural and remote GBV work involves distinct safety-related risks, including long travel distances, isolation, limited infrastructure, unreliable communication networks, and reduced access to backup support. Research and sector reports highlight that these conditions increase worker vulnerability, time demands, and stress, particularly when safety protocols (such as travelling in pairs, reliable cellular service, or access to safe accommodation) cannot be consistently implemented due to resource constraints. Risks are especially elevated when working with survivors in high risk cases in remote areas.

Sources: Ayer, 2023; Rossiter et al., 2020; Burd et al., 2023; Ending Violence Association of Canada [EVAC], 2024; Aronsson et al., 2017; Benach et al., 2014; Kulkarni et al., 2013; Wells et al., 2024; Wood et al., 2022

> Geography-specific workforce planning is needed to address safety, travel time, staffing models, and infrastructure gaps in rural and remote GBV services, rather than applying urban-based assumptions.

In Yellowknife, NWT, GBV workers talked about how the city tends to be a hub that survivors come to when violence happens in smaller remote communities. Many survivors come to Yellowknife using the ice road, which is open during the winter and stay with friends as they have no where else to go. Some survivors even engage in sex work to help them cover costs of basic needs and can be exploited through sex trafficking. Workers relayed a story of a woman who was being trafficked who was offered help. She was brought into a community agency having told her trafficker that she was going for a job interview, and was finally able to report her abuse and escape the violence.

Recruitment Challenges

Rural and remote GBV services face compounded recruitment and retention challenges due to geographic isolation, professional isolation, limited access to peer support and supervision, and heightened workload demands. Research indicates that persistent understaffing and limited relief capacity contribute to higher burnout among existing workers. These dynamics create a cycle in which vacancies sometimes remain unfilled despite available funding

Sources: Ayer, 2023; Rossiter et al., 2020; Burd et al., 2023; Ending Violence Association of Canada [EVAC], 2024; Aronsson et al., 2017; Benach et al., 2014; Wells et al., 2024; Wood et al., 2022

> Breaking cycles of burnout and vacancy in rural GBV services requires targeted recruitment, retention, and wellbeing strategies that reflect place-based realities rather than assuming labour availability.

Basic Needs Access

Fly-in and northern GBV service contexts face extreme geographic and infrastructure constraints, including high transportation costs, limited access to housing, food, and essential supplies, and dependence on external delivery systems (such as Canada Post). Research and sector reports note that disruptions to transportation or supply chains can significantly increase stress, workload, and safety concerns for workers, while also intensifying client needs. These conditions place additional emotional and logistical pressure on GBV workers operating in already isolated and under-resourced environments.

Sources: Ayer, 2023; Rossiter et al., 2020; Burd et al., 2023; Ending Violence Association of Canada [EVAC], 2024; Aronsson et al., 2017; Benach et al., 2014; Wells et al., 2024; Wood et al., 2022

> Workforce planning for northern and fly-in communities must account for transportation costs, supply-chain vulnerability, and the added emotional and logistical pressures these conditions place on workers.

Transportation & Coordination

Transportation and logistics coordination frequently become de facto responsibilities for GBV workers in rural, remote, and northern contexts due to gaps in local infrastructure and services. Research and sector reports note that workers are often required to coordinate travel for survivors—sometimes over long distances and with limited options—despite this work falling outside of their job descriptions and funded mandates. These conditions increase workload, blur role boundaries, create ethical stress, and place pressure on already limited operational budgets.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2024; Rossiter et al., 2020

> Workforce and funding models must explicitly recognize transportation coordination as core service work in rural contexts and provide dedicated resources, clear role expectations, and logistical support to prevent role strain and burnout.

When visiting a Sexual Assault Centre in rural Manitoba workers talked about how geography influenced the the lack of service access. While doing education on sexual violence in schools, workers often hear disclosures from youth, and then have to figure out how to transport the youth and parents many miles away to get help. There is only one location in the city where children under 18 can go if they experience a sexual assault. This is the only place they can access a forensic examination kit, which could take anywhere between 1-4 hours to complete. Workers have to struggle to transport survivors to and from this location, and there are no allocated funds available to do so.

Jurisdictional-Based Funding Restrictions

Jurisdiction-based and place-bound funding models create inequities between urban and rural GBV services. Research and sector reports show that rigid catchment definitions and program eligibility criteria can exclude rural organizations from funding opportunities, requiring them to restructure roles or modify job descriptions to fit funder mandates rather than to fit service needs. These dynamics contribute to uneven resourcing, administrative burden, and workforce instability in rural and remote contexts.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2024; Rossiter et al., 2020

> Equitable workforce planning requires funding models that account for geographic realities, reduce jurisdictional exclusions, and avoid incentivizing artificial job structures that undermine stability and service effectiveness.

Social Norms & Power Structures

Social visibility, lack of anonymity, and entrenched power dynamics in rural and small communities shape how GBV is disclosed, responded to, and addressed. Research and sector reports note that conservative social norms, close-knit networks, and local power hierarchies can discourage reporting, enable cover-ups, and increase pressure on survivors to remain silent. These dynamics add significant emotional, ethical, and professional complexity to GBV work, intensifying worker stress and case management challenges.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2024; Rossiter et al., 2020

> Workforce supports in rural contexts must account for heightened social and political complexity, including risks associated with lack of anonymity, power dynamics, and community backlash faced by both survivors and workers.

Lack of Medical Infrastructure

Limited healthcare infrastructure in rural and remote regions, including shortages of medical personnel, ambulances, and specialized forensic services, creates significant challenges for GBV response. Research and sector reports note that lengthy forensic procedures, long travel distances to hospitals, and lack of return transportation for survivors increase both survivor vulnerability and worker workload. GBV workers are often required to coordinate across emergency, medical, and social systems, absorbing logistical and emotional labour that extends beyond their formal roles.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2024; Rossiter et al., 2020

> Effective rural workforce planning must integrate healthcare access, forensic response capacity, and survivor transportation into GBV service models, with clear resourcing and cross-sector coordination to avoid overburdening workers.

If funding and resources for GBV work were abundant and accessible...

> **I think we would be able to have prevention, counselling and crisis services in all small towns so it is accessible to everyone. It would look like having enough staff and buildings to support having these services in the area.**

Complex Institutional Relationships

Historical and ongoing harms associated with policing, particularly in Indigenous, racialized, and rural communities, shape trust and collaboration between GBV services and law enforcement. Research and sector reports note that mistrust, past violence, systemic racism, and uneven responses to GBV can complicate coordination, increase ethical tensions, and place additional emotional and navigational burdens on GBV workers who must balance survivor safety, community dynamics, and system engagement.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2024; Rossiter et al., 2020

> Policy interventions must acknowledge historical and community-specific contexts shaping relationships with law enforcement and support GBV workers with guidance, training, and alternatives that prioritize survivor trust and safety.

Data Gaps

There is a persistent lack of reliable, disaggregated, and up-to-date data on GBV in rural and remote communities, which limits understanding of prevalence, service gaps, and workforce needs. Research and sector reports note that underreporting, limited local data collection capacity, and inconsistent jurisdictional reporting obscure the scale and nature of GBV in rural contexts. This data gap contributes to misaligned funding decisions and under-resourcing of rural services and workers.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2024; Rossiter et al., 2020

> Improving rural data collection and analysis is critical for equitable resource allocation and for designing workforce and service models that reflect actual community needs.

Service Consolidation

Rural and remote communities often lack specialized, stand-alone GBV services, resulting in shelters or general victim services carrying a broad and complex scope of work. Research and sector reports note that service consolidation in rural contexts increases workload, role complexity, and emotional labour for workers, who are required to respond to diverse forms of violence without specialized staffing, training, or resources. This model places additional strain on workers and can limit the depth and responsiveness of services.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2024; Rossiter et al., 2020

> Rural workforce and service models must account for the absence of specialized services by resourcing integrated roles appropriately, rather than assuming urban-style service differentiation.

Limited Language Capacity

The literature and sector reports indicate that language barriers and limited linguistic capacity in GBV services create inequitable access to support, particularly in regions with small official-language minority populations. When services are not available in a survivor's preferred language, this can undermine trust, safety, and quality of care. Evidence also shows that limited language capacity, combined with high demand, places ethical and workload pressures on workers and organizations, which often absorb these gaps to avoid turning survivors away. This is particulary prevalent in Quebec and Francophone communities who struggle to provide service options in both French and English.

Sources: Ayer, 2023; Dumerchat et al., 2025; Ending Violence Association of Canada, 2024; Rossiter et al., 2020

> Sector evidence highlights language-access gaps for Francophone survivors and workers, while the broader literature supports the link between linguistic barriers, inequitable access, and increased workload and ethical strain in GBV services. GBV service planning in bilingual and Francophone communities needs curated actions based on the specific linguistic needs of populations served.

Waitlists & Limited Service Capacity

The literature indicates that rural and remote communities experience persistent service shortages, with limited numbers of GBV organizations serving large geographic areas. Research and sector reports show that chronic under-resourcing leads to high demand, long wait lists, and organizations operating at or beyond capacity, reducing timely access to care for survivors. These conditions also intensify workload pressures and burnout among workers, further constraining service availability.

Sources: Ayer, 2023; Dumerchat et al., 2025; Ending Violence Association of Canada, 2024; Rossiter et al., 2020

> Addressing rural service gaps requires targeted investment to expand capacity and workforce coverage, rather than expecting existing organizations and workers to absorb unmet demand.

Structural Context in Quebec

The literature and grey sources indicate that rising gender-based violence and hate-motivated harms are occurring within broader contexts of structural inequality, racism, and political polarization. Research and sector reports note that while public commitments to GBV prevention are common, service expansion alone is insufficient without accompanying legislative reform, accountability mechanisms, and structural change. Evidence highlights a persistent gap between political rhetoric and material action, placing additional pressure on frontline GBV services and workers to respond to systemic failures.

Sources: Ayer, 2023; Dumerchat et al., 2025; Ending Violence Association of Canada, 2024; Rossiter et al., 2020

> Workforce sustainability depends on aligning service funding with legislative and systemic reforms that address the root conditions driving GBV, rather than relying solely on frontline responses.

Credential Portability

Non-portable professional licensing and credentialing is a barrier to workforce mobility in care and social service sectors, including GBV work. Inconsistent provincial and territorial licensing requirements can delay employment, limit job opportunities, and discourage skilled workers from entering or remaining in the field after relocation. These barriers disproportionately affect workers in under-resourced sectors that rely on interdisciplinary roles and mixed credential backgrounds.

Sources: Al-Zyoud et al., 2017; Aronsson et al., 2017; Baker & Fortin, 1999; Benach et al., 2013; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Insights to Impact, 2024; Kosny & MacEachen, 2010; Kulkarni et al., 2013; Rossiter et al., 2020

> Improving credential recognition and cross-jurisdictional portability would support recruitment, workforce mobility, and retention across regions.

Demographics & Workforce Inclusivity

The themes below underscore major gaps in understanding who makes up the GBV workforce and how structural conditions shape workers' experiences differently across identities. Limited demographic data obscures inequities related to identity factors, making it difficult to design responsive and equitable workforce policies. Intersecting dynamics influence recruitment, retention, and worker wellbeing, pointing to the need for equity-informed data practices, culturally safe workplace models, and targeted supports that reflect the diversity of the GBV workforce.

To serve a diverse survivor population the GBV sector needs to embrace the diversity of its workforce and move towards building more equitable practices for racialized and marginalized workers.

Data Gaps

The literature highlights a significant data gap regarding the demographic composition of the GBV workforce. Research and sector reports note limited, inconsistent, or non-disaggregated data on race, disability, age, and other identity markers, which constrains understanding of workforce inequities and limits the ability to design responsive policies. This lack of demographic data obscures how structural conditions—such as pay inequities, workload, and precarity—may differentially affect marginalized workers within the sector.

Sources: Ayer, 2023; Al-Zyoud et al., 2017; Benach et al., 2013; Ending Violence Association of Canada, 2023; Kosny & MacEachen, 2010; Rossiter et al., 2020; Statistics Canada, 2018

> Improving data collection and disaggregation is essential to understand workforce inequities and to develop targeted, equity-informed retention and support strategies.

Colonial Structures and Indigenous Workers

Indigenous workers often experience misalignment between their values, identities, and colonized institutional systems, including GBV and social service sectors. Research highlights how rigid organizational structures, narrow identity classifications, and lack of recognition for Indigenous governance, knowledge systems, and lived realities can create exclusion and alienation. Worker reports tell us that Métis workers are frequently rendered invisible or misclassified within data systems and workplace frameworks that rely on simplified or monolithic understandings of Indigeneity.

Sources: Ayer, 2023; Dumerchat et al., 2025; Ending Violence Association of Canada, 2023, 2024; Rossiter et al., 2020; Statistics Canada, 2018

> Retention and recruitment of Indigenous and Métis workers require approaches that move beyond colonized systems and rigid identity frameworks, and instead support self-identification, cultural safety, and Indigenous-led models of work and care.

Newcomer Workforce Participation

Internationally trained and newcomer workers face systemic barriers related to credential recognition, licensing requirements, and inconsistent provincial/territorial regulations. These barriers delay entry into stable employment and compound stress, particularly when combined with the precarity, emotional demands, and funding instability characteristic of GBV work. Research shows that overlapping uncertainties, immigration status, employment insecurity, and professional recognition, can negatively affect wellbeing, retention, and workforce participation.

Sources: Benach et al., 2013; Ending Violence Association of Canada, 2023, 2024; Rossiter et al., 2020; Statistics Canada, 2018

> Reducing barriers to credential recognition and supporting newcomer pathways into GBV work are critical to workforce equity, stability, and retention.

Data Collection & Mobilization

The literature and sector voices show that data challenges in the GBV sector are driven by structural under-resourcing. Basic data on GBV prevalence, service demand, and workforce conditions are often fragmented or unavailable, limiting effective planning and equitable funding. At the same time, organizations are under constant pressure to prove impact through data, which increases workload strain, and reduces resources available to support survivors.

Limited capacity for knowledge mobilization, along with gaps between academic and community-based research and the devaluation of qualitative and decolonial evidence, further constrain how data informs policy and systems change.

Data Gaps

Literature consistently identifies significant gaps in GBV data collection, including incomplete, outdated, or inconsistent data on prevalence, service demand, and workforce capacity. Research notes that underreporting, fragmented data systems, jurisdictional differences, and limited resourcing for data collection hinder accurate measurement of GBV, particularly across regions and populations. These gaps make it difficult to assess the true scope of GBV, plan services effectively, and allocate resources equitably.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Rossiter et al., 2020; Statistics Canada, 2023

> Strengthening GBV responses requires coordinated, accessible, and consistently collected data that capture prevalence, service demand, and workforce realities across jurisdictions.

Impact Demonstration Presssures

Short-term, outcome-driven funding models place disproportionate pressure on GBV organizations to demonstrate impact through data, despite the complex and long-term nature of prevention, intervention, and systems-change work. Research highlights that prevention outcomes are difficult to quantify, often unfold over extended timeframes, and require methodological approaches that are resource-intensive. In most cases, funding for ongoing service delivery requires justification through data, which, for small and medium community-based organizations often competes with daily service delivery demands.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Rossiter et al., 2020

> Accountability and funding frameworks should recognize the limits of short-term metrics, especially for prevention work, and provide resourced, proportionate approaches to evaluation that do not disadvantage smaller organizations and inundate workers. Stable, ongoing funding for GBV should not depend solely on the demonstration of impact by GBV programs, but on the continued existence of GBV as an issue in our communities.

Unfunded Data Work

Data collection in GBV organizations is frequently under-resourced and embedded into frontline or supportive roles rather than treated as a dedicated function. Research and sector reports note that workers are often required to manage multiple reporting requirements across funders using ad hoc tools, without training or data infrastructure. This administrative burden contributes to workload strain, inefficiency, and burnout, while reducing the time and expertise available for direct service and survivor support.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Rossiter et al., 2020

> Effective data collection requires dedicated resourcing, training, and streamlined systems so that accountability requirements do not undermine service delivery or worker wellbeing.

Knowledge Mobilization

Knowledge mobilization and data communication are chronically under-resourced in the GBV sector. Research shows that frontline and community-based organizations rarely have dedicated staff, time, or tools to translate data into accessible formats for policymakers, funders, or the public. As a result, valuable evidence generated through practice remains underutilized, limiting its potential to inform policy change, public awareness, and system-level reform.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Rossiter et al., 2020

> Investing in knowledge mobilization capacity is essential to ensure that data collected by the sector informs policy, funding decisions, and public understanding rather than remaining siloed.

Knowledge Hierarchies

There are often persistent hierarchies of knowledge production in GBV research, where academic, quantitative, and institution-led studies are privileged over community-based, qualitative, and practice-generated evidence. Research notes that this hierarchy marginalizes frontline expertise, lived experience, and Indigenous and decolonial methodologies, limiting whose knowledge informs policy and funding decisions.

Sources: Ayer, 2023; Burd et al., 2023; Dumerchat et al., 2025; Ending Violence Association of Canada, 2023, 2024; Rossiter et al., 2020; Scott et al., 2022

> Scholars and sector reports increasingly call for decolonized and participatory data practices that recognize multiple forms of evidence and redistribute power in research processes. Bridging research gaps requires valuing community-based and qualitative evidence and ensuring frontline knowledge is treated as legitimate and policy-relevant.

Organizational Infrastructure & Operational Supports

The literature and sector voices show that GBV organizations operate under chronic infrastructure and operational constraints that undermine workforce sustainability and service quality. Limited resources prevent system modernization, while traditional organizational and accountability structures often fail to reflect the relational, trauma-informed nature of GBV work. Expectations to provide continuous crisis response without adequate staffing or funding lead to blurred boundaries, unpaid labour, and burnout.

These pressures are compounded by funding models that exclude core operational and administrative functions, highlighting the need to treat organizational infrastructure as essential in order for effective and sustainable GBV services to be available to survivors.compromise survivor outcomes.

Overhead Gaps & Under-Resourced Systems

Funding models under-resource core operational functions, prioritizing direct service delivery while excluding administrative, infrastructure, and coordination work. Research and sector reports note that unfunded overhead forces organizations to rely on informal workarounds and unpaid labour to keep services running. This undermines organizational efficiency, increases workload strain for workers, and limits the sector's ability to operate efficiently, plan sustainably, or respond effectively to growing demand.

Sources: Ayer, 2023; Burd et al., 2023; CharityVillage, 2024; Data & Information Systems Authority, 2024; Ending Violence Association of Canada, 2023, 2024; Maki, 2019; Rossiter et al., 2020; Wells et al., 2024

> Funding models must explicitly support administrative and operational infrastructure as essential to service quality, workforce sustainability, and organizational effectiveness, rather than treating these functions as expendable overhead.

If funding and resources for GBV work were abundant and accessible...

> **There would be opportunity to shift from survival mode to long lasting strategic thinking. Without concerns of funding there would be less turn over which means deepening expertise, skills, process, knowledge, collaboration and potential for expansion and impact beyond what we can imagine right now in survival mode. It would reduce cycles because people would be able to collaborate rather than compete.**

Barriers to Modernization

GBV organizations often operate with outdated or minimal infrastructure, reflecting chronic underinvestment in operational systems. Research and sector reports note that limited access to technology, IT support, and digital training constrains efficiency, data management, service coordination, and staff workload. Many organizations have struggled to move away from outdated paper-based systems and adopt electronic ones that may increase efficiency but require financial and human resources. These gaps disproportionately affect small, community-based organizations, where modernization efforts compete with urgent service delivery demands and are rarely supported by dedicated funding.

Sources: Rossiter et al., 2020; Ayer, 2023; Burd et al., 2023; Data & Information Systems Authority, 2024; Ending Violence Association of Canada, 2024; Maki, 2019

> Sustainable GBV services require investment in operational systems including technology, rather than relying on under-resourced organizations to modernize through ad hoc or unfunded efforts.

Organizational Flexibility

Standardized, hierarchical, and bureaucratic organizational structures are often poorly aligned with the relational, trauma-informed, and community-rooted nature of GBV work. Research highlights tensions between accountability-driven systems and the need for flexibility, cultural responsiveness, and survivor-centered practice. Scholars and sector reports emphasize that decolonizing organizational practices—by valuing relational work, shared leadership, and community knowledge—requires sustained resourcing and cannot be achieved through short-term or procedural reforms alone.

Sources: Ayer, 2023; Burd et al., 2023; Dumerchat et al., 2025; Ending Violence Association of Canada, 2023, 2024; Kosny & MacEachen, 2010; Rossiter et al., 2020

> Organizational frameworks should balance accountability with flexibility, allowing GBV work to be structured in ways that support relational, culturally responsive, and decolonial practice rather than constraining it.

24/7 Demands

Many GBV organizations are frequently required to maintain 24/7 crisis responsiveness without corresponding staffing or funding levels. Research shows that unclear boundaries between formal working hours and crisis response expectations lead to unpaid labour, extended availability, and role creep. This misalignment between policy and practice contributes to fatigue, burnout, and difficulties sustaining a healthy workforce, particularly in small and under-resourced organizations.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Maki, 2019; Rossiter et al., 2020; Wells et al., 2024; Wood et al., 2022

> Crisis response expectations must be matched with appropriate staffing models, compensation, and clear boundaries, so that 24/7 availability does not rely on unpaid or unsustainable worker sacrifice.

Funding Sources & Distribution

GBV funding is fragmented, short-term, and poorly aligned with the ongoing, essential nature of the work. Rigid, project-based funding models, misaligned timelines, and lack of inflation adjustments create chronic instability that is transferred onto workers through precarity, turnover, and burnout. The prioritization of crisis response over prevention, narrow definitions of impact, and the routine exclusion of core operational costs further undermine workforce sustainability and service continuity.

Together, these dynamics weaken organizational capacity, limit long-term planning, and compromise survivor outcomes.

Fragmented Funding

GBV funding in Canada is fragmented, uneven, and jurisdictionally complex, with organizations often relying on a patchwork of municipal, provincial/territorial, federal, and non-governmental funding. Research notes that funding delivered through multiple ministries creates administrative burden, inconsistent priorities, and variability in service scope and stability across regions. Sector reports further highlight the absence of legislated minimum service standards, which contributes to inequitable access, unpredictable funding levels, and uneven workforce conditions nationwide.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Maki, 2019, 2025; Rossiter et al., 2020; Wells et al., 2024

> Greater coherence in GBV funding requires cross-government coordination across government departments/ministries, as well as across federal and provincial/territorial lines. Establishing and adhering to sector-driven funding formulas and minimum service standards will reduce regional inequities and stabilize the workforce.

If funding and resources for GBV work were abundant and accessible...

> **Sustainable renewed funding, even the idea of this allows space for an exhale. That we can focus on the work rather than chasing the funding and project grants.**

Shifting Priorities & Mission Drift

Short-term, priority-driven funding models frequently drive mission drift in community-based GBV organizations. Research shows that when funding priorities change year to year, organizations adapt programming to remain viable, even when this stretches staff capacity or moves services away from core expertise. Sector reports emphasize that this dynamic undermines long-term planning, weakens organizational identity, and can reduce the effectiveness of services, particularly when funder priorities are misaligned with community-defined needs.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Maki, 2019, 2025; Rossiter et al., 2020; Wells et al., 2024

> Funding models should be guided by community-identified needs and support organizational mandates, rather than driving continual program shifts that strain capacity and dilute impact.

Employment Precarity

Unstable and short-term funding directly shapes employment conditions in the GBV sector. Research documents how funding insecurity leads organizations to rely on temporary contracts, fluctuating hours, and flexible staffing arrangements to remain operational. Sector reports note that these practices increase job precarity, disrupt continuity of care, and contribute to stress, turnover, and reduced workforce sustainability, particularly in community-based organizations with limited financial buffers.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Kulkarni et al., 2013; Maki, 2019; Rossiter et al., 2020; Wells et al., 2024; Wood et al., 2022

> Stabilizing the GBV workforce requires funding models that support predictable employment conditions, rather than transferring funding volatility onto workers through precarious contracts and fluctuating work hours.

Crisis Prioritization

GBV funding prioritizes crisis response over prevention, reflecting political, public, and accountability pressures for visible and immediate outcomes. Research notes that prevention work—particularly community-based, upstream, and systems-focused interventions—is harder to measure, produces long-term impacts, and is therefore less attractive within short funding cycles. Sector reports highlight that this imbalance limits the sector's ability to address root causes of violence and contributes to recurring crisis demand that strains services and workers.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Maki, 2019; Rossiter et al., 2020; Scott et al., 2022; Wood et al., 2022

> Sustainable GBV responses require allocating funding toward prevention and systems change, rather than concentrating resources solely on crisis intervention.

Reporting Alignment

Standardized, output-driven reporting frameworks are poorly aligned with GBV practice. Research demonstrates that rigid quantitative indicators fail to capture prevention activities, systems-level change, relational work, and survivor-centred outcomes. Studies and sector reports further note that these frameworks can distort how programs are represented, undervalue critical aspects of GBV work, and increase administrative workload without meaningfully strengthening learning or accountability.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Maki, 2019; Rossiter et al., 2020; Scott et al., 2022; Wood et al., 2022

> Funding and evaluation models should shift away from narrow output metrics toward flexible approaches that recognize relational, preventive, and systems-change work that reflects the nature and realities of GBV work.

Promotional Funding Gaps

Public education, outreach, and communications are frequently excluded from GBV funding models, which tend to prioritize direct service delivery and crisis response. Research shows that when promotion and awareness work are unfunded, organizations have limited capacity to inform communities about available services, reduce stigma, or build public legitimacy. Sector reports note that this invisibility can suppress service uptake, weaken prevention efforts, and perpetuate misunderstandings about the role and impact of GBV organizations.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024, 2025; Maki, 2019; Rossiter et al., 2020; Scott et al., 2022; Wood et al., 2022

> Funding frameworks should explicitly resource outreach and communications to ensure services are visible, trusted, and accessible, rather than relying on informal or unfunded promotion.

Funding Rigidity

Restricted funding models reduce organizational flexibility and limit the ability of GBV organizations to respond to workforce needs. Research documents that categorical funding often prioritizes program outputs while excluding expenditures related to benefits, wellness supports, or staff sustainability. Sector reports note that this rigidity forces organizations to make difficult trade-offs, leaving worker needs unmet even when funds are available elsewhere within budgets.

Sources: Ayer, 2023; Aronsson et al., 2017; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Kulkarni et al., 2013; Maki, 2019; Rossiter et al., 2020

> Funding flexibility is essential to support worker wellbeing and organizational sustainability, allowing resources to be used where needs are greatest rather than being constrained by inflexible or arbitrary budget categories.

Scarcity-Based Funding Approaches

Competitive, scarcity-based funding environments foster fragmentation rather than collaboration among community-based organizations. Research shows that when funding is framed as limited and competitive, organizations are incentivized to compete rather than coordinate, which restricts knowledge sharing and collective capacity building. Sector reports further note that this dynamic weakens movement-building, reinforces inequities between organizations, and shifts focus away from shared systemic goals toward organizational survival.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Maki, 2025; Rossiter et al., 2020

> Funding approaches should promote collaboration and shared capacity across the GBV sector, rather than reinforcing competitive dynamics that fragment services and undermine collective impact to communities.

Project-Based Funding

Project-based and time-limited funding models are poorly aligned with the continuous nature of GBV work. Research notes that GBV services respond to persistent and predictable needs, similar to other essential public safety and emergency services, yet are funded through temporary programs rather than permanent systems. Sector reports highlight that short-term funding undermines workforce stability, long-term planning, and service continuity, and places repeated administrative strain on organizations required to reapply for funding to sustain core operations.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Maki, 2019, 2025; Rossiter et al., 2020; World Health Organization, 2019

> GBV services should be funded as permanent, essential infrastructure rather than time-limited projects, reflecting the ongoing nature of violence prevention, crisis response, and long-term healing for survivors.

Unpaid Fundraising Work

Fundraising labour in community-based and GBV organizations is frequently invisible, unpaid, or added on top of existing roles. Research documents that reliance on localized fundraising to fill funding gaps shifts significant time and emotional labour onto already overstretched staff, increasing stress and precarity. Sector reports further note that fundraising is often mischaracterized as voluntary or low-skill work, obscuring its strategic, relational, and administrative demands and reinforcing unrealistic expectations of unpaid labour within feminized care sectors.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Kosny & MacEachen, 2010; Maki, 2019; Rossiter et al., 2020

> Sustainable GBV funding models must reduce reliance on ad hoc fundraising and recognize fundraising as skilled labour that requires dedicated resources rather than unpaid or informal effort.

Funding Timeline Misalignment

Misaligned and delayed funding disbursements create significant financial risk for GBV organizations. Research shows that when funds are released late or do not correspond with program cycles, organizations are forced to front costs, delay hiring, or temporarily reduce services. Sector reports note that these cash-flow gaps disproportionately affect small and community-based organizations, increasing administrative stress, financial insecurity, and uncertainty for workers.

Sources: Ayer, 2023; Burd et al., 2023; Data & Information Systems Authority, 2024; Ending Violence Association of Canada, 2023, 2024; Maki, 2019; Rossiter et al., 2020

> Funding timelines and disbursement schedules must align with program delivery realities to prevent financial precarity and ensure continuity of services and staffing.

Erosion by Inflation

Literature consistently shows that flat, non-indexed funding erodes organizational capacity over time. When funding does not keep pace with inflation, wage pressures, or increased operating costs, organizations experience declining purchasing power, constrained staffing, and reduced service capacity. This silent erosion disproportionately affects workforce compensation, benefits, and retention, even when funding appears stable on paper.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024, 2025; Maki, 2019; Rossiter et al., 2020; Scott et al., 2022; Wood et al., 2022

> Annualized GBV funding should be indexed to inflation and cost increases to prevent gradual erosion of service quality, staffing stability, and organizational sustainability.

Multi-Source Funding Complexity

Multi-source funding arrangements often increase complexity rather than stability for GBV organizations. Research shows that misaligned funding frameworks, timelines, and reporting requirements across funders create administrative burden, fragmented planning, and inefficiencies in service delivery. Sector reports note that lack of coordination between funders can undermine program coherence, strain staff capacity, and complicate long-term workforce and service planning, particularly for organizations reliant on blended funding models.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Maki, 2019; Rossiter et al., 2020

> Improved coordination across funders is needed to align timelines, expectations, and reporting requirements so that blended funding strengthens, rather than destabilizes, GBV programs and workforce sustainability.

Stigma-Driven Funding Decisions

Stigma, political sensitivity, and moral discomfort surrounding GBV can often shape funding decisions. Research shows that issues related to sexual violence, gender inequality, and power are often perceived as controversial, leading funders to favour less politicized or more publicly palatable initiatives. Sector reports note that this reluctance contributes to chronic underfunding, reliance on short-term or project-based grants, and heightened competition among GBV organizations, further destabilizing the sector.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Maki, 2019; Rossiter et al., 2020; Scott et al., 2022

> Reducing stigma and politicization around GBV is essential to expanding and stabilizing funding, ensuring that investment decisions are guided by community need rather than perceived controversy.

Administrative Redundancy

Traditional, compliance-heavy funding models impose repetitive administrative demands on long-standing community organizations. Research indicates that repeated reassessment of organizational credibility and core practices, such as trauma-informed approaches, creates unnecessary reporting burden without improving accountability or service quality. Sector reports and philanthropic literature increasingly point to trust-based and relational funding models as more effective approaches that reduce administrative load, recognize organizational expertise, and support stability and long-term impact.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024, 2025; Maki, 2019; Rossiter et al., 2020; Scott et al., 2022; Wood et al., 2022

> Adopting trust-based funding approaches can reduce repetitive administrative requirements, recognize established organizational expertise, and allow GBV organizations to focus resources on service delivery, survivor impact and workforce sustainability.

Narrow Output-Driven Frameworks

Funding frameworks often rely on simplified and individualized understandings of GBV, emphasizing direct service outputs over broader systems-level change. Research shows that this narrow framing shapes how impact is defined, measured, and funded, prioritizing short-term, individual interventions while marginalizing prevention, coordination, advocacy, and policy-oriented work. Sector reports note that this approach undervalues critical systems change efforts that improve survivor pathways and reduce harm over time, despite their long-term significance.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Maki, 2019; Rossiter et al., 2020; Scott et al., 2022

> Funding and evaluation criteria should expand definitions of impact to include systems change, prevention, and coordination work, ensuring that funding decisions reflect the full scope of effective GBV responses.

If funding and resources for GBV work were abundant and accessible...

> **Direct client work would be no more than half my work hours. Part of the work would be participating in lobbying/rallying/institutional change.**

Workforce Driven Survivor Outcomes

Worker wellbeing, stability, and capacity are directly linked to service quality and survivor outcomes. Research shows that under-resourced staffing, burnout, and high turnover disrupt continuity of care, weaken trust-based relationships, and reduce program effectiveness. Sector reports emphasize that funding models separating “direct service” from worker support overlook the reality that skilled, supported workers are the primary mechanism through which survivor safety, healing, and system navigation are achieved.

Sources: Ayer, 2023; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Kulkarni et al., 2013; Quinn et al., 2018; Rossiter et al., 2020; Voth Schrag et al., 2022

> Funding frameworks must explicitly recognize worker support as a core component of effective survivor services, rather than treating workforce wellbeing as secondary or optional.

Employment Conditions & Workforce Stability

The literature and sector voices show that employment conditions in the GBV sector are driven primarily by funding structures rather than workforce needs. Short-term and project-based funding produces rolling contracts, variable hours, and limited job security, while the realities of GBV work routinely require workers to exceed formal working hours to meet client needs. These conditions contribute to work–life conflict, burnout, and high turnover, as skilled workers leave for more stable and better-paid roles.

Strengthening worker stability requires coordinated action on funding, compensation, workload, and employment models that support secure roles, predictable hours, and continuity of care for survivors.

Funding-Driven Employment Conditions

Funding-driven employment arrangements in GBV and non-profit care sectors result in precarious work patterns, including short-term contracts, rolling renewals, variable hours, and limited job security. Research links these unstable employment conditions to increased stress, reduced wellbeing, difficulty planning personal and professional lives, and higher turnover. Employment precarity is consistently identified as a structural outcome of short-term, project-based funding rather than organizational choice.

Sources: Ayer, 2023; Benach et al., 2013; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Kosny & MacEachen, 2010; Quinn et al., 2018; Rossiter et al., 2020; Wells et al., 2024

> Stabilizing employment conditions requires funding models that support secure, predictable roles rather than short-term or variable contracts tied to program cycles.

If funding and resources for GBV work were abundant and accessible...

> **It would feel like a passion again. I think we all get into this work because we're passionate about making a change where it's really needed. After awhile, the overwork, under compensation and lack of benefits takes a toll. The vision and ambition of making a lasting change loses its spark. I think this is why most folks don't stay in the non profit world long.**

Mismatch Between Organizational Policy and Practice

Trauma-exposed care work frequently involves unpredictable, extended, or non-standard working hours, despite formal policies outlining standard schedules. Research shows that client crises, safety concerns, and system navigation demands often require workers to exceed contracted hours or adjust schedules, contributing to fatigue, work–life conflict, and burnout. This mismatch between formal employment terms and actual working conditions is a common feature of under-resourced care sectors.

Sources: Ayer, 2023; Aronsson et al., 2017; Bemiller & Williams, 2011; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Kulkarni et al., 2013; Rossiter et al., 2020; Wells et al., 2024; Wood et al., 2022

> Employment policies and funding models should account for the real time demands of GBV work, including flexible scheduling, compensation for extended hours, and safeguards against chronic overwork.

Undercompensation Drives Turnover

The literature consistently links low wages, limited benefits, and financial insecurity to high turnover in GBV and other care-based sectors. Research shows that when compensation does not meet basic living needs or reflect workers' skills and responsibilities, retention declines and workers transition to better-paid roles in public sectors, related fields, or private practice. Chronic undercompensation contributes to loss of experienced staff, reduced continuity of care, and increased recruitment and training costs.

Sources: Ayer, 2023; Benach et al., 2013; Burd et al., 2023; CharityVillage, 2024; Ending Violence Association of Canada, 2023, 2024; Kulkarni et al., 2013; Rossiter et al., 2020; Statistics Canada, 2018; Wells et al., 2024

> Improving retention requires addressing compensation as a core workforce sustainability issue, rather than relying on commitment to mission to offset low pay.

Impacts of Staff Loss

The literature shows that high turnover creates cumulative strain on remaining staff through increased workloads, role expansion, and loss of institutional knowledge. Research links turnover cycles to heightened burnout, reduced morale, and declining service quality, as remaining workers are expected to absorb responsibilities without corresponding increases in resources or support. This dynamic can trigger further attrition, reinforcing a cycle of workforce instability.

Sources: Ayer, 2023; Aronsson et al., 2017; Burd et al., 2023; Kulkarni et al., 2013; Quinn et al., 2019; Rossiter et al., 2020; Voth Schrag et al., 2022; Wells et al., 2024; Wood et al., 2022

> Reducing turnover is essential to prevent workload escalation and burnout among remaining staff and to stabilize teams and service delivery.

Salaries & Compensation

Compensation challenges in the GBV sector are structural and cumulative. Chronic underfunding, low wages, limited benefits, and non-indexed funding create long-term economic insecurity, undermining worker wellbeing, recruitment, and retention. Organizations are often forced to choose between service volume and fair pay, while existing benefit plans fail to meet the demands of trauma-exposed work.

Addressing compensation is essential to stabilizing the workforce and sustaining skilled, experienced GBV practitioners who can meet the needs of survivors.

Economic Insecurity

GBV and anti-violence work is characterized by low wages, limited benefits, and insecure employment, reflecting broader patterns of undervaluation in feminized care and advocacy sectors. Research and sector reports link chronic underfunding to financial strain across workers' lifespans. The resulting economic precarity persists despite the high skill, responsibility, and emotional labour required in GBV work. Workers may also have reduced access to pensions, benefits, and long-term economic security, which especially impacts many senior workers who struggle to afford retirement after a lifetime of serving vulnerable populations.

Sources: Ayer, 2023; Aronsson et al., 2017; Benach et al., 2013; Kulkarni et al., 2013; Kosny & MacEachen, 2010; Rossiter et al., 2020; Statistics Canada, 2018; Voth Schrag et al., 2022

> Compensation structures in the GBV sector create long-term financial insecurity, highlighting the need to address wages, benefits, and employment stability as core workforce issues.

Helpers Needing Help

Inadequate compensation is linked to poorer mental health and wellbeing, identifying income insecurity as a key social determinant of health. Studies show that when wages do not meet basic needs, workers experience heightened stress, reduced wellbeing, and increased burnout. In care-based sectors, financial precarity can also intensify moral distress, particularly when workers supporting financially insecure clients face similar economic hardship themselves.

Sources: Aronsson et al., 2017; Benach et al., 2013; Burd et al., 2023; Kulkarni et al., 2013; Quinn et al., 2019; Rossiter et al., 2020; Vîrgă et al., 2020; Voth Schrag et al., 2022; Wells et al., 2024.

> Worker wellbeing is inseparable from adequate compensation; improving mental health outcomes requires wages that meet basic needs.

Quantity vs Quality

The literature describes chronic underfunding in GBV and care sectors as creating trade-offs between job quality and service coverage. Research shows that funding models emphasizing volume of service over workforce sustainability incentivize organizations to spread limited resources across more positions at lower wages, increasing workload, burnout, and turnover. This dynamic undermines both service quality and long-term workforce stability.

Sources: Aronsson et al., 2017; Benach et al., 2013; Burd et al., 2023; Kulkarni et al., 2013; Quinn et al., 2019; Rossiter et al., 2020; Vîrgă et al., 2020; Voth Schrag et al., 2022; Wells et al., 2024

> Shift funding and accountability frameworks away from volume-based service targets toward models that prioritize workforce sustainability and service quality. This includes resourcing well-paid, and adequately supported positions where necessary, recognizing that stable, skilled workers are essential to delivering effective, trauma-informed GBV services and reducing long-term waitlists driven by burnout and turnover.

Wage Disparities

Professionals working in GBV-specific roles within non-profit settings are often paid less than comparably qualified workers in public, or non-specialized roles, reflecting chronic underfunding and the devaluation of care and advocacy labour. Studies note that wage disparities between GBV work and comparable professions discourage skilled professionals from entering or remaining in the sector, contributing to recruitment challenges, turnover, and loss of specialized expertise.

Sources: Benach et al., 2013; Burd et al., 2023; CharityVillage, 2024; Ending Violence Association of Canada, 2023, 2024; Rossiter et al., 2020; Statistics Canada, 2018

> Aligning compensation in GBV roles with comparable professional positions is critical to attracting and retaining specialized expertise and reducing inequities across sectors.

Wage Erosion Due to Non-Indexed Funding

Static or non-indexed funding models in the GBV and non-profit care sectors erode real wages over time. When funding does not keep pace with inflation or rising costs of living, organizations are forced to freeze salaries and benefits, resulting in declining purchasing power, increased financial stress for workers, and cumulative economic disadvantage. This dynamic contributes to burnout, turnover, and long-term workforce instability.

Sources: Aronsson et al., 2017; Benach et al., 2013; Burd et al., 2023; CharityVillage, 2024; Ending Violence Association of Canada, 2023, 2024; Rossiter et al., 2020; Statistics Canada, 2018

> Indexing funding to inflation and cost-of-living changes is essential to prevent wage erosion and sustain compensation, benefits, and workforce stability over time.

Insufficient Benefit Plans

Standard benefit plans and public supports are often inadequate for workers in high-stress, trauma-exposed roles such as GBV work. Research shows that limited mental health coverage, restrictive eligibility criteria, and capped services fail to meet workers' needs for sustained therapeutic support. Inadequate benefits shift the burden of care onto workers themselves, reinforcing inequities and undermining wellbeing and retention.

Sources: Aronsson et al., 2017; Benach et al., 2013; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Insights to Impact, 2024; Kulkarni et al., 2013; Rossiter et al., 2020; Voth Schrag et al., 2022

> Benefits and supports must be designed to reflect the intensity and duration of GBV work, including adequate mental health coverage, rather than relying on standardized or minimal benefit models.

If funding and resources for GBV work were abundant and accessible...

> **These incredible human beings that do this impactful, critical, traumatic work would have access to proper benefits to ensure they are taken care of so they can better take care of others. It would look like being able to spend weekends with the family rather than working because of always being short staffed due to funding restraints. It would bring the focus back to the mission rather than the burnout.**

Workforce Training & Development

The literature and sector voices highlight a persistent tension between the GBV sector's reliance on lived experience and community-based knowledge, and formal education and credentialing systems that rarely recognize this expertise. While diverse educational and experiential pathways are appropriate given the complexity of GBV work, the absence of coordinated, recognized, and resourced training frameworks creates inequities, uneven skill development, and knowledge loss. Professional development and mentorship are largely informal and underfunded, relying on on-the-job learning and unpaid senior staff labour amid high workloads and limited training budgets.

Addressing these gaps requires advocacy alongside investment in formalized, protected learning and mentorship structures that recognize the high quality of care provided to GBV survivors, and that legitimizes GBV work as skilled, specialized labour.

Post-Secondary Recognition

GBV and anti-violence work has historically lacked formal recognition within post-secondary education and professional training systems, despite requiring highly specialized skills in trauma-informed practice, advocacy, systems navigation, and ethical decision-making. This absence of standardized, accredited educational pathways contributes to inconsistent training, limited professional legitimacy, and the continued undervaluation of GBV work compared to other trauma-exposed professions.

Sources: Ayer, 2023; Ending Violence Association of Canada, 2023, 2024; Kulkarni et al., 2013; Maki, 2019; Rossiter et al., 2020; Scott et al., 2022

> Formal recognition within post-secondary education systems would strengthen professional legitimacy, improve training consistency, and support workforce sustainability in the GBV sector.

Many post secondary research and academic programs focused on GBV face threats to their funding and sustainability. For example, the Assaulted Women and Children Counselor Advocate (AWCCA) program at George Brown College in Toronto, is now indefinitely suspended after 40 years of training students to specialize in GBV work. This suspension occurred despite extensive advocacy from the GBV sector, and despite employers identifying this program as being an asset for providing workers with specialized knowledge.

Multiple Pathways

GBV work is an interdisciplinary field with no standardized educational pathway, drawing workers from social work, psychology, education, law, community development, and lived-experience advocacy, among others. Research notes that this diversity reflects the complexity of GBV work but also contributes to uneven training, reliance on informal or on-the-job learning, and limited recognition of experiential knowledge within formal credentialing systems.

Sources: Ayer, 2023; Ending Violence Association of Canada, 2023, 2024; Kulkarni et al., 2013; Maki, 2019; Rossiter et al., 2020; Scott et al., 2022

> Support is needed for flexible, multi-pathway training models that value interdisciplinary and lived experience while strengthening consistency and recognition across the workforce.

Informal Mentorship

Professional development and mentorship in GBV and care-based work are largely informal and workplace-dependent, relying on peer learning, experiential knowledge, and on-the-job training rather than structured mentorship programs. Research notes that the absence of formalized mentorship and succession planning contributes to knowledge loss, uneven skill development, and increased strain on senior workers, particularly in under-resourced organizations with high turnover.

Sources: Ayer, 2023; Bemiller & Williams, 2011; Ending Violence Association of Canada, 2023, 2024; Kulkarni et al., 2013; Maki, 2019; Rossiter et al., 2020; Scott et al., 2022

> Formalizing mentorship and knowledge transfer would support workforce continuity, skill development, and reduce burnout among senior staff.

Service Coverage Constraints

In under-resourced and small GBV organizations, engaging in professional development often creates service coverage gaps due to limited staffing and high workload. Research shows that without dedicated funding, backfill support, or protected training time, workers are discouraged from accessing professional development, reinforcing skill gaps and contributing to burnout.

Sources: Ayer, 2023; Aronsson et al., 2017; Ending Violence Association of Canada, 2023, 2024; Kulkarni et al., 2013; Maki, 2019; Rossiter et al., 2020

> Supporting professional development requires protected time and resourcing for backfill, particularly in small and under-resourced organizations.

Role Overload

The literature shows that role overload and multitasking in under-resourced GBV organizations significantly constrain workers' capacity to provide training, mentorship, and knowledge transfer. When staff are responsible for multiple functions simultaneously, professional development activities are deprioritized in favor of immediate service delivery, increasing burnout risk and weakening institutional learning.

Sources: Ayer, 2023; Aronsson et al., 2017; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Kulkarni et al., 2013; Rossiter et al., 2020

> Reducing role overload and clarifying job scope are essential to enable mentorship, knowledge sharing, and workforce development.

Access Inequities

Cost and lack of dedicated training budgets are significant barriers to professional development in small, under-resourced GBV organizations. Evidence shows that specialized trauma training (e.g., advanced therapeutic modalities) can improve service quality and worker confidence, yet prohibitive costs and unfunded training time limit access, reinforcing skill gaps and inequities across organizations.

Sources: Ayer, 2023; Aronsson et al., 2017; Ending Violence Association of Canada, 2023, 2024; Kulkarni et al., 2013; Rossiter et al., 2020

> Addressing professional development barriers requires dedicated funding for training costs and protected learning time, which are essential for workforce sustainability and quality service provision to survivors.

Mental Health & Wellbeing

There is strong alignment between findings from the literature and voices from the sector on workload, burnout, and emotional toll. While mental health struggles are often framed at the individual level, workers describe structural and system-level causes for their declining mental health. Sector voices place greater emphasis on funding precarity and staffing shortages than much of the academic literature.

Nevertheless, compromized worker mental health inevitably impacts survivor outcomes and needs to be addressed at both individual and structural levels.

Access to Mental Health Support

GBV work involves ongoing and cumulative exposure to traumatic narratives and crises, which is associated with secondary traumatic stress, emotional exhaustion, and long-term psychological strain. Studies note that this sustained exposure distinguishes GBV work from episodic trauma response roles, while limited Canadian policy literature explicitly recognizes GBV workers as a high-risk occupational group comparable to first responders. Despite this, GBV workers report that quality therapeutic mental health support is often inaccessible or prohibitively expensive, as benefit programs are frequently insufficient.

Sources: Aronsson et al., 2017; Bride et al., 2007; Iliffe & Steed, 2000; Kulkarni et al., 2013; Rossiter et al., 2020; Voth Schrag et al., 2022; Wood et al., 2022

> GBV workers need access to high quality mental health and therapeutic care, through robust benefits and organizational supports in order to ensure workforce sustainability.

High Emotional Labour

Burnout among GBV workers, characterized by emotional exhaustion, reduced sense of efficacy, and psychological withdrawal, particularly in contexts of high demand and limited recovery time. Sector reports highlight that many GBV workers experience guilt when taking time away from their roles, whether for sick leave, vacation, or professional development. Given the relational nature of this work—which demands high levels of empathy and trust—staff often experience concern or anxiety when they are unable to provide assistance to survivors. Developing healthy professional boundaries requires both practice and organizational support, which are frequently insufficient.

Sources: Aronsson et al., 2017; Benach et al., 2013; Burd et al., 2023; Kulkarni et al., 2013; Maslach & Leiter, 2005; Rossiter et al., 2020; Vîrgă et al., 2020; Voth Schrag et al., 2022

> Highlights the need for organizational cultures, supervision practices, and workload structures that normalize rest, boundary-setting, and recovery time, and that actively support workers to take leave, training, and breaks without guilt or penalty.

Compounded Role Responsibilities

High workloads, staff shortages, and role overload are key organizational drivers of burnout and secondary traumatic stress in trauma-exposed service work. Sector reports indicate that many staff juggle multiple jobs or play many different roles within one job. This role overload, driven by low salaries and underfunding, contributes to declining worker mental health.

Sources: Ayer, 2023; Bemiller & Williams, 2011; Ending Violence Association of Canada, 2023, 2024; Kulkarni et al., 2013; Maki, 2019; Rossiter et al., 2020; Scott et al., 2022

> Adequate staffing levels, role distinction, and manageable workloads are key to maintaining wellbeing for the GBV workforce.

Care Burdens

The literature links mental health strain in GBV work to an overwhelming burden of paid and unpaid care labour. Low wages and precarious employment in feminized care sectors often require workers to hold multiple jobs to financially sustain their families while managing family caregiving responsibilities, contributing to work–family conflict, fatigue, burnout, and psychological distress. The predominance of women in GBV work and the gendered framing of care labour contribute to the normalization and under-recognition of occupational mental health harms.

Sources: Aronsson et al., 2017; Benach et al., 2013; Burd et al., 2023; Frazer et al., 2022; Kulkarni et al., 2013; Kosny & MacEachen, 2010; Rossiter et al., 2020; Statistics Canada, 2018

> The cumulative burden of care work needs to be recognized in female-dominated sectors such as GBV. While often framed as an individualized inability to cope, care burdens are linked to systemic factors and have direct impacts to worker wellbeing.

Complex Survivor Needs

GBV workers often support survivors with complex needs and identities such as newcomers with language barriers, people with disabilities, or people in poverty and with precarious housing. Supporting survivors with intersecting vulnerabilities increases emotional labour, system-navigation demands, and moral distress, underscoring the need for additional staffing, specialized training, and resourcing in under-resourced settings.

Sources: Benach et al., 2014; Burd et al., 2023; Dumerchat et al., 2025; Ending Violence Association of Canada, 2024; Iliffe & Steed, 2000; Kulkarni et al., 2013; Quinn et al., 2019; Rossiter et al., 2020; Voth Schrag et al., 2022; Wachter et al., 2020.

> Recognize client complexity as a workload and resourcing factor, and reflect this in funding models, staffing levels, and worker wellness supports.

Stigma and Silence

Stigmatizing and individualizing framings of mental health discourage disclosure and obscure the systemic drivers of worker distress, underscoring the need for organizational approaches that frame mental health as an occupational issue. Workers may fear being pathologized, preventing them from accessing help and support.

Sources: Aronsson et al., 2017; Benach et al., 2014; Iliffe & Steed, 2000; Kulkarni et al., 2013; Maslach & Leiter, 2005; Rossiter et al., 2020; Vîrgă et al., 2020

> Frame mental health as an occupational issue to reduce stigma and support safe disclosure within GBV workplaces.

Beyond Medicalization

The literature critiques medicalized approaches to worker mental health for focusing on individual diagnosis and treatment while neglecting structural, gendered, and power-based conditions shaping burnout in care and GBV work. Feminist, trauma-informed, and anti-oppressive frameworks emphasize organizational context, relational labour, and systemic inequities as central to understanding and addressing burnout in this sector.

Sources: Aronsson et al., 2017; Benach et al., 2014; Kulkarni et al., 2013; Maslach & Leiter, 2016; Rossiter et al., 2020; Voth Schrag et al., 2022; Vîrgă et al., 2020

> Move beyond medicalized responses by adopting feminist, anti-oppressive, and structurally informed workplace approaches to address burnout.

Structural Conditions

Responses to mental health strain among GBV workers are often framed at the individual level, with more limited attention to the structural and systemic conditions that workers identify as key drivers of distress. Individual self-care strategies are insufficient in the absence of healthy workplace structural environments

Sources: Awa et al., 2010; Kulkarni et al., 2013; Maslach & Leiter, 2016; Rossiter et al., 2020; Voth Schrag et al., 2022; Ending Violence Association of Canada, 2025

> Prioritize structural drivers of worker mental health in policy, funding, and organizational design, and support research and data practices that examine these systemic conditions rather than individual coping alone.

Devaluation of GBV Work & Its Impact

GBV work is widely misrecognized and structurally devalued, limiting public understanding, policy support, and resourcing. Public narratives often center law enforcement while overlooking the life-saving crisis response, prevention, and systems-change work carried out by GBV workers, which is rarely treated as essential. Stigma, misinformation, and gendered devaluation of care and social justice labour further obscure the scope and impact of this work

Limited capacity in small community-based organizations reinforces invisibility, prevents survivor access, and perpetuates underinvestment.

Diversity of Worker Roles

GBV work is often narrowly defined, focusing on immediate service outputs rather than broader social and systemic effects. Research shows that GBV workers play roles across multiple domains, including public safety, health, justice, childcare, and community wellbeing, yet these contributions are rarely acknowledged. Studies and sector reports note that the failure to recognize these cross-sector linkages contributes to the undervaluation of GBV work and limits public and policy understanding of its societal significance.

Sources: Ayer, 2023; Burd et al., 2023; Canada, Office of the Federal Ombudsperson for Victims of Crime, 2025; Ending Violence Association of Canada, 2024, 2025; Maki, 2019; Rossiter et al., 2020; World Health Organization, 2019

> Expanding how GBV work and workers are defined is critical to strengthening public recognition, cross-sector collaboration, and policy support.

If funding and resources for GBV work were abundant and accessible...

> **There would be enough funding to support staff, programming and clients, survivors will have emergency funding available, more survivors will have access to resources and feel empowered to leave unsafe situations, a reduction in violence as more supports and awareness will exist.**

Essential Crisis Response

GBV work is routinely framed as supplementary or social support work rather than life-saving crisis response. Research notes that public and policy narratives prioritize law enforcement and emergency medical services, while the role of GBV workers in crisis intervention, risk reduction, and survivor safety remains underrecognized. This narrow framing obscures the reality that GBV workers regularly respond to acute crises and contribute directly to harm prevention and survival outcomes, reinforcing the devaluation of the workforce and limiting institutional recognition and support.

Sources: Ayer, 2023; Burd et al., 2023; Canada, Office of the Federal Ombudsperson for Victims of Crime, 2025; Ending Violence Association of Canada, 2024, 2025; Maki, 2019; Rossiter et al., 2020; Statistics Canada, 2023; World Health Organization, 2019

> Reframing GBV work as essential crisis response is necessary to elevate public understanding, strengthen cross-system recognition, and support appropriate resourcing and workforce protections.

Unpaid Labour Expectations

Systematic devaluation of feminized and care-based labour, including GBV work, which is frequently framed as voluntary, informal, or driven by moral commitment rather than professional expertise. Research shows that this framing obscures the skills, training, and infrastructure required to provide safe and effective GBV services and contributes to chronic underfunding, low wages, and inadequate working conditions. Sector reports further note that expectations of unpaid or informal labour normalize precarity and undermine the professional recognition of GBV workers.

Sources: Ayer, 2023; Benach et al., 2014; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Kulkarni et al., 2013; Kosny & MacEachen, 2010; Maki, 2019; Rossiter et al., 2020; Statistics Canada, 2018

> Challenging the perception of GBV work as informal or volunteer labour is essential to securing adequate funding, professional recognition, and the infrastructure required for safe and sustainable service delivery.

Gendered Undervaluation

GBV work is devalued through gendered labour hierarchies that position care, relational, and social justice work as less skilled, less urgent, and less deserving of compensation. Research on feminized labour demonstrates that work associated with women, caregiving, and social reproduction is routinely underpaid and under-resourced, despite its essential role in sustaining communities and public systems. Sector analyses further note that this structural devaluation shapes funding decisions, public narratives, and policy priorities affecting the GBV workforce.

Sources: Ayer, 2023; Benach et al., 2014; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Kosny & MacEachen, 2010; Kulkarni et al., 2013; Maki, 2019; Rossiter et al., 2020; Statistics Canada, 2018

> Addressing workforce sustainability requires confronting the gendered and structural devaluation of GBV work, rather than treating underfunding and precarity as isolated or technical issues.

Narrow Understandings of GBV Work

Public understanding of GBV is often limited, simplified, or fragmented, with different forms of violence frequently conflated or misunderstood. Research shows that prevention work, particularly upstream, community-based, and systems-focused interventions, is poorly understood and undervalued because its impacts are less visible and harder to measure than crisis response. This lack of understanding contributes to narrow policy responses, underinvestment in prevention, and limited recognition of the expertise required to do this work effectively.

Sources: Ayer, 2023; Burd et al., 2023; Canada, Office of the Federal Ombudsperson for Victims of Crime, 2025; Ending Violence Association of Canada, 2023, 2024, 2025; Maki, 2019; Rossiter et al., 2020; Statistics Canada, 2018

> Strengthening public and policy understanding of the diversity of GBV and the role of prevention is essential to supporting comprehensive responses and valuing the full scope of GBV work.

Stigma and Myths

Stigma, myths, and victim-blaming narratives remain pervasive in public understandings of GBV, influencing how services and workers are perceived. Research shows that misconceptions—such as framing shelters as family-disrupting or viewing GBV as an issue affecting only marginalized or low-income populations—obscure the structural nature of violence and reinforce social silence. These narratives undermine public support for GBV services, limit recognition of prevention and safety-oriented interventions, and contribute to the broader devaluation of the sector and its workforce.

Sources: Ayer, 2023; Burd et al., 2023; Canada, Office of the Federal Ombudsperson for Victims of Crime, 2025; Ending Violence Association of Canada, 2023, 2024, 2025; Maki, 2019; Rossiter et al., 2020; Statistics Canada, 2018

> Challenging stigma and misinformation about GBV is critical to shifting public narratives about the work, strengthening support for services, and legitimizing the role of GBV workers as essential to community safety and wellbeing.

Individualized Views of Violence

GBV is frequently framed as an individual or private issue, rather than as a product of structural inequality, power relations, and social norms. Research documents how this framing minimizes public responsibility, normalizes violence, and discourages collective or institutional intervention. Studies and sector reports note that when GBV is treated as a private matter, prevention efforts and professional support are more likely to be questioned or resisted, further obscuring the role and legitimacy of GBV workers.

Sources: Ayer, 2023; Burd et al., 2023; Canada, Office of the Federal Ombudsperson for Victims of Crime, 2025; Ending Violence Association of Canada, 2023, 2024, 2025; Maki, 2019; Rossiter et al., 2020; Statistics Canada, 2018

> Reframing GBV as a systemic and preventable issue is essential to building public support for intervention, prevention, and the professional role of GBV workers.

Reframing GBV Impact Measurement

Impact in GBV work is frequently understood through narrow, individual-level outcomes, such as crisis intervention or survivors exiting abusive situations. Research shows that this framing overlooks the significance of systems-level work, including interagency collaboration, prevention work, policy change, and institutional reform, which can reduce harm and improve survivor pathways over time. Studies and sector reports emphasize that these forms of impact are less visible and harder to measure, yet are central to sustainable prevention and survivor-centred systems.

Sources: Ayer, 2023; Burd et al., 2023; Canada, Office of the Federal Ombudsperson for Victims of Crime, 2025; Ending Violence Association of Canada, 2023, 2024; Maki, 2019; Rossiter et al., 2020; World Health Organization, 2019

> Impact frameworks should allow for different types of outcome measurement that recognize systems-level change alongside individual outcomes to reflect the full scope and long-term effects of GBV work.

Under-Resourced Outreach

Communications and public-facing work are chronically under-resourced in the GBV sector. Research shows that frontline workers prioritize immediate service delivery over outreach and communication, particularly in high-demand and crisis-driven contexts. As a result, the impacts of GBV work—especially prevention and systems-level outcomes—remain largely invisible to the public and policymakers. Sector reports note that this invisibility reinforces misunderstandings about the nature and value of GBV work and contributes to ongoing underinvestment.

Sources: Ayer, 2023; Burd et al., 2023; Canada, Office of the Federal Ombudsperson for Victims of Crime, 2025; Ending Violence Association of Canada, 2023, 2024, 2025; Maki, 2019; Rossiter et al., 2020; World Health Organization, 2019

> Supporting the sector's ability to communicate impact requires dedicated resources for public education and knowledge mobilization, rather than expecting this work to occur alongside already overstretched frontline roles.

Career Visibility

GBV and anti-violence work is widely undervalued and poorly recognized as a professional career, despite requiring specialized skills, training, and sustained responsibility. Research notes limited visibility of GBV work within career guidance, post-secondary education, and labour market pathways, contributing to low awareness among students and early-career workers. This devaluation is closely tied to the feminized framing of care and advocacy labour, which undermines its status as long-term, skilled employment.

Sources: Al-Zyoud et al., 2017; Benach et al., 2013; Burd et al., 2023; Ending Violence Association of Canada, 2023, 2024; Iliffe & Steed, 2000; Kosny & MacEachen, 2010; Kulkarni et al., 2013; Rossiter et al., 2020

> GBV work needs to be recognized as skilled, long-term employment by integrating it into career guidance, post-secondary pathways, and labour market systems. This includes clear role profiles, education partnerships, and sector-wide messaging that affirms GBV work as professional and specialized, while being grounded in community needs.

Pressures Unique to GBV Work

The literature and sector voices show that GBV work is shaped by a unique convergence of ideological, relational, emotional, and knowledge-based pressures that distinguish it from other human service fields. The work unfolds in contested social and political contexts marked by stigma, denial of violence, and resurgent misogynistic ideologies, creating ongoing safety risks, moral strain, and pressure to justify the work's legitimacy. GBV practice requires sustained relational labour, trauma exposure, and ethical decision-making, often amid systemic barriers that limit what workers can offer survivors. It also relies on hybrid forms of expertise that combine formal training, lived experience, and community knowledge, which are frequently undervalued by institutional systems.

Together, these conditions position GBV work as specialized and essential, requiring tailored workforce strategies that reflect its distinct demands rather than generic human services models.

Distinct Specialized Service

Different forms of GBV involve distinct dynamics, impacts, and intervention needs, requiring specialized knowledge, skills, and service models. Research shows that sexual violence, intimate partner violence, trafficking, and other forms of GBV differ in terms of trauma responses, disclosure patterns, legal processes, and survivor support needs. Sector reports note that when these distinctions are blurred, specialized services risk being undervalued, underfunded, or expected to absorb broader mandates without appropriate resourcing, training, or recognition, increasing pressure on workers and compromising service quality.

Sources: Ayer, 2023; Burd et al., 2023; Canada, Office of the Federal Ombudsperson for Victims of Crime, 2025; Ending Violence Association of Canada, 2023, 2024; Maki, 2019; Rossiter et al., 2020; Scott et al., 2022

> Recognizing the distinct nature of different forms of GBV is essential for appropriate funding, workforce specialization, and service design, rather than relying on one-size-fits-all approaches.

Systems Navigation & Change

GBV workers operate within systems that routinely fail survivors, requiring frontline staff to compensate through creative, informal, and relational labour. Research shows that navigating legal, housing, healthcare, immigration, and social service barriers consumes significant time and emotional energy, often without recognition or resourcing. At the same time, systems change and decolonizing work—such as challenging institutional practices, shifting power relations, and centering community knowledge—require sustained effort that is rarely built into workloads or funding models. Studies and sector reports note that this tension forces workers to prioritize immediate crisis navigation over longer-term transformation, despite the structural nature of GBV.

Sources: Ayer, 2023; Burd et al., 2023; Canada, Office of the Federal Ombudsperson for Victims of Crime, 2025; Ending Violence Association of Canada, 2023, 2024; Maki, 2019; Maki, 2025; Rossiter et al., 2020

> Supporting effective GBV responses requires recognizing systems navigation and decolonizing work as core responsibilities, with dedicated time and resources rather than relying on informal, invisible labour.

If funding and resources for GBV work were abundant and accessible...

> **Direct client work would be no more than half my work hours. Part of the work would be participating in lobbying/rallying/institutional change.**

Filling Gaps in Basic Needs

GBV workers routinely provide forms of material, logistical, and social support that fall outside formal GBV mandates, responding to gaps in housing, income assistance, healthcare, and social protection systems. Research shows that unmet basic needs significantly shape survivors' safety and recovery, requiring workers to engage in advocacy, navigation, and crisis mitigation beyond counselling or crisis response. Sector reports note that this expanded scope of work increases workload, emotional labour, and role strain, while remaining largely invisible and underfunded within existing service and funding frameworks.

Sources: Ayer, 2023; Burd et al., 2023; Canada, Office of the Federal Ombudsperson for Victims of Crime, 2025; Kulkarni et al., 2013; Maki, 2019; Rossiter et al., 2020; Scott et al., 2022; Wells et al., 2024

> Recognizing the full scope of GBV work requires resourcing systems navigation and basic-needs support as core responsibilities, rather than treating them as informal or peripheral tasks.

Emotional Investment

GBV work relies heavily on relational, emotional, and affective labour, including empathy, trust-building, and sustained emotional presence. Research shows that this form of labour creates deep relational bonds, which can intensify feelings of responsibility, concern, and moral distress when workers face systemic barriers that prevent them from meeting survivor needs. Studies and sector reports note that emotional intelligence and relational capacity are central to effective GBV practice, yet these dimensions of work are rarely reflected in formal employment frameworks, performance metrics, or compensation structures, rendering them largely invisible and undervalued.

Sources: Rossiter et al., 2020; Ayer, 2023; Kulkarni et al., 2013; Iliffe & Steed, 2000; Burd et al., 2023; Ending Violence Association of Canada [EVAC], 2023, 2024

> Workforce policies and funding models should explicitly recognize and support the relational and emotional labour central to GBV work, rather than relying on narrow role descriptions or procedural metrics.

Psychological Impacts

GBV work exposes workers to moral and ethical distress arising from repeated encounters with systemic failure, unmet survivor needs, and constrained choices within under-resourced systems. Research shows that moral injury occurs when workers are unable to act in accordance with their values due to institutional barriers, funding limits, or policy constraints, leading to guilt, frustration, and emotional harm. Sector reports note that while vicarious trauma is increasingly recognized, moral injury and ethical strain remain under-acknowledged despite their significant impact on worker wellbeing, retention, and long-term sustainability.

Sources: Ayer, 2023; Benach et al., 2013; Burd et al., 2023; Kulkarni et al., 2013; Rossiter et al., 2020; Scott et al., 2022; Wells et al., 2024

> Addressing worker wellbeing must extend beyond individual coping strategies to include organizational and systemic responses that reduce moral and ethical injury by addressing structural constraints.

Limits of Volunteer Models

Due to under-resourcing many GBV programs are forced to rely on volunteer labour to support survivors, run crisis lines, and keep programs operations. However, research shows that effective GBV intervention demands advanced skills such as risk assessment, safety planning, crisis response, systems navigation, and ethical decision-making, which cannot be reliably provided through volunteer labour alone. Sector reports note that reliance on volunteers for core GBV services can undermine service quality, increase risk for survivors, and place additional supervisory and emotional burdens on paid staff.

Sources: Rossiter et al., 2020; Ayer, 2023; Scott et al., 2022; Kulkarni et al., 2013; Iliffe & Steed, 2000; Burd et al., 2023; Ending Violence Association of Canada [EVAC], 2023, 2024

> Recognizing GBV work as skilled, professional labour is essential for appropriate workforce planning, compensation, and service quality, rather than relying on volunteerism to fill structural gaps.

Survivors as Workers

Lived experience is a defining feature of the GBV workforce, with a significant number of workers entering the field because of personal experiences of violence or prior engagement with services. Research shows that lived experience can strengthen empathy, trust, and survivor-centred practice, but also increases vulnerability to re-traumatization, emotional strain, and boundary challenges when adequate supports are not in place. Sector reports note that organizations often benefit from this experiential knowledge while failing to formally recognize, protect, or support workers whose personal histories intersect with their professional roles.

Sources: Rossiter et al., 2020; Ayer, 2023; Scott et al., 2022; Kulkarni et al., 2013; Iliffe & Steed, 2000; Burd et al., 2023; Ending Violence Association of Canada [EVAC], 2023, 2024

> Workforce strategies should explicitly acknowledge lived experience as an asset while ensuring trauma-informed supervision, boundaries, and supports that protect workers from re-traumatization.

Beyond the "Rescue" Narrative

Sources indicate that GBV work requires specialized, trauma-informed, and survivor-centred expertise, which cannot be substituted by goodwill alone. Research shows that untrained or paternalistic approaches—particularly those rooted in "rescue" or "saviour" frameworks—can undermine survivor autonomy, reinforce power imbalances, and cause additional harm. Studies and sector reports note that GBV workers frequently expend additional emotional and relational labour correcting misinformation, mediating inappropriate interventions, and re-centering survivor-led approaches, adding to role strain and workload pressure.

Sources: Ayer, 2023; Burd et al., 2023; Canada, Office of the Federal Ombudsperson for Victims of Crime, 2025; Kulkarni et al., 2013; Maki, 2019; Rossiter et al., 2020; Scott et al., 2022; Voth Schrag et al., 2022

> Strengthening GBV responses requires clear recognition of GBV work as specialized practice, alongside training and role clarity for community partners to prevent harm caused by well-intentioned but uninformed interventions.

The Cost of Justification

GBV work is uniquely subject to ongoing scrutiny and demands for justification, reflecting broader social, political, and gendered devaluation of care and social justice work. Research notes that unlike many public safety or health services, GBV programs are frequently required to repeatedly demonstrate effectiveness, relevance, and legitimacy to funders. Sector reports highlight that this persistent need to justify existence consumes time and emotional labour, reinforces precarity, and contributes to stress and burnout among workers, while diverting attention from much needed service delivery.

Sources: Ayer, 2023; Burd et al., 2023; Canada, Office of the Federal Ombudsperson for Victims of Crime, 2025; Kulkarni et al., 2013; Maki, 2019; Rossiter et al., 2020; Scott et al., 2022; Wells et al., 2024

> Reducing the burden of continual justification requires stable, trust-based funding and impact frameworks that recognize GBV work as essential and ongoing, rather than perpetually provisional.

Professionalization Debates

GBV work sits at the intersection of formal professional training and experiential knowledge. Research highlights that while post-secondary education and certifications provide important technical and theoretical foundations, lived experience and practice-based learning contribute critical relational, and contextual expertise. Sector analyses note that privileging academic credentials alone can marginalize community-rooted knowledge and survivor-informed practice, while failing to recognize experiential expertise can reinforce exclusionary and colonial professional norms. Balanced approaches that value multiple forms of knowledge are associated with stronger, more inclusive GBV practice.

Sources: Rossiter et al., 2020; Ayer, 2023; Scott et al., 2022; Kulkarni et al., 2013; Iliffe & Steed, 2000; Dumerchat et al., 2025; Burd et al., 2023; Ending Violence Association of Canada [EVAC], 2023, 2024

> Workforce frameworks should recognize multiple pathways into GBV work, valuing both formal credentials and lived experience while ensuring appropriate training, support, and role clarity.

Changing Societal Landscape

GBV work is highly responsive to broader social, economic, and policy shifts, which can rapidly change service demands and worker roles. Research shows that rising cost-of-living pressures reduce volunteer capacity and increase reliance on paid staff, while evolving social dynamics—such as changing needs of children and youth due to online exposure—expand the scope and complexity of GBV interventions. Sector reports note that these shifts often occur without corresponding increases in funding, staffing, or training, intensifying workload and role strain for workers.

Sources: Aronsson et al., 2017; Benach et al., 2013; Burd et al., 2023; Kulkarni et al., 2013; Quinn et al., 2019; Rossiter et al., 2020; Vîrgă et al., 2020; Voth Schrag et al., 2022; Wells et al., 2024.

> GBV workforce planning and funding models must be adaptable to changing social conditions, rather than assuming static roles, populations, or sources of support such as volunteer labour.

Impacts of Extremism & the Far Right

There has been a global rise in misogynistic, extremist, and far-right movements, including online communities that promote gender-based hatred and legitimize violence against women and marginalized groups. Research shows that these ideologies are associated with increased harassment, threats, and violence, both online and offline, and can escalate risks for survivors of GBV. Studies also note that frontline workers in feminist and anti-oppressive organizations may experience secondary exposure to hate speech, intimidation, and safety concerns, particularly in contexts where regulatory and policy responses to online harm are limited. This environment increases emotional labour, risk management responsibilities, and psychological stress for GBV workers.

Sources: Burden of Care report; Rossiter et al., 2020, Community-Based Anti-Violence Worker Wellness; Ending Violence Canada systems-change and equity resources; Burd et al., 2022

> Addressing emerging ideological and online threats requires coordinated policy responses, sector-wide safety planning, and recognition of the additional emotional and security burdens placed on GBV workers.

Navigating Power Dynamics

GBV work operates within deeply gendered and unequal power structures, where decision-making authority over funding and policy is often concentrated among individuals and institutions disconnected from survivor realities. Research shows that patriarchal norms and power imbalances can minimize or deny the seriousness of GBV, shaping funding priorities and institutional responses. Studies also note that GBV workers—particularly those in feminist, anti-oppressive, and survivor-centred organizations—are frequently placed in positions of moral and emotional strain when required to seek support from systems or leaders that reproduce harm or resist accountability.

Sources: Ayer, 2023; Burd et al., 2023; Canada, Office of the Federal Ombudsperson for Victims of Crime, 2025; Dumerchat et al., 2025; Ending Violence Association of Canada, 2023, 2024; Maki, 2019, 2025; Rossiter et al., 2020

> Addressing GBV sustainably requires shifting decision-making power toward survivor-informed, gender-equitable governance structures, rather than relying on discretionary support from leaders who may be embedded in harmful structural power dynamics.

References

Awa, W. L., Plaumann, M., & Walter, U. (2010). Burnout prevention: A review of intervention programs. Patient Education and Counseling, 78(2), 184–190. https://doi.org/10.1016/j.pec.2009.04.008

Ayer, S. (2023). The burden of care. The Environics Institute for Survey Research. https://www.torontomu.ca/content/dam/diversity/reports/environics---burden-of-care/The%20Burden%20of%20Care%20-%20Addressing%20Challenges%20in%20Employment%20in%20the%20Nonprofit%20Sector.pdf

Benach, J., Vives, A., Amable, M., Vanroelen, C., Tarafa, G., & Muntaner, C. (2014). Precarious employment: Understanding an emerging social determinant of health. Annual Review of Public Health, 35, 229–253. https://doi.org/10.1146/annurev-publhealth-032013-182500

Bemiller, M., & Williams, L. S. (2011). The role of adaptation in burnout advocate: A case of good soldiering. Violence Against Women, 17(1), 89–110. https://doi.org/10.1177/1077801210393923

Blumbergs Professional Corporation, & The Wire. (2022). Canadian charity sector data. https://www.charitydata.ca

Bride, B. E., Radey, M., & Figley, C. R. (2007). Measuring compassion fatigue. Clinical Social Work Journal, 35(3), 155–163. https://doi.org/10.1007/s10615-007-0091-7

Burd, C., MacGregor, J. C. D., Ford-Gilboe, M., Mantler, T., McLean, I., Veenendaal, J., Wathen, N., & Violence Against Women Services in a Pandemic Research Team. (2023). The impact of the COVID-19 pandemic on staff in violence against women services. Violence Against Women, 29(9), 1764–1786. https://doi.org/10.1177/10778012221117595

Canada, Office of the Federal Ombudsperson for Victims of Crime. (2025). Rethinking justice for survivors of sexual violence: A systemic investigation. https://www.canada.ca/en/office-federal-ombudsperson-victims-crime/sissa-essas.html

Centre for Research and Education on Violence Against Women and Children. (2025. GBV database. Western University. https://www.kh-cdc.ca/en/resources/gbv-database/index-old.html

CharityVillage. (2024). Nonprofit sector salary & benefits report. https://resources.charityvillage.com/2024-canadian-nonprofit-sector-salary-benefits-report-infographic/

Choi, G. Y., Green, D. L., & Kimbrel, N. A. (2011). Organizational impacts on the secondary traumatic stress of social workers assisting family violence or sexual assault survivors. Administration in Social Work, 35(3), 225–242. https://doi.org/10.1080/03643107.2011.575333

Clarke, M., Lewchuk, W., de Wolff, A., & King, A. (2007). "'This just isn't sustainable': Precarious employment, stress and workers' health." International Journal of Law and Psychiatry, 30(4–5), 311–326. https://pubmed.ncbi.nlm.nih.gov/17764742/

Data & Information Systems Authority. (2024). Canada's nonprofit tech workforce report. https://dais.ca/wp-content/uploads/2024/07/Canadas-Nonprofit-Tech-Workforce.pdf

Dumerchat, M., Ruellan, M., Chartrand-Péloquin, M.-A., & Pagé, G. (2025). Le renouvellement des pratiques d'organisation féministe face à la solidarité intersectionnelle. Regroupement québécois des centers d'aide et de lutte contre les agressions à sexual caractère (RQCALACS). https://archipel.uqam.ca/19030/1/Rapport_Solidarite%CC%81Intersectionnelle_avec%20ISBN.pdf

Ending Violence Association of Canada. (2023). National survey of sexual violence organizations and services (SVOs). https://endingviolencecanada.org/national-survey-svos

Ending Violence Association of Canada. (2024). Roadmap to a stronger GBV workforce. https://endingviolencecanada.org/wp-content/uploads/2024/03/building-supports-1-Roadmap-to-a-Stronger-GBV-Workforce-2.pdf

Ending Violence Association of Canada. (2025). Compassion in action toolkit. https://endingviolencecanada.org/compassion-in-action/

Fraser, A., et al. (2022). Exploration of burnout, psychological distress, and PTSD among Australian female first responders. International Journal of Environmental Research and Public Health, 19(6), 3456. https://pubmed.ncbi.nlm.nih.gov/35987064/

Heidinger, I. (2024). Canadian residential facilities for victims of abuse, 2022/2023. Statistics Canada. https://www150.statcan.gc.ca/n1/pub/85-002-x/2024001/article/00005-eng.htm

Iliffe, G., & Steed, L. (2000). Exploring the counsellors' experience of working with domestic violence. journal of Interpersonal Violence, 15(4), 393–412. https://journals.sagepub.com/doi/10.1177/088626000015004004

Kulkarni, S. J., Bell, H., Hartman, J. L., & Herman-Smith, R. L. (2013). Exploring individual and organizational factors contributing to compassion satisfaction, secondary traumatic stress, and burnout in domestic violence service providers. Journal of the Society for Social Work and Research, 4(2), 114–130. https://www.journals.uchicago.edu/doi/pdf/10.5243/jsswr.2013.8

Kosny, A., & MacEachen, E. (2010). Gendered, invisible work in nonprofit social service organizations. Gender, Work & Organization, 17(4), 359–380. https:///doi.org/10.1111/j.1468-0432.2009.00460.x

Maki, K. (2019). More than a bed: A national profile of VAW shelters and transition houses. Women's Shelters Canada. https://endvaw.ca/wp-content/uploads/2026/03/More-Than-a-Bed-Final-Report.pdf

Maki, K. (2025). Towards a reciprocal solidarity: Violence against women shelters, labour, and unions. https://www.tandfonline.com/doi/pdf/10.1080/10705422.2025.2547047

References

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. World Psychiatry, 15(2), 103–111. https://doi.org/10.1002/wps.20311

Public Services Health and Safety Association. (2021). Assessing the risk: The occupational stress injury resiliency tool. https://www.signal49.ca/wp-content/uploads/woocommerce_uploads/reports/11366_issue-briefing_assessing-the-risk.pdf

Quinn, A., Ji, P., & Nackerud, L. (2019). Predictors of secondary traumatic stress among social workers. Journal of Social Work, 19(4), 504–528. https://doi.org/10.1177/1468017318762450

Rossiter, K., Howard, C., Hanley, J., & collaborators. (2020). Community-based anti-violence worker wellness. Ending Violence Association of BC. https://endingviolence.org/resource-centre/

Scott, K., Baker, L., Jenney, A., Lopez, J., Straatman, A.-L., Antwi-Mansah, D., Cullen, O., Jones, K., Pietsch, N., & Expert Working Group Members. (2022). Recognizing critical expertise: A knowledge and skills framework for intimate partner violence specialists. Centre for Research & Education on Violence Against Women & Children, Western University. https://www.learningtoendabuse.ca/research/recognizing_critical_expertise_in_genderbased_violence_work/report.html

Smith, P. M., & Oudyk, J. (2022). Assessing the psychometric properties of the Guarding Minds @ Work questionnaire. Quality & Quantity, 56(5), 3111–3133. https://doi.org/10.1007/s11135-021-01269-6

Statistics Canada. (2018). The economic well-being of women in Canada. Government of Canada. https://www150.statcan.gc.ca/n1/pub/89-503-x/2015001/article/54930-eng.htm

Statistics Canada. (2023). Survey of residential facilities for victims of abuse, 2022–2023. https://www150.statcan.gc.ca/n1/pub/85-002-x/2024001/article/00005-eng.htm

Vîrgă, D., Baciu, E.-L., Lazăr, T.-A., & Lupșa, D. (2020). Psychological capital protects social workers from burnout and secondary traumatic stress. Sustainability, 12(6), 2246. https://doi.org/10.3390/su12062246

Voth Schrag, R. J., Wood, L. G., Wachter, K., & Kulkarni, S. (2022). Compassion fatigue among the intimate partner violence and sexual assault workforce. Violence Against Women, 28(1), 277–297. https://doi.org/10.1177/1077801220988351

Wachter, K., Schrag, R. V., & Wood, L. (2020). Coping behaviors mediate associations between occupational factors and compassion satisfaction. Journal of Family Violence, 35(2), 143–154. https://doi.org/10.1007/s10896-019-00072-0

Wells, S. A., Fleury-Steiner, R. E., Miller, S. L., Camphausen, L. C., & Horney, J. A. (2024). Impacts of the COVID-19 response on the domestic violence workforce. Journal of Interpersonal Violence, 39(5–6), 1190–1215. https://doi.org/10.1177/08862605231203610

Women's Shelters Canada (2023). Feminist brain drain study. https://endvaw.ca/feminist-brain-drain/

Wood, L., Schrag, R. V., Baumler, E., Hairston, D., Guillot-Wright, S., Torres, E., & Temple, J. R. (2022). On the front lines of the COVID-19 pandemic. Journal of Interpersonal Violence, 37(11–12), NP9345–NP9366. https://doi.org/10.1177/0886260520983304