

# Local 196 SPOTLIGHT



## Trauma-Informed Responses to Funding Cuts for Sexual Violence Programs

The Sexual Assault Centre of Edmonton (SACE) is a cornerstone of trauma-informed care in Alberta, supporting children, youth, and adults who have experienced sexual abuse or assault.

Open 365 days a year, SACE not only provides crisis and counseling services but also works tirelessly to educate the public about sexual violence — which includes harassment, assault, child sexual abuse, and non-consensual photo sharing

Recently, SACE lost a \$1.8 million provincial grant intended to reduce their staggering 18-month counseling waitlist. With the grant, SACE successfully cut that wait time to just three months by hiring psychologists, social workers, and client care professionals.

Now, after the government's decision not to renew the funding in Budget 2025, layoffs have begun and wait times are expected to rise again.



### The statistics are sobering:

- 2 in 3 women, 1 in 2 girls, 1 in 4 boys, and 1 in 3 men in Alberta will experience sexual violence in their lifetime.
- 85–95% of survivors know their offender.
- 95% of sexual assaults are never reported to police.
- It wasn't until 1993 that spousal sexual assault became illegal in Canada.

*"This cut is more than just a number on a budget sheet - it's a direct attack on the safety and dignity of survivors."*

Julia Hayter, NDP Shadow Minister for the Status of Women

## Oct 2025 Local 196 Spotlight

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**"We were told to bring down the waitlist, and we did. We were told to increase access, and we did. Now those same staff who made that possible are being laid off."**

- SACE CEO Mary Jane James

The Alberta government maintains that base funding remains stable at \$2.1 million per year, though SACE says only \$1.5 million has been distributed so far.

### The Ripple Effect on Community Nursing

For community health nurses, these cuts mean more than policy shifts – they mean longer waitlists, more complex client needs, and higher emotional strain. Nurses working in public health, mental health, and emergency care often support survivors during their most vulnerable moments. Without accessible follow-up care, the burden grows heavier for both clients and clinicians.

Trauma-informed practice reminds us that healing requires safety, trust, collaboration, and empowerment. When systems fail to fund that work, nurses and survivors both bear the cost.

UNA Local 196 recognizes the essential role that organizations like SACE play in community health. As nurses, advocates, and educators, we stand in solidarity with those providing compassionate, trauma-informed care to survivors across Alberta.

**Together, we call for sustainable funding and a trauma-informed approach to policymaking – because healing cannot happen on a waitlist.**

### References

[CBC News. \(2025, March 6\). SACE says it's been forced to lay off staff after losing \\$1.8M grant from province.](#)

[Global News. \(2025, March 7\). Alberta sexual assault centre says loss of provincial grant will increase wait times.](#)

[Sexual Assault Centre of Edmonton \(SACE\). \(2024\). Annual Report.](#)

[Alberta Council of Women's Shelters. \(2023\). Statistics on sexual violence in Alberta.](#)

# Local 196 SPOTLIGHT



## Violence Against Nurses Is Rising – And It Must Stop

Violence – whether physical or verbal – is never acceptable. Yet for far too many nurses, it has become a regular part of the job.

Every day, nurses show up to provide skilled, compassionate care in hospitals, long-term care centres, and community settings. But their ability to deliver safe and effective care is compromised when they are placed in volatile and dangerous situations. A health care system cannot function properly if the people holding it together are not safe.

Recent events highlight just how serious this issue has become. On Christmas Day, a health care worker at Alberta Hospital Edmonton sustained serious injuries after allegedly being assaulted by two male patients. Incidents like this are not isolated – they are symptoms of a system under strain.

In many cases, violence faced by nurses and their health care co-workers could be prevented. Chronic understaffing, overcrowded emergency departments, long wait times, and a lack of community-based care all contribute to escalating tensions within health care settings.

When nurses are overworked and patients are waiting too long for care, the risk of violence increases – and everyone suffers.

In October 2025, UNA leaders joined representatives from other provincial nurses' unions to meet with provincial health ministers, including Alberta Health Ministers Adriana LaGrange and Matt Jones. Nurses' unions are demanding concrete solutions, including:

- Investment in training and prevention programs for workers and in-house security
- Mandated minimum nurse-patient ratios to reduce excessive workloads that heighten risk
- Strong enforcement of the Criminal Code and OHS legislation, including penalties for negligent employers
- Installation of violence-prevention infrastructure such as surveillance cameras, weapons detection systems, and personal alarms



### According to UNA's 2025 annual membership survey:

- Four in ten Alberta nurses reported experiencing physical violence at work
- Six in ten reported experiencing non-physical violence, including verbal abuse, threats, and harassment

***"In what workplace is it acceptable to be kicked, punched, pushed, spit at or strangled; where insults and threats are hurled at you but you are expected to continue working without support?"***

– Ontario Nurses' Association. "Code Black and Blue"

If a nurse or health care worker faces an immediate hazard that could result in serious injury or death:

1. Contact onsite Protective Services immediately
2. Call local police or RCMP

# Jan 2026 Local 196 Spotlight

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**"Nurses and health care workers in every sector – from home care to acute care – face appalling levels of violence and harassment from coast to coast to coast. Our political leaders must urgently signal their intention to protect nurses and health care workers from this scourge, using every tool at their disposal."**

- Linda Silas, President, CFNU

## Employers Have a Legal Duty to Protect Workers

Employers are legally required to provide safe workplaces and to educate workers on how to report health and safety concerns, including workplace violence.

Part 27 of Alberta's Occupational Health and Safety Code requires employers to develop and implement violence and harassment prevention plans, including reporting and investigation procedures. Workers also have a legal obligation to report incidents and hazards so that employers can be held accountable and corrective actions taken.

## Reporting Matters

Reporting incidents of violence, injuries, and near misses is critical. These incidents must be reported through **MySafetyNet (MSN)**. For more information click [HERE](#)

Nurses can request a complete copy of their report, including identified corrective actions.

UNA members are also encouraged to complete a [UNA OHS Form](#) so the union, local, and Joint Worksite Health and Safety Committee can advocate for solutions and accountability.

## Alberta Is Not Alone: What Other Provinces Are Doing

### Ontario

The Ontario Nurses' Association has launched high-profile public awareness campaigns, including the [Code Black](#) and [Code Blue](#) advertisements, to expose the reality of violence nurses face daily. These campaigns make clear that violence is not "part of the job" and call on the government to address unsafe staffing levels, inadequate security, and systemic underfunding that put nurses and patients at risk.

### Manitoba

The [Manitoba Nurses Union](#) (MNU) has made workplace violence a central advocacy issue, providing resources, education, and strong public pressure on employers and government. MNU continues to push for prevention strategies, proper reporting, and accountability when violence occurs – emphasizing that awareness alone is not enough without enforcement and resourcing.

### British Columbia

The BC Nurses' Union has been running its long-standing campaign, [Violence: Still Not Part of the Job](#), calling for concrete action including improved staffing, better reporting systems, and stronger employer responsibility. BCNU has consistently highlighted that normalization of violence in health care must end.

## UNA Is Here to Support You

[Violence against nurses is not part of the job](#). Across Canada, nurses are speaking out and demanding better. Protecting nurses protects patients, and meaningful action cannot wait.

Nurses with concerns about threats or violence in their workplace can contact a UNA Labour Relations Officer or Occupational Health & Safety Advisor at 1-800-252-9394 or [nurses@una.ca](mailto:nurses@una.ca)

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## Impact of Safe Consumption Sites on Emergency Room Capacities

Recently, we have seen swift action by the UCP government to permanently close the remaining safe consumption sites across the province. The sites named to close or have already been shut down are located at the Royal Alexandra Hospital, Sheldon Chumar Health Centre in Calgary and the Overdose Prevention Site in Lethbridge. These evidence-based addiction care services have provided life-saving support and assisted in reducing emergency room presentations of unintentional overdoses.

Even though studies have proven the benefits outweigh the risks of accessible Safe Consumption Sites, the UCP government is implementing legislation that allows forced treatment and private, for-profit health options, rather than seeing what the public is facing in our crumbling health system. “Frontline workers say these experiences are symptoms of a large-scale issue that has been brewing for years, tied to inadequate staffing and resources, and a siloed system that is cracking under pressure.” (Hannah Alberga, The Canadian Press).

Removing these harm reduction sites will put an even larger strain on our health care system, which is currently in crisis with overcrowded emergency rooms and people leaving without being seen due to unbearable wait times. This impact not only affects our hospital doctors and nurses but also the EMS system responding to opioid-related events in the community, with Edmonton being responsible for 65% of the provincial total.



- Emergency Medicine physician in Medicine Hat, Dr. Paul Parks, describes our waiting rooms as “death zones”.
- Supervised consumption services reduce fatal overdoses, connect people to care, and decrease unnecessary ER visits

**Edmonton alone accounts for approximately 65 per cent of opioid-related EMS responses province-wide**

### References

- Alberga, H. (2026, January 23). Patients detail “disaster” inside Alberta emergency departments. The Canadian Press.
- Friends of Medicare. (2026, January 2). Supervised consumption site closures will lead to more harm reduction and busier emergency rooms. Friends of Medicare.