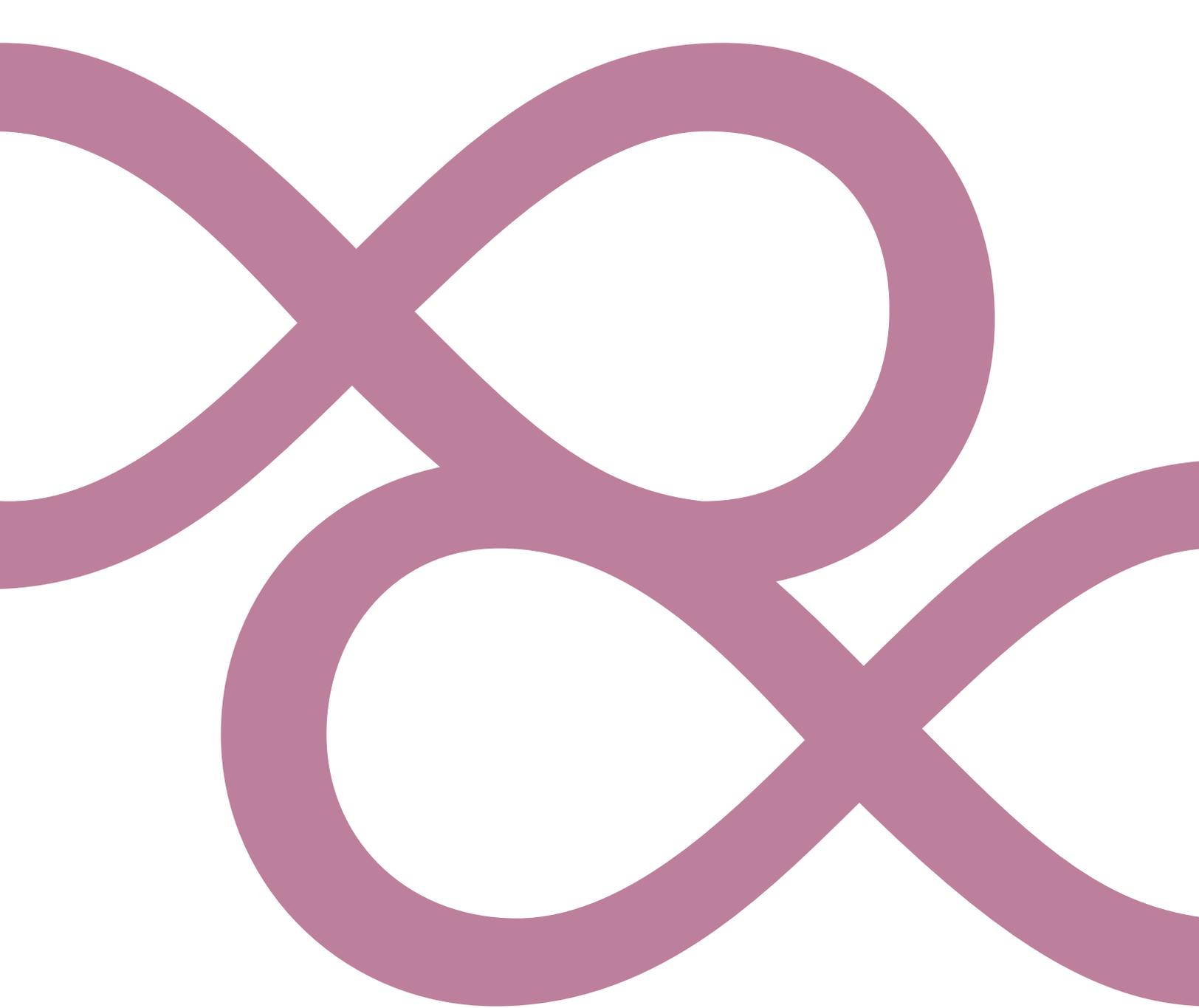


An Exploration of the
Continuum of Care for
Gender-Based Violence
in the Community

Women's Centres Connect



July 2022
Women's Centres Connect

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Acknowledgments

The research for this project took place in Mi'kma'ki, the unceded territory of the Mi'kmaq People. It was funded by the Nova Scotia Advisory Council on the Status of Women through the Standing Together initiative. The project was developed and supported by the association of Women's Centres in Nova Scotia, Women's Centres Connect (Connect). Connect contracted Wyanne Sandler as the Research Coordinator for this project, and she also serves as the author of this report. Formatting and graphic design was done by Annie Chau. This report would not be possible without the contributions of those who shared their time, insights, and expertise by participating in this study. Thank you to all of you who continue to work toward a more just and caring world.

Methodology

The purpose of this study was to explore the role of Women's Centres in the continuum of care for those they work with, in particular those who have experienced or are at risk of gender-based violence. This project focused on the stories, experiences, and expertise of women and front-line service providers. In speaking with people, themes around best practices, challenges, and opportunities also came to the fore and have been included in this report. The hope is that the outcomes of this research project will build capacity among community service providers in the nine communities that currently host a women's centre by identifying gaps and opportunities. Additionally, there are recommendations to be considered by government and funding partners.

As part of this study, fourteen (14) people participated in semi-structured interviews, including Executive Directors of Women's Centres, community partners, and other key informants. Four (4) Women's Centre staff participated in a focus group. In addition, forty-five (45) service users completed a brief open-ended survey (online, on paper, or over the phone). All service users who participated in the study were offered an honorarium for their time and the expertise they shared.

A literature review was also conducted of prior reports and documents prepared by individual Women's Centres and Women's Centres Connect, as well as reports and research prepared by the provincial and federal government and other women's organizations in Nova Scotia and across Canada, in particular in the areas of gender-based violence in rural communities.

The United Nations says, "gender-based violence refers to harmful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms."¹ It disproportionately impacts women, girls, and Two Spirit, trans, and non-binary people. It includes sexual, physical, mental, and economic forms of abuse inflicted in public or in private as well as threats of violence, coercion, and manipulation.²

Throughout this report, violence against women (VAW) and gender-based violence (GBV) is understood as inclusive of cis women, trans women, and people of all marginalized genders, including Two-Spirit, trans, and non-binary people.

The purpose of this study was to articulate and map the role of Women's Centres in the continuum of care.

This project focused on the stories, experiences, and expertise of women and front-line service providers.

1 <https://www.unhcr.org/gender-based-violence.html>

2 <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence>

Introduction

44% of women in Canada reported some form of psychological, physical, or sexual violence by an intimate partner in their lifetimes.

Someone recently shared that doing the work of trying to end gender-based violence takes endurance. In doing the background research for this report, I looked at other research and reports written about violence against women (VAW) in Nova Scotia and in Canada, sometimes dating back 20 and 30 years. In some cases, the statement of the issue and the recommendations for change are very similar those contained in more recent research and reports, including this one. Making meaningful progress on an issue as entrenched, complex, and intersectional as gender-based violence is slow, incremental and arduous work. It requires deep commitment on the part of policy makers, meaningful systemic changes, and large investments of time, money, and energy. While some progress has been made in the 46 years since the first Women's Centre in Nova Scotia was founded,¹ there remains much work to be done.

Every six days, a woman is killed by her intimate partner.

In 2018, 44% of women in Canada reported experiencing some form of psychological, physical, or sexual violence by an intimate partner in their lifetimes.² Approximately every six days, a woman in Canada is killed by her intimate partner.³ In 2020, 160 women and girls were killed by violence, a concerning increase from 118 women and girls killed in 2019.⁴ For those who survive violence, there are many other long-lasting costs and negative effects. It is estimated that, each year, \$7.4 billion is spent to deal with the aftermath of spousal violence alone. This includes immediate costs, such as emergency room visits and related costs, such as loss of income.⁵ The impacts of gender-based violence include complex mental and physical health issues, along with many negative social and economic effects that can span generations.

\$7.4 billion is spent to deal with the aftermath of spousal violence.

It is well known that although violence affects all people and communities, some people are made more vulnerable to violence. As Women and Gender Equality Canada states, "some people are more at risk of experiencing violence because of various forms of oppression, such as racism, colonialism, sexism, homophobia, transphobia and ableism."⁶ Another factor that increases vulnerability is rurality. Rates of police-reported intimate partner

1 The first Women's Centre in Nova Scotia was the Pictou County Women's Resource Centre, which opened its doors in January, 1976.

2 <https://www150.statcan.gc.ca/n1/daily-quotidien/210426/dq210426b-eng.htm>

3 <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2019001/article/00016-eng.pdf?st=TC4oC8rN>

4 <https://femicideinCanada.ca/callitfemicide2020.pdf>

5 https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_7/p0.html#sum

6 <https://women-gender-equality.canada.ca/en/gender-based-violence-knowledge-centre/about-gender-based-violence.html>

violence (IPV) experienced by rural women in Canada are 5 times higher than for rural men, 75% higher than those for urban women.⁷ Women and gender diverse people in rural communities also face particular barriers and challenges to seeking help.

The writing of this report comes in the midst of two high profile examinations of the role of gender-based violence in multiple murders in rural areas. The first of these was the inquest into the murder of three women in Renfrew County, Ontario, by their ex-partner. The jury in that inquest returned 86 recommendations, including a number that focused on the specifics of responding to intimate partner violence in rural and remote communities. The recommendations began with the powerful call for the government of Ontario to declare intimate partner violence an epidemic. Pamela Cross, a feminist lawyer specializing in intimate partner violence and a party to the inquest, wrote, “while the inquest is over, the next step is waiting to be taken: creating the political will to see that these recommendations are implemented.”⁸

The Nova Scotia Mass Casualty Commission is also hearing from women’s organizations and those in the VAW sector. Although the public inquiry’s mandate includes investigating the role of gender-based violence in the murders, to date this has been given little attention. One recent expert, sociologist Dr. Karen Foster, shared with the Commission how domestic violence is under-reported in rural communities and how there can be a tendency to disbelieve women or to minimize what they are experiencing.⁹ In the aftermath of the Johnny Depp/Amber Heard civil trial in the United States, many advocates fear that victim blaming and trivializing of women’s experiences of violence will in fact intensify.

Although the reality and the challenge of gender-based violence remain immense, the positive news is that survivors, advocates, and front-line workers have ideas for practical policy and systems changes that could have huge impacts. Inquests like that in Renfrew County and the public inquiries like the Mass Casualty Commission have recommendations. Projects like Standing Together have gathered research and best practices. Thousands of people from across Canada have provided input to the National Action Plan to End Gender Based Violence. The problem is immense, but solutions exist. We just need to courage and the will to act on them.

Rates of intimate partner violence experienced by rural women in Canada are 5 times higher than for rural men, 75% higher than those for urban women.

7 https://www.vawlearningnetwork.ca/our-work/issuebased_newsletters/issue-35/index.html#_edn6

8 <https://pamelacross.ca/and-so-it-ends/>

9 <https://www.cbc.ca/news/canada/nova-scotia/inquiry-domestic-violence-rural-ar-eas-1.6508165>

Women's Centres in the Continuum of Care

Through this research, it became clear that Women's Centres play an essential role in their local service networks and in the continuum of services for those who have experienced or are at risk of gender-based violence. They work closely with community and government organizations in their communities to ensure effective, accessible services and programs for women and gender diverse people, as well as survivors of violence.

Women come into the care of Women's Centres in various ways. They may be referred by friends and family, by other service providers, or by searching online or in community directories for supports. One of the services that Women's Centres provide is systems navigation and referrals. This means that they are often supporting women to receive additional services tailored to their specific situation and needs, and helping break down barriers to access. In fact, in the 2021-22 fiscal year 1031 individuals who accessed Women's Centres received advocacy and accompaniment, and 1155 individuals received information and referrals. It is worth noting that these are usually soft referrals, where Women's Centre Support Workers may help someone with filling out intake paperwork, explain the services, make a phone call to a partner organization or even accompany someone to an appointment with an allied organization. Women's Centre clients often get support from other organizations to address acute needs but Women's Centres are a touch point and a constant along their journey to health and wellness. Women's Centres provide (sometimes the only) continuous care in community. Some service users indicated in their surveys that they had been connected to the Women's Centre for more than 30 years.

In the 2021-22 fiscal year, 1031 individuals who accessed Women's Centres received advocacy and accompaniment, and 1155 individuals received information and referrals.

Women's Centres provide (sometimes the only) continuous care in community.

"I receive individual counselling. I am assisted with personal care items and food. They helped me get out of an abusive situation and into a safe place. They helped me make a difficult transition when my income was lost, and they've helped me adjust to the new one since. They help me navigate health care challenges. They advocate everywhere for me. They help with research, forms, printing, photocopying and mail, and they bring me what I need if I can't get to them. They create opportunities for me to be involved. They are a constant source of friendship and kindness."

– service user

The Women's Centres' holistic, collaborative approach ensures the following:

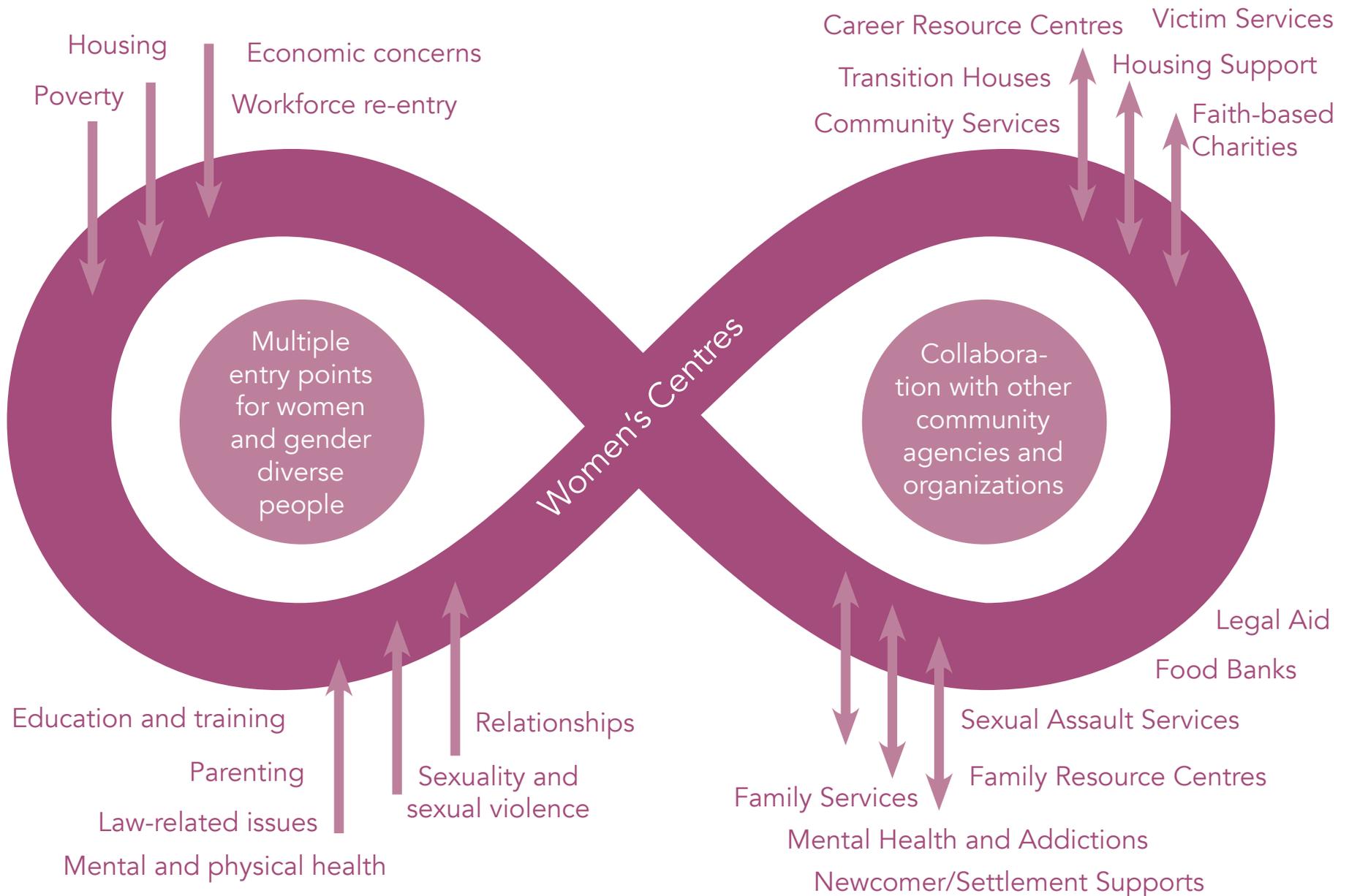
- Women, youth, and gender diverse people have access to the services they need, when they need it, and where they need it.
- Other agencies and organizations see Women's Centres as a complementary support to their services, which tend to focus on specific issues such as income support, housing, employment, training, education, business development, mental health, addictions, and violence.

Some key features of Women's Centres that make them a unique, vital service in the continuum of community services are:

- An open door policy where any woman or gender diverse person can find support and information.
- An integrated, multi-dimensional approach to providing services and programs that includes intervention, prevention and community development, ensuring that immediate crises are addressed, while investing in capacity building over the long term, to prevent the more costly ongoing and recurring crisis intervention activities.
- Multi-issue entry points. An entry point can be poverty, economic concerns, education and training, workforce re-entry, housing, law-related issues, mental and physical health, parenting, relationships, sexuality and sexual violence.



Women's Centres in the Continuum of Care



Recommendations from the Research

1

Value lived experience and bring front-line experts to the table

Over the course of this research, many service providers, advocates and survivors themselves shared their knowledge of how current systems harm survivors of violence. They shared their ideas for better policies, collaborations, new initiatives and strategies for prevention and advocacy. However, they also expressed frustration that their knowledge and expertise is not valued and is not brought to decision-making and policy tables. Truly transformative change will come from listening and valuing those with the most experience, including survivors and front-line service providers.

2

Move from rhetoric to reality

We know what the issues are, and survivors, service providers and advocates have put forward many recommendations and solutions. It is time to implement those recommendations rather than engage in more research. It is time to recognize, value, and invest in the services and supports that exist and are working, rather than constantly searching for the next innovation or pilot project. There are no easy solutions, and those that exist will require redirecting resources from researching the issues to implementing and supporting proven services and supports, along with the policy and legislative changes to create an enabling and supportive environment.

3

Stable and adequate funding for VAW services and supports

The VAW sector in Nova Scotia is in crisis. Years of inadequate and stagnant funding (without even a cost-of-living increase to keep up with inflation), combined with the challenges of the pandemic and an overwhelmed healthcare system are leading to a breaking point. Many organizations find themselves in survival mode, trying to keep the doors open through a combination of community fundraising and grant writing. Access to stable and adequate core funding that allows for competitive and equitable salaries and comprehensive benefits packages would allow the sector to meet the challenges it faces and to build capacity for the systems work that needs to be done.

4

Support diversity and inclusion through core funding

Women's Centres value diversity and want to continue building a more representative staff and providing services that feel safe and culturally appropriate. However, much of the support for equity, diversity and inclusion comes through project or grant funding. Service providers recognize the critical importance of building partnerships and relationships of trust with marginalized and oppressed communities, yet those relationships are jeopardized by short-term and insecure funding models.

5

Recognize, support, and value collaboration

Women's Centres are recognized as key collaborators in their communities. They sit at multiple community tables representing hundreds of meetings each year, and they partner on projects and programs. Adequate and stable funding across the sector would reduce competition for scarce resources and would counteract working in silos. Providing funding for collaborative community initiatives also supports wrap-around approaches. Explore options to reduce red tape for information sharing between agencies when clients have given consent.

6

Invest in community-based supports and explore co-locating services (hub models)

Create more opportunities for wrap-around supports based in community. This could involve building on initiatives already taking place like using Women's Centres to access virtual health care, women's health clinics, community legal clinics, or collaborating with mental health to offer short term-skills building programs for those awaiting appointments after intake. These are important upstream interventions that can provide the tools and supports to reduce the need for more intensive interventions once a situation escalates to a crisis point. Explore service hub models and provide financial supports to explore the co-location of services.

7

Recognize the specific challenges of rurality

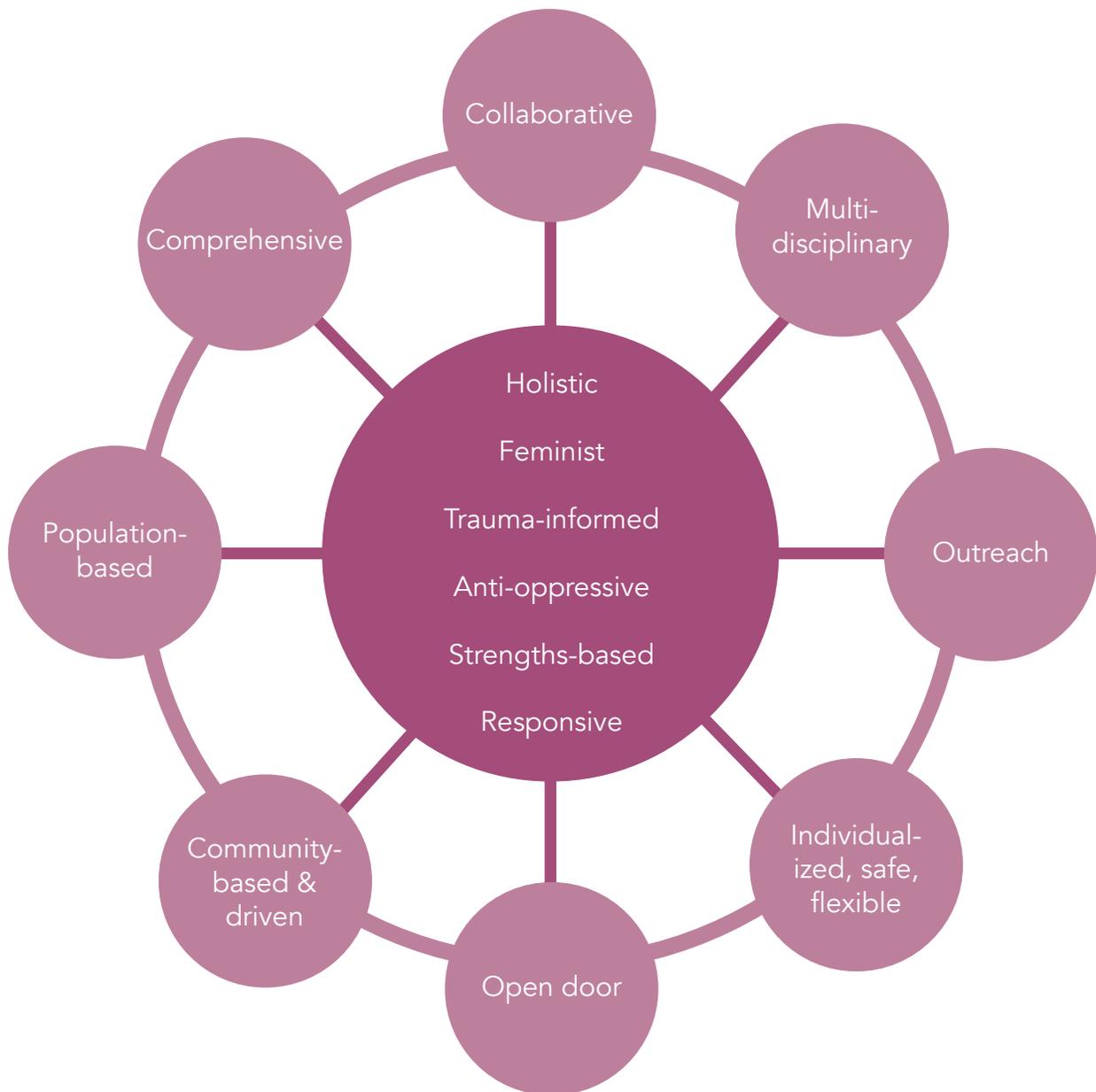
Rural communities provide distinct opportunities and challenges for those experiencing gender-based violence. While close-knit rural communities can provide tremendous supports, they also make it difficult to access services anonymously and often lead to dual-relationship situations. Lack of services, transportation challenges, poor cell and internet service, and limited economic and social opportunities can all prove very challenging for survivors. Per-capita funding models and centralized models of service tailored to urban centres make it more challenging for organizations serving these communities.

The Context of Women's Centres and their Work

Women's Centres' Approach and Services

There are nine (9) Women's Centres in Nova Scotia, working in mostly rural communities from Yarmouth to Sydney. Women's Centres take a population-based approach, and each Centre works within and responds to the unique needs of their community. Although each Centre may address different needs and work with different local partners and resources, they also provide a set of core services common across the province.

Women's Centres' Approach



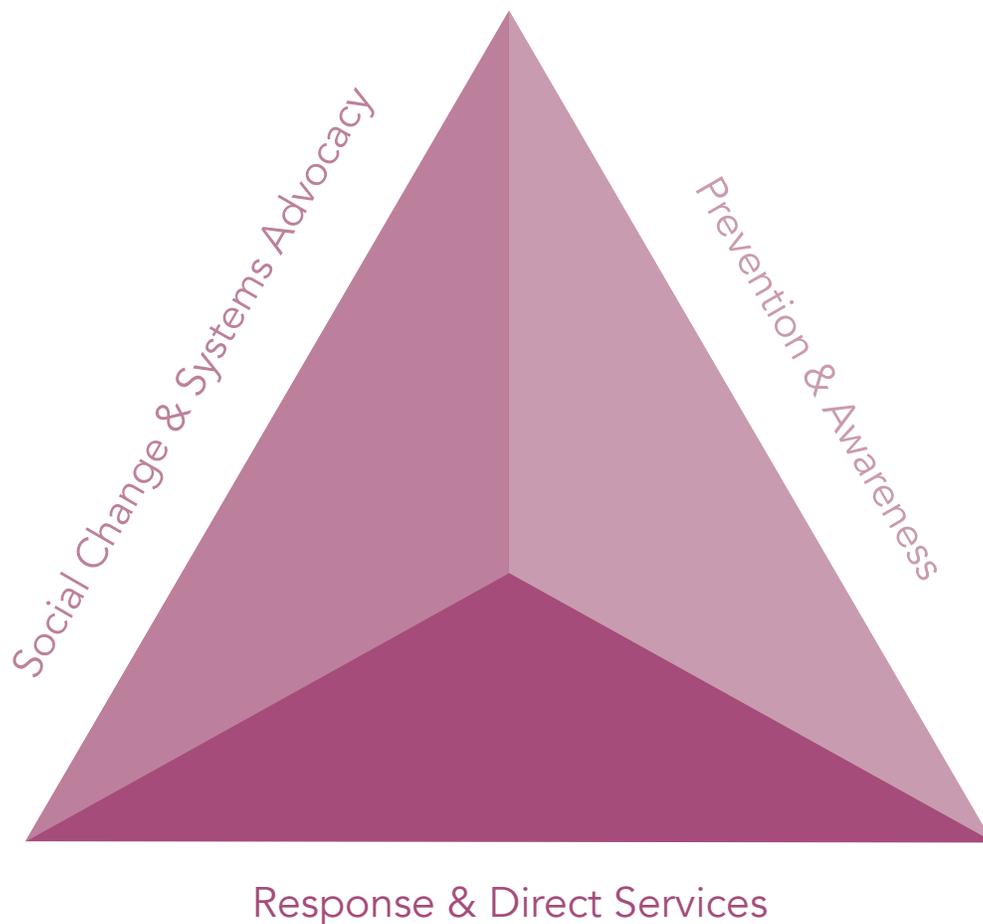
Women's Centres' Core Services

Individual Support Counselling and Crisis Intervention	Experienced staff, knowledgeable about women's lives, issues and crisis situations provide one-to-one, confidential support. This service is crucial to early intervention, prevention and long-term support.
Information and Referral	Some women need services or support of other agencies. Women's Centres know the services available, understand the "system", and have working relationships with agencies and groups and support women in finding the service that will best help them. Each Centre maintains a resource library offering books, videos, periodicals, articles, and other publications. Women and community agency professionals use this resource for self-education and information.
Individual Advocacy and Accompaniment	For some women, cultural issues, discrimination, fear, intimidation, and unfamiliarity with the "system" are roadblocks to getting the help they need. Women's Centres may work on a woman's behalf, and at her request, to move through the challenges in the system to get the answers and help she is seeking.
Programs	Each Centre develops and delivers programs to women and gender diverse people of all ages based on the identified needs of those within their communities.
Outreach	As much as it is feasible, Centres provide an outreach program to communities that are a distance from the centre. This means that women and families isolated by travel distance and travel cost can still benefit.
Community Education	Presentations and workshops are a key prevention education and public awareness service. These are provided by Women's Centres to schools, community colleges, service clubs, professional associations, businesses, church groups and others on request.
Community Development	Women's Centres work with women and cooperatively with community and government organizations to mobilize skills and resources to address identified community issues. This leads to the development of new community initiatives and networks that will enable women to achieve social and economic independence.

Working for Change: Prevention, Response, and Social Change

A comprehensive approach requires a focus on both responsive and prevention services and strategies at the individual, community and system levels. This improves access to appropriate, supportive services, will address root causes, and will change the social conditions within which gender-based violence is fostered. Working with youth is also an essential part of creating the cultural shift necessary to end gender-based violence.

Women's Centres approach is aligned with strengthening the social determinants of health. These relate to a specific group of social and economic factors such as income, education or employment. Experiences of discrimination, racism and trauma are important social determinants of health for certain groups such as women, Indigenous Peoples, LGBTQ+, and Black Canadians.¹ Women's Centres approach recognizes that building health, wellness, and safety involves taking a multi-pronged approach and building systems of inclusion, equity, and connection.



¹ <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

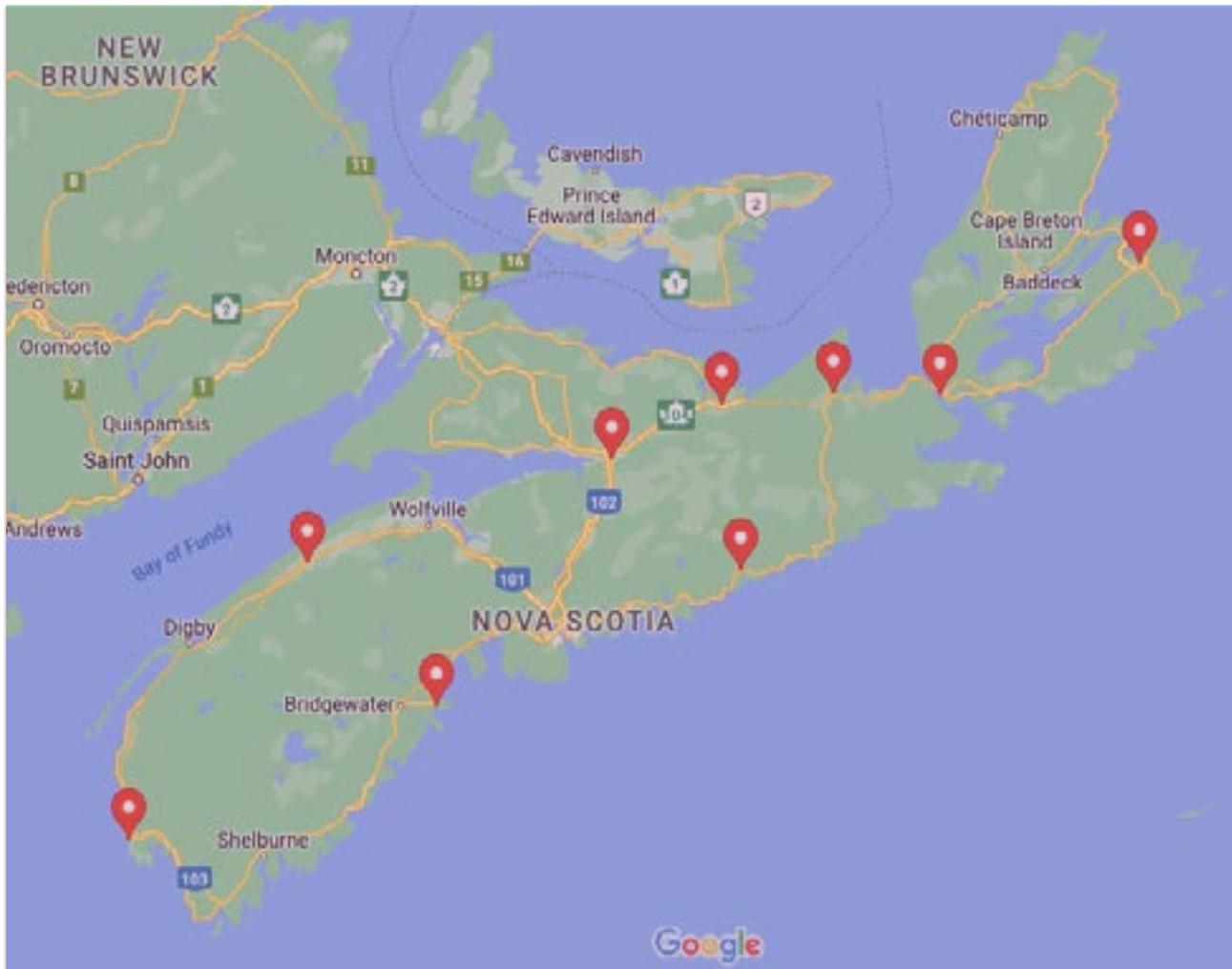
Women's Centres' Connect

Women's Centres Connect (Connect) was formed in 1988 as a provincial association of women's centres in Nova Scotia. Women's Centres bring their autonomous organizations to a provincial table through Connect, which involves a joint commitment to plan and act together on shared goals.

The mandate of Connect is to work with Centres to:

- Provide a forum for information exchange and organizational development among Women's Centres;
- Articulate a common voice about the activities, concerns, and needs of Women's Centres in Nova Scotia;
- Enhance the visibility and credibility of Women's Centres in Nova Scotia;
- Provide a feminist voice for women's concerns in Nova Scotia; and
- Work together and with other organizations to advance the status of women.

Women's Centres' Map



Pictou County Women's Resource & Sexual Assault Centre
503 S. Frederick St, New Glasgow, NS
B2H 3P3

Antigonish Women's Resource Centre & Sexual Assault Service Association
204 Kirk Place, 219 Main St,
Antigonish, NS B2G 2C1

Second Story Women's Centre
18 Dufferin St, P.O. Box 821, Lunenburg,
NS B0J 2C0

The Lotus Centre: A Resource for Women Society
67 Dominion St, Truro, NS B2N 3P2

Strait Area Women's Place
609 Church St, Suite 104, Port
Hawkesbury, NS B9A 2W2

The Women's Place Resource Centre
298 Marshall St, Middleton, NS B0S 1P0

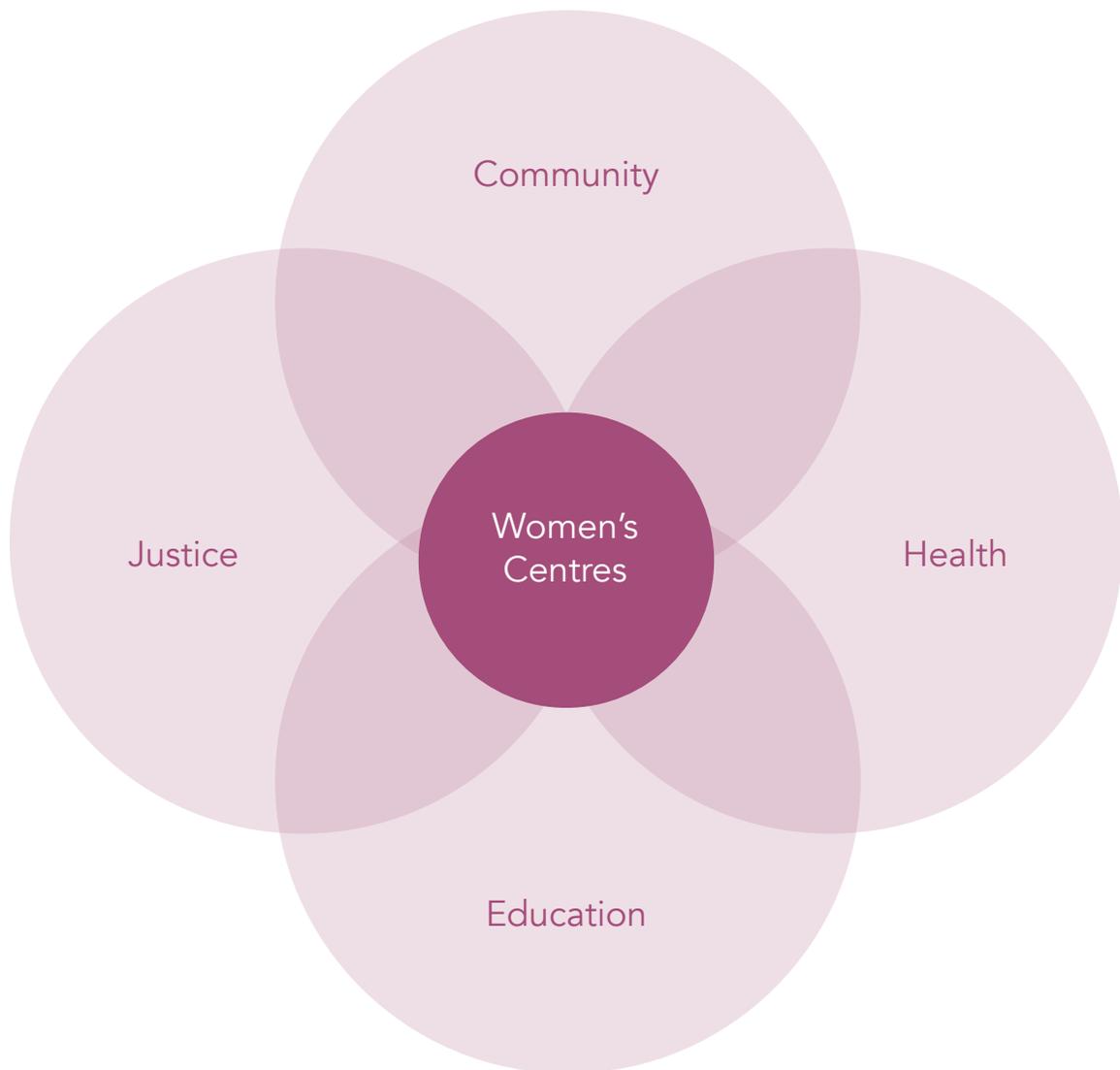
Every Woman's Centre
21 Trinity Ave, Sydney, NS B1P 4Z4

Tri-County Women's Centre
12 Cumberland St, Yarmouth, NS B5A 3K3

LEA Place Women's Resource Centre
22709 Hwy#7, P.O. Box 245, Sheet
Harbour, NS B0J 3B0

The quantitative and economic impact of Women's Centres

Without Women's Centres, there would be a significant gap in services and more costly government services would be called upon to fill the gaps. Women's Centres are key to supporting healthier, safer communities by supporting the social determinants of health locally. They provide support to those who might otherwise end up in shelters, in-patient mental health wards, being evicted, and having children taken into care. They work at the intersection of multiple government departments and systems, including community services, justice, health, and education. They provide critical upstream supports, while also providing acute care for those who are unable or unwilling to access institutional or government supports.



In the past fiscal year, 3352 individuals accessed one-on-one counselling supports through the Women's Centres. Across all of the programs and supports that Women's Centres offer, there were almost 28,000 contacts. It is worth noting this number is likely under-reported as it represents a time of significant challenge during the pandemic where there were additional barriers to accessing services and most Centres experienced a drop in their usage numbers, while simultaneously experiencing an increasing urgency and complexity for those individuals to whom they provided services.

3352 individuals accessed one-on-one counselling, representing \$1.2 million dollars worth of counselling.

"The counselling I was referred to got me through the worst time in my life. I wasn't sure how I was going to navigate me and my children out of the situation I was in. Having access to a listening ear, resources, and knowledgeable support was beyond helpful. I don't think I could have done it without that support."
– service user

At an estimated \$150/hr for counselling (significantly lower than most private rates), this represents over \$1.2 million dollars worth of counselling time delivered by Women's Centres in the 2021-2022 fiscal year. This does not include the comprehensive wrap around supports such as help with basic needs (food boxes, hygiene closets, emergency bill payments), groups programs, support with life and employment skills, systems navigation and referrals. This also does not include other support services co-located in some Women's Centres, such as Sexual Assault Nurse Examiner Programs.

"We talk to a lot of women who are in crisis. A lot of women who are calling and I don't know where they would turn to if they didn't have us."
– service provider

The economic impact of Women's Centres in Nova Scotia doubtless totals millions of dollars every year in cost-savings to government systems. More important, however, is the immediate and long term impact on the lives of those women who use these services. Every one of the people who accessed Women's Centre services over 28,000 times this year is someone with a story. They reached out to Women's Centres while dealing with some of the most difficult situations in their lives, and through their participation in this study, they shared with us that it changed their lives.

Every one of the people who accessed Women's Centres' services over 28,000 times this year is someone with a story.

Key Themes from the Research

This report shares the important first voice experiences of front-line services providers, those in leadership positions at Women’s Centres and at partner community organizations, and the women and gender diverse people who access those services.

Although there was a breadth of experiences shared through semi-structured interviews and questionnaires, there were also common themes that quickly emerged.

Lack of Resources

The current fragility of the Violence against Women (VAW) and the community-based social services sector cannot be overstated. Front-line service providers, but especially those in leadership positions, indicated deep exhaustion, burnout, and frustration with the lack of support received from government. This, of course, is compounded by additional pressures placed on Centres throughout the pandemic. This includes balancing the needs of staff and client health and safety, and the responsibilities held by a workforce of women (who carry childcare and other family/community care responsibilities), and the increased urgency and complexity of the community needs during this time. We know that the Covid-19 pandemic had deeply gendered impacts, and this was reflected in the VAW sector in multiple ways.

The sector is at a breaking point. While this was exacerbated by the pandemic, the underlying roots of this crisis have been apparent for far too long. In fact, it is the chronic and longstanding under-resourcing of the VAW sector, and of Women’s Centres in particular, that puts the future of this work and the thousands of Nova Scotian women and families who rely on it, in jeopardy. Both service providers and service users indicated that Women’s Centres are filling critical gaps left by an overtaxed mental health system stretched beyond its limits. Multiple women indicated they didn’t know where else they would have turned if not for the Women’s Centres. Yet those in leadership positions indicated that with increasing costs they do not see the path to continuing to provide necessary services without stable and secure funding.

“We are the safety net on the ground. If we weren’t here, that’s pretty scary stuff for community. I don’t think they give enough dollars or credit or resources to us... We’re on the ground with the clients, and we’re not being funded properly.”

∞ *Project funding*

Sector leaders expressed frustration at how much time is spent applying and reporting on project funding. They also indicated that the need to constantly seek funding stifles creativity, innovation, and systems thinking in the sector. Many people in leadership roles need to focus on the survival of their operation - trying to keep the lights on, pay the rent, and ensure that staff are paid. This keeps the sector mired in competition and in meeting basic needs, rather than having support to engage in systemic change.

"I spend probably 50% of my time just chasing money. It's got to be the worst use of my time, but it's absolutely necessary to be able to provide what the community actually needs. For the first two months of 2022, all I did was write grant applications, and then in March and April all I did was write grant reports. My strengths are much more around the actual issues that women are facing, not around grant writing. Especially when some of the grants are such small amounts of money for the amount of work you need to do to get it. And they're often for these one-time projects. So you do a project, you have a little bit of traction with it, and then the funding ends, and there's nowhere to get funding to continue that project because most of the grants are for new projects. So how do you sustain work that is actually making some difference? If our funding was more sustainable, we could do so much more important work than we are already doing. Systems change work is long-term work, not something that happens with a project overnight. It's so frustrating."

In addition, service providers indicated the challenges presented by project funding to work with marginalized communities. Since they are not able to access funding to do this work in long-term, sustainable ways that build and sustain trust, this project cycle funding ends up hurting long-term relationships with communities that experience oppression, and in fact can perpetuate the very oppression that Women's Centres are trying to address.

∞ *Pay equity*

Service providers identified the embarrassment and the frustration of doing work to support gender equity while their organizations contribute to the gender pay gap and, by some standards, exploit their very own staff with low wages coupled with significant responsibilities.

"Women doing very challenging work are being paid not a living wage, and struggling to piece together their living to support their families. I can't get someone to mow my lawn for less than \$30/hr... and how many people in our sector are being paid \$17, \$18, \$20/hr... for doing crisis work with people! Life threatening crisis work! It's not right."

"We are doing this work on gender equity on the backs of other working women, and perpetuating the wage gap. How many men would put up with the level of responsibility we ask for the minimal wages and benefits we can pay?"

In addition, funding requirements often mean that wages are frozen year after year with no ability to increase them. In one case, a Centre indicated that they had been refused several times to increase the wages for a program staff member paid through government funding. Unwilling to continue to pay the same wage for the position with no raises for more than 5 years, they resorted to using their core funding to top up the salary. Other Centres reported reducing hours in order to increase the perceived hourly wage. When there is no increase in core funding, not even inflation raises and all other costs are increasing Centre leaders must improvise to continue to provide needed care and services.

∞ *Staff turnover*

Mentally and emotionally taxing work combined with low salaries and the lack of benefits and pension plans means that it has become very difficult for Women's Centres to retain the highly skilled and qualified staff they rely on. While those in service provider roles interviewed indicated that they got into this work and stayed because they valued making a difference in the world and supporting people, there was also a recognition that most of them relied on a second family income in order to make ends meet. As the salaries in Women's Centres have not kept pace with other comparable roles, especially in the civil service, there has been an increasing "brain drain" to the public and private sector, where the possibility of a pension and health care coverage may outweigh the collegiality and positive working atmosphere that most staff noted. Inadequate or non-competitive salaries makes it hard to retain staff, but also hard to recruit new people. Particularly in the front-line counseling or therapeutic positions, funding insecurity can lead to hesitancy to take on a complex trauma work that requires time and stability.

∞ *Waitlists and increasing demand*

A number of the Women's Centre staff noted increasing demand as an additional pressure. One way that Executive Directors try to alleviate demand is by applying for project funds to cover core services, including outreach. Some Centres have had to decrease outreach work, others are running waitlists for appointments with support workers. All Centres report needing at least one additional core staff member to meet current demand. Some Centres have secured funding for this position from outside sources or through fundraising, others have had to limit services accordingly.

"Women's Centres are picking up most of the slack. We are heavily getting downloaded by government agencies. It happens every day. They see it as a collaborative approach if they can download it on us - whether it's income assistance, housing, child protection, adult protection, or mental health."

∞ *Doing double duty*

In trying to manage these overlapping crises of increasing demand and inadequate resources, many Executive Directors at Women's Centres report that they need to do direct service work on top of management and administrative work. They are also typically directly involved in financial administration, human resources management, and grant-writing. The double and triple shifts, in particular during Covid, have been exhausting. Most, if not all, Executive Directors reported that their workload is not sustainable.

∞ *Burnout*

The VAW sector is facing a crisis. Chronically overworked and underpaid, the systems that have been providing a safety net for some of the most vulnerable people in community are now at a breaking point. Burnout and compassion fatigue are increasingly a concern, and one that no amount of self-care will easily solve.

"One of the challenges facing us is burnout. Trying to keep your staff. Trying to be creative about keeping your staff. Having the resources to do that. Being paid properly. Having proper benefits. Having a pension. All of these things are important. Being funded adequately isn't asking the world. We give a lot of ourselves."

Collaborations and Relationships

In rural areas, collaboration between services was noted as an important and necessary component of the work. Partner organizations recognized Women's Centres as community builders.

"We're continually building bridges with other organizations, and making those connections stronger. That's something that we're always doing in our area, there's no way that we could do the work that we do without working with other organizations and agencies. We just couldn't do it. Most of our projects are collaborations and a lot of our core work is in collaboration."

"In rural areas, we have to collaborate. Otherwise, we couldn't do the work! It's not even an option."

Service providers also shared ideas and hopes for co-location of services, which would allow for more seamless and wrap-around care. One of opportunities that Women's Centres offer is that people come through the doors for multiple reasons, which oftentimes will allow them to build a relationship of trust before disclosing violence. In rural and remote communities, there is oftentimes still significant stigma involved with visiting a transition house. By co-locating services, transition houses, sexual assault centres, housing workers and others can all provide wrap-around supports while also supporting the anonymity of those walking through the door. One of the limiting factors in rural areas, however, is the lack of services.

“For it to work better, there has to be more services. There’s very few people to partner with. You do the work how you can do it, and it’s good that you can, but there’s lots of downfalls to that as well. I think we do fairly well with the resources and the other organizations that are out there. We work very well together. Collaboration is how we work. We maybe aren’t that great at selling ourselves, in terms of how we work and what we do, but it is absolutely the way that we work is through partnership and collaboration with others, because we couldn’t do the work otherwise.”

Front Line Workers as Experts

Service providers and service users shared that they have experience and knowledge to share, but that they are not invited to policy tables.

“We need to be asked to the table to speak to the issues that we know. And we’re not. Women’s Centres have such a wealth of information... We need to be seen in the bigger picture as supports for government. So when you’re talking about making policies, we’re invited. We used to be there. We used to have access to government and to senior bureaucrats and we don’t have that anymore.”

“They need to realize that Women’s Centres, along with transition houses, are truly the experts on the ground. And they need to acknowledge that and support them in coming out as those community educators and recognizing them in that role.”

“We need to look at policy that negatively impacts women. Policies are written by people, and they can be rewritten to improve the lives of women and families.”

Best Practices in the Continuum of Care for Survivors of GBV

∞ *A commitment to welcoming, non-judgemental services that meet women and gender diverse people where they are. Women’s Centres are committed to the principle that the women are the experts on their own lives and have the right to make informed decisions, define what they need, lead their own healing journeys, and be treated with dignity and respect.*

“Having access to someone who listens with no judgement is extremely important to me.”

“The staff are so welcoming and non-judgemental!”

“There’s never any judgement. The people who I speak to genuinely care and do their best to help.”

"Everything they've done for me has been helpful. I really appreciate that they meet me where I am and help with what I need. They don't judge. They don't ask me to be anything other than myself. They listen. They provide sound feedback and options. They do everything in their power to help. Even if I haven't been in touch with them in a while, I sleep better at night knowing they're there. The organization does well adapting and evolving, a true testament to the heart of the team. I wouldn't change anything, except maybe increasing their capacity so more people can enjoy the privileges I do."

"It has had an amazing impact on my life and I have only used this service for a short time already. Helped me feel more safe and supported, always having someone to talk to and always feeling safe to ask for help."

"I felt safe... needed to be with others going through similar issues... being able to express myself... being able to reach out... and someone was there, that had empathy, knowledge, kindness."

∞ Working with the 'whole' person requires a holistic perspective and a collaborative approach. Women's Centres offer a continuum of services, facilitate options and choices, and work with community partners so that survivors can access supports that best meet their needs.

"The Women's Centre is my primary source of support; my safe space where it all comes together. Everything I have to face flows through there in real time. Whether it's trying to navigate a fractured health care system, or something at DCS, or another government/non-profit/community whatever, they're there. My personal stuff, they're there for that too. They understand that healing is a multi-faceted process and they consistently support me as I problem solve from one service provider and one program to the next. They know that there isn't one magic wand that suddenly makes it all okay. They do an amazing job connecting the dots and working patiently through complex scenes. I can only hope that others are watching and aspiring to do the same. Having their overall support throughout the journey has been a gift."

"Individual talk therapy helped me sort out my thoughts and gives me ideas to help cope with my mental health. I have come to accept that my mental and physical health are important and go hand in hand."

"I first called the center in need of support and they were very welcoming and willing to support however I needed. They always ask if there is any other services I am needing and are very knowledgeable about services in the area."

"I wish people realized the depth of support that we can offer. I'm not aware of another agency that you can walk into and get that all-encompassing support."

∞ *Recognizing that a range of inter-connected factors contribute to gender-violence perpetrated against women. These social, economic and cultural factors impact women and gender minorities in a gender-specific way, which must be understood, recognized and addressed.*

“Women’s Centres don’t tend to be seen or noticed until a woman needs us. We want people to know that we are here, whether we’re needed for everyone or not. We still live in a climate where people think that gender-based violence or domestic violence is the only issue. There isn’t a recognition that there are many issues that women work through in their lives, and it’s not just gender based or intimate partner violence. There’s also the economic issues and the inequality issues, and all of those things are policy driven. As long as there’s policies across the board in government and in business that are supporting inequality, we’ll never get to where we need to be.”

“It helps to have a place to go and make record of what I am struggling with. I need and appreciate people who can help me keep track of my progress and paperwork when I am overwhelmed. I wish people understood that just needing help is reason enough to make contact, and that the system is designed so that everyone needs help.”

∞ *Providing wrap-around supports that include help addressing basic needs (food, clothing, personal hygiene) is an important part of supporting survivors leaving or recovering from violence in their relationships. Many women’s centres also administer or access small funds to help with emergency bill payments, damage deposits, transportation or prescription medications, or run clothing programs or hygiene closets.*

“I don’t think I’d make it without them. I see them about every month to get things like pads and tampons and soap and shampoo I actually get items for my kids sometimes too. Those ladies at [the Women’s Centre] always have a smiling face and that makes my whole day better sometimes.”

“It is amazing being able to ask for support especially financially be it money or items that help cut costs. More opportunities would be amazing but also very grateful.”

“The women’s centre helped me when I had Covid. They brought me food until my isolation was done.”

“It fed my family and gave us some food security for the week. The center provides so many services that I did not know of. Most important thing for people to know is that it is confidential. This gives women the security to come forward for help.”

∞ *Collaborating with community partners strengthens relationships, supports delivery of services, deepens our collective understanding and application of best practices, extends and strengthens the community continuum of services, and, works to change the culture that fosters gender-based violence.*

"The center is very knowledgeable on the services/resources that exist in the community and the gaps left/limitations of them. I am confident that the center does the best they can to provide feedback to other agencies and services."

"I feel that being connected to the women's center helps other resources see and believe that I am doing the best I can to help myself, which makes them more responsive. For the most part, the staff at the center has a realistic outlook on the limitations of the resources they have helped connect me with. I hope that many of those resources look to the women's center for feedback on how to better serve the community."

"I do see excellent examples of collaboration, especially at the Women's Centre. I was also impressed by some of the individuals and organizations they reached out to."

∞ *Supporting a sense of community and belonging, and combating social isolation helps build confidence and healing.*

"This group has changed my life. I have a true connection with women who understand what I am feeling. We all have different experiences but can relate to one another. The only thing now that I could suggest to make this experience better is to not end it. Funny I know but true."

"The Resource Center is invaluable for others like myself who are suddenly alone and scared after years of abuse. I am truly grateful for having found them. My quality of life has been greatly improved."

"The person who I have been seeing for over two years at the resource Center has shown and helped me get in touch with numerous groups so I might try and regain my independence, self-worth and confidence."

"The ladies at the Women's Centre are the first people who listened, believed, and supported me unconditionally. They did everything they could to make sure I was safe and secure, and they're still working hard to help me regain my health and dignity and independence, as well as my place within the community. It's funny (not funny) how problems with trust and abandonment disappear when people aren't actually left behind."

∞ *There is a consistent trauma-informed orientation, recognizing those who access services as individuals who are worthy of respect. This is an integral part of staff on-boarding and professional development, including for support and administrative staff as well as support workers.*

“At Women’s Centres there’s such a consistency of care. Because of the way we’re all trained and our backgrounds... I have some clients who when they leave me they talk to [front desk staff] about their really personal stuff, and she can deal with that. She has the capacity to sit with them, to listen, to witness. No matter who they meet here it’s going to be pretty consistent. And that’s not often the case in other environments.”

“I’m very grateful for the services received. I’m treated better here – respected by all members of the team.”

“Different people have different perspectives, and there’s a lot of grey in these things, so outcomes can go either way based largely on whoever picks up the phone that day. That shouldn’t be. Empathetic knowledgeable people should be answering all front line calls with some sort of option or solution, like they do at the Centre.”

“When it comes to working with clients, I never get the sense from anybody here that they feel annoyed by the client or whatever. It’s usually trying to figure out how do we up the support... Or if we do have a difficult situation, the way we talk about it is not at all harmful. There’s a respect for the people we work with that sometimes in those other environments there isn’t.... And then you can’t hide that from the person sitting with you. I think that’s a key difference.”

Gaps and Systems Failures in the Continuum of Care

∞ Overwhelmed systems

The overwhelm in the healthcare system, and especially in mental health and addictions, was frequently noted as a challenge and a concern. The inability to meet the need leads to the downloading of clients onto community organizations, often outside of their scope of practice. Inappropriate referrals of clients in crisis (including some who are a danger to themselves or others) was often noted as a source of concern. This leads to people having expectations and hopes that sometimes can't be fulfilled. It also leads to an eroding of trust for women who need to access supports.

"We've watched women, because of lack of services, their health has declined and they have passed. There are several women that we've made reports, we tried to get them help, we just watch them decline and decline and finally they passed away. It's so sad. It's really hard to take trying to navigate these systems, but it's getting harder and harder."

"The other thing is recognizing the barriers to accessing mental health and addictions services... A lot the people we see are people who have needed long-term supports and have accessed a lot of different services... And what I see and the stories I hear are that often people are reluctant to go to mental health and addictions services because of past experiences where they didn't get their needs met, they felt judged, they felt like they were a number, they felt like they wanted them in and out."

"People feel the dissatisfaction of many DCS workers. It's the pebble in the water. Their dissatisfied and it's also impacting how they work with people. People feel like they're essentially having to beg, or explain, or prove why."

"Over the years, I was denied services and turned away from other places. I went from one crisis to the next... My health concerns were dismissed. My family abuse wasn't the same because it wasn't my domestic partner... Know what it is to be left behind and revictimized by the very people and places that are supposed to help, and I hope it's something no one ever has to experience again."

"I was referred to the women's centre from mental health. I felt my concerns were taken more seriously by the counselors there than with mental health. The psychologist referred to me by mental health did not have the best qualifications to work with me... whereas the group therapy provided by the women's centre actually explained what I was reacting to and how to address it, specifically for me."

∞ *Intersecting barriers*

Gender-based violence impacts each survivors' lives in ways that reflect their lived experiences. Issues arising from their experience(s) are inter-connected and need to be addressed as such. Women's Centres recognize the intersections of all forms of oppression and address sexism, racism, classism, homophobia, transphobia, ageism, and ableism. Both service providers and service users recognized the many intersecting barriers that make it more difficult for certain women and gender diverse people to access services or to have their needs met by those services.

"I struggled a long time for basic necessities and took a lot of hits, yet no one could help me manage or escape the crushing effects of poverty (which the system unintentionally but sadly perpetuates). People kept telling me to do what worked for them, while disregarding what I said I needed for me..."

"Improvements would mostly be about more access to help some women who are disabled outside of the community. For medical appointments, vision appointments, more access to help cope with being a woman and being alone."

"Gender diversity in a small communities (and surrounding areas) needs to be brought forward with more help for the younger generation."

∞ *Rurality and the lack of services*

In rural communities, people may reluctant to access institutional or government supports because of the lack of anonymity and the stigma. They may face also face barriers such as lack of transportation and poor cell and internet services. Providing specialized support services through a community-based organization enables an effective, focused response and the flexibility to support access to services in rural communities.

"In the absence of a transition house in our community, the Women's Centre is often that bridge. Recently, there was gender based violence in my community and I was called by community services. The supervisor was gone, these people needed emergency housing, the RCMP are standing there, it's 4 pm, and community services could not consent to pay for a hotel in [the nearest town] for their safety. I was called, and we got them set up in a hotel, the RCMP took them over, I got them a grocery card. The RCMP took them to a government office but they couldn't help them because they needed to have a 10 page form filled out to get anything. The red tape to get help through community services was so lengthy that... nothing could happen before the end of the day... They say that it's about meeting people where they're at, but you need to know where they're at. When you're in a community with no restaurant, no hotel, where their safety is being compromised, its non-profit organizations like Women's Centres that ensure that people are taken care of."

“There is not a lot of services available in our community. I think there are a lot of people that are in need of help but often don’t know where to go to look for it. I think with everything today meaning the pandemic and the economy, etc. things are only getting tougher, especially for me speaking as a single mother.”

A number of service users expressed hope for additional funding for Women’s Centres to provide more programming or partnerships that could fill the gaps. Community health clinics, partnerships to bring mental health and addictions workers into community, and more community legal supports were among the ideas that people shared.

“We need more access to help with getting divorced without fear of (him) abusing the system and again abusing us... Legal aid doesn’t work with women like me, who don’t receive anything in the end.”

“If funding allowed, it would be great to have someone with a background in law on the team for times when legal aid is unable to help.”

“The Centre needs more funding for programming. A lawyer and addictions worker on site would be helpful.”

The Impact of Women’s Centres on the Lives of Service Users

The importance of Women’s Centres for rural Nova Scotian communities and the impact this work has on the lives of women and gender diverse people cannot be overstated. The Women’s Centres provide a crucial social safety net at a time when many systems are overwhelmed and stretched to the limit. Women’s centres save lives, and they change people’s lives for the better.

“I knew I was not on my own, that there were people to help.”

“I love it here. People are kind to me. It’s a great place to go.”

“Tremendous. Really positive. Always there in a crisis.”

“The Women’s Centre has had a big impact on my life. It helps me keep going. Without the Centre I would have lost it a long time ago. They make you feel happy and valued – no shame.”

“The Women’s Centre has had a great impact on my life. I have made connections with women who otherwise I wouldn’t have met. The therapist I see is fantastic. The most real growth in healing I have ever experienced in my life. I always told my story but I didn’t know how to stop the self-loathing and heal.”

“I wouldn’t change a thing I am very grateful for the services – I feel very blessed to have these woman in my life and corner :)”

"I don't feel alone anymore – they give me so much confidence – they understand <3"

"If it wasn't for [the Women's Resource Centre] and their great staff I would not be alive today. I was at my complete end and with all the help in calls, emails, I finally feel I can GO ON! "

"Therapy in [Women's Resource Centre] has quite literally saved my life."

"Life saving (at points), non-judgemental, emotionally safe."

"I am where I am today because of them, and I'm confident that with their continued support I'll get where I need to be. It's important to also acknowledge the ripple effect, because with their help, I was able to help others too. I'm eternally grateful for it all. I feel like the Centre plays a vital role and doesn't always get the credit it deserves."

Conclusion

This research brought together and highlighted the experiences of community members, partner organizations and staff who work with Women's Centres. It demonstrates that Women's Centres play a vital role in the continuum of care for women and gender diverse people and their families in Nova Scotia. In particular, the upstream and wrap-around approach taken by women's centres often alleviates the need for more intensive interventions when situations escalate to a crisis point. In addition to this prevention work, Women's Centres also address acute needs that are not met within more institutional settings.

Other agencies and organizations see Women's Centres as a complementary support to their services, which tend to focus on specific issues such as income support, housing, employment, training, education, business development, mental health, addictions, and domestic violence. Discussions with community partners, in particular with transition houses, underscored that, for the most part, women's centres and transition houses are already working relatively seamlessly in a continuum of care to support survivors of intimate partner violence. Transition house staff noted how important it is to have partnerships with women's centres to focus on prevention and to be part of planning for and supporting a woman and children after they leave a transition house. They also noted that it is often Women's Centres that can take on more of a systems advocacy role. Likewise, women's centres noted that they often refer women to transition houses for safety planning and acute supports when leaving a situation of violence. This partnership itself is a best practice and one that should be celebrated.

By responding and evolving their processes and services to meet the needs of their communities and of the women who use their services, Women's Centres have developed and aligned themselves with best practices in the continuum of care for survivors of gender-based violence. Service users expressed very high levels of satisfaction with the services received, noting the positive impacts on their life. Suggestions for improvement were focused on increasing promotion and community awareness of the services available. In addition, some service users suggested that increased funding would allow for more after-hours supports and increased programming. Service providers and those accessing services also noted that in some cases the continuum of care is broken, disjointed, or has gaps, in particular when trying to access government supports such as Mental Health and Addictions or

Women's Centres play a vital role in the continuum of care for women and gender diverse people and their families in Nova Scotia.

Women's Centres have developed and aligned themselves with best practices in the continuum of care for survivors of gender-based violence.

financial supports through the Department of Community Services. Women's Centres do their best to fill these gaps, and are often the most constant and continuous support in women's lives.

To support more and deeper collaboration across the continuum of care, government and other funders could better serve the sector by providing adequate, stable and secure operational funding. The under-resourcing of these critical community services, and the piece meal and project-based approach to funding lends itself to short-term and scarcity thinking. Moreover, per capita or population based funding models ignore rural realities and put rural women and their families at risk.

As a province, Nova Scotia is fortunate to have a strong network of community based organizations doing important work to address gender-based violence in our communities. They've done so despite many challenges and, most recently, throughout the Covid-19 pandemic. To truly address the root causes of gender-based violence, and to provide the support that survivors deserve, these organizations need proper funding, resources and tools. They also need to be valued for the knowledge, experience, and commitment they bring to ending gender-based violence.

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Appendix A: Letter of Invitation

LETTER OF INFORMATION AND INFORMED VERBAL CONSENT

Title of Study: Exploration of Continuum of Care for Gender-Based Violence in the Community

Dear Invited Participant,

You are invited to participate in a research study on the Continuum of Care for Gender-Based Violence in the Community, by giving an interview with Wyanne Sandler, the Research Coordinator of this study.

What is the purpose of the study?

The purpose of this study is to articulate and map the role of Women's Centres in the continuum of care for those we work with. This project will qualitatively look at the journey of women and service providers in cases related to gender based violence, economic/food insecurity, mental health, etc. The outcomes of this research project will build capacity among community service providers in the nine communities that currently host a women's centre by identifying gaps and opportunities in the current continuum of care and service model. The project will inform programming and procedures within these communities, at the Women Centres, and their community.

What is involved?

This interview will be approximately 45–60 minutes, but it can be longer or shorter if you wish. The interview will be audio recorded for the purpose of transcription, with your consent. Summary reports will not include any information that will allow identification of research participants, such as name, agency, position or jurisdiction.

What are the eligibility criteria for participation?

To be included in the study, participants must meet all of the following criteria:

- Have experience in the gender-based violence sector or in direct service provision to women
- Be 18 years of age or older
- Willing to allow the interview to be audio recorded

Who is conducting this study?

This study is being conducted by Women's Centres Connect (Connect). It is funded by the Nova Scotia Advisory Council on the Status of Women. Connect has contracted Wyanne Sandler as the Research Coordinator for this Project. Wyanne has extensive experience in the Gender-Based Violence and Non-Profit sector, having worked as the Executive Director for the Antigonish Women's Centre and Sexual Assault Services (AWCSAS) for 3.5 years and in other roles at the AWCSAS for 4 years prior to that.

STUDY PARTICIPATION

Participation in this research study must be free and voluntary. If you decide not to participate in this study, or to withdraw, your relationship with the Nova Scotia Advisory Council on the Status of Women, Women's Centres Connect or your local Women's Centre will not be affected. You can refuse to answer any questions, or withdraw and stop the interview at any time you like. You can also withdraw from this study up to June 15th, 2022. Withdrawing from the interview will have no impact on your workplace or your ability to access services. In order to withdraw, contact Wyanne Sandler at the number or email provided below, and inform her that you would no longer want her to use your interview in her research. She will subsequently delete your audio-recording and transcript, and it will not be used in her research. After July 21st, the study findings will be used in various knowledge products such as reports, and presentations that will be available for access by the public. You are not waiving any legal rights by agreeing to participate in this research study. The recordings will be deleted 3 months after the report is finalized and released. Barring any unforeseen circumstances, the report will be completed July 21st, 2022. The interviews and transcripts will then be deleted no later than October 21st, 2022.

BENEFITS AND RISKS OF STUDY PARTICIPATION

We do not anticipate any risk greater than the minimal risk of attending daily regular duties from participating in this study. This study will have no direct benefit to you. Indirectly, we hope it will generate knowledge about this sector, its services and best practices.

DISSEMINATION OF STUDY FINDINGS

The study findings will be provided to research participants, after completion of the study. At the end of the interview, you can provide a safe email or mailing address to Wyanne Sandler if you would like a copy of the research report.

If you have any questions about the research study, please contact Wyanne by email at wyanneandler@gmail.com or by phone at 902-870-1853. Thank you for your time and consideration.

Appendix B: Research Questions

SERVICE PROVIDER QUESTIONS – PARTNER ORGANIZATIONS

- What is your role/your work within the gender-based violence sector?
- What is your experience in working with Women’s Centres?
- What do you think are some of the best practices for addressing gender-based violence?
- What do you think are some of the ways that a more seamless continuum of care could be achieved for survivors of gender-based violence?
- What do you think is working in terms of collaboration in the gender-based violence sector in NS?
- What do you think could be improved in terms of collaboration in the gender-based violence sector in NS?

SERVICE PROVIDER QUESTIONS – WOMEN’S CENTRES

- Can you share a bit about your history and experience working with Women’s Centres?
- What do you think are some of the best practices for addressing gender-based violence, and how does that fit with the Women’s Centres’ approach?
- How do you think Women’s Centres support women on their journey to safety and wellness?
- Is there something that you wish was better known about Women’s Centres and the supports and services they provide?
- What do you think are some of the ways that a more seamless continuum of care or wraparound services could be achieved for survivors of gender-based violence?
- What do you think is working in terms of collaboration in the gender-based violence sector in NS? What do you think could be improved?
- What are some of the challenges that Women’s Centres and the people working for them face?
- Are there any recommendations that you would make to be able to improve the supports and services that survivors of gender-based violence receive?
- Is there anything else that you would like to add?

SERVICE USER QUESTIONNAIRE

The service user questionnaire was completed online or via phone or in-person at some women's centres.

- What supports and services have you accessed at the Women's Centre?
- What did you find helpful about the services you received at the Women's Centre? Was there anything you would change?
- Have you received other services and supports in the community? Did you find there was good collaboration between services providers? Is there anything that could be improved?
- How did the support received from the Women's Centre fit with other services you may have accessed (ex. mental health, transition house, health care, etc.)? How did referrals and transitions between the Women's Centres and other services work? Are there ways that it worked well? How could it work better?
- What recommendations would you make to improve the services and support for women and gender diverse people experiencing violence or other challenges in their lives?
- What impact has the Women's Centre had on your life? What do you wish was better known about Women's Centres and the services they provide?

