

## **RECOGNIZING CRITICAL EXPERTISE IN GENDER-BASED VIOLENCE WORK**

National Survey on Training in the Gender-  
Based Violence Sector in Canada

*August 2021*

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## At a Glance

**Purpose:** To develop a national online survey to be administered by CREVAWC to GBV Specialists across Canada working with adult survivors, children experiencing violence, and men who have behaved abusively to determine the current training practice and training needs of the sector.

**Methods:** An online survey was developed by the research team in partnership with a 71-member expert working group representing the GBV Specialists across Canada to understand how training occurs in the sector within workplaces, including initial training, mentorship, ongoing training, and training in specific competency areas.

**Results:** A total of 412 individuals completed the survey; most (42%) worked primarily with survivors of GBV. Many of the respondents worked in shelters or transition houses (27%) or in sexual assault centers (10%).

Most respondents reported having initial training processes within their workplaces (67%) that is provided within a timeframe of 50 hours or less (53%). Challenges to initial training centered around funding: not having enough money to hire (26%) or train (21%) new staff. Most respondents' workplaces train staff via job shadowing and mentorship (78%), with the provision of that training mostly not being compensated (67%).

Access to ongoing training within one's workplace was common amongst respondents (72% reported having access), with the focus of the training a mix of GBV-specific learning and general non-GBV learning (37% reported a mix). Many respondents (54%) shared that they attend training on their own time with their own money at least once a year. When asked about the adequacy of one's own training when starting in this sector, 46% of respondents indicated that it was not nearly enough.

Most respondents rated all preliminarily identified domains of competency as either relevant or very relevant to their role in the GBV sector, particularly 'Understand and Respond to Violence and Trauma' (81%, n=332) and 'Assess and Manage Risk and Safety' (76%, n=311).

The following barriers to developing expertise in the GBV sector were commonly identified: not enough funding (70%), not enough time (58%), not enough good opportunities (38%), and a lack of relevant options (38%).

**Conclusions:** Training within the GBV service sector often occurs at the organization level via initial training of new staff and via job shadowing and mentorship within one's own workplace. The focus of that training is split between GBV-specific learning and other types of mandatory trainings. The provision of job shadowing and mentorship is often done by experienced staff without compensation. Many respondents experienced funding-related challenges related to training, including a lack of funds to hire and train GBV specialists, and not having enough funding or time to engage in necessary ongoing training once working in the sector. Many respondents shared that their own initial training was not adequate and that the opportunities they need for ongoing training are often lacking. The preliminary areas of competence for GBV service provision were largely confirmed as relevant to the sector.

## Introduction

This project will capture current training practices for GBV specialists in Canada. Understanding what is being done in training, and what improvements are needed for GBV specialist training, can lead to better support for women survivors, children living with GBV, and men who have behaved abusively. Information developed through this project will be most useful to GBV service providers, researchers, and policy makers. These groups will be engaged in the distribution of knowledge generated through this survey and this project more broadly.

There is currently no provincial or national knowledge base or description of the training practices for the GBV sector in Canada. The ways that GBV specialists initially train and learn how to do their work and then participate in ongoing professional training is not documented or well-known. The survey aims to collect information that will allow researchers and collaborators to summarize the ways that GBV specialists across the country who work with survivors, children, and perpetrators access training, what kind of training is being offered, the adequacy of that training, and importantly - what is needed. Capturing this information allows for the opportunity to build on the foundational work done by community-based organizations providing GBV services. Results of this survey also tie into a larger project conducted by the same collaborative team of researchers and GBV specialists that aims to gain consensus on the knowledge, judgement, and skills of GBV specialist service providers. Information on training collected with this survey will inform the development of a competency framework that will recognize the critical expertise in the GBV sector and may inform the development and evaluation of future, and/or the retooling of existing, cross training programs to enhance coordinated community responses to GBV. Improving training for GBV specialists means improving responses to those affected by gender-based violence in Canada and increasing their likelihood of receiving specialized, competency-based GBV services.

Through growing public awareness and training of professionals in health, education, and social services about GBV, there will continue to be increased referrals to, and greater demand on GBV specialist services. There will be heightened expectations of competency-based cross-sectoral training leading to enhanced coordinated community responses to meet this demand. The ultimate benefit of gathering and applying this knowledge is GBV prevention, improved health and recovery from the harm of GBV, and saving lives.

The National Survey on Training in the GBV sector in Canada aims to address the following research questions: What are the current training practices within the Gender-Based Violence (GBV) sector in Canada for specialists working with survivors, children and perpetrators? What are the needs of the sector in regards to initial and ongoing training?

## Methods

### Expert Working Groups

As part of a larger research study on recognizing critical expertise in GBV work in Canada, three expert working groups were formed: those who work with women survivors (n=29), those who work with children (n=17), and those who work with men who have behaved abusively (n=25). A total of 71 individual experts (from survivors, to practitioners, to academics) from every province and territory across

the country, representing a range of backgrounds and organizations, comprise the expert working groups. We sought participation and contribution from diverse members, including those from Indigenous communities in order to strengthen the quality and relevance of this work. In collaboration with the research team, the expert working group members informed the development of the National Survey on Training in the GBV Sector. Together, the research team and expert working groups identified knowledge gaps and areas of interest related to training in the GBV sector in Canada.

## The Survey Instrument

Participants were invited to take part in the National Survey on Training in the GBV Sector in Canada through a combination of CREVAWC's mailing list, CREVAWC's website and twitter account, and snowball sampling through the networks of the 71 members of the Expert Working Groups. We aimed to reach a minimum of 200 GBV service organizations/agencies through these combined methods. The survey was open for a total of 6 weeks from June 15 – July 26, 2021.

Survey respondents include service provider specialists who are 18 years and older and who currently work in the GBV sector in Canada. They may be specialists who work with survivors, children, perpetrators, or a combination of these. The invitation to participate included information about the study, the contact information of the principal investigator, a link to more information about the project, and a link to the online survey in Qualtrics.

The survey is not a standardized instrument, but one that was developed by the research team in collaboration with the Expert Working Group Members. The questions are based on literature relating to competencies in GBV and practical knowledge of service provision and learning in the GBV sector. The survey questions can be organized into the following subsections: Initial Training (for example, what kinds of activities are included in your agency's initial training that is specific to GBV training rather than general training?), job shadowing and mentorship (for example, many organizations/programs pair new service providers with more experienced service-providers to learn important aspects of the job (e.g., job shadowing, co-working, co-facilitation). Does your agency have a process like this?), ongoing training (for example, in a normal year, does your service setting organize formal training that staff can access or are required to complete?), training in GBV competency areas (for example, to what extent is high-quality, GBV-specific training in each area available and accessible to you?), and reflections on training experiences in the GBV sector (for example, Which of the following would you identify as important barriers to developing expertise?). See Appendix I for the full survey.

The aim of the survey is to collect information that will allow researchers to describe the current training practices of the GBV sector in Canada. Additionally, we aim to find out through the survey what the needs are in the sector specific to training. We will also ask for feedback on the preliminary competencies being developed within the larger research project by asking questions about GBV specialists' training experiences specific to these competency areas and how relevant and accessible that training is. The survey was designed to take approximately 15 minutes to complete.

The survey was completed and stored online using Qualtrics, a secure password protected online portal. When a potential participant followed the link to the survey, the first page was a consent form with study information and the principal investigator's contact information should the individual have questions prior to giving consent and participating in the survey. If the individual navigates to the next page, this was taken as consent to participate, and they would then reach the survey questions. The survey data has

been de-identified and aggregated for the purposes of data analysis, and is also anonymous. Once a participant completes the survey, their participation in this study was complete. This study, and specifically the administration of this online survey, received approval from the University of Western Research Ethics Board.

## Survey Administration and Recruitment

This research study utilized a modified snowball sampling strategy. The investigators and research staff themselves did not request or obtain the identities/contact information of potential survey respondents. The research team engaged the 71 members of the Expert Working Groups. These individuals have agreed to participate as a member of an expert working group for a larger collaborative effort (participation in the expert working group goes beyond this specific research, e.g., to share information with their professional networks, and is independent of this research, i.e., working group members could consent or not consent to take part in this research and could still serve on the working group). The research team provided the recruitment information to the Expert Working Group members, who then shared the information with other third-party potential participants. Many Expert Working Group members, for example, shared information about the survey within their organization's newsletters and on their organization's website and/or social media platforms. Some Expert Working Group members also recorded brief video clips for CREVAWC's social media accounts that invited GBV specialists to participate in the survey. These clips included individual, compelling reasons for participation in the survey as well as the Canada-wide locations of the experts. Recruitment materials, as well as the survey itself, were available and distributed in both English and French. Please see Appendix II for an example recruitment script in English that was used.

## Data Analysis

Summary statistics were used to describe survey respondent characteristics and responses to closed-ended survey questions. For open-ended survey questions, responses were uploaded into a qualitative data management software program (Dedoose) and then coded using Thematic Analysis. Thematic Analysis (Braun & Clarke, 2006) is a qualitative data analysis method that involves coding with a low-level of interpretation that leads to thematic categories. This method involves several steps, the first requiring researchers to familiarize themselves with the data itself. Through comparison and discussion, a coding scheme is developed that is based on the themes within the responses to a given question. The codes are then applied to all of the data and revisited as needed on an ongoing basis. One research team member completed the qualitative analysis of the open-ended survey questions and brought back to the larger research team.

## Results

### Respondent Characteristics

A total of 412 people responded to the survey. Response rates could not be calculated as the snowball sampling technique used to identify possible survey respondents meant that the total number of people invited to partake in the survey was unknown. However, respondents represented all provinces and territories, all service user groups (provision of services to survivors, children, and/or men who have behaved abusively), a wide variety of workplace settings, a variety of population center sizes, and

differing lengths of involvement in the GBV sector (Table 1). Approximately half of all survey respondents were from Ontario (51%, n=210), with Alberta having the second largest group of respondents (15%, n=63). A large percentage of respondents indicated that they work primarily with survivors of GBV (42%, n=360), while 21% (n=182) indicated working primarily with children and 10% (n=86) indicated that they work primarily with men who have behaved abusively. Many respondents indicated that they work in a shelter or transition house (27%, n=109), sexual assault centre (10%, n=40), or multi-service organization (9%, n=36), however, a large variety of organization types were represented, including those that have an exclusive focus on GBV (49%, n=203), general service organizations (37%, n=152), and Indigenous organizations (4%, n=15). Many respondents indicated that they work within a large population setting of 100 000 or more people (42%, n=174), while 20% (n=82) indicated that they work within a network or organization that represents or serves multiple population centres, and all other respondents work within a medium, small, rural, or other type of population centre. Half of respondents have worked in the GBV sector for 10 or more years (50%, n=206), while others indicated that they had 1-3 (19%, n=80), 4-6 (16%, n=66), or 7-10 (11%, n=44) years of experience and 3% (n=14) of respondents have worked in the sector for less than a year. Respondents were also asked about their employment status, and a large percentage indicated that they work full time (66%, n=275). Last, 32% (n=130) indicated that they were currently registered with a professional body.

**Table 1**

*Characteristics of Survey Respondents: GBV Setting and Services (n=412)*

| Category   | Responses                         | n (%)       |
|--|-----------------------------------|-------------|
| Province/Territory   | Alberta                           | 63 (15.3%)  |
|  | British Columbia                  | 40 (9.7%)   |
|  | Manitoba                          | 30 (7.3%)   |
|  | New Brunswick                     | 15 (3.6%)   |
|  | Newfoundland and Labrador         | 6 (1.5%)    |
|  | Northwest Territories             | 1 (0.2%)    |
|  | Nova Scotia                       | 16 (3.9%)   |
|  | Nunavut                           | 1 (0.2%)    |
|  | Ontario                           | 210 (51%)   |
|  | Prince Edward Island              | 9 (2.2%)    |
|  | Quebec                            | 4 (1.0%)    |
|  | Saskatchewan                      | 14 (3.4%)   |
|  | Yukon                             | 1 (0.2%)    |
|  | Unknown/Missing                   | 2 (0.5%)    |
| Service User group that respondent works primarily with (some respondents selected multiple) | Survivors of GBV                  | 360 (41.9%) |
|  | Children experiencing GBV         | 182 (21.2%) |
|  | Men who have behaved abusively    | 86 (10%)    |
|  | Prevention of GBV                 | 204 (23.7%) |
|  | Other                             | 23 (2.7%)   |
| Unknown/Missing  | 5 (1.2%)                          |             |
| GBV Service Setting (Broad)  | Agency / organization that has an | 203 (49.3%) |



|                                |   |             |
|--------------------------------|---|-------------|
|                                | exclusive or primary focus on GBV service provision   |             |
|                                | General service agency / organization in which GBV is one of a range of services provided                                   | 152 (36.9%) |
|                                | Indigenous agency/organization (e.g., Friendship Center, Indigenous Health Services, Indigenous Youth Service Organization) | 15 (3.6%)   |
|                                | Other   | 41 (10%)    |
| GBV Service Setting (Specific) | Shelter or Transition House   | 109 (27.3%) |
|                                | Sexual Assault Center   | 40 (10%)    |
|                                | Multi-Service Organization  | 36 (9%)     |
|                                | Service Organization for Survivors  | 19 (4.8%)   |
|                                | Health Services or Hospital Based Sexual Assault/Domestic Violence Care Centre  | 18 (4.5%)   |
|                                | Child Protection  | 16 (4%)     |
|                                | Indigenous agency/organization  | 16 (4%)     |
|                                | Mental Health and Addictions Services   | 16 (4%)     |
|                                | Victim Services / Victim Witness Assistance Program   | 15 (3.8%)   |
|                                | Family Service Agency   | 14 (3.5%)   |
|                                | Department of Justice / Criminal Justice / Police / RCMP  | 13 (3.3%)   |
|                                | Post Secondary Institution / Education setting  | 12 (3%)     |
|                                | Service Organization for Children/Youth   | 9 (2.3%)    |
|                                | Membership Network / Organization   | 8 (2%)      |
|                                | Self Employed / Private Practice  | 8 (2%)      |
|                                | Legal Support Services / Court Support for GBV Survivors  | 7 (1.8%)    |
|                                | Community Services Centre   | 6 (1.5%)    |
|                                | Settlement Services / Newcomer Services   | 3 (0.8 %)   |
|                                | Policy and Advocacy   | 3 (0.8%)    |
|                                | Service Organization for Men who have behaved abusively   | 1 (0.3%)    |
|                                | Other (for example: public health, employment services, services for older adults, resource center and others)              | 31 (7.8%)   |
|                                | Missing/Unknown   | 12 (3%)     |

|   |  |             |
|---|--|-------------|
| Size of population center served              | Within a large population centre (i.e., with a population of 100,000 or more)  | 174 (42.2%) |
|   | Within a medium population centre (i.e., with a population between 30,000 – 99,999)                                    | 57 (13.8%)  |
|   | Within a small population centre (i.e., with a population between 1000 – 29,999)                                       | 54 (13.1%)  |
|   | Within a rural area (i.e., 1000 or less all areas outside population centres are classified as rural areas)            | 24 (5.8%)   |
|   | Network or organization that represents or serves multiple population centres  | 82 (19.9%)  |
|   | Other (for example, work for multiple agencies in multiple communities; a very large rural area with many communities) | 20 (4.9%)   |
|   | Missing/Unknown  | 1 (0.2%)    |
| Length of time involved in the GBV sector     | Less than 1 year   | 14 (3.4%)   |
|   | 1-3 years  | 80 (19.4%)  |
|   | 4-6 years  | 66 (16%)    |
|   | 7-10 years   | 44 (10.7%)  |
|   | 10 or more years   | 206 (50%)   |
|   | Missing/Unknown  | 2 (0.5%)    |
| Current employment status                     | Full-time  | 275 (66.4%) |
|   | Part-time  | 54 (13%)    |
|   | Casual   | 16 (3.9%)   |
|   | Contract Staff Member  | 27 (6.5%)   |
|   | Temporary Staff Member   | 2 (0.5%)    |
|   | Volunteer  | 13 (3.1%)   |
|   | Other  | 13 (3.1%)   |
|   | Missing/Unknown  | 14 (3.4%)   |
| Currently registered with a professional body | Yes  | 130 (31.6%) |
|   | No   | 260 (63.1%) |
|   | Prefer not to answer   | 12 (2.9%)   |
|   | Missing  | 10 (2.4%)   |

We also asked respondents about their identities so that we could describe who we reached with our survey (Table 2). Many respondents identified as White (73%), English speaking (95%), heterosexual (63%) cisgender women (80%). There was variability in respondents' age from 18-65 years of age or older. A small percentage of respondents identified as a person with a disability (15%) or as a newcomer, immigrant or refugee (6%). A large portion of respondents did not identify with a religion or spirituality

(45%), while 12% identified with Catholicism or Christianity. Many respondents identified as a survivor of GBV (52%).

**Table 2**

*Characteristics of Survey Respondents: Identity and Experiences (n=412)*

| Category                   | Responses                                      | n (%)       |
|----------------------------|--|-------------|
| Racial and Ethnic Groups   | Black  | 11 (3.5%)   |
|                            | East Asian                                     | 7 (2.2%)    |
|                            | Hispanic / Latinx                              | 6 (1.9%)    |
|                            | Indigenous                                     | 32 (10.2%)  |
|                            | Middle Eastern                                 | 4 (1.3%)    |
|                            | Mixed  | 11 (3.5%)   |
|                            | White  | 227 (72.5%) |
|                            | South Asian                                    | 6 (1.9%)    |
|                            | Other Response (for example, person of colour) | 9 (3.0%)    |
|                            | Prefer not to answer                           | 69 (16.7%)  |
| Languages Spoken           | Missing  | 25 (6.1%)   |
|                            | English  | 391 (94.9%) |
|                            | French   | 63 (15.3%)  |
|                            | Indigenous language(s)                         | 4 (1%)      |
|                            | Prefer not to answer                           | 5 (1.2%)    |
|                            | Additional languages                           | 52 (12.6%)  |
| Current Gender Identity    | Missing  | 11( 2.7%)   |
|                            | Agender  | 2 (0.5%)    |
|                            | Cisgender man                                  | 14 (3.4%)   |
|                            | Cisgender woman                                | 333 (79.9%) |
|                            | Demigirl                                       | 2 (0.5%)    |
|                            | Gender non-conforming                          | 4 (1.0%)    |
|                            | Genderqueer                                    | 6 (1.4%)    |
|                            | Nonbinary                                      | 12 (2.9%)   |
|                            | Transgender woman                              | 0 (0%)      |
|                            | Transgender man                                | 1 (0.2%)    |
|                            | Two-spirited                                   | 5 (1.2%)    |
|                            | Prefer not to answer                           | 24 (5.8%)   |
| Current Sexual Orientation | Missing  | 14 (3.4%)   |
|                            | Asexual  | 13 (3.2%)   |
|                            | Bisexual                                       | 38 (9.2%)   |
|                            | Gay  | 2 (0.5%)    |
|                            | Heterosexual (straight)                        | 259 (62.9%) |
|                            | Lesbian  | 21 (5.1%)   |
|                            | Pansexual                                      | 14 (3.4%)   |
|                            | Queer  | 27 (6.5%)   |
|                            | Questioning or unsure                          | 5 (1.2%)    |
| Prefer not to answer       | 31 (7.5%)                                      |             |

|  |  |             |
|--|--|-------------|
|  | A sexual orientation not listed                | 6 (1.5%)    |
|  | Missing  | 14 (3.4%)   |
| Identify as a person with a disability | Yes  | 60 (14.6%)  |
|  | No   | 314 (76.2%) |
|  | Prefer not to answer                           | 16 (3.9%)   |
|  | Wish to respond differently                    | 11 (2.7%)   |
|  | Missing  | 11 (2.7%)   |
| Age                                    | Under 18 years                                 | 0 (0%)      |
|  | 18 to 24 years                                 | 15 (3.6%)   |
|  | 25 to 34 years                                 | 97 (23.5%)  |
|  | 35 to 44 years                                 | 88 (21.4%)  |
|  | 45 to 54 years                                 | 95 (23.1%)  |
|  | 55 to 64 years                                 | 71 (17.2%)  |
|  | 65 or older                                    | 28 (6.8%)   |
|  | Prefer not to answer                           | 10 (2.4%)   |
|  | Missing  | 8 (1.9%)    |
|  | Identify as Newcomer / Immigrant / Refugee     | Yes         |
| No                                     |  | 361 (87.6%) |
| Prefer not to answer                   |  | 6 (1.5%)    |
| Wish to respond differently            |  | 10 (2.4%)   |
| Missing                                |  | 9 (2.2%)    |
| Faith / Spirituality                   | Buddhism                                       | 6 (1.4%)    |
|  | Catholicism                                    | 8 (1.9%)    |
|  | Christianity                                   | 43 (10.1%)  |
|  | Indigenous Spirituality                        | 9 (2.1%)    |
|  | Islam  | 7 (1.6%)    |
|  | Protestant                                     | 4 (0.9%)    |
|  | Spiritual                                      | 27 (6.3%)   |
|  | Do not identify with any faith or spirituality | 190 (44.5%) |
|  | Other  | 27 (6.3%)   |
|  | Prefer not to answer                           | 69 (16.2%)  |
| Identify as a survivor of GBV          | Missing  | 37 (8.7%)   |
|  | Yes  | 216 (52.4%) |
|  | No   | 159 (38.6%) |
|  | Prefer not to answer                           | 23 (5.6%)   |
|  | Missing  | 14 (3.4%)   |

## Initial Training

We asked respondents to share information about the process for initial training for service providers beginning a new position at their workplace (see Table 3). This process may also be referred to as “orientation” or “onboarding”. Many respondents indicated that their workplace provides this type of

initial training (67%, n=274), while others shared that their workplace does not offer onboarding to new staff (33%, n=137). Of the 274 respondents who indicated that their workplace offers new training, we then asked them to tell us about what is offered, starting with how many hours are allotted for new service providers beginning a new position. The most common response was 26-50 hours (29%, n=78), followed by 25 hours or less of training (25%, n=68). We also asked respondents to tell us how much of the initial training process is devoted to GBV-specific learning (for example, safety planning, responding to disclosure, addressing collusion) as opposed to general agency practices (for example, computer systems, reporting hours). Responses to this question were fairly spread out with many indicating that 0-24% of onboarding is spent on GBV-specific learning (28%, n=77). Other responses were endorsed as well, including 25-49% (21%, n=57), 50-74% (26%, n=71), and 75-100% (18%, n=49). We also asked respondents whether or not service providers beginning a new position at their workplace are paid for the hours they spend in initial training. The large majority of respondents indicated that all initial training hours are paid (87%, n=238). Respondents who indicated that their workplace offers onboarding were asked what kinds of activities were included in training new staff. In answering this question, respondents were able to check all relevant options. The option most commonly endorsed was that trainees are asked to complete readings and/or review manuals (70%, n=192). Respondents also indicated that it is common for trainees to come together in-person or online for training (63%, n=172), or for new staff to be asked to complete trainings online (44%, n=120).

For the final question on initial training, we asked all respondents (n= 412) to tell us what the main challenges are right now in training new people into the field. Many respondents indicated that the Covid-19 pandemic is posing significant challenges to training at present because co-working and job shadowing is impacted by pandemic-related restrictions (37%, n=154). Aside from Covid-19, funding was the most common challenge to training new people to do GBV work. Many respondents indicated that their workplace does not have enough funds to hire anyone (26%, n=108) and/or that there is insufficient funding at their workplace to train new hires (21%, n=85). Of those who selected “other, please specify”, (n=59), the most common provided response was that pay is low in the GBV sector and therefore it is difficult to attract and retain appropriate candidates to train (n=15). Not having enough time to train new staff was also a common written in response (n=9).

**Table 3**

| Category                                       | Responses                       | n (%)       |
|--|---------------------------------|-------------|
| Does workplace have initial training           | Yes                             | 274 (66.5%) |
|  | No                              | 137 (33.3%) |
|  | Missing                         | 1 (0.2%)    |
| Number of hours allotted for initial training* | 25 or less                      | 68 (24.8%)  |
|  | 26-50                           | 78 (28.5%)  |
|  | 51-75                           | 17 (6.2%)   |
|  | 76-100                          | 22 (8.0%)   |
|  | 101-125                         | 5 (1.8%)    |
|  | 126 or more                     | 16 (5.8%)   |
|  | Ongoing                         | 7 (2.6%)    |
|  | Do not know                     | 13 (4.7%)   |
|  | Assessed on an individual basis | 14 (5.1%)   |
|  | Missing                         | 34 (12.4%)  |

|  |  |             |
|--|--|-------------|
| Percentage of initial training focused on GBV-specific learning* | 0-24%  | 77 (28.1%)  |
|  | 25-49%   | 57 (20.8%)  |
|  | 50-74%   | 71 (25.9%)  |
|  | 75-100%  | 49 (17.9%)  |
|  | Other  | 14 (5.1%)   |
|  | Missing  | 144 (52.6%) |
| Initial training paid or unpaid*                                 | All of these are paid hours  | 238 (86.9%) |
|  | Most of these are paid hours   | 10 (3.6%)   |
|  | About half paid and half not   | 0 (0%)      |
|  | Mostly unpaid because we hire mostly people who have volunteered at our agency and done training as part of volunteering | 10 (3.6%)   |
|  | Mostly unpaid for any other reason   | 6 (2.2%)    |
|  | Other  | 6 (2.2%)    |
|  | Missing  | 4 (1.5%)    |
| Activities included in initial training (select all that apply)  | New service providers are required to complete training that is available online (e.g. OAITH or BCSTH online offerings)  | 120 (43.8%) |
|  | New service providers come together (in-person or online) for training   | 172 (62.8%) |
|  | New service providers are asked to complete readings and/or review manuals   | 192 (70.1%) |
|  | Other  | 37 (13.5%)  |
|  | Missing  | 141 (51.5%) |
| Challenges in training new staff                                 | Not enough people interested in doing this work, so no one to hire and train   | 69 (16.7%)  |
|  | Not enough funds to hire anyone  | 108 (26.2%) |
|  | Insufficient funding to train new hires  | 85 (20.6%)  |
|  | Resources for training are difficult to find and access  | 67 (16.3%)  |
|  | Job shadowing/co-working has been an important part of our process and this has been much harder during covid            | 154 (37.4%) |
|  | Other please specify   | 59 (14.3%)  |
|  | Missing  | 144 (35.0%) |

*Note: percentages for categories with an \* are calculated out of 274, the total number of respondents who indicated “yes” to having initial onboarding and were directed to answer these follow-up questions. The final question about challenges was asked of all survey respondents (n=412).*

## Job Shadowing and Mentorship

The expert working group members who collaborated with the research team on the development of the survey questions indicated that job shadowing and mentorship is a significant method of training within the GBV sector in Canada. The team learned that many organizations and programs pair new service providers with more experienced service providers to learn important aspects of the job. Some workplaces may refer to this training method as job shadowing, co-working, co-facilitation, or mentorship. To collect more information on how this is done in the field, we asked survey respondents a series of questions about job shadowing and mentorship within their workplaces (see Table 4). Of the 412 survey respondents, 322 (78%) indicated that their workplace engages in this type of training, while 88 (21%) shared that their workplace does not do this. We then asked survey respondents to indicate the approximate number of hours that staff spend being trained in this way. Responses to this question were varied, with the most commonly provided answers being 25 or less hours (23%, n=88) or between 26 and 50 hours (24%, n=91). Of those whose answers fit into the “other” category, we received responses such as “no set amount of hours”, “varies depending on candidate’s background” and “as needed”. We then asked survey respondents if the experienced staff service provider described in the previous questions was compensated for providing job shadowing and mentorship. Most respondents indicated that this work is not compensated, but rather, it is part of the job (67%, n=276). Very few respondents indicated that their workplace compensates experienced staff for providing job shadowing and mentoring either financially (for example, a pay premium or higher salary; 5%, n=19) or with hours (for example, banked time; 3%, n=13).

**Table 4.**

| Category  | Responses  | n (%)       |
|---|--|-------------|
| Does workplace have job shadowing or mentorship         | Yes  | 322 (78.2%) |
|   | No   | 88 (21.4%)  |
|   | Missing  | 2 (0.5%)    |
| Number of hours engaging in job shadowing or mentorship | None   | 44 (11.7%)  |
|   | 25 or less   | 88 (23.4%)  |
|   | 26-50  | 91 (24.2%)  |
|   | 51-125*  | 46 (12.2%)  |
|   | 126 or more  | 48 (12.8%)  |
|   | Other  | 59 (15.7%)  |
| Compensation for providing job shadowing or mentorship  | Financial compensation (e.g. pay premium or higher salary) | 19 (4.6%)   |
|   | Compensation with hours (e.g. banked time)                 | 13 (3.2%)   |
|   | Compensated in a different way (example response: lower    | 11 (2.7%)   |

|  |  |             |
|--|--|-------------|
|  | caseload; honorarium)                    |             |
|  | Not compensated; it is part of the job   | 276 (67.0%) |
|  | Providing mentorship adds inherent value | 36 (8.7%)   |
|  | Missing                                  | 57 (13.8%)  |

*\*51-100 and 101-125 were combined because so few respondents indicated 101-125*

We were also interested in hearing how respondents would describe the activities included in job shadowing or mentorship at their workplace. This was asked as an open-ended question that resulted in many rich and varied qualitative descriptions (see Table 5). The most common theme among the responses was a straightforward description of new staff being partnered with an experienced staff person for them to shadow and learn from. As these 3 different respondents described:

*"New staff job shadows experienced staff as they go about their day."*

*"It involves a new advocate shadowing another experienced advocate on different shifts for all activities."*

*"Senior worker will pair with new staff or staff to learn a certain skill."*

Many respondents indicated that job shadowing or mentorship continues until the trainee has sufficiently learned the required competencies and feels comfortable. One respondent described this process as "person-centered training". The focus seems to be on ensuring the complete transfer of knowledge and skills and the comfortability of the trainer-trainee partnership that training is complete.

On the other hand, some respondents described job shadowing or mentorship within their workplace as occurring for a pre-determined amount of time with a clear time frame and ending.

*"New staff work one 12 hour shadow shift. The new staff perform all job duties while the senior staff person supervises..."*

*"For the role specifically of working with men who abuse the typical shadowing is 4 group sessions (2 hours each) before a new hire would have that responsibility and a number (1-3) of shadowed intake sessions."*

A number of respondents shared that at their workplace, new staff are partnered with multiple experienced staff people or shadow within a number of departments or service areas so that they have a varied and fulsome training experience. As these two different respondents described,

*"New staff are paired with several different seasoned front-line staff. This allows for the new hire to be exposed to different approaches, personalities and ways of doing things. This includes everything from the administrative tasks, to the 1:1 supports offered to our youth."*

*"New staff and student placements are partnered with an experienced staff member for all activities, sometimes more than one experienced staff member to get different perspectives and training."*



Another theme in the descriptions of job shadowing and mentorship was that a new staff person is paired up with an experienced staff person for only certain aspects of the job, often those that are identified as complex, challenging or crucial to the role.

*"...they will shadow the experienced service-provider when they are doing key parts of their role (intaking a client, facilitating a program, internal processes, all relevant activities)."*

*"A new staff member is partnered with an experienced staff member for select activities..."*

Some respondents specified that the experienced person in the partnership was a designated "trainer" – a staff person, expert, leader, or elder within or connected to their workplace.

One common description of job shadowing that many respondents provided was a process whereby a new staff person is paired with a more experienced staff person over time. The partnership begins with job shadowing that gradually increases to the trainee's active participation, leading up to the experienced staff person observing the new person perform job duties. Often, descriptions of this approach included opportunities for feedback, support, and learning as the process progresses. The two following examples demonstrate this theme:

*"New staff is partnered with the experienced staff and observes at first and then acts on their own while the experienced staff provide feedback. This is done with group shadowing, crisis line response, counselling and case management."*

*"Observation during support and accommodation calls; then answer the calls on their own while senior staff observes and offers support and feedback; observe sessions and groups; then co-facilitate; then facilitate. Perform all tasks with senior staff for the allotted hours-we have a check list they follow; check off when they have been trained on each aspect. The senior staff initials the training they have provided and the new staff signs off when they feel comfortable completing the task on their own."*

The above examples include descriptions of shadowing where an experienced staff person observes, monitors, or supervises a new staff person and provides feedback, coaching or mentorship. This aspect of shadowing was also commonly described within other types of arrangements and on its own as a shadowing activity. Similarly, many respondents described shadowing partnerships where new staff have a designated person who they can debrief, have discussions with, or ask questions and go to for general support.

Many respondents described learning at their workplace as taking place via co-facilitation relationships. As these two different respondents describe:

*"New staff are paired with an experienced facilitator and they become a junior facilitator that engages with the Circle gradually or whatever their comfort level is."*

*"New staff member will start shadowing co-facilitated group and may have opportunity to act as a junior facilitator. Some programs are facilitated using a co-facilitator model in which case they would be paired with a more experienced facilitator. Debriefing with co-facilitator, supervisor, available. "*

Some descriptions of job shadowing and mentorship were focused more on having an experienced staff person who provides formal, organized training or orientation with the new staff person. These descriptions included activities such as going through learning objectives, trainings, job descriptions, manuals, policies and/or procedures together. For example,

*"Review of processes, practices and agency policies. Peer consultation on these."*

*"A new staff is partnered with a supervisor for tour, explanation of services. New staff is then paired with experienced staff to review roles in agency, policies, best practices..."*

Another related theme included descriptions of new staff and experienced staff partnerships who engage together in reading or acting out scenarios or role plays common to the new position. One example of this is provided below:

*"New staff shadow, practice through role play and are monitored throughout their training to ensure they have and/or gain the expertise required."*

Many respondents provided descriptions that included various combinations of the shadowing descriptions provided above. Co-facilitation, for example, was often described as one of many shadowing activities and often include opportunities for debriefing and ongoing discussion. Many workplaces, it seems, offer training comprised of many different shadowing and mentorship activities that are combined to form a multifaceted training experience provided by experienced staff.

*"A new staff member is partnered with an experienced staff member for select activities. Some time is spent shadowing, then they graduate to co-facilitation and then they are invited to take the lead on support hours and client work and education and training. "*

*"All group programs are co-facilitated (usually with a new person paired with a more experienced person, sometimes an experienced with experienced). All services are shadowed and directly supported for about a month with onsite clinical support and depending on the individual, additional supports as they (or we) identify. We have weekly group supervision and case conferences to support our clinical practice and discuss clients and clinical policies. "*

*"New Staff is partnered with experienced Staff to shadow them throughout their shift. They also co-facilitate groups with experienced Staff. Experienced Staff provide mock scenarios for new Staff to learn."*

**Table 5.**

| Description of job shadowing and mentorship activity                                      | Number of times code was applied |
|---|----------------------------------|
| New staff shadow experienced staff / are partnered with an experienced staff person       | 145                              |
| Co-facilitation   | 61                               |
| Debriefing, opportunities for discussion and questions with experienced staff /supervisor | 40                               |

|  |    |
|--|----|
| Partnering / shadowing for certain aspects of the job, often those that have been identified as complex, challenging, or crucial | 33 |
| Partnering with an experienced staff person for a designated amount of time  | 32 |
| Experienced staff observes / monitors / supervises new staff and provides feedback / coaching / mentorship                       | 23 |
| Partnered with multiple experienced staff / service areas for a varied training experience                                       | 22 |
| Review manuals (policies and procedures) together  | 21 |
| Shadowing with gradual increase in active participation, leading up to the experienced staff person observing                    | 19 |
| Go through learning objectives / job description and job tasks with an experienced staff person                                  | 15 |
| New staff training sessions provided by experienced staff person   | 14 |
| Role play scenarios, mock facilitations, simulations, or review case files   | 13 |
| Experienced staff provides orientation for new staff   | 12 |
| Other  | 31 |

## Ongoing Training

The next set of survey questions relate to ongoing training that GBV specialist service providers have access to through their workplace (see Table 6). We asked survey respondents whether in a normal year, their workplace organizes formalized training that staff can access or are required to complete. Most respondents selected yes – their workplace organizes trainings at least once a year (72%, 296). We then asked more specifically whether that training was specific to GBV, or if it was related to other mandatory areas of training such as first aid, CPR, Naloxone training, or others. Many respondents indicated that they experience a mix of the two: while some of the training is mandatory and not related to GBV, other training is GBV-specific (37%, n=150).

Next, we asked respondents about the level of support available to them to attend GBV-specific training that is *not* organized by their workplace. Respondents were asked what support their workplace provides for them to attend training in terms of time. Most respondents indicated that they can attend GBV-specific training during their regular work hours, but they do not have dedicated time for it – it gets added to their usual workload (66%, n=271). There were also a number of respondents who indicated that they have a certain number of hours or days in their contract or job description set aside for this kind of training (27%, n=109). Of those 109 respondents, 64 of them provided an open-ended description of this arrangement. Many respondents simply stated that their workplace supports them to spend work hours on GBV-specific training (30%, n=19) or that support to spend work hours on GBV-specific training is granted on a case-by-case basis (17%, n=11). Support to attend GBV-specific training can also be provided by a workplace in terms of funding. When asked what their workplace provides financially, many respondents indicated that there is a certain amount of budget set aside or earmarked for ongoing training (48%, n=197) or that they can request funds to pay for training (28%, n=116). When asked to specify the certain amount of budget set aside, 131 of the 197 respondents provided a description. Many described an unspecified annual budget (27%, n=35), while others did not know the amount (14%, n=18).

or indicated that funding is approved on a per-course-basis (12%, n=15). Of those who specified a dollar amount, the most common range was \$500 or less (30%, n=39).

We then asked respondents how often they participate in training that is relevant to their role as a GBV service provider on their own time and using their own money. Many respondents indicated that this is something they never do (38%, n=155). Others shared that they attend training with their own time and money once a year (24%, n=98), 2-3 times a year (24%, n=99), 4-5 times a year (6%, n=23), and 5 or more times a year (9%, n=36).

**Table 6.**

| Category   | Responses  | n (%)       |
|--|--|-------------|
| Access to formal training through workplace  | Yes, my service setting organizes trainings for us at least once a year  | 296 (71.8%) |
|  | No, in a regular year, my service setting does not provide or require me to complete any formal training             | 112 (27.2%) |
|  | Missing  | 4 (1%)      |
| Mandatory vs. GBV-specific Training  | The training that is provided/required at my workplace is almost all mandatory training that is not GBV-specific     | 57 (13.8%)  |
|  | Although some of the training provided/required is mandatory, other training is GBV-specific                         | 150 (36.4%) |
|  | Mostly, the training that is required/provided is GBV-specific   | 64 (15.5%)  |
|  | Other  | 13 (3.2%)   |
|  | Missing  | 128 (31.1%) |
| Support from workplace to attend GBV-specific training (time)                          | Any training I do must occur outside of my work hours  | 26 (6.3%)   |
|  | I can do training during my work hours, but I do not have dedicated time for it – it gets added to my usual workload | 271 (65.8%) |
|  | I have a certain number of hours/days in my contract or job description set aside for additional training            | 109 (26.5%) |
|  | Missing  | 6 (1.5%)    |
| Specified certain number of hours/days in my contract or job description set aside for | My workplace supports me for time I spend on approved training   | 19 (29.7%)  |

|  |   |             |
|--|---|-------------|
| additional training (n=64)   |   |             |
|  | Approval granted on an individual basis / determined by workplace leadership                              | 11 (17.2%)  |
|  | 1-9 days per year   | 9 (14.1%)   |
|  | 10-19 days per year   | 8 (12.5%)   |
|  | Unspecified amount of time  | 9 (14.1%)   |
|  | Other / do not know   | 8 (12.5%)   |
| Support from workplace to attend GBV-specific training (financial) | My workplace only supports me accessing training that is free   | 25 (6.1%)   |
|  | I am expected to use my own money to pay for training   | 25 (6.1%)   |
|  | There is a certain amount of budget set aside or earmarked for ongoing training                           | 197 (47.8%) |
|  | My workplace only pays for training when we have received a grant or when there is extra year end funding | 45 (10.9%)  |
|  | I can request funds to pay for training   | 116 (28.2%) |
|  | Missing   | 4 (1%)      |
| Specified annual amount of budget set aside for training (n=131)   | \$500 or less   | 39 (29.8%)  |
|  | \$501-1000  | 5 (3.8%)    |
|  | \$1001+   | 8 (6.1%)    |
|  | Do not know   | 18 (13.7%)  |
|  | Other   | 11 (8.4%)   |
|  | Per course / dependent on leadership approval   | 15 (11.5%)  |
|  | Unspecified annual budget   | 35 (26.7%)  |
| Attend training on own time with own money                         | Never 37.6% (155)   | 155 (37.6%) |
|  | Once a year 23.8% (98)  | 98 (23.8%)  |
|  | 2-3 times a year 24% (99)   | 99 (24.0%)  |
|  | 4-5 times a year 5.6% (23)  | 23 (5.6%)   |
|  | More than 5 times a year 8.7% (36)  | 36 (8.7%)   |
|  | Missing 0.2% (1)  | 1 (0.2%)    |

We asked survey respondents to open-endedly to share the reasons why they attend training on their own time and with their own money (see Table 7). The most common theme that emerged within the 211 responses was that GBV specialists want to uphold a standard of practice, ensure competence in their work, or they see it as their duty as a service provider. This dedication and standard of practice was

described as being set on the individual level for oneself, rather than set by a workplace, sector, or professional body. Respondents described wanting to ensure that they are doing their job well or are well-equipped to complete their duties. For example:

*"Because this work is very important to me and I want to make sure I have appropriate training."*

*"I felt that it was essential knowledge."*

*"Because I know that I need this training and need to increase my knowledge about this issue, money and time cannot stop me."*

Another common reason provided was that respondents participated in training out of interest, or to pursue interests that were distinct from their workplace's interests and priorities.

*"Personal interest- attending risk assessment training, attending conferences, etc. I choose to do these things as professional development, but they are relevant to my work."*

*"These are courses of personal interest and may not fall into the Centre's focus."*

Many respondents also shared that they attended training on their own time with their own money was that their workplace would not or could not pay for it, would only pay a portion, would not approve the training, or they had reached their workplace's funding limit for training. As these two respondents described:

*"Because my workplace does not have the budget to cover the cost of that training and I believe that training would add value to the work that I do with my clients. "*

*"Expense of training was too much to ask for organization to pay for it. It felt important to pursue. Trainings are often prohibitively expensive if they are at a more advanced level."*

Another recurrent theme within respondent's responses to this question was to benefit service users and their community; to provide the best services they can.

*"I will attend webinars and seminars; the more knowledge I have, the better I can understand the families I work with and do my job (keeping kids safe) better; it helps me work with both moms and dads"*

*"Because it is important to me to have updated information on GBV in order to provide support to my clients and sometimes this means using my own time."*

*"I am determined to gain training to service the women and children I work with."*

A fairly common response was simply wanting to stay current and up to date. For example,

*"I like to stay afresh on things related to gbv."*

*"felt it was important to become more informed and want to keep up to date with current topics and models of care and research"*

Some respondents shared that they complete training on their own time and with their own money to prepare for future career opportunities or for career advancement. As these respondents stated:

*“I want to continue learning and growing in my role and sometimes I have an interest in a training that perhaps doesn't cater to the specific population I am working with now, but I feel it will be valuable to my knowledge base and future career goals.”*

*“Out of interest and a desire for professional development which might lead to career advancement. I also care about the work and want to ensure I am keeping up with the latest research and evidence-based recommendations.”*

Other reasons described by respondents included that they are committed to lifelong learning, they do not have enough time within their work hours, they understand the limitations of their workplace in supporting training, and they are working toward a degree or registration with a professional body. A small number of respondents shared that it is expected of them even though it is not supported.

**Table 7.** Reasons why respondents attend training on own time with own money (n=211)

| <b>Description of reason for attending training on own time with own money</b>  | <b>Number of times code was applied</b> |
|---|---|
| Uphold a standard of practice / ensure my competence / see it as my duty  | 60                                      |
| Out of interest / pursue own interests  | 37                                      |
| My workplace would or could not pay / would only pay a portion / would not approve the training / I reached my workplace's funding limit for training | 30                                      |
| To benefit service users and my community / provide the best services I can   | 27                                      |
| Stay current / keep up to date  | 23                                      |
| Prepare for future career opportunities / for career advancement  | 14                                      |
| Enjoy learning / commitment to lifelong learning  | 13                                      |
| Working toward a degree / certification / for registration with professional body   | 11                                      |
| Understand the funding limitations of my workplace  | 9                                       |
| Not enough time in my work hours  | 8                                       |
| It is expected of me even though it is not supported  | 5                                       |
| To network / connect with colleagues  | 4                                       |
| Other   | 28                                      |

We then asked respondents about other learning opportunities available to them within their workplace (see Table 8). We know that much on the job training comes from supervision. We asked respondents what opportunities they have to discuss their work supporting service users with a supervisor, manager, or team leader, with the instruction to please select the best answer. A large percentage of respondents indicated that they access supervision on an “as-needed” basis such as dropping in or by requesting a

meeting (36%, n=148). Others shared that they access supervision during team meetings (20%, n=83), during regular individual or small group opportunities weekly (20%, n=83) or monthly (20%, n=82). A small number of individuals shared that they have no opportunity for supervision in their workplace (5%, n=20).

Being involved in cross-agency work has also been identified as important for developing the knowledge, judgement and skills of GBV specialists, and as such, respondents were asked if their workplace regularly involves service providers in these opportunities. Respondents were able to check all that applied for this question. Most survey question options were endorsed by large quantities of respondents, including committees that involve representatives from multiple agencies (73%, n=301), training or workshops with service providers from different agencies (77.2%, n=318), projects or initiatives that join two agencies together to meet deliverables (50.7%, n=209) and co-facilitation of intervention or co-offering of prevention done across agency (42%, n=173).

One critical training method for GBV service providers is formal learning from GBV survivors as advisors, for example, trainings lead or co-lead by service users and service user advisory committees. We asked survey respondents if their workplace regularly provides opportunities for this type of training. Of the 412 responses, 33% (n=135) indicated “yes”, while 65% (n=266) indicated “no”.

Finally, we asked respondents if their workplace offers any training to others, and if so, who. Many respondents indicated that their workplace engages in public awareness work (e.g., presentations in schools, to community groups, to workplaces) (67%, n=274), provides presentations at conferences or other events (54%, n=224), or offers peer-to-peer training of other GBV specialists not employed at their agency (20%, n=80).

**Table 8.**

| Category                               | Responses  | n (%)       |
|--|--|-------------|
| Available training through supervision | On an “as-needed” basis (e.g., drop-in, by requesting a meeting)   | 148 (35.9%) |
|  | During regular team meetings or debriefing where specialists can discuss a complicated situation with other providers in the presence of a team leader or supervisor | 83 (20.1%)  |
|  | I get regular individual or small group opportunity at least once a week   | 83 (20.1%)  |
|  | I get regular individual or small group opportunity at least once a month  | 82 (19.9%)  |
|  | I get regular individual or small group opportunity less than once a month   | 12 (2.9%)   |



|   |  |             |
|---|--|-------------|
|   | Other  | 6 (1.5%)    |
|   | No opportunity   | 20 (4.9%)   |
|   | Missing  | 6 (1.5%)    |
| Cross-agency learning opportunities     | Committees (e.g., community safety/high risk teams, coordinating committees) that involve representatives from multiple agencies | 301 (73.1%) |
|   | Training or workshops with service providers from different agencies   | 318 (77.2%) |
|   | Projects or initiatives that join two agencies together to meet deliverables   | 209 (50.7%) |
|   | Co-facilitation of intervention or co-offering of prevention done across agency  | 173 (42.0%) |
|   | Co-location models   | 64 (15.5%)  |
|   | Other  | 31 (7.5%)   |
| Service user-led learning opportunities | Yes  | 135 (32.8%) |
|   | No   | 266 (64.6%) |
|   | Missing  | 11 (2.7%)   |
| Provision of training to others         | Public awareness work (e.g., presentations in schools, to community groups, to workplaces)                                       | 274 (66.5%) |
|   | Volunteer training   | 138 (33.5%) |
|   | Peer-to-peer training of other GBV specialists not employed at your agency   | 80 (19.5%)  |
|   | Peer-to-peer supervision of other GBV specialists not employed at your agency  | 34 (8.3%)   |
|   | Presentations at conferences or other training, networking, or mentoring events  | 224 (54.4%) |
|   | Other (please specify)   | 32 (7.8%)   |

## Training in GBV Competency Areas

This survey is part of a larger research study that aims to identify areas of knowledge, judgement, and skill that already exist within GBV work. Based on the literature and in partnership with the expert working group members, a preliminary version of these areas of competence have been identified. These 7 areas are described below:

The first one is Navigating Laws and Ethics. This area includes things like knowledge of current legislation, standards and regulations, judgement around mandatory reporting, and skills for keeping documentation that keeps survivor safety at the forefront.

The second one is using Service User-Centered Approaches. This area includes indigenous approaches, intersectional feminism/anti-oppression/anti-colonial analysis, LGBTQ2S+ and sexuality, responding to culture and cultural diversity, strength-based approaches, client-centered approaches/client self-determination, survivor coping strategies and accessibility and barriers.

The third one is Assess and Manage Risk and Safety. This includes things like knowledge and understanding of risk factors, risk assessment and safety planning and skills for engaging with survivors, children and those who have used violence to ensure safety.

The fourth is Understand and Respond to Violence and Trauma. This area includes things like having knowledge of trauma and violence-informed practice, secondary trauma, vicarious trauma, and skills for self-care.

The fifth area is Collaborate Across Systems. This area includes things like working in multi-agency or cross-agency teams to provide service or manage risk, knowing services in your area, and effectively referring and supporting service-users in accessing needed services.

The sixth area is Advocating for Change which includes things like having knowledge of the prevalence and impact of GBV, raising awareness of GBV and advocating for necessary changes in practice and policy.

The seventh area is Providing Intervention to survivors, children exposed and to those who have perpetrated abusive behaviours. It includes knowledge and skills in providing intervention services.

We asked survey respondents to indicate if they had received training in the last 1-2 years in each of the 7 areas described above. We then asked how relevant each area of training is to the respondent's current role, and to what extent high quality, GBV-specific training in each of the 7 areas is available and accessible. The responses to these questions are summarized in Tables 9, 10, and 11 below.

Respondents were most likely to have received recent training in the areas of Understanding and Responding to Violence and Trauma (84%, n=347), Service User-Centered Approaches (68%, n=282), and Assessing and Managing Risk and Safety (66%, n=271). The domain of competency that respondents were least likely to have received recent training in was Advocacy (45%, n=184).

Most respondents rated all domains of competency as either relevant or very relevant to their role in the GBV sector. The domains rated as most relevant were Understand and Respond to Violence and Trauma (81%, n=332) and Assess and Manage Risk and Safety (76%, n=311).

Respondents indicated the most amount of difficulty in accessing training in the Collaborate Across Systems (30%, n=125 rated this domain as available but difficult to access) and Advocate for Change (29%, n=119 available but difficult to access) domains. The most readily available and accessible area of training was Understand and Respond to Violence and Trauma (66%, n=270 rated this domain as available and accessible).

**Table 9.** Training in the last 1-2 years

| Competency Domain                             | Yes<br>n (%) | No<br>n (%) | I'm not sure<br>n (%) | Missing<br>n (%) |
|---|--------------|-------------|-----------------------|------------------|
| Navigating Laws and Ethics                    | 200 (48.5%)  | 172 (41.7%) | 30 (7.3%)             | 10 (2.4%)        |
| Service User-Centered Approaches              | 282 (68.4%)  | 90 (21.8%)  | 23 (5.6%)             | 17 (4.1%)        |
| Assess and Manage Risk and Safety             | 271 (65.8%)  | 112 (27.2%) | 13 (3.2%)             | 16 (3.9%)        |
| Understand and Respond to Violence and Trauma | 347 (84.2%)  | 48 (11.7%)  | 5 (1.2%)              | 12 (2.9%)        |
| Advocate for Change                           | 184 (44.7%)  | 180 (43.7%) | 27 (6.6%)             | 21 (5.1%)        |
| Collaborate Across Systems                    | 187 (45.4%)  | 171 (41.5%) | 34 (8.3%)             | 20 (4.9%)        |
| Provide Intervention                          | 223 (54.1%)  | 143 (34.7%) | 29 (7.0%)             | 17 (4.1%)        |

**Table 10.** Relevancy of each area of training to current role

| Competency Domain                             | Not Relevant<br>n (%) | Relevant<br>n (%) | Very Relevant<br>n (%) | I'm Not Sure<br>n (%) | Missing<br>n (%) |
|---|-----------------------|-------------------|------------------------|-----------------------|------------------|
| Navigating Laws and Ethics                    | 19 (4.6%)             | 159 (38.6%)       | 218 (52.9%)            | 9 (2.2%)              | 7 (1.7%)         |
| Service User-Centered Approaches              | 11 (2.7%)             | 95 (23.1%)        | 289 (70.1%)            | 9 (2.2%)              | 8 (1.9%)         |
| Assess and Manage Risk and Safety             | 15 (3.6%)             | 76 (18.4%)        | 311 (75.5%)            | 2 (0.5%)              | 8 (1.9%)         |
| Understand and Respond to Violence and Trauma | 12 (2.9%)             | 57 (13.8%)        | 332 (80.6%)            | 2 (0.5%)              | 9 (2.2%)         |
| Advocate for Change                           | 9 (2.2%)              | 135 (32.8%)       | 252 (61.2%)            | 8 (1.9%)              | 8 (1.9%)         |
| Collaborate Across Systems                    | 11 (2.7%)             | 131 (31.8%)       | 256 (62.1%)            | 7 (1.7%)              | 7 (1.7%)         |
| Provide Intervention                          | 27 (6.6%)             | 97 (23.5%)        | 268 (65.0%)            | 13 (3.2%)             | 7 (1.7%)         |

**Table 11.** Availability/Accessibility of high quality, GBV-specific training

| Competency Domain | Not available at all<br>n (%) | Available but difficult to access | Available and accessible<br>n (%) | I'm Not Sure<br>n (%) | Missing<br>n (%) |
|-------------------|-------------------------------|-----------------------------------|-----------------------------------|-----------------------|------------------|
|-------------------|-------------------------------|-----------------------------------|-----------------------------------|-----------------------|------------------|

|   |            | n (%)       |             |             |           |
|---|------------|-------------|-------------|-------------|-----------|
| Navigating Laws and Ethics                    | 49 (11.9%) | 115 (27.9%) | 130 (31.6%) | 109 (26.5%) | 9 (2.2%)  |
| Service User-Centered Approaches              | 30 (7.3%)  | 92 (22.3%)  | 204 (49.5%) | 76 (18.4%)  | 10 (2.4%) |
| Assess and Manage Risk and Safety             | 23 (5.6%)  | 94 (22.8%)  | 228 (55.3%) | 57 (13.8%)  | 10 (2.4%) |
| Understand and Respond to Violence and Trauma | 14 (3.4%)  | 71 (17.2%)  | 270 (65.5%) | 48 (11.7%)  | 9 (2.2%)  |
| Advocate for Change                           | 46 (11.2%) | 119 (28.9%) | 141 (34.2%) | 100 (24.3%) | 6 (1.5%)  |
| Collaborate Across Systems                    | 43 (10.4%) | 125 (30.3%) | 137 (33.3%) | 100 (24.3%) | 7 (1.7%)  |
| Provide Intervention                          | 29 (7.0%)  | 104 (25.2%) | 190 (46.1%) | 80 (19.4%)  | 9 (2.2%)  |

## Reflections on Training Experiences in GBV Sector

The final section reported on from the national survey on training in the GBV sector in Canada included questions that asked respondents to reflect on their own training experiences (see Table 12). We asked respondents to think back to when they started GBV work and how well prepared they felt as a result of their training experiences. Many respondents reflected that their own initial training was not nearly enough (46%, n=190), while others felt it was adequate to start (43%, n=179). A small number of respondents felt that they were well prepared (10%, n=41).

We then asked respondents to identify important barriers to developing expertise in the GBV sector, with the instruction to check all that apply. The most commonly endorsed barriers were that there is not enough funding (70%, n=290) and not enough time (58%, n=239). Respondents also indicated that there are not enough good opportunities out there for training (38%, n=158), that there are a lack of options that are relevant to their role (38%, n=155), and that there is not enough workplace support to develop expertise (34%, n=139). Of the 52 respondents who selected “other” and specified the barriers not listed, the most common provided response was that available training does not match the realities or complexities of the work, particularly in relation to the identities and experiences of service users. The following are examples of how this was described by survey respondents:

*“Not centering the voices of those most marginalized. The women providing the services are mostly white and not representative of the communities they service.”*

*“More training on cross cultural training needed. There is a lack of understanding especially when working with Indigenous Women and children. The indigenous staff at times are required to assist and go above and beyond.”*

Other barriers provided by respondents included: staff are too overworked and burnt out to participate in training, it is challenging to find opportunities, previous training experiences have been negative, training is cost prohibitive, and training opportunities are too far geographically.

We also asked survey respondents how they are most likely to get information about new developments and issues in the field. The most common response was through online training opportunities (87%, n=359). Many respondents also selected training or workshops with service providers from different agencies (70%, n=289), being part of committees (e.g., high risk teams, coordinating committees) that involve representatives from multiple agencies (60%, n=245), and going to conferences (56%, n=229). Of the 31 respondents who provided “other” methods of learning this information, the most common written responses were reading and researching, and through collaborative relationships with colleagues.

**Table 12.**

| Category  | Responses  | n (%)       |
|---|--|-------------|
| Adequacy of own initial training when entering the GBV sector | Not nearly enough  | 190 (46.1%) |
|   | Adequate to start  | 179 (43.4%) |
|   | I was well prepared  | 41 (10.0%)  |
|   | Missing  | 2 (0.5%)    |
| Barriers to Developing Expertise                              | Not enough funding   | 290 (70.4%) |
|   | Not enough good opportunities out there for training   | 158 (38.3%) |
|   | Not enough time  | 239 (58.0%) |
|   | Not enough agency support to develop expertise   | 139 (33.7%) |
|   | Inadequate support or supervision for implementing new learnings in my workplace                                     | 121 (29.4%) |
|   | Lack of training options that are relevant to my role  | 155 (37.6%) |
|   | Training options offered are not high quality or credible  | 89 (21.6%)  |
|   | Training options offered do not integrate survivor voices and therefore are not appropriate                          | 114 (27.7%) |
|   | Other  | 52 (12.6%)  |
|   | Missing  | 4 (1%)      |
| Sources of information about new developments and issues      | Online training opportunities to develop specific skills   | 359 (87.1%) |
|   | Going to conferences   | 229 (55.6%) |
|   | Regular training offered by your agency  | 155 (37.6%) |
|   | Being part of committees (e.g., high risk teams, coordinating committees) that involve representatives from multiple | 245 (59.5%) |
|   |  |             |

|  |   |             |
|--|---|-------------|
|  | agencies  |             |
|  | Training or workshops with service providers from different agencies            | 289 (70.1%) |
|  | Projects or initiatives that join two agencies together to meet deliverables    | 148 (35.9%) |
|  | Co-facilitation of intervention or co-offering of prevention done across agency | 109 (26.5%) |
|  | Other   | 31 (7.5%)   |

## Conclusions

Training within the GBV service sector often occurs at the organization level via initial training of new staff and via job shadowing and mentorship within one's own workplace. The focus of that training is split between GBV-specific learning and other types of mandatory trainings. The provision of job shadowing and mentorship is often done by experienced staff without compensation. Many respondents experienced funding-related challenges related to training, including a lack of funds to hire and train GBV specialists, and not having enough funding or time to engage in necessary ongoing training once working in the sector. Many respondents shared that their own initial training was not adequate and that the opportunities they need for ongoing training are often lacking. The preliminary areas of competence for GBV service provision were largely confirmed as relevant to the sector.

## References

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3:2, 77-101. <http://dx.doi.org/10.1191/1478088706qp063oa>

## Appendix I: National Survey: Training of Gender Based Violence Specialist Service Providers in Canada

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### Start of Block: PART 1

Q8 Which province /territory do you currently work in?

- Alberta (1)
  - British Columbia (2)
  - Manitoba (3)
  - New Brunswick (4)
  - Newfoundland and Labrador (5)
  - Northwest Territories (6)
  - Nova Scotia (7)
  - Nunavut (8)
  - Ontario (9)
  - Prince Edward Island (10)
  - Quebec (11)
  - Saskatchewan (12)
  - Yukon (13)
-

Q2 Part 1: Your experience in the GBV sector How long have you been involved in the Gender Based Violence (GBV) sector (for example: paid, volunteer, as a student, as an advocate, as a representative of lived experience, as a peer support worker)?

- Less than 1 year (1)
  - 1-3 years (2)
  - 4-6 years (3)
  - 7-10 years (4)
  - 10 or more years (5)
  - Not applicable (6)
- 

Q3 Which service user group do you primarily work with in your current role (if applicable, check all that apply)?

- Survivors of GBV (1)
  - Children exposed to GBV (2)
  - Perpetrators of GBV (3)
  - Prevention of GBV (4)
  - Other (please specify): (5) \_\_\_\_\_
  - Not applicable (6)
-



Q4 How would you **best** describe the GBV service setting where you currently work, volunteer, or contribute? If you are involved in more than one service setting, please choose one and think about that one service setting when you are responding to the following questions:

- Agency / organization that has an exclusive or primary focus on GBV service provision. (1)
- General service agency / organization in which GBV is one of a range of services provided. (2)
- Indigenous agency/organization (e.g., Friendship Center, Indigenous Health Services, Indigenous Youth Service Organization) (3)
- Other (please specify): (4) \_\_\_\_\_

---

*Display This Question:*  
*If How would you best describe the GBV service setting where you currently work, volunteer, or contr... = Agency / organization that has an exclusive or primary focus on GBV service provision.*

Q79 You selected "agency/organization that has an exclusive or primary focus on GBV service provision". Please enter whether you work at: a shelter or transition house, membership network/organization, sexual assault centre, intervention service for children, intervention service for perpetrators, intervention service for survivors, or other.

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*Display This Question:*  
*If How would you best describe the GBV service setting where you currently work, volunteer, or contr... = General service agency / organization in which GBV is one of a range of services provided.*

Q80 You selected "general service agency / organization in which GBV is one of a range of services provided". Please enter whether you work at: a family service agency, Child Protection Agency, Health Service, EAP program, child mental health service, mental health program, youth program, organization that serves older Canadians, or other.

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Q9 Please indicate the option that best describes where the service user population that you currently work with resides (choose the best option):

- Within a large population centre (i.e., with a population of 100,000 or more) (1)
- Within a medium population centre (i.e., with a population between 30,000 – 99,999) (2)
- Within a small population centre (i.e., with a population between 1000 – 29,999) (3)
- Within a rural area (i.e., 1000 or less all areas outside population centres are classified as rural areas) (4)
- I work for a network or organization that represents or serves multiple population centres (5)
- Other (please specify): (6) \_\_\_\_\_

**End of Block: PART 1**

---

**Start of Block: PART 2**

Q10 Many organizations/programs have a set process for initial training for service-providers beginning a new position. This is sometimes called “initial training”, “orientation” or “on boarding”. Does your agency have a process like this? (note this does not include training that involves one to one pairing of new staff with experienced staff members for job shadowing or co-work)

- Yes (1)
- No (2)

*Skip To: Q15 If Many organizations/programs have a set process for initial training for service-providers beginni... = No*

---

Q11 How many hours does your organization allot for this initial training/orientation/onboarding for service providers beginning a new position?

---

Q12 Thinking of these *initial training hours*, some is likely spent on general agency practices, like using the computer systems and reporting hours while other times is devoted to GBV/abuse-specific learning such as learning about safety planning, responding to disclosure, addressing collusion. Thinking of the initial training at your agency, what percentage of it is GBV/abuse-specific?

75-100% (1)

50-74% (2)

25-49% (3)

0-24% (4)

Other, please specify: (5) \_\_\_\_\_

Not applicable (6)

Q13 Are these hours paid or unpaid?

- All of these are paid hours (1)
  - Most of these are paid hours (2)
  - About half paid and half not (3)
  - Mostly unpaid because we hire mostly people who have volunteered at our agency and done training as part of volunteering (4)
  - Mostly unpaid for any other reason (do you want to provide more detail?) (5)  
\_\_\_\_\_
  - Other, please specify (6) \_\_\_\_\_
  - Not applicable (7)
- 

Q82 What kinds of activities are included in your agency's initial training that is *specific to GBV* training rather than general training? (check all that apply)

- New service providers are required to complete training that is available online (e.g., OAITH or BCSTH online offerings)? (1)
  - New service providers come together (in-person or online) for training (2)
  - New service providers are asked to complete readings and/or review manuals (3)
  - Other (4) \_\_\_\_\_
-

Q14 What are some of the main challenges right now in training new people into the field? (check all that apply)

- Not enough people interested in doing this work, so no one to hire and train (1)
- Not enough funds to hire anyone (2)
- Insufficient funding to train new hires (3)
- Resources for training are difficult to find and access (4)
- Job shadowing/co-working has been an important part of our process and this has been much harder during covid (5)
- Other please specify (6) \_\_\_\_\_

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Page Break

Q15 Many organizations/programs pair new service providers with more experienced service-providers to learn important aspects of the job (e.g., job shadowing, co-working, co-facilitation). Does your agency have a process like this?

Yes (1)

No (2)

*Skip To: Q1D19 If Many organizations/programs pair new service providers with more experienced service-providers to... = No*

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Q75 Please enter approximate hours that most new staff work in this kind of arrangement (e.g. job shadowing, co-working, co-facilitation etc.) before they are considered competent to work more independently:

\_\_\_\_\_

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Q16 If your organization/program pairs new service providers with more experienced service-providers to learn important aspects of the job, can you please provide a brief description of what is done? (e.g., new staff acts as a junior co-facilitator in a group, new staff is partnered with an experienced staff member for all activities)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Q17 At your workplace, is the experienced service provider described above compensated for providing mentorship (job shadowing, co-working, co-facilitation for training)?

- Yes, financially (for example, a pay premium or higher salary) (1)
- Yes, with hours (for example, banked time) (2)
- Yes, they are compensated in a different way (please specify) (3)  
\_\_\_\_\_
- No, it is just part of the job (4)
- Providing mentorship adds inherent value (5)
- I don't know (6)

End of Block: PART 2

---

Start of Block: PART 3

Q20 Next, we want to ask questions about some of the opportunities that IPV specialists have to continue to build their expertise. For these questions, think about the same GBV service and consider what kind of training is available in a “normal” year. These questions are about “formal” training – in other words, opportunities to learn a new or update a skill, hear a speaker, attend a conference or workshop but NOT things like supervision, peer debriefing and co-working.

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Q21 In a normal year, does your service setting organize formal training that staff can access or are required to complete?

- Yes, my service setting organizes trainings for us at least once a year (1)
  - No, in a regular year, my service setting does not provide or require me to complete any formal training (2)
- 

**Display This Question:**

*If In a normal year, does your service setting organize formal training that staff can access or are... = Yes, my service setting organizes trainings for us at least once a year*

Q22

Sometimes training available through workplaces is limited to mandatory training that is **not GBV/abuse-specific** (e.g. first aid, CPR, WHMIS, Naloxone training, Emergency code training, HR processes, computer systems, ergonomics training, etc.) because of constraints related to time and funding. How true is this in your workplace?

- The training that is provided/required at my workplace is almost all mandatory training that is **not GBV-specific** (1)
  - Although some of the training provided/required is mandatory, other training is GBV-specific (2)
  - Mostly, the training that is required/provided is **GBV-specific** (3)
  - Not applicable (4)
  - Other, please specify: (5) \_\_\_\_\_
- 

Q23 If you wanted to attend GBV-specific training that is NOT organized by your service agency, what support does your workplace provide in terms of time?

- Any training I do must occur outside of my work hours (1)
  - I can do training during my work hours, but I do not have dedicated time for it – it gets added to my usual workload (2)
  - I have a certain number of hours / days in my contract or job description set aside for additional training (Please specify): (3) \_\_\_\_\_
- 

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Q24 What support does your agency provide for GBV training relevant to your role in terms of funding?

- My workplace only supports me accessing training that is free (1)
- I am expected to use my own money to pay for training (2)
- There is a certain amount of budget set aside or earmarked for ongoing training (Please specify): (3) \_\_\_\_\_
- My workplace only pays for training when we have received a grant or when there is extra year end funding (4)
- I can request funds to pay for training (Please specify): (5) \_\_\_\_\_

---

Q25 How often do you participate in training that is relevant to your role as a GBV service provider on your own time and using your own money?

- Never (1)
- Once a year (2)
- 2-3 times a year (3)
- 4-5 times a year (4)
- More than 5 times a year (5)

*Skip To: Q28 If How often do you participate in training that is relevant to your role as a GBV service provider ... = Never*

---

Q26 Can you share more about why you attended training on your own time and with your own money?

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Q28 We also know that much on the job training comes from supervision. What opportunities do you have to discuss your work in supporting service users with a supervisor/manager/team leader? Select the best answer.

- On an “as-needed” basis (e.g., drop-in, by requesting a meeting) (1)
  - During regular team meetings or debriefing where specialists can discuss a complicated situation with other providers in the presence of a team leader or supervisor (2)
  - I get regular individual or small group opportunity at least once a week (3)
  - I get regular individual or small group opportunity at least once a month (4)
  - I get regular individual or small group opportunity less than once a month (5)
  - Other (please describe how this kind of support is offered or can be requested at your agency): (6) \_\_\_\_\_
- 

Q30 Being involved in cross-agency work has been identified as important for developing the knowledge, judgement and skills of IPV and GBV specialists. Does your agency regularly involve service-providers in any of the following? (check all that apply):

- Committees (e.g., community safety/high risk teams, coordinating committees) that involve representatives from multiple agencies (1)
  - Training or workshops with service providers from different agencies (2)
  - Projects or initiatives that join two agencies together to meet deliverables (3)
  - Co-facilitation of intervention or co-offering of prevention done across agency (4)
  - Co-location models (5)
  - Other, please specify: (6) \_\_\_\_\_
-

Q31 Does your workplace provide opportunities for GBV Specialists to learn from service users as advisors for improving services (for example, trainings lead or co-lead by service users, service user advisory committees)?

Yes (1)

No (2)

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*Display This Question:*

*If Does your workplace provide opportunities for GBV Specialists to learn from service users as advi... = Yes*

Q77 If so, please describe:

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Page Break

Q33 As part of a larger research study, researchers at the Centre for Research and Education on Violence Against Women and Children (CREVAWC) and the University of Calgary have collaborated with IPV Specialists from across Canada. We are working to identify areas of knowledge and skill that already exist in IPV work. We have developed a preliminary version of these areas, listed and described below.

The first one is Navigating Laws and Ethics. This area includes things like knowledge of current legislation, standards and regulations, judgement around mandatory reporting, and skills for keeping documentation that keeps survivor safety at the forefront.

The second one is using Service User-Centered Approaches. This area includes indigenous approaches, intersectional feminism/anti-oppression/anti-colonial analysis, LGBTQ2S+ and sexuality, responding to culture and cultural diversity, strength-based approaches, client-centered approaches/client self-determination, survivor coping strategies and accessibility and barriers.

The third one is Assess and Manage Risk and Safety. This includes things like knowledge and understanding of risk factors, risk assessment and safety planning and skills for engaging with survivors, children and those who have used violence to ensure safety.

The fourth is Understand and Respond to Violence and Trauma. This area includes things like having knowledge of trauma and violence-informed practice, secondary trauma, vicarious trauma, and skills for self-care.

The fifth area is Collaborate Across Systems. This area includes things like working in multi-agency or cross-agency teams to provide service or manage risk, knowing services in your area, and effectively referring and supporting service-users in accessing needed services.

The sixth area is Advocating for Change which includes things like having knowledge of the prevalence and impact of GBV, raising awareness of GBV and advocating for necessary changes in practice and policy.

The seventh area is Providing Intervention to survivors, children exposed and to those who have perpetrated abusive behaviours. It includes knowledge and skills in providing intervention services. a)

Please indicate if you have done training in the last 1-2 years for each area listed.

|   | Yes (1)               | No (2)                | I'm not sure (6)      |
|---|-----------------------|-----------------------|-----------------------|
| Navigating Laws and Ethics (1)                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Service User-Centered Approaches (2)              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Assess and Manage Risk and Safety (3)             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Understand and Respond to Violence and Trauma (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Advocate for Change (5)                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Collaborate Across Systems (6)                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Provide Intervention (7)

---

Q84 b) How relevant is each area of training to you?

|   | Not Relevant (1)      | Relevant (2)          | Very Relevant (3)     | I'm not Sure (4)      |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Navigating Laws and Ethics (1)                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Service User-Centered Approaches (2)              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Assess and Manage Risk and Safety (3)             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Understand and Respond to Violence and Trauma (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Engage in Advocacy (5)                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Collaborate Across Systems (6)                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Intervention (7)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Q34 b) To what extent is high-quality, GBV-specific training in each area available and accessible to you?

|  | Not available at all<br>(1) | Available but<br>difficult to access<br>(2) | Available and<br>accessible (3) | I'm not sure (4)      |
|--|-----------------------------|---|---------------------------------|-----------------------|
| Navigating Laws<br>and Ethics (1)                          | <input type="radio"/>       | <input type="radio"/>                       | <input type="radio"/>           | <input type="radio"/> |
| Service User-<br>Centered<br>Approaches (2)                | <input type="radio"/>       | <input type="radio"/>                       | <input type="radio"/>           | <input type="radio"/> |
| Assess and<br>Manage Risk and<br>Safety (3)                | <input type="radio"/>       | <input type="radio"/>                       | <input type="radio"/>           | <input type="radio"/> |
| Understand and<br>Respond to<br>Violence and<br>Trauma (4) | <input type="radio"/>       | <input type="radio"/>                       | <input type="radio"/>           | <input type="radio"/> |
| Engage in<br>Advocacy (5)                                  | <input type="radio"/>       | <input type="radio"/>                       | <input type="radio"/>           | <input type="radio"/> |
| Collaborate Across<br>Systems (6)                          | <input type="radio"/>       | <input type="radio"/>                       | <input type="radio"/>           | <input type="radio"/> |
| Intervention (7)   | <input type="radio"/>       | <input type="radio"/>                       | <input type="radio"/>           | <input type="radio"/> |

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Page Break

Q54 Part 4: Overall ratings of GBV specialist training across Canada Thinking back to when you started GBV work, was your training and preparation ...

- Not nearly enough (1)
- Adequate to start (2)
- I was well prepared (3)

**End of Block: PART 3**

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**Start of Block: PART 4**

Q56 Which of the following would you identify as important barriers to developing expertise (check all that apply)?

- Not enough funding (1)
  - Not enough good opportunities out there for training (2)
  - Not enough time (3)
  - Not enough agency support to develop expertise (4)
  - Inadequate support or supervision for implementing new learnings in my workplace (5)
  - Lack of training options that are relevant to my role (6)
  - Training options offered are not high quality or credible (7)
  - Training options offered do not integrate survivor voices and therefore are not appropriate (8)
  - Other, please specify: (9) \_\_\_\_\_
-

Q57 How are you most likely to get information about new developments/issues in the field (check all that apply)?

- Online training opportunities to develop specific skills (1)
- Going to conferences (2)
- Regular training offered by your agency (3)
- Being part of committees (e.g., high risk teams, coordinating committees) that involve representatives from multiple agencies (4)
- Training or workshops with service providers from different agencies (5)
- Projects or initiatives that join two agencies together to meet deliverables (6)
- Co-facilitation of intervention or co-offering of prevention done across agency (7)
- Other, please specify: (8) \_\_\_\_\_

End of Block: PART 4

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Start of Block: PART 5



Q58 Does your agency offer any training to others (i.e., on the general prevalence of GBV, how to recognize it, risk factors, warning signs, etc.)? If so, who? Please select all that apply.

- None (1)
- Public awareness work (e.g., presentations in schools, to community groups, to workplaces) (2)
- Volunteer training (3)
- Peer-to-peer training of other GBV specialists not employed at your agency (4)
- Peer-to-peer supervision of other GBV specialists not employed at your agency (5)
- Presentations at conferences or other training, networking, or mentoring events (6)
- Other (please specify): (7) \_\_\_\_\_

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Q59 We are creating a compendium of training resources available across Canada which we will share openly and publicly through CREVAWC. Here is a list of training resources:

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Q60 If your agency offers training to other GBV specialists that you would like to have included, can you briefly describe the information and provide a link to it (e.g., a website describing this training) or let us know who we should contact to find out more?

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End of Block: PART 5

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Start of Block: PART 6

Q6 How would you describe your current employment status in the GBV sector? (If you contribute to more than one GBV service, think about your role in the service that you have chosen to talk about in this survey.) Check all that apply.

- Full time (1)
  - Part time (2)
  - Casual (3)
  - Contract Staff Member (4)
  - Temporary Staff Member (5)
  - Volunteer (6)
  - Other (please specify): (7) \_\_\_\_\_
  - Not applicable (8)
- 

Q27 To what extent did you attend training on your own time and with your own money because you are not given the time or resources to complete necessary trainings?

- Not at all (1)
  - To some extent (2)
  - To a great extent (3)
  - Not applicable (4)
- 

Q61 With which racial and ethnic group(s) do you identify?

- Please specify all: (1) \_\_\_\_\_
  - I prefer not to answer (2)
-

Q62 Which languages do you speak? Check all that apply.

- English (1)
  - French (2)
  - Indigenous language(s) (such as Inuktitut, Ojibway) (3)
  - Additional languages, please specify: (4)  
\_\_\_\_\_
  - I prefer not to answer (5)
- 

Q63 How do you currently describe your gender identity (check all that apply)?

- Cisgender female (1)
- Cisgender male (2)
- Gender non-conforming (3)
- Genderqueer (4)
- Nonbinary (5)
- Transgender female (6)
- Transgender male (7)
- Two-spirited (8)
- I prefer not to answer (9)
- A gender not listed: (10) \_\_\_\_\_

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Q64 How do you currently describe your sexual orientation (check all that apply)?

- Asexual (1)
  - Bisexual (2)
  - Gay (3)
  - Heterosexual (straight) (4)
  - Lesbian (5)
  - Pansexual (6)
  - Queer (7)
  - Questioning or unsure (8)
  - Two Spirit (9)
  - I prefer not to answer (10)
  - A sexual orientation not listed: (11)
-

Q65 Do you identify as a person with a disability?

- Yes (1)
  - No (2)
  - I prefer not to answer (3)
  - I wish to respond differently (please specify): (4)
- 

Q66 What is your age?

- Under 18 years (1)
  - 18 to 24 years (2)
  - 25 to 34 years (3)
  - 35 to 44 years (4)
  - 45 to 54 years (5)
  - 55 to 64 years (6)
  - 65 or older (7)
  - I prefer not to answer (8)
-

Q67 Do you identify as a newcomer / immigrant / refugee?)

- Yes (1)
- No (2)
- I prefer not to answer (3)
- I wish to respond differently (please specify): (4)

\_\_\_\_\_

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Q68 Do you identify with faith or spirituality?

- If yes, please specify: (1) \_\_\_\_\_
- I do not identify with any faith or spirituality (2)
- I prefer not to answer (3)
- I wish to respond differently (please specify): (4)

\_\_\_\_\_

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Q69 Please indicate your educational experiences:

- Some high school (1)
  - High school diploma (2)
  - College Degree (3)
  - Bachelor's Degree (4)
  - Master's Degree (5)
  - Doctoral Degree / PhD (6)
  - Post-Graduate Degree (7)
  - Training Program (8)
  - Other (please specify): (9) \_\_\_\_\_
  - I prefer not to answer (10)
- 

Q70 Are you currently registered with a professional body (for example, social work, psychology, nursing)?

- Yes (1)
  - No (2)
  - I prefer not to answer (3)
-

Q71 Do you identify as a survivor of GBV?

Yes (1)

No (2)

I prefer not to answer (3)

**End of Block: PART 6**

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## Appendix II: Recruitment script

# RECOGNIZING CRITICAL EXPERTISE IN GENDER-BASED VIOLENCE WORK

The Centre for Research & Education on Violence Against Women & Children at Western University is working with researchers at the University of Calgary and Gender-Based Violence Specialists from across Canada to launch a national survey on workplace training within the GBV sector. This survey is part of a larger study that aims to highlight the expertise of Canadian GBV specialists.

GBV specialists are service providers who work with survivors, children exposed to intimate partner violence and perpetrators of abuse.

The aim of this survey is to shed light on training in the GBV sector in Canada and to identify areas of need. It will also inform the development of a national set of core capacities that will be helpful to GBV organizations as they continue to design and implement sustainable and relevant training to strengthen collaborative community responses. The survey will look at what training opportunities exist, what opportunities are needed, and the investment of the sector in training. It will look at how inequities may contribute to being able to access initial and ongoing training needed to do this work.

## Learn About & Participate in the Survey!

We invite you to complete a survey that asks a series of questions about training within Gender-Based Violence (GBV) agencies and organizations. We are looking for input from specialists who provide GBV services like those who work with survivors, children exposed to domestic violence and perpetrators of abuse. Your participation is voluntary, confidential and anonymous.

**If you are 18 years of age or older and currently work as a Gender-Based Violence Specialist Service Provider in Canada**, you are eligible to participate. Respondents may be specialists who work with survivors, children, perpetrators, or a combination of these. The survey will take approximately 15 mins to complete.

LINK TO SURVEY

Read more information on the Recognizing Critical Expertise in Gender-Based Violence Work study here (LINK to project page on CREVAWC website)