

# Social Services Workers on the Frontlines of Gender-Based Violence (GBV) Response

## Scoping Literature Review Summary

Social Services Workers on the Frontlines of GBV Response is a two-year community-based research project aimed at **learning and understanding the experiences of frontline workers supporting survivors of Gender-Based Violence (GBV)** in order to inform policy changes that better support those on the frontlines of GBV response, and by extension, survivors of GBV.

The project intends to document:

1. *Barriers and challenges* faced by social services workers in supporting survivors of GBV.
2. How the *COVID-19 pandemic* affected these frontline workers and their work to ensure future preparedness.
3. *What can be done* at the community, industry, and government levels to support their work.

In preparation for this research, we are conducting a scoping literature review to gain perspective on research that has already been done about social services workers in Canada's GBV sector. About 83 scholarly articles and 26 reports by community and nonprofit organizations are currently being analyzed by our research team. This brief summarizes our main findings thus far.

In this project, social services workers include all workers who directly support individuals experiencing GBV, including shelter workers, crisis center workers, peer workers, and community health workers, among other services workers. These services could be provided in various settings including through non-profit organizations, grassroots organizations, community centers, neighborhood houses, health care centers, among other settings.

# Barriers & Challenges

In the literature, social services workers and GBV survivors alike have named some common barriers to GBV service delivery which we group into four broad categories: **systemic and structural** barriers, **organizational** barriers, **cultural and language** barriers, and **mental health** barriers.

## *Systemic & structural barriers*

The literature indicates that neoliberal governance and the distribution of state funding have shaped the landscape of nonprofit organizations in Canada serving survivors of GBV (Boucher 2021). This model has presented systemic barriers at the government level and structural barriers at the level of the GBV sector. Systemic barriers stem from policies, social infrastructure, and government funding. Organizations and their workers are constrained by the limitations of government funding and policies, which leave community organizations competing for scarce resources. Work precarity associated with the erosion of funding for community organizations and benefits and social security for service workers such as benefits and unemployment insurance are also noted as rendering workers vulnerable (Fernandes and Lanthier 2024).

The need for anti-violence services is increasing nationwide, but a lack of funding and structural changes to the sector are only contributing to GBV workers' already-overwhelming workloads without the resources to deal with it and meet survivors' increasingly complex needs. The literature demonstrates how sectors serving vulnerable populations that overlap with survivors of GBV, such as homelessness and family services, lack effective coordination. GBV workers find themselves having to dedicate time that could be spent directly serving survivors to bridging these structural gaps with additional tasks such as record management, translation, and more. Limited funding translates into a lack of training opportunities and unsustainable ways of organizing knowledge, leaving workers with little support to manage their increasingly complex work (Alaggia, Maiter, and Jenney 2017).

## *Organizational barriers*

Organizational barriers are associated with work conditions within organizations providing services to survivors of GBV. These barriers can stem from under-funding and under-resourcing, and result in high workloads and staff turnover for frontline workers– conditions which are pervasive in the GBV sector (Dion, Attard, Guyon, De La Sablonniere, Perreault, and Hebert 2024; Faller, Wuerch, Hampton, Barton, Fraehlich, Juschka, Milford, Moffitt, Ursel, and Zederayko 2021; Ghidei, Montesanti, Wells, and Silverstone 2022). Working under such conditions can reduce workers' capacity to provide high quality services and long-term care to survivors.

Lack of sustainable funding translates into myriad problems for organizations, as the literature demonstrates. For example, anti-violence shelters often operate from aging, inaccessible buildings in need of repair and without enough physical space to house staff workspaces and beds for survivors (Maki 2019; Rossiter, Yercich, and Jackson 2014). Other organizational barriers can include limited formalized protocols for scenarios and clients not accommodated by the system (such as transgender women who are often excluded from services modeled on the experiences and needs of cisheterosexual women, or immigrant survivors who can't communicate in English) and limited GBV knowledge and training for workers. In this regard, GBV workers find themselves stymied by organizational practices and conditions that leave gaps in service or critical knowledge of issues that affect GBV survivors (Archer-Kuhn and De Villiers 2019).

## *Cultural & language barriers*

Cultural and language barriers can particularly affect service provisions to survivors of GBV who are Indigenous, racialized, or/and newcomers. Language barriers make it difficult for service workers to communicate with immigrant and newcomer survivors about their experiences, needs and available services. Due to cuts to funding, GBV organizations rarely have onsite interpreters, and outsourced interpreters complicate service delivery with issues of confidentiality, privacy, and trauma sensitivity (Giesbrecht, Kikulwe, Watkinson, Sato, Este, and Falihi 2023).

Further, limited cultural competency and biases due to differing cultural understandings of gender between survivors and frontline workers can impede service provision. The literature indicates that social services workers, especially Indigenous and racialized workers, have an awareness about the significance of colonialism and racism when responding to gender-based and interpersonal

violence. The literature suggests that Indigenous and racialized survivors are often left behind in GBV services as these services are often designed to cater to cis white women. GBV service workers also tend to perceive that most social services workers in the sector are cis white women, and find themselves performing additional labour to address organizational shortcomings, like translating for clients and coordinating with immigration agencies (Alaggia, Maiter, and Jenney 2017).

Indigenous and racialized survivors and service workers alike expressed the need for more diversity in staff, more supports and compensation for the additional work that racialized staff do, and more tailored services for Indigenous, racialized, and newcomer survivors, accounting for their intersectional identities, cultural contexts, and experiences of GBV (Harper and Abbas 2020; Milani and Leschied 2022).

## *Mental health barriers*

Operating on the frontlines of the GBV sector under these conditions exerts strain on workers and their personal wellbeing. Frustration results from inability to fully meet clients' needs due to barriers, inadequate organizational support, and challenging work environments. GBV workers may also have personal experiences or histories with trauma and GBV that get triggered by working in the sector and engaging with survivors' accounts of abuse (Tarshis and Baird 2019). Forms of indirect trauma are common effects of GBV workers' prolonged exposure to trauma and overworking. These include vicarious trauma, secondary trauma, burnout, and compassion fatigue.

## *COVID-19 pandemic*

The effects of carrying out GBV work during the COVID-19 pandemic further complicated these mental strains. The pandemic intensified and made even more visible the challenges caused by under-funding, as workers had to deal with abrupt changes (eg. the sudden proliferation of virtual service delivery), reactive work environments, and pandemic restrictions that interfered with their ability to address survivors' needs (Harper and Abbas 2020; Montesanti, Ghidei, Silverstone, Wells, Squires, and Bailey 2022). Although social workers were vocal about these challenges, they also highlighted their own and their colleagues' resilience, flexibility, and creativity in coping with barriers, COVID-related and otherwise. They emphasized trauma-informed and client-centered approaches as valuable tenets in their navigation of GBV work.

# Conclusion

Proposed solutions and recommendations in the literature include establishing a common base of GBV knowledge across social service sectors, formalized training for workers who serve GBV survivors, and increased organizational support. Increased, long-term, and predictable funding would facilitate these changes; it would also allow for additional community partnerships, advocacy, and outreach work, as well as preventative programming that addresses the root causes of GBV.

Researchers and GBV workers alike emphasize that, although the effects of these barriers and challenges are visible at the organizational and interpersonal levels, systemic change is needed to address these barriers and better support GBV workers and survivors.

Our research project is an effort to further identify how social service workers in Metro Vancouver and the Fraser Valley region experience these barriers, what they do to cope with barriers, and what they need in order to support their work with GBV survivors.

## *Funding*

This project is funded by Women and Gender Equality Canada (WAGE). The Social Services Workers on the Frontlines of Gender-Based Violence Response project is a partnership between the Vancouver Aboriginal Friendship Centre Society and researchers at Simon Fraser University's Pacific Institute on Pathogens, Pandemics, and Society.

## Acknowledgments

The research team is honoured to carry out this work on the unceded lands of the xʷməθkwəyəm, (Musqueam), Skwxwú7mesh (Squamish), and Səlílwətał (Tseil-Waututh) First Nations. We are committed to tangibly supporting Indigenous peoples in Canada and Turtle Island.

This report was co-authored by Grace Kwan, Alice Mũrage, Courtney Vance, and Benedicta Bawo. The authors are grateful to Dr. Julia Smith at Simon Fraser University's Pacific Institute on Pathogens, Pandemics and Society for her advisory role in the Social Services Workers on the Frontlines of Gender-Based Violence Response research project.

# References

Alaggia, Ramona, Sarah Maiter, and Angelique Jenney. 2017. "In Whose Words? Struggles and Strategies of Service Providers Working with Immigrant Clients with Limited Language Abilities in the Violence against Women Sector and Child Protection Services." *Child & Family Social Work* 22(1):472–81. doi: [10.1111/cfs.12266](https://doi.org/10.1111/cfs.12266).

Archer-Kuhn, Beth, and Stefan De Villiers. 2019. "Gendered Practices in Child Protection: Shifting Mother Accountability and Father Invisibility in Situations of Domestic Violence." *Social Inclusion* 7(1):228–37. doi: [10.17645/si.v7i1.1768](https://doi.org/10.17645/si.v7i1.1768).

Boucher, Lisa. 2021. "Making Change on Gender-Based Violence: Assessing Shifting Political Opportunities in Canada." *Journal of International Women's Studies* 22(9).

Dion, Jacinthe, Virginie Attard, Roxanne Guyon, Mireille De La Sablonnière-Griffin, Émilie Perreault, and Martine Hébert. 2024. "Implementing a Sexual Violence Prevention Program in Two Canadian Indigenous Communities: Challenges and Lessons Learned." *Child Abuse & Neglect* 148:106271. doi: [10.1016/j.chiabu.2023.106271](https://doi.org/10.1016/j.chiabu.2023.106271).

Faller, Y. Nichole, Melissa Anne Wuerch, Mary Rucklos Hampton, Sylvia Barton, Cheryl Fraehlich, Darlene Juschka, Krista Milford, Pertice Moffitt, Jane Ursel, and Alexis Zederayko. 2021. "A Web of Disheartenment With Hope on the Horizon: Intimate Partner Violence in Rural and Northern Communities." *Journal of Interpersonal Violence* 36(9–10):4058–83. doi: [10.1177/0886260518789141](https://doi.org/10.1177/0886260518789141).

Fernandes, Samantha, and Stephanie Lanthier. 2024. To a Stronger Gender-Based Violence Workforce. Ottawa, ON: Ending Violence Association of Canada.

Ghidei, Winta, Stephanie Montesanti, Lana Wells, and Peter H. Silverstone. 2022. "Perspectives on Delivering Safe and Equitable Trauma-Focused Intimate Partner Violence Interventions via Virtual Means: A Qualitative Study during COVID-19 Pandemic." *BMC Public Health* 22(1):1852. doi: [10.1186/s12889-022-14224-3](https://doi.org/10.1186/s12889-022-14224-3).

Giesbrecht, Crystal J., Daniel Kikulwe, Ailsa M. Watkinson, Christa L. Sato, David C. Este, and Anahit Falihi. 2023. "Supporting Newcomer Women Who Experience Intimate Partner Violence and Their Children: Insights From Service Providers." *Affilia* 38(1):127–48. doi: [10.1177/08861099221099318](https://doi.org/10.1177/08861099221099318).

Harper, Anita Olsen, and Jihan Abbas. 2020. RESETTling NORMAL: SYSTEMIC GENDER-BASED VIOLENCE AND THE PANDEMIC. Canadian Women's Foundation, Women's Shelters Canada, & Pauktuutit, Inuit Women of Canada.



Maki, Krystle. 2019. Transitioning to a Life Free from Violence: Second Stage Shelters in Canada. Ottawa, ON: Women's Shelters Canada.

Milani, Asra, and Alan Leschied. 2022. "Muslim Women's Service Utilization for Intimate Partner Violence: Front Line Service Providers' Perceptions of What Constitutes a Culturally Informed Response." *Health Care for Women International* 43(7-8):763-83. doi: 10.1080/07399332.2020.1821032.

Montesanti, Stephanie, Winta Ghidei, Peter Silverstone, Lana Wells, Suzanne Squires, and Allan Bailey. 2022. "Examining Organization and Provider Challenges with the Adoption of Virtual Domestic Violence and Sexual Assault Interventions in Alberta, Canada, during the COVID-19 Pandemic." *Journal of Health Services Research & Policy* 27(3):169-79. doi: 10.1177/13558196221078796.

Rossiter, Katherine, Sarah Yercich, and Margaret Jackson. 2014. Assessing the Complexities and Implications of Anti-Violence Service Delivery in British Columbia. Ending Violence Association of British Columbia.

Tarshis, Sarah, and Stephanie L. Baird. 2019. "Addressing the Indirect Trauma of Social Work Students in Intimate Partner Violence (IPV) Field Placements: A Framework for Supervision." *Clinical Social Work Journal* 47(1):90-102. doi: 10.1007/s10615-018-0678-1.