



Frontline Workers on the Back Burner

A **Call** for Systemic Accountability in the Gender-Based Violence Sector

Frontline Workers on the Back Burner. A Call for Systemic Accountability in the Gender-Based Violence Sector

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Artist statement

*This feather is protected by the ring of red
Bloodline inside the feathers
Blue symbolizes life
The ripples are the events that have made her who she is today*

*She is the focal point, for she is the one who has that familiar face
Reminds you of your mother, grandmother, the life giver
The abundance of life surrounds her, guarding her with protection,
filled with her bloodline and love*

*The waves of life—trials and tribulations—ripple through her surroundings
Life that she has given is within her being
She is a beautiful symbol of strength that sifts through life with love and light
Masking her truth and troubles
Gifting you with her presence*



Amanda Hugon was born in southern British Columbia on her ancestral territory of the Coast Salish. She is Sto:lo (Stó:lō); Kwikwetlem (kwikwə́ləm), Cheam (Xwchíyò:m) & Michif.

Currently working in Terrace, British Columbia, she is actively involved in the northern arts community, holding the vice chair seat on the Skeena Salmon Arts Society and as a muralist with the professional arts collective Raven-Tacuara. Raven-Tacuara have painted larger-scale murals in many northwest coast communities such as Smithers and Terrace. These include Undulation and Turmoil in Hugon's hometown of Chilliwack, and The Ripple and Ancestral Legacy in her grandmother's hometown of Coquitlam.

Hugon graduated from the Freda Diesing School of Northwest Coast Art and earned a Diploma in First Nations Fine Arts. Her designs are on over a dozen murals throughout British Columbia.

Hugon is a contemporary First Nations artist who works in many mediums, including wood, plaster, acrylic painting, printmaking, and multi-media installations. Her passion is to grow and learn from other artists within her community through collaboration and education.

Hugon works to restore what it means to be a female indigenous artist by tearing down stereotypes and breaking barriers.



Acknowledgments

The Social Services Workers on the Frontlines of Gender-Based Violence (GBV) Response project was convened through collaboration between the Vancouver Aboriginal Friendship Centre Society (VAFCS) and researchers from Simon Fraser University with the objective of understanding and contextualizing the experiences of frontline workers. The goal of this work is to inform policies and organizational practices shaping the anti-violence sector, working conditions, and services to survivors of gender-based violence.

This project benefited from input of a 7-member Community Advisory Committee composed of leaders and advocates working in frontline organizations in the anti-violence sector including: the British Columbia Society of Transition Houses; Ishtar Women's Resource Society; Ministry of Children and Family Development; Salal Sexual Violence Support Centre; Surrey Women's Centre; and Vancouver Aboriginal Friendship Centre Society.

We are grateful to frontline workers who generously shared their experiences and insights, without which this work would not have been possible: These workers are at the heart of this project. Sector leadership and government officials who participated in interviews offered important policy and organizational context. Beyond data collection, frontline workers and leaders in the anti-violence sector and relevant government ministries and officers participated in discussions geared towards the development of the project's action plan. While this project benefited from generous community participation and engagement, any errors in this report and accompanying action plan are of the project team.



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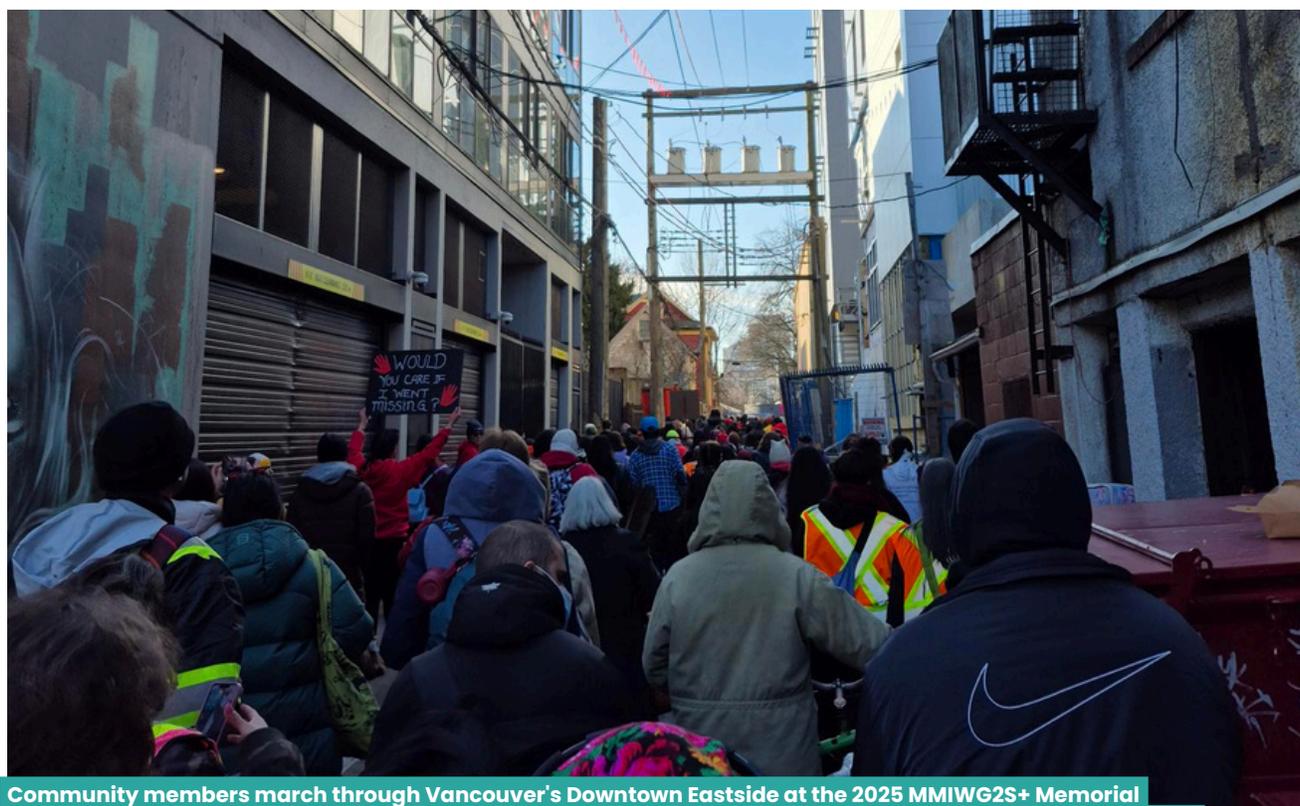
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Executive Summary



Community members march through Vancouver's Downtown Eastside at the 2025 MMIWG2S+ Memorial March, remembering murdered and missing Indigenous women, girls, and Two-Spirit folks, and calling for an end to this violence and racism.



Executive Summary

This report documents systemic and organizational dysfunctions that fracture the frontlines of workers responding to gender-based violence (GBV). Frontline workers in the anti-violence sector engage in multiple roles to provide a continuum of care to survivors of violence, including responding to crisis lines; involvement in safety planning; providing housing, legal, and mental health support; and many other services. Despite their contributions to an urgent public safety, public health, and human rights issue, these frontline workers are rarely recognized or represented in policy deliberations, research, or public media. They work in silence and out of sight. This report centres their voices, experiences, and expertise in teasing out issues that shape their working conditions and the anti-violence sector as a whole. It demonstrates an urgent need for systemic accountability and organizational readiness to care for workers so they can, in turn, care for survivors of GBV.

GBV is prevalent and persistent in British Columbia and Canada at large. Between January and December 2025, 133 girls and women were killed by violence across Canada.^[1] The Canadian Femicide Observatory for Justice and Accountability reported a 26% increase in male-accused killings of women and girls from 2019 to 2024.^[1] This highlights an increased need for robust and compassionate GBV response services. Despite long-standing and clear calls for improvements, funding for the sector and GBV response services remains stagnant. The lack of a holistic government approach to GBV response, and the marked absence of sustained core funding, keep anti-violence organizations fragmented and struggling. Evidently, the federal, provincial, and municipal governments have much work to do in supporting and funding not just services responding to violence but also essential violence prevention programming. Until GBV organizations and frontline workers receive the resources they need to keep afloat, some of the most vulnerable populations in Canadian society will continue to suffer.

Focus groups with frontline workers and interviews with key informants in the sector—including executive directors of GBV response organizations, government officials, and policy-makers—revealed systemic and organizational challenges that are unsurprising in the wake of previous research. However, this study focused on the relationship between systemic failures identified by frontline workers and key informants and the conditions of the organizations and workers. In particular, this report traces the challenges faced by frontline workers (including overburdened workloads, burnout, high turnover and low retention, and deleterious effects on personal wellness) from organizations to the systems these organizations and workers are embedded in. Such factors make labour on the frontlines unsafe and unsustainable and demonstrate de-prioritization of social services workers.



These challenges stem from critical underfunding of the anti-violence sector and the unsustainability of the short-term, project-based grant funding model the sector relies on to function. As this research shows, organizations and workers are diverting valuable time and energy from service delivery to fundraising and other means of supplementing insufficient grant funding. Without systemic change and a shift in government accountability, the sector will continue to fail survivors of violence as organizations lack the staff, resources, space, and core operational funding to fully support survivors. Every single day, hundreds of survivors of violence in our communities pay the price of government unaccountability.¹



This research study highlighted urgent changes to improve systemic accountability, organizational services, and work experiences in the anti-violence sector. Research findings informed [name and link action plan], which addresses the sectoral issues identified by participants by making recommendations to government and organizational levels, ultimately working to improve conditions for frontline workers and, by extension, the survivors they support.



The Vancouver Aboriginal Friendship Centre Society, which has been providing services and support to Vancouver's urban Indigenous community for more than 50 years.

¹ "In just one day, 105 women and 35 children and youth seeking shelter in BC were unable to be served." BC Society of Transition Houses census.

Systemic Recommendations

- **Funding**
- **Approaches to violence and accountability**
- **Connection and community**
- **Affordability and precarity**

Key systemic recommendations include:

- 01** Increase and sustain funding for the anti-violence sector
- 03** Improve services that cater to survivors from underserved or marginalized groups without reducing existing services and funding streams
- 06** Counter oppressive ideologies that contribute to gender-based violence through education and awareness
- 09** Ensure that all frontline workers in the anti-violence sector are paid a living wage to recognize the skill, experience, and emotional labour required to support survivors, and embed an accountability framework monitoring sector wages



Organizational Recommendations

- **Workload**
- **Training and professional development**
- **Cultivating a positive workplace culture**
- **Wellness as a workplace foundation**

Key organizational recommendations include:

- 14** Improve workload regulation and management
- 16** Provide sufficient training for frontline workers, ensuring that they have the tools to support survivors in a trauma-informed and safe way
- 17** Improve organizational supports to strengthen frontline worker relationships and reduce interpersonal conflict
- 20** Support worker wellness and reduce burden of self-care

Ultimately, this project underlines the struggles of frontline workers in the anti-violence sector and issues a reminder: better, safer, and more compassionate working conditions are possible and necessary—for the well-being of both workers and survivors.



State of the Sector

Frontline workers in the anti-violence sector play a critical role in supporting survivors of gender-based violence (GBV), primarily women, to build stable and safe lives. With rates of GBV rising in Canada,^[3] responding to and supporting survivors of GBV is more essential than ever. Nearly 48% of women in British Columbia (BC) have experienced intimate partner violence at least once since the age of 15. The prevalence is higher for certain groups, such as Indigenous women, 2SLGBTQ+ folks, and low-income women.^[4] Since the onset of the COVID pandemic, Indigenous women and gender-diverse people in BC have reported experiencing an increase in intimate partner violence.^[5] Such reports are a reminder of the tragic consequences of GBV and the life-saving potential of anti-violence services. This violence is coupled with increasing demand for different social services in the context of the cost-of-living, housing, and toxic drug supply crises in Canada.^[6,7,8,9]



These factors create a complex, challenging, and unsafe environment for survivors and workers who support them. Yet, funding for the anti-violence sector and support for the frontline workers has not kept pace.^[10,11] Funding has not matched inflation, which, alongside increasing service demands and complexity of needs, has limited the ability of organizations in the sector to afford fair wages for their employees.^[12] Workers struggle to handle long wait lists, a lack of resources, and multiple systemic stressors that complicate service users' needs.^[13]

Organizations that support GBV survivors struggle to operate with limited staff, space, and resources due to the limitations of the short-term, project-based funding model that keeps the sector critically underfunded.^[14,15] Because of this, GBV survivors who desperately need anti-violence services fall through the cracks—for example, shelters and transition houses often are forced to turn away survivors seeking help due to a lack of space, a dilemma represented in previous research.^[11] During the BC Society of Transition Houses' 24-hour census period in 2021, almost half (48%) of all transition houses reported that their shelters were full (compared to 29% in 2020).^[16] These challenges are intensified by limited government funding to the sector, creating precarity not just for workers but also for organizations. Despite repeated calls to improve conditions for both workers and survivors in the sector, and decades of research and advocacy affirming urgency and need from organizations, the issues faced by the anti-violence sector remain unaddressed.



A call to end violence against Indigenous women at the 2025 MMIWG2S+ Memorial March in Vancouver

Working in the Anti-Violence Sector

Decades of research identify the majority-women workforce of the anti-violence sector as simultaneously facing heavy workloads and gendered labour devaluation.^[12,16,17,18] Almost one-third of nationally surveyed violence against women shelter workers reported working more than one job to supplement their income.^[12] In BC, the median hourly wage for such social services workers' 2 jobs is \$25.00 per hour.^[19] This means that a significant number of workers in the sector are making less than a living wage (according to Living Wage BC, the living wage in Metro Vancouver is \$27.85^[20]). Pay for peer workers is often even lower.^[21]

Figure 1: Hourly and Living Wages for Social Service Workers

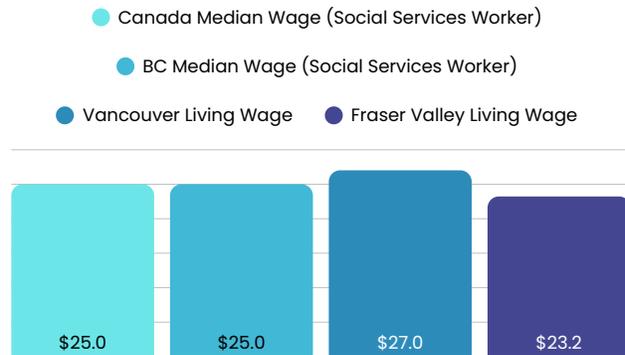


Figure 1: Median hourly wages for community and social services workers (NOC 42201) and 2025 living wages in Metro Vancouver and Fraser Valley^[20]

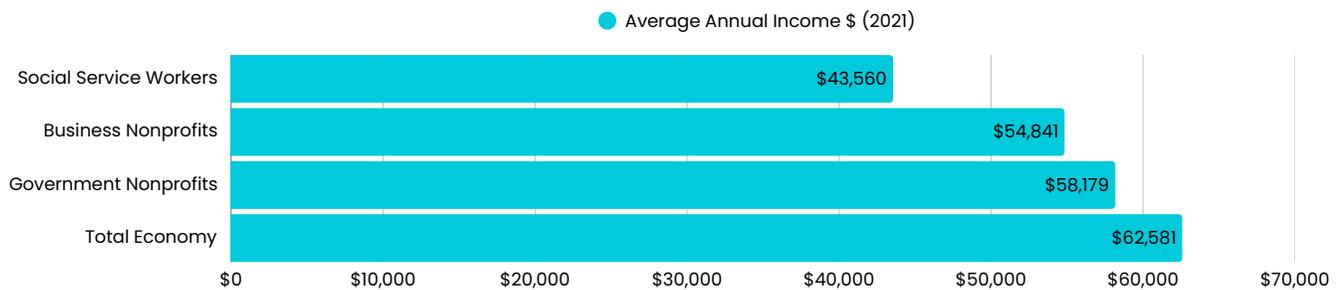


Figure 2: Average annual income 2021 by type of nonprofit work^[22]

Even in the context of non-profit wages in Canada overall, this places social services workers on the low end. On average in Canada, social services workers earn less than workers in private non-profits and government non-profits, largely due to fewer hours worked.^[22] Average salaries of shelter workers remain below those of the general economy and of similar sectors and other trauma-exposed fields, such as first responders.^[23] And social services workers in BC earn less, on average, than their counterparts across Canada overall (Figure 3).

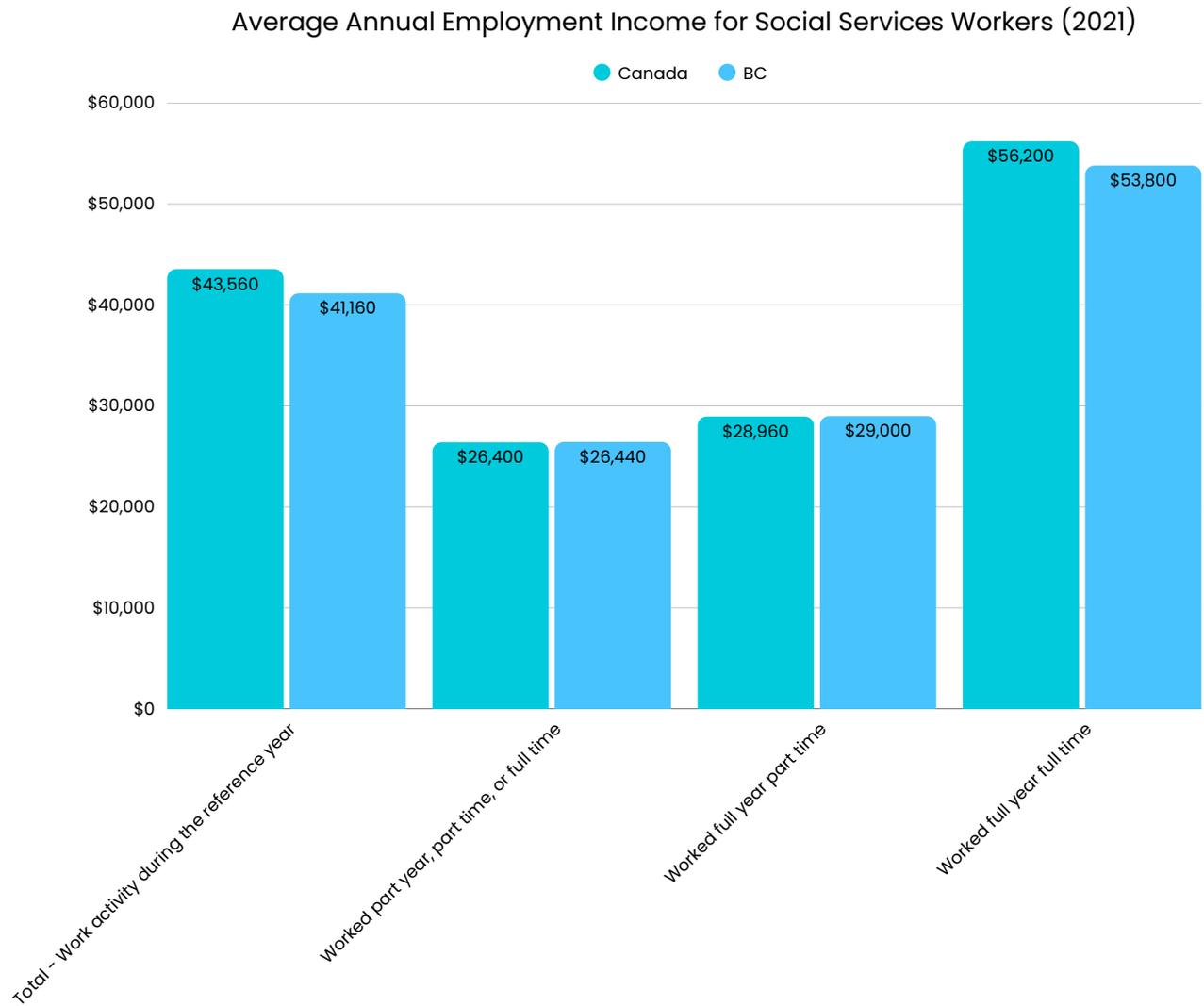


Figure 3: Average annual employment income for SSW in BC compared to Canada, 2021. ^[5]

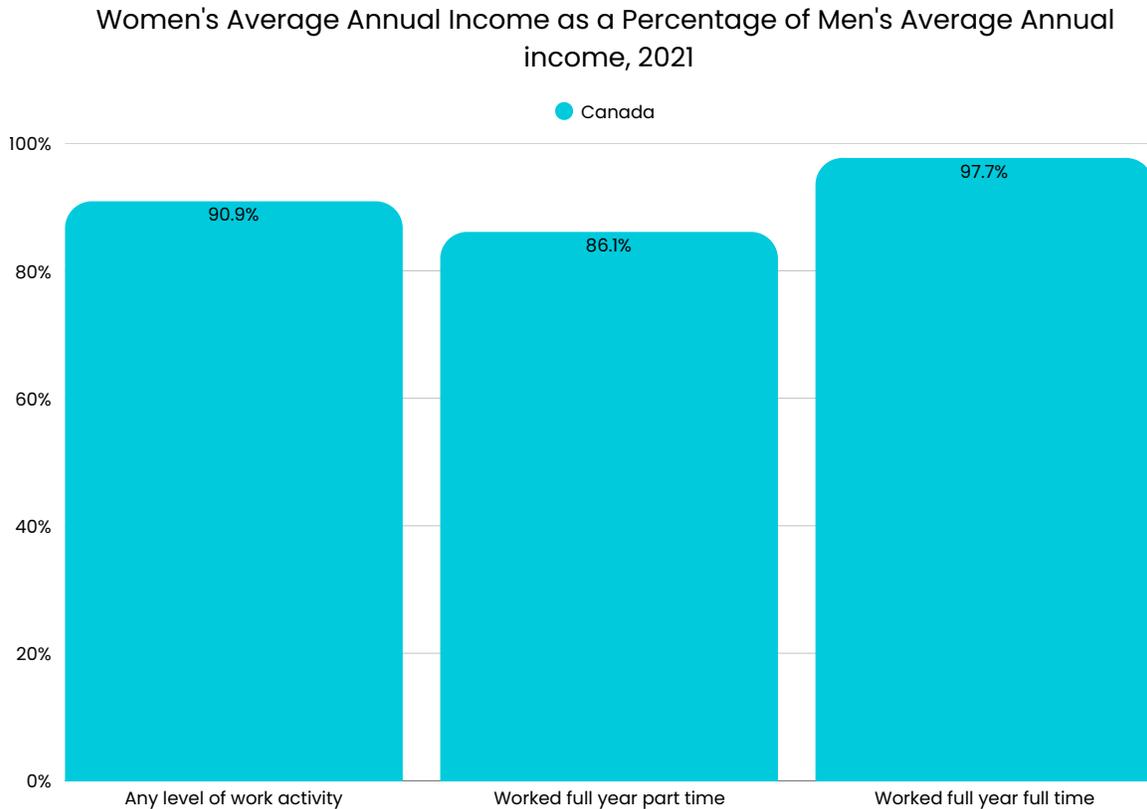


Figure 4: Women's average annual income as a percentage of men's average annual income, 2021 (age 25 to 64)^[22]

Demographics

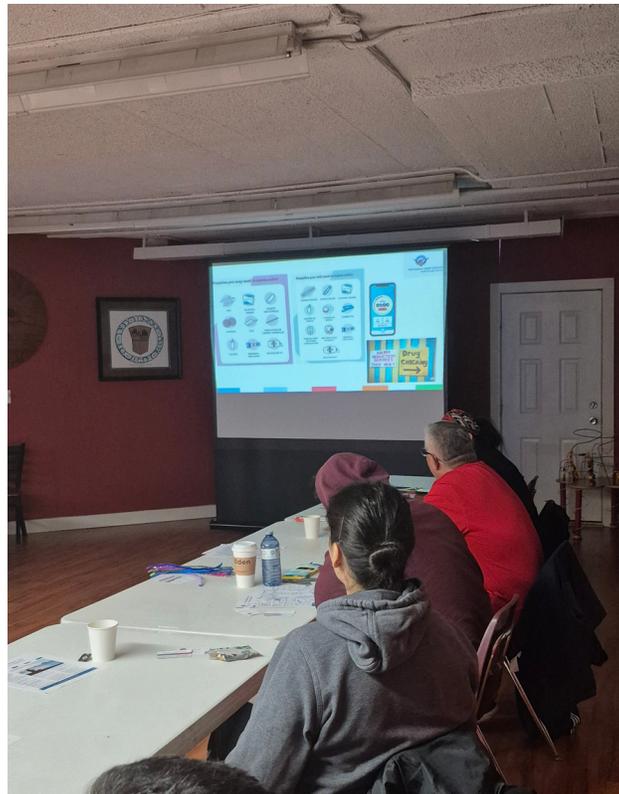
In BC, women make up a staggering 75.3% of the SSW workforce^[6]. Despite comprising the majority of the workforce, women^[7] still earn less than men on average at all levels of work activity, though the difference diminishes greatly for full-time workers.

Members of racialized populations are overrepresented among social services workers when comparing workers in BC to the national average.^[22] However, visible minority workers are underrepresented in this sector when compared to all sectors in BC.^[22] Additionally, Indigenous workers are overrepresented among social services workers nationally, with 12.3% of workers being Indigenous compared to 4.1% of Indigenous workers in the overall economy.^[24] Experiences of work and precarity differ for racialized workers—in a survey conducted by the Ending Sexual Violence Association of Canada, a larger proportion of racialized workers reported concerns about becoming unemployed when compared with workers overall (37.4% compared to 24%).^[13]

Methodology: How Did We Collect and Analyze Data?

This project entailed two components: research and community engagement. Research was conducted through focus group discussions with frontline workers in the GBV anti-violence sector and key informant interviews with individuals in leadership roles within the sector and relevant government ministries and offices. There were 66 frontline workers who participated in 17 focus group discussions, and 21 key informants were interviewed. Recruitment strategies included direct outreach to organizations, hosting community events, sending out newsletters, posting on social media, and seeking referrals. Reflexive thematic analysis was used to analyze and interpret qualitative data, through which project team members engaged critically with the data.

Community engagement was prioritized from the inception of the project. In addition to a community advisor, a community advisory committee made up of leaders and advocates in the anti-violence sector provided guidance and input throughout the various phases of the project, including the development of data collection guides. Public community events were conducted to share project information and research findings and focus group participants were re-engaged. An Action Plan was developed to provide concrete recommendations and actions to address issues identified through the research. This was refined through community consultations and repeated rounds of revision.

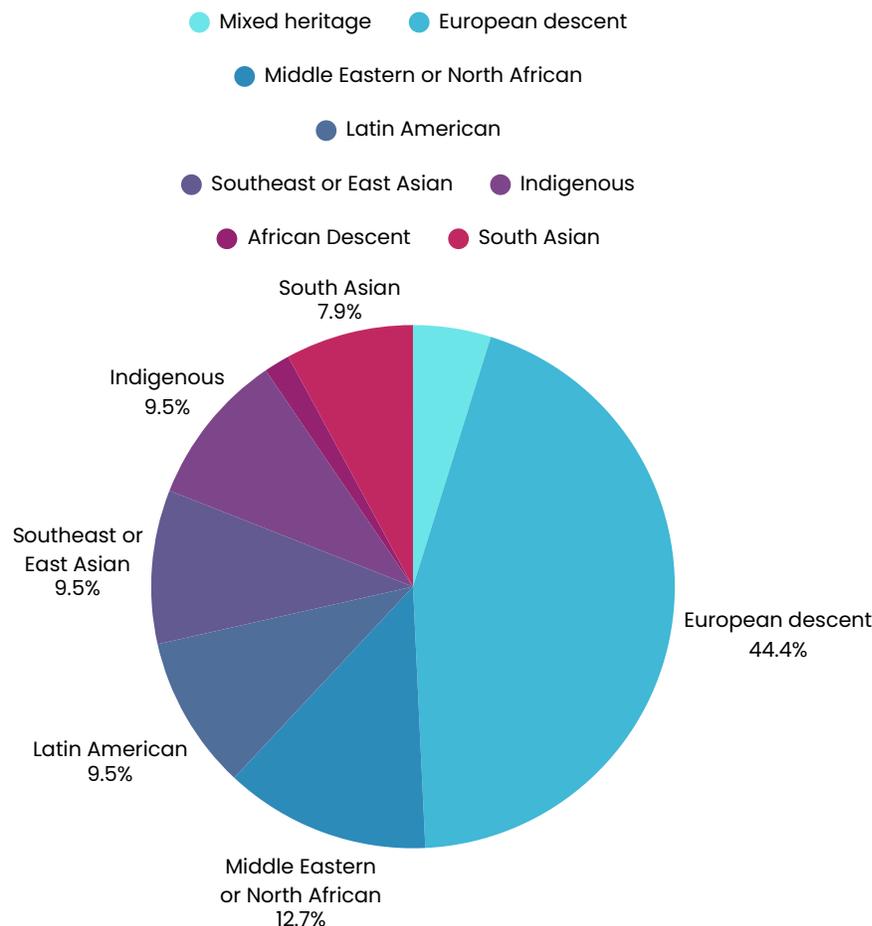


Attendees at a decolonial harm reduction and Naloxone training event

Frontline Worker Demographics

Sixty-six frontline workers who provide direct services to prevent or respond to GBV contributed to this project. The services they provide to survivors of GBV included shelter and housing support, counselling and mental health support, emotional support, peer support, criminal justice system support, legal support, health care support, crisis line support, crisis intervention, referral services, employment support, outreach support, and others. Most participants had worked in the sector for less than 5 years (29%), others had worked in the sector for 5 to 10 years (24%), 11 to 19 years (20%), with others having worked in the sector for over 20 years (11%). The majority of participants work with non-profit organizations (82%), with six participants also identifying their non-profit organization as a grassroots organization. The majority of participants felt connected to their organizations' mission and vision, with only 13 participants (20%) responding that they felt "somewhat" connected. Most participants work full-time (67%), with 14 working part-time (21%) and 7 (11%) working on a casual basis. Most worked one (45%) or two jobs (32%), but less than 0.05% of participants worked three or more jobs. Only 35% of participants were unionized.

Most participants were women (82%), two were men (3%), six were non-binary (9%), and one identified as both woman and non-binary. The largest age group represented was 30–40 years (29%), followed by 50–60 years (24%), 20–30 years (20%), 40–50 years (17%), and 60+ years (11%). Approximately 46% of participants were immigrants to Canada, most of whom had been in Canada for over 10 years. Regarding racial, ethnic, or cultural backgrounds, most were of European descent (44%), followed by Middle Eastern or North African (13%), Latin American (10%), Southeast or East Asian (10%), Indigenous (10%), South Asian (8%), mixed heritage (5%), and African descent (2%).



How is the Report Structured?

The study revealed that the state of the anti-violence sector and its working conditions result from multifaceted factors, which we classify into two categories: **systemic** and **organizational** issues. This report goes into the details of these influences, peeling back one layer after another. On some issues, the two categories are intricately linked, making it challenging to determine where one ends and the other begins. However, this structured approach to presenting the project's findings allows for a constructive examination of the various factors influencing work in the sector. Finally, we present the effects of systemic and organizational issues on frontline workers. Centring the voices of these workers, this report illuminates an urgency to address the upstream contributors.

01 Systemic Forces

02 Organizational Issues

03 On the Frontlines: Inspiration, Wellness Outcomes, and Coping

04 Conclusion



01

Systemic Forces



Systemic Forces

The anti-violence sector is part of an interconnected system that shapes its utility, functionality, and impact. When a frontline worker in a non-profit organization answers a crisis line, supports a GBV survivor to secure shelter, or offers counselling to a survivor, they do not operate in isolation but as part of a larger system they must navigate. Even when their organizations mediate, workers reported feeling the effects of systemic challenges, which in turn affect services to GBV survivors. Five systemic issues were particularly highlighted through this project: ideology, funding, government priorities, criminal and legal systems, and coordination.

Ideology

Supporting survivors of GBV is grounded in feminist ideology and rooted in activism and community care through grassroots initiatives. Since the 1970s, feminist collectives in Canada have established organizations such as women's shelters and support centres,^[25] advocating for survivors of GBV—often without government support. In the 1960s and 70s, the federal Liberal government acknowledged the non-profit sector as a partner in the policy process, increasing opportunities for non-profit organizations to access state funding and resources.^[25] From the 1980s, these grassroots initiatives began formalizing, with feminist service organizations heavily relying on government funding from the 1990s onward.^[25] The anti-violence sector emerged as a network of non-profit organizations, with some government agencies providing direct services to a limited extent.

The institutionalization of anti-violence work was followed by the sector's professionalization. The change required workers to have academic or professional credentials to perform tasks that had primarily been voluntary work grounded in empathy and lived experience, rather than formal credentials. Operating in a capitalist and patriarchal society with a rising cost of living, incomes became necessary and increasingly tied to workers' qualifications. As a women-led sector, anti-violence work remained undervalued despite greater inclusion of women in the general labour market during this period. While professionalization allowed organizations to take advantage of economies of scale by offering, for example, more and long-term housing supports, it also contributed to a dilution of radical, survivor-led ethos of earlier grassroots work. Some of the key informants who provided this historical context have worked in the anti-violence sector for over 30 years. Such leaders ground their work in feminist ideology and work toward instilling the same in new workers who might not have the same ideological grounding.



“I think that the biggest challenge that I find is that people are really drawn to the work for different reasons, and oftentimes that ends up being some of the biggest hurdles because of the way that many of our workplaces within the sector were born and were built. So because many organizations like [organization name] were born out of the feminist movement. It relies on the movement, and what draws people to the movement, I think, in order to be successful, which, over time, through professionalization, has become just like a real pressure point. And I think that people’s dedication to the work often relies on movement work, as opposed to having a job.” (K11 12, anti-violence leadership)⁴

Many frontline workers who participated in the focus group discussions noted that their inspiration to join the sector came from their lived experience as survivors or from feminist tenets. They also emphasized the importance of this grounding in their work. However, they noted that navigating heavy workloads and the complex needs of their clients can flatten the role of ideology in their work.

Ideological challenges include not only a flattening of feminist grounding but also the incongruence of the sector working within systems shaped by patriarchy, colonialism, capitalism, racism, sexism, homophobia, and transphobia, among other oppressive ideologies. Frontline workers shared how these ideologies shape mindsets, behaviours, and biases that continue to perpetuate violence against women and hinder a transformation of root causes. Organizations and workers are therefore put in a position of reactively responding to survivors' needs with limited latitude to contribute toward prevention. Capitalism, and submission to market forces, was also named by some participants as a negative influence on the sector for both workers and survivors. One participant noted that they felt Canada had moved "past neoliberalism" into "precarity capitalism" where the government is "giving up on protecting the people" (FG 13).⁵ Workers also shared the detrimental effects on survivors of navigating systemic oppression and systems, such as the criminal and legal systems. An Indigenous worker, for instance, identified harmful stereotypes about Indigenous women, rooted in colonialism and racism, as contributing to challenges Indigenous survivors face in receiving support, as well as the workers' own struggles assisting survivors.

Organizations on the frontlines of GBV response are not immune to the power dynamics of oppressive ideologies. Although anti-violence work directly opposes ideologies of patriarchy and sexism—as a sector mostly comprised of women workers supporting women survivors—other systems of oppression run the risk of not being conscientiously addressed. Some frontline workers shared their observations of survivors experiencing discrimination rooted in colonialism, racism, and transphobia while seeking services.

"Safety being used as a rationale for exclusion of trans folks within anti-violence spaces [is] a barrier to equitable provision of services. ... I've seen people attempt to use or weaponize safety as a reason for racial exclusions from our spaces. ... 'I find their presence here triggering. They're dangerous, they're violent' etc., and we're really clear on calling that out and saying that's racism. Like we're not going to suddenly say that Indigenous, or Black, or People of Colour are like, no longer welcome in our spaces. And yet, when it comes to, I think, like gender and sexuality, there is like a strange cognitive dissonance, and we're not able to identify the weaponization of language, of safety in service of an oppressive politic." (FG 7)

Several workers positioned themselves as unwillingly complicit in "replicat[ing] the violence [they] seek to address, against various groups" (FG 7). A few workers shared their own experiences of similar discrimination. Several Indigenous participants reported feeling discriminated against, tokenized, or disrespected by management or colleagues.

Frontline workers indicated that limited diversity in the sector could be contributing to discrimination and a lack of awareness or drive to address the issue. As the demographic of survivors served by the sector diversifies, participants highlighted a need for the workforce to reflect this diversity. The efforts of marginalized women and gender-diverse people has been a driving force for change in the sector.



Women Against Violence Against Women quilt block at the 2025 MMIWG2S+ Memorial March in Vancouver

“When I started 30-something years ago, it was the majority white people, and there were no people with accents or that looked different, you know, they were all the same. And I remember that we [had to fight] or argue. We wrote a book ... talking about the women organizations that ... didn’t have Indigenous workers, or they [lacked] awareness about that.” (FG 12)

The ideological discrepancy opposing anti-violence work also shapes how society and institutions view violence against women and the importance assigned to addressing its root causes and consequences. Frontline workers expressed concern about the limited public awareness of GBV, the extent of the problem, and their role in responding to it. They emphasized that oppressive ideologies and practices underpin the prevalence of GBV, highlighting the importance of fighting these ideologies to address violence holistically, especially in GBV prevention.



People march through Vancouver’s Downtown Eastside at the 2025 MMIWG2S+ Memorial March, in memory of murdered and missing Indigenous women, girls, and Two-Spirit folks

Funding and Government Priorities

The institutionalization and professionalization of GBV response work gave rise to an anti-violence sector that is largely dependent on government funding. As stewards of the public trust, the federal and provincial governments are indeed charged with nurturing the safety, health, and dignity of those residing within their jurisdiction. Non-profit organizations that continue to be on the frontlines of GBV response have, over the decades, been concerned about the insufficient funding from federal and provincial governments, signalling a lack of government responsibility. The anti-violence sector has experienced an increase in demand for services from GBV survivors over the years, as testified by this study's participants. Organizations and workers in the sector are addressing a growing number of clients and increasing complexity of needs without a corresponding increase in funding.

The government funds the anti-violence sector through short-term, project-oriented, and grant-based models. Participants revealed how this funding structure, coupled with critical underfunding, puts organizations in a position where they are barely able to cover administrative costs. Their limited capacity is evidenced by long wait lists and the number of clients they are forced to turn away. The anti-violence sector has long reiterated that the short-term funding structure is unsustainable and unsuitable for supporting a healthy workforce and high-quality services. Nonetheless, interviewed organizational leaders and policy-makers reported a trend of funding shrinkage and cuts to the sector.

“I think it’s ... got to be that provincial commitment to fund appropriately. ... We have funding but is it appropriate ... for the expectation of what we’re asked to deliver? Especially when we think about women who have experienced GBV, you know, that trauma is lifelong, and it’s ongoing. So why should support be short-term? Why [isn’t] there ... continuity of care? Even looking at our programs around length of stay, you know, 30 days in a transition home. ... How do we expect someone who is leaving such a traumatic situation to really be able to build stability, build that trust, feel comfortable to talk about their situation after 30 days?”
(K11 16, anti-violence leadership)

The COVID-19 pandemic exposed and intensified long-standing challenges facing the anti-violence sector, spotlighting systemic neglect. Alongside increased demand for GBV response, the pandemic intersected with other crises relating to housing insecurity, food insecurity, drug overdose, and mental health needs to further intensify the complexity of needs addressed by the sector. The housing crisis particularly stood out as a critical exacerbating factor for clients. Organizations running transition houses are, in many instances, keeping clients for longer than their stay limit (typically 30 days). In other cases, where organizations are unable to secure long-term housing, survivors are left with no options but to return to their abusers. Clients with complex needs—including people dealing with addiction, with disabilities, or with dependents like children and pets—face even higher barriers to finding housing.

“We have a lot of crisis calls for space, and we have to turn down many, many people because ... we’ve only got five family rooms. And a lot of people ... after a few months of being here ... can’t find permanent housing that they can afford, and we know how long the wait for BC housing is, and the second stage [housing] is very limited as well. ... And even after they get in here the typical stay is 30 days, but we have been keeping clients for a lot longer than that simply because there is no housing. We are one of the few houses that will allow pets, [which is both] good and bad, because yes they can come with their pets, but where do you put them after? Because a lot of affordable housing won’t take pets.” (FG 2)

Although the provincial government released additional funding to the sector during the pandemic, this funding was temporary and not offered again despite ongoing needs. Organizations were left with fewer resources with which to juggle expanded mandates (see Chapter 2) in addition to high demand for their services and complex needs of survivors. At the time of writing, the demand for GBV services continues to increase.^[26] Frontline workers and key informants noted that government priorities shape funding to the sector, pointing to a devaluation and politicization of GBV response work.



“It’s not like the government and the funders don’t know that this is going on, but the frustration definitely is that it’s a cycle of, ‘Oh, there’s an election coming up, we have to say all the right things,’ and then as soon as the election passes, everything else becomes a priority except women and except survivors and except people that have significant barriers.” (FG 6)

“With COVID, there was additional funding given to the province, which then funnelled down. So it was specific funding to COVID. And once that funding ended, unfortunately, a lot of the safe spaces, the programs, we no longer had the funding to be able to continue that support. If there was a little bit of room here and there, we would have continued on with some of it.” (K11 16, anti-violence leadership)

Government priorities not only shape the amount and models of funding but also the designated programs and initiatives. Participants highlighted that funding to the sector is not directed toward prevention of GBV, such as through public awareness and education, but rather toward reactionary responses. They noted a lack of political will to meaningfully address underlying systemic issues contributing to GBV, which undermines anti-violence work.

“I’ve also worked for [a municipal government] on a number of projects around preventing and supporting the housing crisis, and I’m not entirely sure they are interested in supporting our work. I think that if there was actually genuine interest to support our work and to listen to people with expertise and to listen to the years and years of research and very, very educated suggestions about how we can form solutions, we would have very different outcomes. So I think there needs to be an interest in finding solutions to structural problems, and they need to be structural solutions. And I think my work has not led me to believe that the interest is there yet.” (FG 1)

“I feel sometimes ... we’re not really addressing the root cause. You know, we’re investing a lot of money on the aftermath, but we’re not looking at the reasons ... someone might be in the situation that they’re in. Or again, talking around homelessness—why did someone become homeless? And to me, personally, I think it goes back to that financial commitment that is more to do that preventative maintenance than to that reactionary response.” (K11 16, anti-violence leadership)



Most organizations in the sector cope with critical underfunding and restrictions placed on funding by fundraising and seeking donations to keep afloat and prioritize the needs of their clients. This, however, redirects valuable time, energy, and resources away from direct service to GBV survivors.



“We don’t have any sustainable funding in place from the province. ... We’re coordinating the service. We’re taking a lot of work off of their plates. But they’re not funding us yet. ... Our leaders end up spending so much time fundraising instead of putting their energies into the services themselves. As long as we’re not funded under the provincial umbrella of funding, we’re going to continue to fight, fight, fight for every little thing. ... So every position that we have in the centres is fundraised for. And so every year, you’re thinking, ‘Can I actually afford the staffing model that we need in place in order to serve the children and youth that we know are coming through the doors?’” (K11 11, anti-violence leadership)

Interacting Systems: Criminal, Legal, and Health Systems

The anti-violence sector does not operate in a vacuum but rather intersects with systems that offer redress for harms suffered. This section spotlights the sector’s interaction with the criminal and legal systems, which was highlighted by participants. These systems entail laws, institutions, and processes to resolve disputes, protect rights, interpret laws, enforce criminal and civil law, prosecute and adjudicate offences, and protect public safety, among other objectives. While main actors include judges, lawyers, and law enforcement agencies, non-profit organizations in the anti-violence sector mostly operate in the margins by supporting survivors to navigate these systems. Victim services workers are a subset of social services workers who work very closely with the criminal and legal systems and who work directly with police detectives and within the court system.

Interactions with the criminal and legal systems can be lengthy and adversarial to GBV survivors. Frontline workers often act as an in-between to make these systems accessible to survivors by trying to ease the burden and effects of these interactions on survivors. Project participants noted that the criminal and legal systems are not trauma-informed, both in regulations and treatment of survivors. They shared that clients are often traumatized and/or retraumatized when dealing with criminal and legal processes. In addition, legal services are often inaccessible and unaffordable for survivors, which regularly leaves survivors representing themselves rather than accessing professional assistance. This gap has tangible implications for both the quality of support survivors receive and the breadth of their legal and safety protections. Some participants further noted that actors within these systems may carry oppressive ideologies that contribute to biases related to GBV, which can negatively affect survivors’ outcomes.

“I think the problem is not the legislation piece, it’s the actors. The judges, the lawyers who are working in this field, don’t fully understand how coercive and controlling behaviour works. ... I think we see similar responses in the legal, family law realm, where there’s a lot of myths and stereotypes still being taken by the judges and by lawyers. Like, ‘If it was this bad, why didn’t you leave sooner?’ Or ‘You’re just making this claim of abuse to get more advantage of your children.’ ... It’s not explicit, like no one is actually saying those things out loud, but you can see it when they make their judgments, when the decision is written and you read it. ... And, you know, reading the tones—kind of like, ‘Well, if there was this much violence, why weren’t the police called?’ Those types of incorrect attitudes [are] still very prevalent.” (K11 15, anti-violence leadership)

The origins of the criminal and legal systems in Canada can be traced to colonization of Indigenous Peoples.^[27] Participants highlighted that oppressive ideologies of colonialism, racism, and the patriarchy still influence these systems. They shared how these systems fail by design to protect survivors and those who are marginalized. Several participants pointed out that the legal system can work in the favour of perpetrators and abusers, citing limited enforcement of protective orders for survivors.

GBV survivors with intersecting vulnerabilities, such as immigration precarity, receive limited protections, as their abusers can “continue their manipulation and their coercive and controlling behaviour” (K11 15, anti-violence leadership) and circumvent legal protections. Family law was named by participants and organizational leaders as a missing link in survivor support. While frontline workers are generally able to support survivors through the criminal law and child protection systems, they are restricted in what they can do for survivors in the family law context. Some organizations receive funding for legal aid that they cannot use in the family law system. Although the BC government put \$29 million toward an expansion of family law services for GBV survivors in 2024, the family justice system has long failed to address the impact of GBV in family law. These gaps persist as another pathway through which abusers can harm and control survivors.^[28]

“[We are] seeing either challenges in getting protection orders or challenges in having them enforced. And alongside those, what are kind of referred to as peace bonds, where there seems to be ... quite some challenge in getting breaches of the bond charged and followed up on. I think there is a wide lack of understanding of how pervasive gender-based violence is in our society. There seems to be some kind of acknowledgement on the one hand and disbelief on the other.” (K11 17, legal reviewer)

Interministerial collaboration is vital for a holistic response to GBV and wraparound support for survivors. Participants objected to the absence of the Ministry of Health in coordinating GBV services, noting that the Ministry is siloed from the anti-violence sector. One frontline worker mentioned that sexual violence is understood as a social justice issue in BC’s governmental response to GBV, even though mental and physical health supports for survivors are crucial to recovery. Frontline workers spoke of the need for more access to and contact with the Ministry of Health. According to frontline workers and organization leaders, there is a need to engage the Ministry of Health in addressing violence prevention, training health authorities on GBV, and developing more supports for frontline workers supporting survivors of GBV.

Despite challenges with the criminal and legal systems, organizations and workers on the frontlines of GBV response try to work within these systems to ensure survivors get the best protection possible. Nonetheless, some GBV survivors choose not to engage in these systems, while those who do sometimes fall through the cracks. Frontline workers noted that they lack specialized training and knowledge to adequately support survivors to navigate or challenge these systems. In addition to working with and advocating for change in these systems, some non-profit organizations are finding ways of working outside these systems to better support their clients by exploring alternative routes of justice, such as restorative justice mechanisms.



“We were doing a national project that was looking at the mechanisms that would be required in order for another alternative form of justice to be available to survivors more widely across the nation. And so we came up with this reimagining justice option, which blends RJ [restorative justice] and TJ [transformational justice] together.” (K11 12, anti-violence leadership)

Coordination

This project underscored coordination as a cornerstone of a sustainable anti-violence sector—one that holistically supports survivors of GBV, especially amid rising demands and increasingly complex needs. Two levels of coordination were highlighted as critical by participants: among anti-violence organizations and between frontline organizations and the government. In BC, anti-violence organizations have formed member-based networks for coordinated advocacy and mutual support that act as umbrella organizations. These include the Ending Violence Association of BC, BC Society of Transition Houses (BCSTH), Police-Based Victim Services of BC, and BC Child and Youth Advocacy Centres Network. These networks facilitate coordination between organizations by providing space for meetings, consultations, training, advocacy, and government relations. Frontline organizations also directly engage with various government agencies and actors across systems, such as the criminal and legal systems, both in offering direct services to GBV survivors and in advocating for changes that would better serve their clients. Some umbrella and frontline organizations were engaged in the development of the provincial GBV Action Plan. Participants noted that there were a few coordination roundtables and groups that include non-profit organizations, government ministries and agencies, and police departments, among others, to address and discuss specific issues affecting the sector.

“Twice a year, we meet. It’s called the Community Coordination of Survivor Safety. So it’s led by EVA BC, the Ending Violence Association of British Columbia. And they bring together all of the community entities. ... It has legal, immigration, RCMP, MPSSG [Ministry of Public Safety and Solicitor General], [BC Housing], and a lot of community partners, so we can talk about some of these trends and how we can [do] better. So our last meeting was really a lot about, like, policy development and who’s holding, who’s responsible for updating outdated policies and really highlighting if a new policy needs to be created. ... I heard actually at our last meeting, last week, that BC is actually really well known for their coordination.” (K11 16, anti-violence leadership)

Despite these efforts, participants revealed critical gaps in coordination and ongoing silos in anti-violence work. Practical coordination between organizations in supporting GBV survivors was a notable missing piece demonstrated by the lack of a referral mechanism between a non-profit organization providing shelter and another providing legal services. Participants shared that they often lacked knowledge of available resources across the anti-violence sector due to the absence of a referral system. Geographic silos further hinder service provision and contribute to resource shortages in remote communities. This makes it especially difficult to support clients in these communities, where resource limitation is dire. Aside from limited resources to meet the logistical efforts required for coordination, the government's competitive funding model stood out as a factor that disincentivizes coordination. The lack of formal coordination trickles down to frontline workers who take on the burden of informally coordinating with each other in seeking to meet the multiple needs of their clients. Overburdened workloads hinder frontline workers from attending to the extraneous workload of coordination, including participating in conferences and table discussions. Conversely, participants expressed that they are often not afforded the opportunity to participate in coordination tables and they can feel that their voices are deprioritized in the partnerships and discussions.

Participants highlighted that silos exist not just between organizations, but also within organizations. One common challenge is that services are restricted to the individual survivor. For instance, frontline workers typically serve individual survivors and are not able to support clients' relationships or systems in which they are embedded even where such holistic support would have a greater impact on the survivor's well-being. Frontline workers and organization leadership cited the difficulty of coordinating service provision in this context, and the need for more wraparound services that not only target individual survivors but address cases of violence in a holistic way.

“If it was a ‘magic wand’ scenario, I would absolutely wish that I would not ever have a single client, but I would have the whole family. ... That everything would be individualized to the needs of that family unit, and if necessary, the larger community in which they live. ... I would want it to look at the whole system for each individual—who are all their supports, and working with everybody. And I just can’t see any government actually, one, spending the money, two, spending the time, and three, just having the resources to do that.” (FG 2)

This project also highlighted gaps in coordination within systems and government bodies with which anti-violence organizations engage. The Gender Equity Office, at the provincial level, and Women and Gender Equality Canada, at the federal level, work toward advancing gender equity and inclusion across government ministries and agencies. These offices were central to the development of the provincial and national GBV action plans, which set the tone for addressing gender-based violence. They both include strengthening coordination among their goals. Despite the explicit goals and the existence of offices mandated to support collaboration, coordination remains a significant challenge—from funding and priority setting to direct collaboration with anti-violence organizations. Relevant government ministries and bodies continue to work in silos despite the acknowledged need for coordination. The persistence of silos in government response enables some relevant ministries and agencies to remain absent or disengaged. Participants noted that, in particular, government actors responsible for health care provision were missing from the conversations. They highlighted that GBV response has only been associated with housing and legal intervention, absenting other government departments critical to addressing the multifaceted needs of survivors.

“[One health authority was] very much like, ‘Why are we here? What do we have to do with this?’ It is absolutely one of the unintended consequences of [former premier of BC] Gordon Campbell’s ... actions that sexual violence in particular gets only seen as a justice issue in this province and that nobody else is picking it up. We don’t have relationships with the minister responsible for addiction. We don’t have relationships with mental health. In fact, people don’t consider the impacts of gender-based violence a mental health concern. It is very much segregated into justice.” (K11 12, anti-violence leadership)

Systemic challenges can, in turn, hinder coordination between relevant government bodies and frontline organizations. The anti-violence sector is working to bring together various actors, including those in government ministries, the criminal and legal systems, and housing, through roundtables. However, participants noted ongoing barriers in coordination between government systems and non-profit organizations. These include limited government transparency, which can foster distrust; differing interests and ideologies; and a lack of policies or legislation that incentivize coordination. While efforts are being made to better support Indigenous-led organizations, colonial ideologies and practices remain contentious issues that require continuous attention and improvement. Participants cautioned that even with increased efforts to coordinate, coordination and accountability go hand in hand.

What This Means

The systemic problems that shape the anti-violence sector are clear and have been repeatedly pointed out by survivors, workers, and advocates for decades. Workers discussed, among many other issues, the political de-centring of GBV, the lack of justice for survivors navigating criminal and legal systems, and the perpetuation of violent and misogynistic ideologies. None of these problems are new, but they are compounded by recent challenges, including the COVID-19 pandemic and the housing crisis. These systemic issues, particularly around funding and policy, shape and constrain anti-violence organizations. Organizations facing these limitations then pass them down to workers, who face the resulting challenges on the frontlines. The siloing of agencies and organizations in the GBV response sector has led to the pronounced absence of actors that workers and leaders have identified as necessary, such as the Ministry of Health. Conditions for frontline workers affect not only the workers as a collective but also the survivors who rely on those frontline services. As long as advocates’ concerns remain unaddressed, workers and survivors alike will continue to struggle.





02

Organizational Issues



Organizational Issues

The anti-violence sector is largely made up of myriad non-profit organizations providing a multitude of services to GBV survivors. This project identified more than 70 organizations in the Metro Vancouver and Fraser Valley regions committed to this work, either as their core mission or as part of it. Most organizations focus on supporting women survivors, who are the majority of GBV survivors, while others focus on specific priority populations such as Indigenous or immigrant women. A few participants came from two organizations that work with male perpetrators and one organization that supports men as survivors of GBV. In addition to providing direct services to their clients, these non-profit organizations, like organizations in other sectors, contend with extensive operational work to sustain frontline efforts. Core operational responsibilities include securing financial resources, managing human resources, overseeing financial planning and reporting, guiding strategic initiatives, and coordinating programs and projects. This chapter highlights three core organizational issues highlighted by participants that significantly affect the anti-violence sector: organizational continuity, employee support structures, and organizational culture.

Organizational Continuity

Organizational continuity related to staffing is a significant concern for the anti-violence sector, affected by challenges in both leadership transition and retention of frontline workers. Several sector leaders who participated in this project had transitioned from frontline roles to their current roles as executive directors at various points over the past 30 to 40 years. Their knowledge spans the sector's ideological roots, historical evolution, policy shifts, systemic structures, and operational leadership practices. The imminent retirement of pioneer leaders in the sector raised concerns around what the future leadership and direction of the sector will look like.

“Recruitment is also a challenge for folks coming into the sector. ... There’s going to be a big shift in the anti-violence sector in the next few years, because there are folks who’ve been at it for like, 30 plus years, who are retiring. So there is sort of this passing of the torch of executive directors, and there’s a lot of succession planning going on. And these are people who’ve been, you know, at it, you know, probably, you know, well some of them since the 70s [and 80s], to be honest. So really, that’s an interesting shift that’s happening.” (K11, anti-violence leadership)

While mentorship programs, including feminist leadership training, hope to facilitate a smooth transition of leadership, frontline staff retention is an ongoing challenge. This study identified heavy workloads, relatively low compensation, and employment precarity as key drivers of high turnover. With an entire generation of executive directors preparing to retire, organizations in the sector are especially overburdened with staffing and succession work.

With origins in volunteerism and feminist self-help initiatives, the institutionalization and professionalization of the anti-violence sector in the Canadian labour market infrastructure was not supported with sufficient resources. Participants noted how this points to a devaluation of GBV response and anti-violence work, consistent with broader devaluation of feminized labour. Both the amount of funding and the funding model keep the sector critically underfunded, despite providing a public service that would otherwise fall under the domain of government responsibility. Many organizations must supplement grant funding with independent fundraising activities and social enterprises. These enterprises marginally bridge the funding shortage, but they divert managers and workers from time that could be spent directly supporting survivors.

“This work around responding to gender-based violence was happening in our communities, our grandmothers and our great grandmothers, guess where—at kitchen tables. ... That’s historically how this work was done. So the fact that this work has been professionalized, what has not followed this work in our society is the due respect this work deserves.” (KII 18, anti-violence leadership)

Organizations attempt to cope with funding shortages by cutting costs to optimize services. Often, this means reducing funds for operations and human resources. Many organizations in the sector struggle to offer long-term, well-paid contracts to workers, which contributes to burnout as workers seek more stable and better remunerated work. On average, workers at community non-profits earn 31% less than workers in the overall Canadian economy.^[29] Workers in similar roles are better compensated when employed by the government or for-profit organizations^[29], which was corroborated by key informants and participants. Low wages are a particular problem in the context of the housing crisis. GBV workers struggle to afford housing, a challenge they share with survivors, which can exacerbate staffing issues for organizations as frontline workers leave the field for more lucrative work.

“We’ve had an attrition rate of 39%, so that’s pretty high, and that’s not because people are leaving the job because they don’t like it. They’re leaving the job because they can’t do it. ... They’re so challenged by the resources available, so they’re part-time, 50% of them carrying wait lists. ... [You have] folks coming in for short periods of time and then peeling away and going to jobs that have better benefits, or an RRSP or pension plan and better, you know, sort of salary trajectory.” (KII 1, anti-violence leadership)

“I think ... that wage competition [that non-profit organizations] are left with always [makes them economically] marginalized, right? [Frontline workers] are lower paid; they come in with higher skills, but they’re lower paid. They might not have a full-time job, they might have fixed contracts, they might come on for a project. So that job security and having enough becomes an issue. So that’s what they face constantly, and that’s what we face constantly.” (KII 8, anti-violence leadership)

Another driver of turnover in the sector is the heavy workload experienced by workers. This is also tied to underfunding and organizations’ coping mechanisms to meet the ever-increasing and dynamic needs of their clients. Forced to do more with less, non-profit organizations understaff their programs or employ workers on a part-time, casual, or even voluntary basis to keep programs afloat. The surplus workload is then redistributed to existing workers.

“We still have houses that, at night time, are single staff, right? And that’s like, not acceptable, to be honest, when you, when you’re responsible for a house of, let’s say, 30 folks, and you’re also manning the hotline, and there’s a crisis that happens, right?” (KII 1, anti-violence leadership)

This, in turn, creates downward pressure on worker well-being and safety, contributing to demoralized and burnt-out staff taking medical leave or resigning. The result is a vicious cycle of understaffing and high turnover.

Employee Support Structures

As employers, non-profit organizations in the anti-violence sector have a responsibility to provide fair compensation, ensure staff are well-equipped for their roles, and offer meaningful support for their well-being. While remuneration is tied to funding at a systemic level, non-profit organizations manoeuvre their limited means of compensation using other strategies. Frontline workers noted that despite their relatively low wages, benefits such as extended health coverage, paid vacation, and flexible work arrangements were important aspects of compensation and support. Some non-profit organizations offer extended health benefits (including counselling and physical therapy coverage) and paid sick and wellness days to support workers in mitigating and responding to the effects of frontline work pressures. Similarly, there are organizations that offer and fund clinical supervision and wellness committees to further support workers in-house. Some organizations provide workers with a wellness allowance to support self-care activities. Similarly, four-day work weeks and paid vacation days offer relief and create opportunities for workers to reset away from work.

“We have an excellent benefit package so ... we invest heavily in it, so they have very good coverage. ... They get 15 days of sick leave, which includes three days of mental health days. International Women’s Day, we would give them a day off to take care of themselves, because they are the women supporting other women. ... They get family responsibility leave, paid leave, five days for family responsibility leave, five days for bereavement. We also do staff wellness check-ins and surveys with them, so we know, you know, how things are going, right?”
(K11 6, anti-violence leadership)

Frontline workers expressed gratitude for structured benefits that crucially support their wellness. Nonetheless, they also highlighted downsides to these supports. Most significantly, these benefits are largely reactive in their approach. They do not address the causes of their struggles, such as heavy workloads. Secondly, these benefits are exclusionary. The most marginalized workers in the sector, those who are employed on a casual basis, are largely excluded from support structures essential for their wellness. The operational strategy of employing casual workers to fill gaps caused by understaffing while keeping costs down does not account for the well-being of these workers in the cost analysis. A casual worker employed by two or three non-profit organizations would fall through the cracks of support structures offered by any of the employers. Another exclusionary measure is wait periods: many organizations impose waiting periods that delay access to benefits, leaving newly hired staff—often encountering emotionally intense and complex work for the first time—without support for up to six months. Furthermore, supports vary between organizations, so frontline workers doing the same work at different organizations may not have access to the same benefits.

Even when full-time workers receive a range of benefits, those benefits are sometimes insufficient. Many organizations underinvest in counselling coverage despite the emotional labour of frontline work, which contributes to mental health decline. Frontline workers were unhappy with the lack of benefits to privately seek long-term counselling. The Employee Assistance Program and other employer-provided counselling and peer support are short-term or unsatisfactory, with some workers raising concerns about confidentiality. Further, some workers who were burnt-out or psychologically injured at work revealed challenges of running out of their paid sick days.

“For workers who work in this area, I think counselling is the main issue for us. There are not [enough] available resources for counselling. For sure, we have our own insurance that we can go and do counselling, but [it’s] not enough. ... Based on our daily job, we are dealing with a lot of ... clients and hearing about a lot of trauma, about a lot of ... violence. I mean for sure, [it impacts] wellness for sure, but there is no ... support in this area.” (FG 14)

Frontline workers, nonetheless, benefit from external support. Frontline workers highlighted the role of unions and WorkSafeBC. Although not many workers in this study were unionized, those who were generally appreciated that their unions advocated for worker safety and rights, as well as having a positive impact on benefits and wages. Similarly, WorkSafeBC—as the workplace safety agency for BC—works with non-profit organizations in the sector to ensure health and safety regulations are in place. For instance, workplaces are required to have functional health and safety committees that include employees in the appraisal of safety measures. Physical and psychological unsafety at work are ongoing challenges for frontline workers, particularly when workloads are heavy and the needs of clients are complex and dynamic. While some organizations have safety protocols, like buddy systems between programs to improve safety and reduce isolation of workers, some frontline workers cannot be certain of their safety while on the job. Employers are aware of the dangers of single-staffing, but data from BCSTH indicates rising rates of single-staffing: more than half of all responding shelters (53%) in their 2024 census reported operating with only one staff member for 10 to 24 hours, a 51% increase from 2023.^[2]

“If someone’s working alone because [the employer] couldn’t staff, that could be a problem on a night shift, if you’re working alone, and if you have to go and do wellness checks, you know, at an SRO [single room occupancy] downtown. Or, you know, it could relate to a potential safety issue if there’s no one else there. But you can work alone as long as the employer has safe work procedures around check-ins and check-outs, but I find more and more, most employers are not permitting workers to work alone, primarily for safety ... we do realize that this is something that is reported to us as well, and we do ask more in-depth questions of the employer.” (K11 14, worker advocacy representative)

Workers who require medical or disability leave from work can apply for compensation through WorkSafeBC. A 2024 amendment added community and social workers—including those with victim services, transition housing, shelters, and harm reduction—to the eligible first responder occupations covered by the WorkSafeBC mental disorder presumption under Section 135(2) of the BC Workers Compensation Act.^[30] This amendment establishes a presumption for workers in these occupations who are “exposed to one or more traumatic events in their work and are diagnosed with a mental disorder which may arise from trauma.”^[32] Frontline workers highlighted the significance of this compensation, which includes wage-loss benefits, health care, and rehabilitation support. However, some workers fall through the cracks of these government-funded supports due to restrictive eligibility criteria and burden of proof. Workers shared that the process of seeking WorkSafeBC compensation can be retraumatizing, as they are required to justify their need for leave from work.

Another crucial employee support is training workers so that they are equipped to handle the daily tasks and challenges of work in the sector. Frontline workers discussed insufficient training and mentorship as significant limitations within their organizations. Correspondingly, leaders in the sector highlighted challenges in offering targeted and ongoing training; these challenges include limited financial resources and high turnover across the sector. However, network organizations in the anti-violence sector, such as the BCSTH, the Police-Based Victim Services of BC, and Ending Violence Association of BC, fill in this gap by offering training programs and opportunities for mentorship and networking for frontline workers. These efforts do not replace the need for workplace- and role-specific training. Lack of, or insufficient, training impacts not only the quality of services to GBV survivors but also the well-being of workers as they navigate potentially traumatizing work.

“[The client is] calling you from a locked washroom because her husband has a knife outside and he’s threatening to kill her, and she has nobody else to call [but] you. She’s on the call with you, and you are now navigating that call, how to keep her safe. ... The nature of the work is such that it has to be so delicate that, literally, lives are on [the] line. A worker’s support or lack of support, or not being trained enough, or however, can impact the outcome of some of these really difficult cases.” (KII 6, anti-violence leadership)

“So we spend a lot of our organizational time training them, but if they get a better job, they’re going to leave. Then we go back to the board again. We have to, we have to advertise, we have to post it, we have to recruit, we have to train. And then if you get somebody like, you know, another, another agency who pays them more, we’re going to lose them again, right?” (KII 8, anti-violence leadership)

“So these [social workers] are workers that are going into homes where horrible, horrible things have happened, and they’re hearing these stories from children, and they’re going back to their offices to more phone calls, more emails, more pressure from their leaders, and no support. So there’s no clinical supervision, there’s no requirement to go and debrief critical incidents, like they’re, they’re just winging it. ... But their leadership doesn’t have training. They’re not supported to become good leaders. ... It’s detrimental to the workers themselves. It’s detrimental to the kids and families that they’re serving.” (KII 11, anti-violence leadership)

Sector leaders noted that the funding precarity experienced by employers translates into precarity on the frontlines. High turnover impacts resource allocation for training workers, demonstrating the mutually reinforcing nature of systemic barriers: funding affects compensation and workloads, which impact turnover; turnover affects employers’ ability to provide employee support structures that could aid retention. Sector leaders highlighted that the limited government funding available to the anti-violence sector deprioritizes operational expenses, including training and wellness support for workers. The emphasis on funding direct support services in GBV response overlooks the well-being of frontline workers—an essential factor that is inextricably tied to the quality of care that survivors receive.

While funding is a central factor in this equation, this project demonstrated how employers have found creative ways to make the most of limited resources while still putting worker well-being first, highlighting their agency and efforts in building supportive workplace structures.

Organizational Culture

Organizations in the anti-violence sector play a central role in shaping the culture of both their own organizations and of the sector as a whole. Intentionally or unintentionally, organizational leadership, structures, and everyday practices shape shared values, beliefs, and norms that, in turn, influence how people within an organization interact, make decisions, and approach their work. Frontline workers who participated in this project highlighted how organizational culture can heavily affect job satisfaction and the ability to maintain long-term careers in specific workplaces or within the sector. At its core, the impact depends on whether employees feel genuinely valued, not only for their labour but also as people. While frontline workers shared experiences of both positive and negative organizational cultures, the overwhelming majority highlighted the latter.

Negative organizational culture was characterized by a norm and expectation of enduring occupational unsafety without complaint. Heavy workloads beyond the capacity and training of workers, as well as physical and psychological harm to workers, have been particularly normalized.

“A challenge that has emerged ... is the persistence of this attitude, largely among women who have been in the anti-violence sector for a very long time that normalizes occupational violence and harm in our roles as just something that is, like, natural or inherent to this work. ... When we advocated that staff who ... [were assaulted by an abuser of a client] to have time off to seek the support that they needed ... what we were told was that if they needed to take additional paid time off, then maybe they should consider working in a different sector, that maybe they’re just not cut out for this work.” (FG 7)

Although vicarious trauma is acknowledged as an occupational concern in the sector, participants highlighted that burnout is the elephant in the room—visible but rarely addressed. Constant pressure to go above and beyond for clients, along with an emphasis on productivity and little regard for worker well-being, leaves them feeling undervalued. Organizations, therefore, fail to extend to their workers the very compassion and trauma-informed approach that they are expected to embody for clients. This reveals an inconsistency in organizational values, where the care expected toward clients is not reflected in the treatment of workers.

“Burnout is a reality. But in my organization you kind of are not allowed to bring it up. It’s one of those topics—because they believe that they’re doing everything to avoid it, but it’s happening.” (FG 1)

Organizational culture permeates relationships between frontline workers and leadership, as well as peer dynamics. Workers indicated that toxic workplace conditions are prevalent across the anti-violence sector and contribute significantly to turnover. They highlighted hierarchical friction, power imbalances in team dynamics, and lateral violence manifesting as bullying, sabotage, belittling, tokenism, and discrimination. According to one study conducted among shelter workers, “nearly half (49%) [of workers] had witnessed or experienced microaggressions based on race, and 29% based on gender identity and disability.”^[12] Without an organizational response to relational harm, workers are left to navigate these dynamics to the detriment of their well-being or are forced to resign. Participants highlighted that, like burnout, relational violence within organizations is not discussed as a wellness concern. Whereas non-violence is foundational to the anti-violence sector, organizations do not consistently reflect this stance in their core values or practices toward their employees.

“[Turnover is] an organizational issue a lot of time. It’s really not just that these people are really finding the work too difficult. You can find the work very rewarding and have coworkers who are dedicated to humiliating you in subtle ways in front of your other coworkers and in front of the clients, and throw you under the bus. And that, I think, is one of the most unsustainable pieces.” (FG 2)

Although trauma experienced by those working in the sector was identified as a potential driver of relational violence, stigma around women harming other women was noted as a barrier to open dialogue.

“Every one of us who is doing this work has been impacted by gender oppression. ... All our traumas are showing up in our workplaces and we’re all kind of [acting out with each other,] eating ourselves, eating our own. ... I feel like it’s ... the hardest for our sector to talk about. ... I think that needs to be named and talked about, that we’re vicariously traumatized there.” (KII 18, anti-violence leadership)

It is noteworthy that organizational culture is also influenced by systemic constraints, particularly those related to ideology and funding. For instance, decades of underfunding and understaffing could be causing the sector to normalize overwork and burnout on the frontlines as organizations cope with high and increasing demand for their services. Correspondingly, compassion as a core value in feminist and anti-violence frameworks, when uncritically applied, can normalize self-sacrifice among frontline workers, who may feel pressured to prioritize survivor care over their own well-being. Without the funding to hire and train more staff, and with demand for services increasing, organizational leaders find themselves unable to offer solutions for overburdened workloads and other consequences of understaffing.

“I remember having a conversation with the CEO of an organization that I worked for a couple of years ago, and we spoke to her about the turnover rate, and she said that it’s actually baked into the model of the organization. ... That the burnout and the turnover is a part of the work. That they don’t really deem it as a focus for where they need to improve.” (FG 1)

Organizations in the anti-violence sector, nonetheless, have the agency and responsibility to create an organizational culture that is nurturing for their workers even within systemic constraints. When embedded in a workplace where they feel valued as individuals, frontline workers discussed feeling empowered not only in processing and managing the trauma they witness and experience but also in dealing with systemic constraints, such as insufficient resources for clients. Participants shared that actions taken by their employers to create a positive organizational culture have included supporting workers in establishing boundaries related to their workloads and work schedules; supporting peer connections by creating space for debriefing and team building; communicating transparently and compassionately, even when systemic constraints force organizations to make decisions unfavourable to workers; and meaningfully involving frontline workers in decision-making. Workers highlighted that a horizontal workplace or organizational structure—where leadership remains closely connected to frontline operations—was especially valued. Conversely, a disconnect between frontline workers and management was noted to occur when organizational policies do not align with on-the-ground realities, even when changes like productivity metrics, shifts in priorities, and program budgets stem from funding constraints.

“I have this amazing group who has just been like, this wealth of knowledge, and we all get along really well, and so just having, like, a really positive work environment and work culture has made a world of difference for me as well. I don’t feel alone anymore. I’m not coming home and staring at a wall for hours and then going, ‘How much time has just passed?’ ‘Cause that’s happened before, where I’ve just gone into catatonic states, and that doesn’t happen anymore. Now I’m like, ‘What am I going to do with the rest of my day? Should I go to the gym?’” (FG 1)

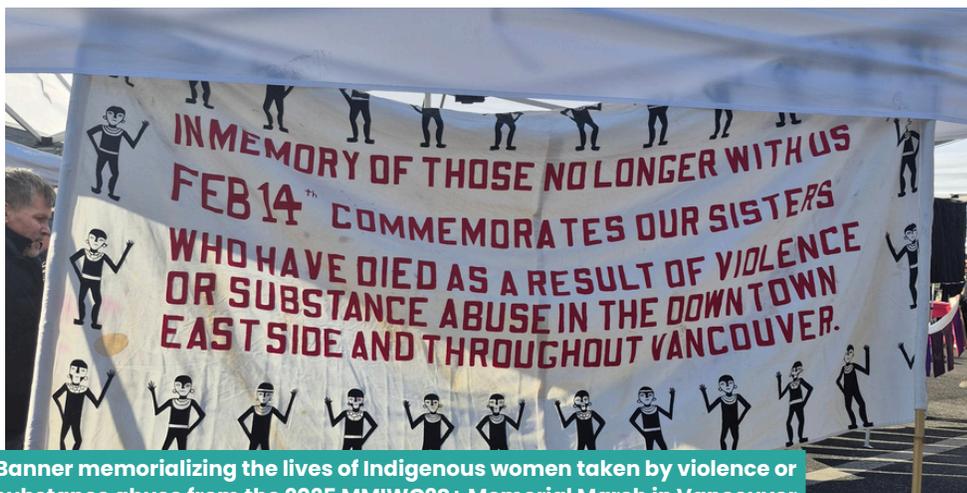
Organizations that remain complacent in addressing occupational and relational safety, and those that propagate this unsafety, effectively shift the responsibility of creating a positive organizational culture onto frontline workers. Through personal and collective efforts, including engagement with unions and WorkSafeBC, workers take on this burden for their own safety and sustainability, even when doing so puts their jobs and well-being at risk.

“So much of the labour of actually building the functional workplace falls on the employee, not on the employer.” (FG 1)

“When I first started there, my worksite was really racist. That’s what I came into. And my other coworker ... I had to put almost every single one [other coworkers] into their place. And now it’s a safe place for me and my other BIPOC workers. So it’s just like, we don’t tolerate nothing.” (FG 15)

What This Means

Even when workers have access to sufficient training, some expressed that it still is not enough to compensate for the systemic constraints and emotional burdens they face in their interactions with survivors. This emphasizes the need for a better funding environment, as addressing just one aspect of staffing challenges in the sector cannot solve the entire staffing crisis. Although organizational leaders are constrained by the shortcomings of the funding structure and systemic forces, they have a responsibility to prioritize a positive and supportive work environment that ensures the safety and wellness of their workers. The following chapter explores the effects of systemic and organizational failings on individual workers, their coping strategies, and factors that mitigate the deleterious effects of work.



Banner memorializing the lives of Indigenous women taken by violence or substance abuse from the 2025 MMIWG2S+ Memorial March in Vancouver



03

On the Frontlines: Inspiration, Wellness Outcomes, and Coping



Banner in memory of missing Indigenous women made by women from B.C.C.W. at the 2025 MMIWG2S+ Memorial March in Vancouver

On the Frontlines: Inspiration, Wellness Outcomes, and Coping

Frontline workers are at the heart of the anti-violence sector and are critical to the GBV response infrastructure. Their role is multifaceted: receiving crisis calls; supporting safety and exit plans; connecting survivors to appropriate services; supporting shelters and housing; providing trauma-informed counselling; keeping records; and managing client cases, among many other responsibilities. They are on the frontline in providing the continuum of care required to promote the physical and psychological safety and well-being of those who survive violence. Some of these workers also work to prevent abuse through educational programs that raise awareness about GBV and programs that engage potential perpetrators. This section highlights three themes important for understanding the experiences of frontline workers in the anti-violence sector: what drives their work (lived experience, positive work environment); health and wellness effects of their work (physical, mental, moral distress); and their coping mechanisms for organizational and systemic challenges.

Inspiration on the Frontlines

When asked what inspired them to join their organizations, most focus group participants referred to their personal histories and lived experiences. This study demonstrates that those on the frontlines of GBV response are more alike than different from those they serve. Many have themselves survived violence and have accessed the services their clients seek. They, too, have experienced oppressive ideologies that contribute to violence and have navigated systemic barriers in accessing services or seeking redress. Several participants shared that their lived experience as survivors and/or subsequent challenges in getting support ignited a passion to extend a hand to other survivors. Some noted that it was in finding care and support during their darkest times that they were drawn to ensure other survivors were also supported in leaving abusive relationships, transitioning from harmful coping mechanisms, and rebuilding their lives. Lived experiences of participants also included homelessness, sex work, addiction, and being youth in care. Some participants who did not have direct lived experience with GBV were motivated to engage with anti-violence work from witnessing violence and oppression around them. Experiencing and witnessing harm to—and the suffering of—family, relatives, and friends became a powerful motivator for some to step into anti-violence work.



“I have quite an extensive trauma history myself and, in my opinion, there were not enough adults who were willing to talk to children about sexual violence and sexual abuse and assault, and I really felt that kids need someone who can say to them very directly, who can talk about these experiences without getting flustered, or trying to minimize.” (FG 2)

“I grew up in a home where violence was very omnipresent. So by that, I mean that my mom, my grandmother, my older sister—basically all of the women in my life that I knew [have] survived sexual violence and domestic violence, and so I think in witnessing that and experiencing violence myself, I was radicalized towards feminism as a framework for making sense of my own experiences and material conditions.” (FG 7)

Even those frontline workers who hadn't personally experienced or witnessed GBV in their close circles showed solidarity with survivors and a deep commitment to social justice. Some workers entered the anti-violence sector as young adults, some as young as 18 years old, while others started as volunteers, interns, or peer workers. Some workers decided to follow their passion later in life and made career shifts as adults to support GBV survivors. A few who had not intentionally sought out work in the anti-violence sector noted that their involvement was serendipitous, arising from unexpected opportunities that aligned with their values. All frontline workers who participated in this project expressed their passion for anti-violence work. This project shows that frontline work is rooted in personal values and commitment to making a difference, not just in pursuit of employment or career advancement.

"I have realized that this is a role that I would like to stay in until I retire, hopefully, and it's because I just genuinely find a lot of purpose in supporting people in crisis. It's my, yeah, it's, it's my greatest joy." (FG 11)

Frontline workers noted that their work extends beyond providing direct support services to survivors and includes addressing systemic oppression. Workers who experience intersecting forms of oppression and lived experiences, such as colonialism and racism, especially expressed a commitment to social change. An Indigenous worker, for instance, is involved in Missing and Murdered Indigenous Women, Girls, and Two-Spirit People (MMIWG2S+) work. Another worker, who is Muslim, raises awareness about GBV and support services in Muslim communities. And an immigrant worker supports other immigrant women who might be isolated and in abusive relationships.

"I think what inspired me at first was being Muslim myself, there's just so much denial in the community about domestic violence, and I like this organization because it's really more of a way to wake up the community and get them to suddenly, to start having those conversations, start changing the narrative, giving resources, and we're focusing more now on prevention, which is great. ... I wouldn't be here today if I didn't have my support group." (FG 12)

This deep sense of purpose not only draws frontline workers into anti-violence work but also fuels their resilience in staying in the sector despite its challenges. Some participants highlighted that their work has been part of their own healing journey, helping them contextualize and process their experiences of violence. Many noted that the opportunity to make a real difference in survivors' lives, and to see them heal and thrive, is one of the most rewarding parts of their work.

"It's very rewarding being able to see the changes that women who come through here, and a lot of them come back and you see how much stronger they have become, and the children too. So it keeps me going." (FG 2)



Health and Wellness: Contributors and Moderators



This project sought to understand how workers on the frontlines of GBV response and anti-violence efforts are faring. Project participants revealed a troubling paradox: workers dedicated to supporting survivors' health and well-being often lack access to trauma-informed care themselves. Heavy workloads, toxic work environments, limited support from employers, and a commitment to GBV survivors jeopardize their own mental, emotional, and physical well-being. Participants described a range of negative health outcomes, including moral distress, burnout, vicarious or secondary trauma, stress, anxiety, burnout, body aches, physical injury, and high blood pressure, among other conditions.

Participants extensively described their experiences of moral distress. This distress emanates from the inability, or limited ability, to provide support that workers believe is necessary for their clients due to organizational or systemic constraints beyond their control. Shelter and housing workers reported that, because of limited shelter and transitional housing capacity, they are often compelled to deny entry to survivors or enforce evictions once emergency housing time limits are exceeded. According to the 2024 BCSTH census, in "just one day, 105 women and 35 children and youth seeking shelter in BC were unable to be served."^[2] Other frontline workers find that they have nowhere to refer clients who need shelter, counselling, or other supports. Combined with long wait lists, survivors are put in a position where they may have to return to their abusers or are unable to leave abusive relationships.

The COVID-19 pandemic exacerbated the limited capacity in the sector, as the actively increasing demand for services was not matched by a sufficient and sustained increase in resources, which exerted downward pressure on workers and, by extension, their well-being. Not only are workers constrained by resource limitations, but also by organizational policies and approaches that do not align with their personal values and/or needs and realities on the frontlines. Frontline workers noted that sometimes they are unable to offer accommodations for survivors' specific needs. For instance, a counsellor may not be able to offer an extra session if a counselling program mandates only 12 sessions per client. Ideological and organizational approaches to individualized support also limit frontline workers' ability to holistically help clients whose family members or support systems may also need support. Participants indicated that their excitement in joining the anti-violence sector to make a difference is tempered by the constraints they face.

"I was not feeling like we were doing good work anymore. ... I felt like I was actually [complicit] in a significant amount of violence." (FG 1)

"I guess when housing became less available [during the COVID-19 pandemic], [transition housing] just sort of became longer term. But it was sort of like the idea was still that people were to find housing. I felt very helpless, because I had this binder of potential resources, but it just wasn't working. ... I just felt like I was really wasting people's time and kind of hurting them almost by having them fill out applications that weren't going to go anywhere." (FG 8)

Moral distress experienced by workers also emanates from the systems they interact with. Frontline workers recognized their roles within the systems that perpetuate harm toward survivors. In their efforts to help GBV survivors navigate the criminal and legal systems, frontline workers become witnesses to the harm these systems cause survivors. Frontline workers reported that they tried to mitigate systemic violence against survivors by reducing unnecessary interactions with these systems. For example, shelter workers reported trying to de-escalate conflict among clients by themselves, without involving the police. However, due to limited training or safety protocols, they are sometimes forced to engage the police. They expressed how overwhelming the sense of complicity, helplessness, and powerlessness can feel.

“Challenges are really the court system, and dealing with watching a human being tortured is pretty hard to sit and witness every day. The cross examination of somebody who’s being victimized and, you know, being told that they in some way caused that to happen, or invited that to happen, or were consenting to that to happen, and being grilled with the details, and watching them fall apart often ... I mean, it’s not a trauma-informed approach. So they really break those people. And watching that, for me, is quite challenging.” (FG 5)

“After hours, there’s actually no support [at the shelter]. So ... we’ll have to make a decision. Either we’ll have to find another shelter for the woman [causing unrest], which is also hard for overnight, and otherwise we have to call the police. ... So it’s like we feel really helpless in those situations. And also, I feel like when we move women, like due to conflict, we move women from one shelter to another shelter. Then they’re rein the system, but they’re not getting any real help to get better. You know, for their life to get better. It’s just shelter to shelter. There’s no real help in those cases.” (FG 9)

In every focus group, burnout was discussed as a significant health outcome resulting from heavy workloads and other stressors of working in the sector. This project found that heavy workloads are a product of sector-wide underfunding by the government; understaffing as an organizational response to limited resources; an organizational culture that promotes overworking; and workers’ commitment and sense of responsibility toward GBV survivors. Participants shared that their workload was either challenging or impossible to sustain. They described being overwhelmed by heavy caseloads, pressure to see more clients than feasible, and managing disparate tasks. Some workers reported working unpaid overtime, taking extra shifts, and responding to clients during their time off. Some experience pressure due to organizational cultures that expect frontline workers to go above and beyond in supporting GBV survivors. They also highlighted that their heightened sense of responsibility toward their clients and their work generated internal pressure that contributed to burnout. Burnout effects of heavy workloads are compounded by ongoing vicarious or secondary trauma, which occurs when workers are exposed to and engaged deeply with survivors’ trauma. This is further amplified for workers with trauma histories or shared lived experiences with the clients they support. Frontline workers carry into their homes the emotional burden of processing their engagements with survivors, as well as the mental labour of strategizing how they can better support their clients. Some participants shared that they would wake up in the middle of the night thinking about how to help a client find safety or housing—or just because of stress and anxiety.

“I would say, overall, it feels like quite a heavy workload. ... We have two programs running at the same time, and if one program’s short-staffed, someone might be pulled over there. ... Yesterday, I literally was, like, so close to working alone in the shelter, and that’s really difficult, especially, you know, 23 [clients] and then dinner ends, and once drop-in opens, who knows how many people might need support out there. And the rest of it is kind of like a shared outside area where folks can, like, hang out and, like, safely use [substances] and that kind of stuff. So we end up responding to, like, quite a lot of fights or overdoses or medical emergencies out there. So it does feel like the workload is quite overwhelming a lot of the time.” (FG 9)

“So that was really hard to be able to function and to know where the separation [lies] and to feel those boundaries ... it’s so easy, it’s like after hours, or 9 o’clock at night, or on my Saturday afternoon that something comes up and, like, oh well, ‘What can I do for the program’ or ‘How is this person doing’ or ‘Oh my goodness I hope they’re okay.’ You know, it’s all that enmeshment that can happen.” (FG 2)

In addition to their more visible physical, intellectual, and emotional labour, frontline workers also engage in labour that remains invisible in the sector: resistance and advocacy work. Participants highlighted their roles in encouraging coworkers or managers to improve conditions for workers or responsive services to survivors. This invisible labour is disproportionately carried out by workers facing greater marginalization within the anti-violence sector and broader society. This includes Indigenous women who strive to ensure their organizations are culturally safe for themselves and Indigenous clients, as well as transgender and gender-diverse workers who fight transphobia and homophobia within their organizations. Participants also highlighted the pressure to take on tasks outside their official duties to compensate for systemic or service gaps. For instance, multilingual workers are sometimes called upon to provide translation or interpretation services beyond their scope of work or scheduled work hours. Invisible labour involves additional time, mental load, and emotional labour that contribute to burnout and are often not compensated.

Stress and anxiety were highlighted as mental and emotional responses connected not only to moral distress, burnout, and vicarious trauma but also to a lack of psychological and physical safety at work. Psychological unsafety emanates from toxic power dynamics and lateral violence among colleagues, and other factors, while physical unsafety stems from heavy workloads, violence, and exposure to contagious diseases and toxins such as black mould. The COVID-19 pandemic was particularly highlighted as a context in which insufficient organizational protocols and a lack of personal protective equipment exposed workers to infection. Another stressor highlighted by participants was related to their financial situation. Precarious work arrangements such as casual and part-time work, coupled with incomes below a living wage, impact workers’ ability to provide for themselves and their families. Frontline workers noted that these work-related stressors can contribute to physical health outcomes, manifesting as symptoms such as stiffness, soreness, muscle tension, stress hives, sleep disturbances, and elevated blood pressure. Others shared that they are unable to sleep or that they wake up during the night—problems that can be exacerbated by night-shift work. Some participants reported adapting unhealthy eating behaviours as a coping mechanism.

“I would say that the vicarious trauma that you experience [is a challenge]. I was working in a setting where we would regularly have sexual assaults happen in the building and we would be the first responders. ... I was quite young and I didn’t have any formal training or support in [my] role at the organization I was in previously, so that could be a real struggle because you know, at that point, I was an 18-year-old kid with a certain history of that on my own.” (FG 2)

“There’s a type of body [ache] that you don’t feel from any other job, that you feel from this type of job. It’s just so unique, and only people who do this work, they know ... what it is. It just hurts, and you can’t move, and it’s so hard to explain it to your partner. ... Because it is a challenge for me to explain it to other people, but when I open my mouth, my former coworkers, my current coworkers, people working similar types of jobs, they get it. [It’s] just different ... your brain, your body, just different ... when I’m on the floor, it’s great, I have all the energy in the world. You come home, it just hits you.” (FG 5)

This project also revealed that isolation from personal relationships has a profound impact on the wellness of frontline workers in the anti-violence sector. Workers described feeling too drained and burnt-out to have energy for their partners, friends, and family. Participants also reported experiencing a degree of relational separation from those they interact with outside of work, including family and friends. This disconnect often stems from people outside of the sector not fully understanding the nature of their work or how to engage with them in ways that acknowledge its effects on them. Disengagement as a way to cope with the realities and effects of their work, sometimes escalating to experiences of dissociation, in turn isolates workers from relationships that could support their well-being.

“I think part of that just came from ... holding a huge amount of responsibility for very vulnerable people, and just not being able to drop it. ... I’d be so drained at the end of the day that I ... definitely couldn’t socialize with people because [I] spent all day socializing in a very intense way.” (FG 8)

Workers who experience intersecting forms of marginalization—such as those related to lived experiences of violence, gender, sexual orientation, race, immigration status, age, ability, and underlying health conditions—face greater effects of frontline work on their overall wellness. The cumulative toll on their physical, mental, and emotional well-being is especially pronounced for those who have worked in the sector for many years (some for as long as four decades).

“I’m 51. At 32, rheumatoid arthritis exploded in my body. Within three weeks, I was completely immobilized and stuck in bed for three years. Took three more years to be able to get out of bed full-time. This is my fourth time I’ve had to rebuild my muscles, complete atrophy. The medication caused allergies that created yet another eating disorder, and I didn’t listen when the pebbles were being thrown. And because of that ‘push, push, push, go, go, go,’ ... [I’m] paying the price for it now.” (FG 13)

Coping Mechanisms

This project made it clear that vicarious trauma and burnout are not inevitable; they are challenges that both organizations and the sector have the power and responsibility to address. The nature of anti-violence work, especially within the context of oppressive systems, is difficult. Managers, like workers, are overstretched by the additional workload of supporting frontline staff with few resources. However, burnout does not have to be inevitable if organizations have the ability to do more. Workers who successfully mitigated trauma and burnout emphasized the importance of organizational support. Such support includes assigning manageable workloads; establishing clear boundaries around roles, duties, and working hours; providing appropriate training; and offering debriefing and counselling opportunities. Implementing trauma-informed approaches to engage frontline workers is a critical factor to empower and equip them for success.

“I think some of the main reasons that I have found that [frontline workers] burn out is just that there is no training at all. You go into the work and it’s like, ‘Here is a broom, best of luck.’ There aren’t robust systems of occupational health and safety.” (FG 1)

“We are not forced to pick up files, really, like, if we are super [at capacity] there’s so many services that do various aspects of what we do, we just refer it [if we don’t have capacity]. So I think those structural things and those attitudinal things [support sustainability].” (FG 11)

“I think everyone here has heard about vicarious trauma. ... Sometimes stories are brutal to hear, and then we just need time to debrief and wrap our heads around and figure out how we can help the client. And then how we can just manage our own, basically, feelings about what we heard. I’m glad that we, [name] and I, are surrounded by a lot of, bunch of, therapists here so we can just talk and debrief.” (FG 14)

Many participants noted that organizational support was either lacking or inadequate to mitigate the negative effects of their work and work environments on health and well-being. They discussed engaging in a variety of coping mechanisms ranging from self-care strategies and boundary setting to building relationships and seeking formal counselling. Self-care strategies included physical exercise (e.g., yoga, meditation, going to the gym, or walking); healthy eating; cultural and spiritual connections, including through ceremonies; art consumption or creation; and emotional support from pets or support animals. Seeing a counsellor, taking sick days, and seeking medical attention when unwell were also important self-care strategies. Frontline workers strive to set boundaries between work and personal life by not working beyond their scheduled hours, including not checking emails outside of work. Boundaries are also established through routines that help transition from work to home by shifting their mental and emotional states, such as listening to music during their commute or going to the gym or for a walk after work.

“For self-care, or for myself, [I] do a really big debrief at work, so leave it at work, and I will do exercising, like for hikes or swimming or just getting out there. And one thing I have access to is counselling, because I’m Indigenous, so I have that covered through my status. So that’s something I utilize a lot, and ... setting boundaries. So trying to leave work at work, and if there’s anything I need to deal with, work with my counsellor, talk to her about it, and then spending lots of time with family, community, like going to different events.” (FG 6)

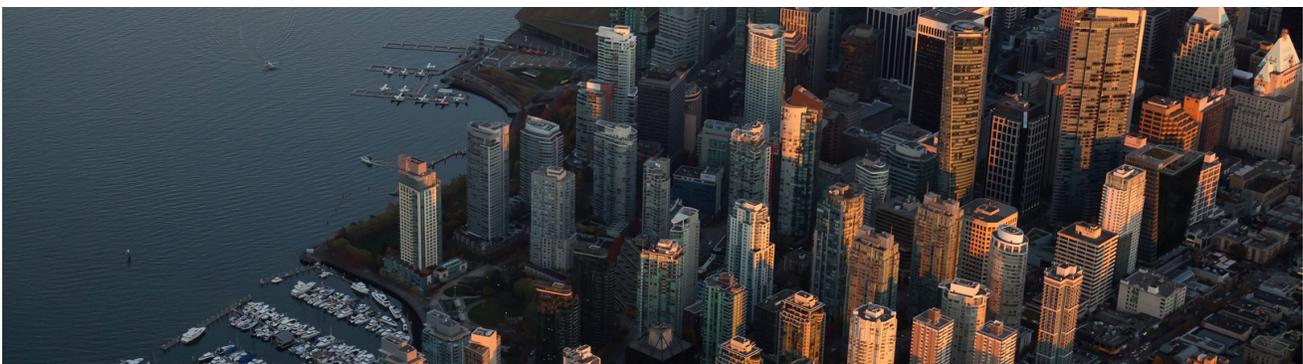
While some frontline workers reported withdrawing from relationships when they feel misunderstood, others emphasized the value of nurturing connections as a vital coping strategy. This includes cultivating relationships with colleagues, such as debriefing at work or engaging in fun activities outside of work. Some workers shared that they are mindful about carving out time to spend with family and friends. Participants emphasized that they not only practice these coping strategies personally but also actively encourage and advocate for their colleagues to adopt them as well.

“I’ve learned to have really, really firm boundaries with my work and with my leadership and also to model those boundaries to other people that I work with, because I have worked with leadership in the past that wouldn’t have boundaries with the work. ... And I try really, really hard to model a workplace where we have to show up as people first and ... to really honour our bodies and our need for rest and our need for space. And I really try to advocate for that for myself and also for the people that I work with.” (FG 1)

However, participants also shared challenges to implementing these coping mechanisms. At times, low energy levels or their emotional state after work can limit their ability to engage in self-care activities. At other times, systemic and organizational barriers limit their access to coping strategies (e.g., insufficient sick days, limited or lack of extended health coverage to seek counselling or massage appointments). Ultimately, participants made it clear that while coping mechanisms offer some relief, they are merely surface-level solutions that leave underlying causes of emotional, mental, and physical unwellness unaddressed.

“I’d like to be more physically active, just to kind of get that anxiety feeling out of my body. And there’s been weeks where you’re really great at it, and then you have a really tough week and it’s like, don’t even feel like getting off the couch. So there’s a, yeah, I think like, like the physical aspect, the physical health aspect, I’d like to have more of, but it’s also the emotional part of the job that’s like, really, like, physically weighing me down from doing that.” (FG 8)

“There’s a lot of falling off and not enough ... mental health aid. There’s sick pay, and once you’re out of sick pay ... you hope you don’t get sick and you hope that you won’t burn out. I think it would be really helpful if there was a little bit more support for folks who need to take time out, because what I see working on the frontlines is just that folks, once they burn out, we’re not doing as well by the folks on the Downtown Eastside as we should.” (FG 9)



What This Means

Even when describing these experiences, participants were hesitant to centre their own challenges over those of survivors. One participant pre-empted their anecdote about feeling at odds with their organization's ethics by stating that "the women who are actually receiving the services were having a much worse time." This project's participants demonstrated that it is precisely the workers' sense of responsibility and duty, along with their desire to effect change in the lives of survivors, that drives them to tolerate challenging workloads and harmful working conditions. While this sense of responsibility and shared lived experiences with survivors can strengthen workers' connections with their clients, it can also risk triggering difficult emotions. One focus group participant noted, "If there is no safe place for us, we can't be the safe place for the women and children. It is a cycle. It needs to go" (FG 6). Participant stories underscore that the impact of work on frontline workers' emotional and mental well-being extends beyond the individual and the sector. This impact has the capacity to affect their relationships with anyone they interact with—whether survivors needing support, colleagues, or people in their personal lives.

Many focus group participants ultimately deemed their coping mechanisms unsustainable. They emphasized that these individualized solutions cannot address the systemic roots of the challenges of frontline work. While self-care and meaningful relationships help mitigate the lack of formal organizational and systemic supports, they also place an additional burden on already overtaxed workers. Workers also discussed a general lack of policies and procedures addressing the vicarious trauma they face in their jobs, such as policies related to tragedies occurring at work or in a worker's personal life. Even when organizations respond to the need for worker support, limited funding restricts what they can offer. Still, these existing supports were a key point of discussion among frontline workers in terms of their efficacy, the reasons workers are still struggling, and ongoing gaps.



A red dress hanging at a 2025 National Day of Awareness for Missing & Murdered Indigenous Women+ event

04

Conclusion



“I think we can hold two truths at once: the truth that everybody who’s [working in the sector] wants to be there and wants to provide the best level of care they possibly can, but also the fact that while attempting to provide that care, they might not have the resources to do so. ... And we need to equip people with the resources they need to not only be able to provide that level of care that they wish to provide but to do so in ways that are equitable and just for all, because that’s not what’s happening.” (FG 7)



What This Means

Our findings echo previous research on the BC anti-violence sector, which reveals that organizations and workers responding to GBV are struggling—a struggle that impacts both workers and survivors alike. At the systemic level, inadequate funding delivered through a short-term, project-based grant funding model is unsuited to supporting the sector’s work. This shift to project-based funding has also contributed to a move away from participatory, worker-involved decision-making.^[18] Furthermore, the ongoing housing and affordability crises compound the challenges workers face in supporting survivors. Systems of oppression, such as patriarchy and racism, shape survivors’ and workers’ experiences, especially within the criminal and legal systems. GBV organizations experience difficulties collaborating with each other and the government, especially given the siloed ministries, to coordinate service.

The limitations of these systemic issues contribute to problems at the organizational level: overwhelming workloads, short-staffing, high turnover, low wages, psychological and physical unsafety, and toxic workplace culture. The responsibility of organizational leadership to ensure services for survivors and reduce wait lists conflicts with the need among frontline workers to maintain a sustainable workload and minimal or no overtime. Having clear, trauma-informed safety policies helps protect workers’ well-being. Staffing conditions shape the working conditions in the sector and are key to keeping any organization functional.

Notably, the findings from this project reveal how deeply these systemic and organizational challenges affect workers at an individual level. Frontline workers described harms to their physical and mental health, as well as effects on their relationships and personal lives. Though these impacts are mitigated by individual coping mechanisms and organizational supports, they are inadequate. The frontline workers and key informants whose experiences and insights are presented in this study illuminated the harms of funding shortcomings and government inaction on the everyday, on-the-ground realities of supporting GBV survivors. It is clear that these problems cannot be solved by workers alone. Crucially, there is an urgent and systemic need to reevaluate funding structures and priorities. Currently, these structures do not fulfill the needs of the workforce, and service delivery to survivors of GBV is suffering as a result.

This report highlights the harmful conditions noted through decades of repeated calls from organizational leadership and frontline workers demanding reforms in the sector in order to improve services and address the growing epidemic of GBV. The voices of survivors, workers, and sector leaders are all demanding change. These voices cannot be ignored. Recognizing that this advocacy is grounded in urgent need, we offer the following recommendations for the sector. These can be read in full in *Frontline Workers on the Back Burner: An Action Plan for Systemic Accountability in the Gender-Based Violence Sector*.^[32]

Recommendations

- 01 Increase and sustain funding for the anti-violence sector
- 02 Direct more funds toward long-term and core operational funding, rather than short-term or project-specific grant funding
- 03 Improve services that cater to survivors from underserved or marginalized groups without reducing existing services and funding streams
- 04 Support the role of frontline social services workers in the criminal and legal systems by continuing and expanding collaborations
- 05 Continue to research, develop, and evaluate alternative systems and approaches for both frontline workers and survivors as they respond to violence and crisis
- 06 Counter oppressive ideologies that contribute to gender-based violence through education and awareness
- 07 Increase opportunities for connection and coordination in the sector
- 08 Research effective collaborations between health and social services sectors
- 09 Ensure that all frontline workers in the anti-violence sector are paid a living wage to recognize the skill, experience, and emotional labour required to support survivors, and embed an accountability framework monitoring sector wages
- 10 Increase supply of and access to affordable housing for frontline workers and survivors
- 11 Improve protections for and education on frontline workers' right to unionize
- 12 Tailor WorkSafeBC standards to the anti-violence sector and include a trauma-informed approach to accessing benefits and services, including leaves of absence

Recommendations Cont.

- 13** Move toward long-term and stable jobs with access to benefits
- 14** Improve workload regulation and management
- 15** Provide accessible opportunities for professional development among management staff
- 16** Provide sufficient training for frontline workers, ensuring that they have the tools to support survivors in a trauma-informed and safe way
- 17** Improve organizational supports to strengthen frontline worker relationships and reduce interpersonal conflict
- 18** Develop policies that support a positive work culture
- 19** Improve transparency of communication and increase collaboration between management and frontline workers regarding organizational decisions
- 20** Support worker wellness and reduce burden of self-care

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