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Impact of consistent training on staff turnover working in services for gender-based violence survivors

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Abstract. Sustainability of services for survivors of gender-based violence (GBV) is commonly discussed in terms of legislation, funding, and institutional frameworks. Yet, human resources and their continuous professional development remain an overlooked dimension. This article explores the role of staff training as a determinant of workforce retention and as a critical component of sustainable GBV services. Using a narrative review methodology, it synthesizes international evidence and reflects on the Romanian context. A working definition of sustainability is proposed, emphasizing financial stability, institutional integration, human resources, and organizational resilience. Findings highlight the contribution of training to professional satisfaction and staff retention, while also underscoring Romania's reliance on fragmented, project-based initiatives. Policy recommendations and future research directions are outlined, supporting the case for embedding continuous professional training into national strategies as a structural element of survivor-centered services.
Keywords: *sustainable services; continuous training; gender-based violence; staff retention*

Introduction

Gender-based violence (GBV) represents a significant global social and public health problem, caused by the imbalance of power and control between the parties involved with a major impact on the health, rights and social participation of survivors. An effective response to GBV requires the existence of specialized and multidisciplinary services (counseling centers, hotlines, shelters, crisis interventions, legal and medical assistance) adapted and accessible to all survivors, including those from vulnerable groups [1], referral network, training programs for service providers, managers and stakeholders, system for information management, activities for awareness raising and primary prevention and inter-sectoral coordination and governance of coordination [2].

However, the sustainability of GBV services remains a major challenge, especially in the context where most of the services operate projects-based, with limited duration and international funds that are not long-term sustainable [3]. Discussions about sustainability often focus on structural aspects such as funding, the legislative framework or inter-institutional collaboration, important pillars but long-term sustainability involve more than these components.

Professionals involved in the provision of support services (social workers, psychologists, counsellors, police officers, medical staff) face a high degree of stress, exposure to secondary trauma and institutional pressures. In the absence of continuous training, professional development

opportunities, psychological support and supervision, they can develop emotional exhaustion (burnout), which leads to increased staff turnover and loss of institutional capacity.

This article brings the human resources perspective to the forefront by examining the link between training, retention, and organizational resilience, with a particular focus on Romania in comparison to international practices.

Research objectives and questions

The aim of this article is to explore the relationship between continuous training and staff turnover in GBV services through a sustainability-oriented perspective. First, the analysis aims to clarify the concept of "sustainability" and to propose a unitary definition applicable to GBV services. Second, it investigates to what extent continuous professional training can be considered a determining factor in staff retention, with a direct impact on the quality and continuity of services. Third, the article compares international experiences with Romanian realities, to highlight both transferable good practices and the limits generated by the local socio-economic and legislative context.

The analysis aims to answer several central questions. What is the link between constant training, professional satisfaction and intention to leave the field? What policy models and training programs exist internationally and what lessons can be applied in Romania? And, finally, what recommendations can be formulated to integrate continuing education as a strategic pillar in national GBV policies?

Methodology

This article is a narrative review, aimed at synthesizing the specialized literature and policy reports that address the relationship between continuous professional development and staff retention in services for GBV survivors. The choice of this methodology was motivated by the lack of consistent empirical databases in Romania and the need to build a conceptual framework that integrates both international evidence and the particularities of the national context.

The documentation process included consulting major academic databases such as Scopus, Web of Science, PubMed and Google Scholar, for the period 2010–2024. The searches were conducted based on combinations of keywords such as "gender-based violence services", "staff turnover", "continuous training", "sustainability", "burnout" and "workforce retention". In parallel, reports prepared by international organizations, such as the World Health Organization, the European Union Agency for Fundamental Rights (FRA) were analyzed.

The selection of sources targeted studies and documents that explicitly address human resource challenges in services for GBV survivors and that provide relevant data on the impact of professional training on staff satisfaction and stability. Articles without a minimal methodological substantiation or those concerning related fields not directly related to support services were excluded. The final corpus included 18 peer-reviewed articles and 4 institutional reports or publications, complemented by policy documents at European and global levels. This approach allowed for an overview of the mechanisms through which constant training influences staff retention and, implicitly, the sustainability of services.

Defining Sustainability

The term *sustainability* is widely used in the GBV literature but with varying and sometimes contradictory meanings. In some cases, it refers narrowly to funding continuity, while in others it denotes institutional resilience, staff stability, or community legitimacy. Such ambiguity complicates both theoretical analysis and the design of coherent policies.

Sustainability of GBV services is defined as the capacity to provide continuous, accessible, and survivor-centered support through resilient institutional, financial, and human resource systems [4]. This integrative definition highlights four interdependent dimensions. First, financial sustainability requires predictable and diversified funding, ensuring service continuity beyond project cycles [5]. Second, institutional sustainability implies embedding GBV services into national policies and governance frameworks, guaranteeing stability across political and administrative changes. Third, human resource sustainability concerns workforce retention, supported by training, supervision, and professional

recognition. Finally, organizational resilience refers to the ability of institutions to adapt to crises, innovate, and transform best practices into standardized models of intervention. Within this framework, training emerges not merely as an educational tool, but as a structural condition for sustainability.

Key criteria for sustainability of services for gender-based violence survivors

Ensuring the sustainability of services for GBV survivors involves much more than maintaining activities from one year to the next. Sustainability involves the capacity of these services to respond coherently, continuously and adapt to the needs of beneficiaries, even in contexts of instability or transition. The international and Romanian practical experiences outline a series of essential criteria that define the sustainability of GBV services.

The legislative and policy framework represents the foundation of any sustainable service as they are paving the mechanism for setting-up, licensure and accreditation, coordination, monitoring and evaluation of GBV services. National laws and strategies must explicitly recognize the right of survivors to comprehensive support (social, psychological, medical and legal assistance) and clearly provide for institutional roles and responsibilities. Moreover, public policies must integrate awareness raising and primary prevention of GBV in a multi-sectoral and long-term approach, not just reactive interventions to anecdotical situations or influenced by political will.

A second criterion is constant and diversified funding. In Romania, many services for GBV survivors currently operate based on temporary projects, most of them dependent on international grants. There are GBV services operated by local state authorities, but they are insufficient in terms of the number of available services and geographical and populational coverage. There is only one GBV services in Romania that is administered by a non-governmental organization and is fully funded from public budget since 2002 and represents a best practice example. In the absence of predictable public funding, services are vulnerable to service termination, discontinuities and loss of qualified staff. Financial sustainability requires both government budget allocations and the identification of complementary sources of support (public-private partnerships, donations, local contributions).

The quality and stability of human resources is another crucial pillar. Support services for GBV survivors are deeply dependent on the skills and availability of the specialists providers. Continuous training, professional supervision and the prevention of burnout are essential for staff retention. Sustainability means, in this sense, the capacity of institutions to invest not only in initial training, but also in long-term professional development and well-being and to retain for long-term the trained staff.

Sustainable services also rely on functional partnerships between institutions. Collaboration between specialist services, police, justice, health, social services and civil society organizations is essential for providing comprehensive, coordinated, rights-based and effective GBV services. This cooperation must be supported by agreements, agreed protocols and standard operating procedures, referral networks and regular inter-institutional meetings and communication.

Another important element is the existence of a system of data management that generates valuable information for monitoring and evaluation, continuous improvement of services, decision making process and statistical purposes. Data collection, evaluation of results and adjustment of services based on the administrative data, feedback and satisfaction surveys from beneficiaries and service providers contribute to the relevance and efficiency of interventions.

Also, GBV services should be able to adapt to the diverse needs of survivors, especially those from vulnerable groups (people with disabilities, people living in rural areas, refugees or LGBTQ+). Physical, informational and attitudinal accessibility must be integrated into all stages of service design and delivery, hand in hand with the adaptability of services.

Public awareness and community support play a major role as support services cannot operate isolated. Information and awareness raising campaigns, community education contribute to the social recognition of these interventions as necessary and decrease of stigmatization of survivors.

Finally, sustainability also means institutionalizing best practices. Services developed through pilot projects must be taken over by local or central authorities and integrated into the permanent support network. This transition from projects to policies represents the ultimate test of sustainability.

Sustainability of services for GBV survivors: a human resource issue

The sustainability of services for GBV survivors cannot be conceived without a deep reflection on the condition of professionals who provide them. Beyond infrastructure, legislation or budgets, the quality and continuity of services provided to survivors depend on the skills of providers to respond in a survivors-centered, empathetic and adapted manner to the complex needs of people affected by violence.

Staff working in counselling centers, shelters, centers for intervention in sexual violence, or social services are often exposed to traumatic cases, facing high emotional burden, and additionally in many cases institutional instability and lack of structured professional support. In these conditions, continuous training is not a simple tool for professional development, but a protective factor against burnout and an essential condition for staff retention.

International studies show that regular training, especially that includes components such as trauma management, nonviolent communication, staff self-care and multidisciplinary intervention, contributes to increased feelings of competence and professional belonging [6]. Targeted training initiatives can counteract the emotional toll of working in challenging environments. In the context of serving individuals with extensive mental health and social issues such as GBV survivors, the comprehensive and continuous training lead to improved outcomes of service provision and had a role in reducing staff turnover [7]. Furthermore, challenges like emotional exhaustion are exacerbated without adequate professional development opportunities, leading to detrimental effects on both staff well-being and the quality of care provided to survivors.

These are recognized as predictive factors for decreasing intention to leave the workplace and for maintaining a positive relationship with the institutional mission.

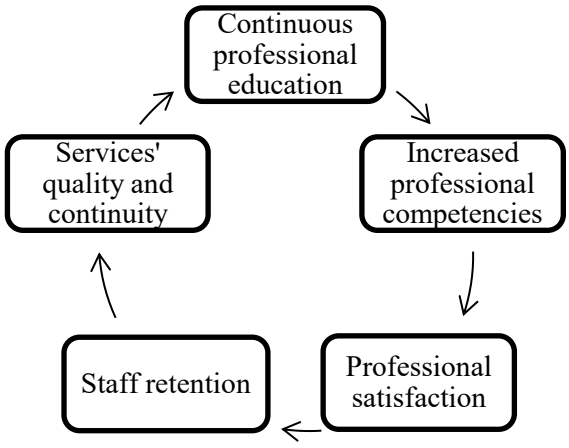

Figure 1. The sustainability cycle in services for GBV survivors.

In contrast, the lack of training opportunities or the participation at occasional training, not adapted to the real needs of the staff, amplifies the feeling of professional powerlessness and alienation. Thus, investment in continuous training is not an administrative "cost" but a tool for ensuring sustainability, in the most practical and direct sense.

Therefore, including continuous training as an integral part of the mechanisms for supporting services for GBV survivors, through dedicated budgets, institutional obligations and correlation with performance assessments, is essential not only for the quality of the intervention, but also for the resilience of the system as a whole.

International comparative data: training and retention of staff in GBV services

Internationally, studies highlight a clear link between the ongoing training of staff in GBV services and their retention. For example, in Canada, a recent report highlights that the lack of professional development opportunities and the absence of institutional support contribute significantly to staff turnover in the GBV sector [8]. The report recommends the development of a national strategy to strengthen the GBV workforce, including through ongoing training and professional recognition.

Internationally, the mental health and coping strategies of staff have been linked to their training experiences. Wirth et al. identify a correlation between job satisfaction, self-efficacy, and the availability of consultation services for social workers, demonstrating that adequate support and training can enhance staff well-being [9]. In the context of GBV services where staff face significant emotional strain, the staff support is crucial for managing burnout and turnover. The comprehensive training programs can significantly contribute to reduce this outcome [10].

In the United Kingdom, the factors affecting staff retention in adult mental health services were investigated and the findings suggest that retention initiatives focusing solely on individual staff stress or resilience may be insufficient without considering broader organizational dynamics and leadership priorities, indicating a need for a more integrated approach to workforce management in services [11].

In the context of the COVID-19 pandemic, the significant challenges of shelter staff in maintaining care quality and referrals for GBV survivors were highlighted, emphasizing the necessity for robust training programs to enhance staff capabilities [12]. The ongoing threat of high turnover and burnout among staff in GBV services was demonstrated through a randomized controlled trial that assessed the efficacy of interventions aimed at addressing intimate partner violence and highlighted the need for adequately trained personnel to ensure effective service delivery [13].

In the European Union, data collected by Eurostat and the Fundamental Rights Agency (FRA) indicate that staff training is a key factor in providing effective services for GBV survivors [3]. However, there are significant variations between Member States in the availability and quality of training products and materials. In countries where training is standardized, mandatory, and publicly funded, services demonstrate greater coherence, higher professional satisfaction, and lower turnover rates. In contrast, in states where training remains optional or project-based, services face instability and uneven quality.

Furthermore, supportive organizational cultures significantly influence staff well-being and retention, underlying that positive working environments can enhance staff retention in GBV services [14]. The literature suggests that addressing systemic barriers, improving training, and creating supportive work environments are critical for strengthening the GBV workforce [15].

Research indicates that the availability of targeted training programs for staff involved in GBV services can lead to lower turnover rates, primarily by enhancing workplace efficacy and mitigate stress and burnout among staff, key contributors to staff turnover in human services [16]. Adequate training enhances knowledge, competencies, skills and positive attitudes, empowering staff to manage effectively challenging GBV cases and maintain their engagement, which can reduce staff turnover. In situations where staff feel insecure due to insufficient training, the likelihood of turnover increases, impacting quality and continuity of services provided to GBV survivors.

Inadequate or insufficient training and knowledge about GBV can lead to poor responses from staff, further exacerbating professionals' frustration and challenges faced by survivors [17]. Without proper understanding of trauma-informed care, confidentiality and safety principles, staff may not respond appropriately to survivors, resulting in dissatisfaction and potentially leading to higher rates of employee turnover [18]. In contrast, when staff receive ongoing training that reflects best practices. Lessons learned and practical tools and procedures, they are better equipped to manage the complexities of working with GBV survivors, which can enhance retention.

Thus, while comprehensive international comparative data specifically on training and retention of staff in GBV services in Europe may still be lacking, existing literature provides valuable insights into the factors that impact staff retention and training, offering a framework for future research and policy development in this critical area. Overall, international experiences demonstrate that continuous training, when embedded within broader institutional policies and linked to professional recognition, serves as a decisive factor in workforce retention. In Romania, the adoption of similar policies could significantly contribute to improving services provided to GBV survivors.

The Romanian context: continuous education and human resources sustainability

In Romania, services for GBV survivors have developed significantly in recent years, mainly due to pressure from European Union policies, civil society and European or international funding. Despite

this progress, the institutional infrastructure remains insufficient and fragmented, and the availability and quality of services vary considerably between counties and between urban and rural areas. Service provision is uneven, and access to specialized support is far from universal. The human resources with experience in working with GBV cases are vulnerable and insufficiently consolidated, which directly affects the sustainability of interventions.

The issue of staff turnover in services for GBV survivors is complex and compounded by various factors, including financial instability, training inconsistencies, emotional stressors associated with the nature of the work, and the general organizational policies of support services.

Compared to international experiences, Romania relies heavily on the nongovernmental sector and on temporary project funding to deliver training. Additionally, each initiative is using its own curriculum (if any) and preferred agenda, with no coherence in terms of learning objectives, content, and desired learning outcomes. This stands in sharp contrast with countries like Canada, where training is integrated into national strategies, or with EU member states where standardized and mandatory training frameworks ensure coherence and predictability. While Romania shares with other countries the challenges of burnout and high staff turnover, the lack of systemic institutionalization magnifies the instability of services and perpetuates reliance on external donors.

In Romania's focus on increasing care quality for GBV survivors, implementing a training framework inspired by international best practices could yield similar retention benefits. Although there are valuable initiatives or project with external funding (e.g. Norwegian Financial Mechanism, UN Population Funds, World Health Organization, EEA funds, Erasmus+) implemented by non-governmental organizations or by National Agency for Equal Opportunities between Women and Men (ANES), these are sporadic and are not integrated into public policies as a systemic obligation. For example, during the implementation of ANES project "Support for implementing the Istanbul Convention in Romania" (2019-2021), over 17,000 people participated at information sessions and professional training aiming to develop intervention capacity and increase the quality of professional assistance provided to domestic violence survivors. In the absence of a national system of recurrent and specialized training, most professionals in social, medical or legal services do not benefit from specific training in working with GBV survivors or in addressing trauma.

Another major obstacle is the lack of formal and institutional recognition of the expertise accumulated by staff involved in GBV. Romania currently lacks an accredited national framework for continuous professional training in the GBV field. Participation is neither mandatory nor systematically incentivized. There is currently no recognized professional certification for specialists working with survivors of violence, and this reduces motivation and a sense of professional belonging. Some groups of professionals can receive Continuous Professional Education credits (medical doctors, nurses, social workers, psychologists) if the education provider is accredited and obtains the credits for the organized training. The accreditation procedures are often complex and costly. This absence of institutional recognition weakens the sense of professional identity and hinders the formation of a specialized workforce dedicated to GBV services. Furthermore, staff turnover leads to losses of institutional know-how, discontinuity in relations with beneficiaries and additional costs for training new staff, which can be a high challenge as most of the donors do not accept capacity development costs.

The training must address systemic issues within organizations such as the real threat related to aggression in shelters that exacerbate stress among staff, which is a critical issue to address for preventing turnover [19]. Integrating communication and emotional support strategies within training can help develop workforce resilience and enhance service delivery, echoing global best practices.

The staff turnover is exacerbated by the lack of professional supervision [20], emotional support and institutional mechanisms to prevent burnout. Staff employed in shelters or counselling centers, often in small, under-funded and overworked teams, frequently face emotional exhaustion and burnout. A study of burnout levels among healthcare personnel in Romania found significant emotional exhaustion and depersonalization associated with heavy workloads and insufficient organizational support [21]. In the absence of interventions to support their professional development and psychological well-being, the intention to leave the field becomes high, affecting the stability and quality of services [22].

Against this background, continuous training should be considered a strategic investment, not optional. The introduction of minimum national standards for professional training, mandatory periodic training, funding and the integration of training into the human resources policies of public institutions would significantly contribute to strengthening multidisciplinary teams and reducing staff turnover.

Mechanisms for monitoring job satisfaction and the intention to leave the job are also needed, to proactively adapt retention measures. In this regard, it is recommended to develop research and evaluation tools that are constantly applied among professionals providing support to survivors of GBV.

Comparative analysis: Romania and international experiences

The comparison between Romania and other countries highlights both commonalities and structural differences that explain the current vulnerabilities of Romanian services for GBV survivors. Internationally, continuous training is often integrated into national strategies and financially supported by governments, which ensures predictability of the process and formal recognition of the expertise of professionals. In Canada, for example, training is part of a strategic framework for workforce consolidation, and in some European countries there are certification mechanisms that guarantee both the quality of training and the motivation of employees to remain in the field.

In Romania, although there are specific initiatives, these are rarely correlated with public policies or long-term objectives. Training programs are dependent on external funding, fragmented and difficult to replicate at national level. The lack of a widely recognized certification or accreditation strategy means that training participation does not bring significant professional benefits, thus reducing the impact on staff retention. This situation contrasts sharply with Western models, where training is perceived not only as a professional obligation, but also as an essential step in career development.

Another aspect that differentiates Romania from other countries is the limited role of public institutions in ensuring the continuity of training. While in the United Kingdom, for example, organizations benefit from support in developing an organizational culture that encourages constant learning and supervision, in Romania, the responsibility for training remains almost exclusively on the shoulders of NGOs. This dependence on the non-governmental sector perpetuates the temporary and often experimental nature of training, without it becoming an integral part of national policies.

Both Romania and other European countries face pressures related to burnout and team instability. However, where countries have managed to institutionalize psychological support and supervision mechanisms, the negative effects of these pressures have been reduced. Romania, on the other hand, is still at an early stage, where these mechanisms are exceptions rather than the rule.

Table 1. Comparative overview of training and workforce retention in GBV services.

Country/Region	Training framework	Institutionalization and recognition	Impact on workforce retention
Canada	National strategy on GBV workforce, with structured training modules	Training embedded in public policy; professional recognition and career pathways	Reduced turnover; stronger workforce stability
United Kingdom	Regular training combined with supervision and leadership support	Part of NHS and social service policies; linked to professional development	Retention improves when training is paired with organizational support
European Union (general)	FRA data shows large variation between Member States	Some states have standardized, mandatory training; others rely on ad-hoc projects	Higher retention where training is systematic; instability where project-based
Romania	Training mainly through short-term, donor-funded projects	No national accreditation system; participation voluntary, limited recognition	High turnover; inconsistent service quality; low motivation due to lack of institutional support

Thus, the comparative analysis shows that Romania is not starting from scratch and benefits from valuable examples of international good practices. What is missing is a coherent national framework, capable of transforming temporary initiatives into sustainable policies. The main lesson drawn from international experiences is that continuing professional training cannot remain at the level of a voluntary option or an isolated project but must be integrated as a structural element in national strategies to guarantee staff retention and service resilience.

Recommendations for public policies

The comparative analysis suggests that the sustainability of GBV services in Romania cannot be achieved without the systematic integration of continuous professional training into national policies. Training should no longer be treated as an optional or project-based initiative but rather as a structural requirement for workforce development and service stability.

A priority is the institutionalization of minimum national training standards. In the absence of such standards, training initiatives remain fragmented and inconsistent, varying from one project to another. Establishing a coherent framework would ensure alignment across providers and offer professionals a clear trajectory for skills development.

Second, Romania should introduce mandatory periodic training linked to mechanisms of professional recognition such as certification or continuing education credits. International evidence demonstrates that when training is tied to career advancement and institutional acknowledgment, staff motivation and retention increase substantially. Embedding such incentives into Romania's human resource policies would reduce turnover and foster a stronger professional identity among GBV service providers.

Equally important is the allocation of dedicated public funding. At present, training relies almost entirely on international donors and project-based financing, leaving it vulnerable to discontinuity. By creating stable budgetary lines for workforce development, the government would invest not only in staff skills but also in the long-term resilience of service provision.

In addition, training must be complemented by supervision and psychological support. Lessons from other countries show that professional development is most effective when integrated into supportive organizational cultures. In Romania, the institutionalization of supervision as part of standard human resource policy could help prevent burnout and strengthen staff well-being, further reducing turnover.

Finally, these measures must be designed with realistic consideration of Romania's fiscal and legal constraints. Although austerity measures limit the scope for large-scale reforms, incremental but targeted policies—such as pilot national programs, phased implementation of standards, or integration of training costs into existing social service budgets—could lay the foundation for systemic change.

Taken together, these recommendations call for a shift in perspective: training should be recognized not as a discretionary expenditure but as a strategic investment in service sustainability, survivor protection, and workforce resilience.

Future research directions

Although international literature clearly highlights the link between continuous training, professional well-being and staff retention in GBV services, research on this topic is still limited in Romania. This gap affects the capacity of institutions to develop evidence-informed policies in human resources and to build sustainable services, focused on the real needs of staff.

One of the priorities of future research should be to measure the correlated level of continuing training and intention to leave the job among professionals working with GBV survivors. Rigorous data collection tools (questionnaires, interviews, case studies) are needed to provide a clear picture of the relationship between access to training, professional satisfaction and the stability of teams.

A national mapping of existing GBV training opportunities, with an analysis of the recurrence, practical applicability and the impact perceived by participants, would also be extremely useful. This analysis could contribute to the standardization of training and the development of curricula.

Finally, longitudinal tools for monitoring staff satisfaction and retention should be integrated into human resource policies. Research must evolve from isolated academic exercises to practical

instruments that inform workforce management and policy decisions. By embedding research into institutional practice, Romania could move toward a culture of continuous learning and policy adaptation in GBV services.

Conclusions

The sustainability of GBV services cannot be secured solely through legislative reforms or financial allocations. At its core, sustainability depends on stable, competent, and motivated human resources. The present analysis shows that continuous professional development plays an essential role in reducing staff turnover, increasing organizational resilience and maintaining the quality of services provided.

International experiences demonstrate that constant training, when correlated with professional recognition, supervision and a supportive organizational culture, can strengthen retention and transform services into a stable pillar of the social protection system. Romania, on the other hand, faces major vulnerabilities generated by the fragmentation of training programs, dependence on external funding and the lack of a unified national framework. This situation fuels the instability of teams and limits the positive impact of existing initiatives.

Addressing this gap requires a paradigm shift. Training must be institutionalized as a structural component of national GBV strategies, supported by stable public funding and complemented by supervision and psychological support. Such investment should not be viewed as optional but as a core responsibility of the state and its institutions. Therefore, transforming continuous professional development from an occasional practice into a structural public policy becomes an indispensable condition for the sustainability of services. Investing in human resources should not be perceived as an optional option, but as a strategic responsibility of institutions and the state.

Ultimately, ensuring that professionals have the knowledge, resilience, and recognition they need is not only a matter of workforce management but also a guarantee of survivors' right to reliable and effective services. Embedding continuous training into Romania's GBV response is, therefore, both a policy necessity and an ethical imperative.

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