

Cross-Sectoral Solutions



SUPPORTING SURVIVORS OF GENDER-BASED VIOLENCE-RELATED TRAUMATIC BRAIN INJURY THROUGH A SURVIVOR-LED SUPPORT PROGRAM

Funded by the Public Health Agency of Canada

Presented by: Dr. Gifty Asare

Director of Research and Community Impact Director
at WomenatthecentrE

May 13, 2025

12:00 PM EST

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.



Solidarity Statement

WomenatthecentrE acknowledges that the land on which we operate is the territory of the Huron-Wendat, the Anishnaabe Nation, the Haudensaunee Confederacy, Métis, Inuit, and the Mississaugas of the Credit, and was taken without consent. Today, this land is still home to many First Nations and Indigenous Peoples from across Turtle Island.

We also want to acknowledge those that are here involuntarily, as part of trans-atlantic slave trade. An inherent part of our work is taking action to disrupt and dismantle the embedded impacts of colonialism, racial capitalism, imperialism, and patriarchy, and so we stand in solidarity with Indigenous women, girls, trans, gender-diverse and Two-Spirit people.

We recognize that our work must be rooted in respect for the original caretakers of this land and those whose labor has been historically exploited. We honor the land, its original peoples, and the deep-rooted connections that call us to be active participants in the ongoing journey towards truth and healing.

AGENDA



GBV-BI

**CSS 20-week
Pilot Program**

**Key Findings and
Recommendations**

WHAT IS IPV-TBI?

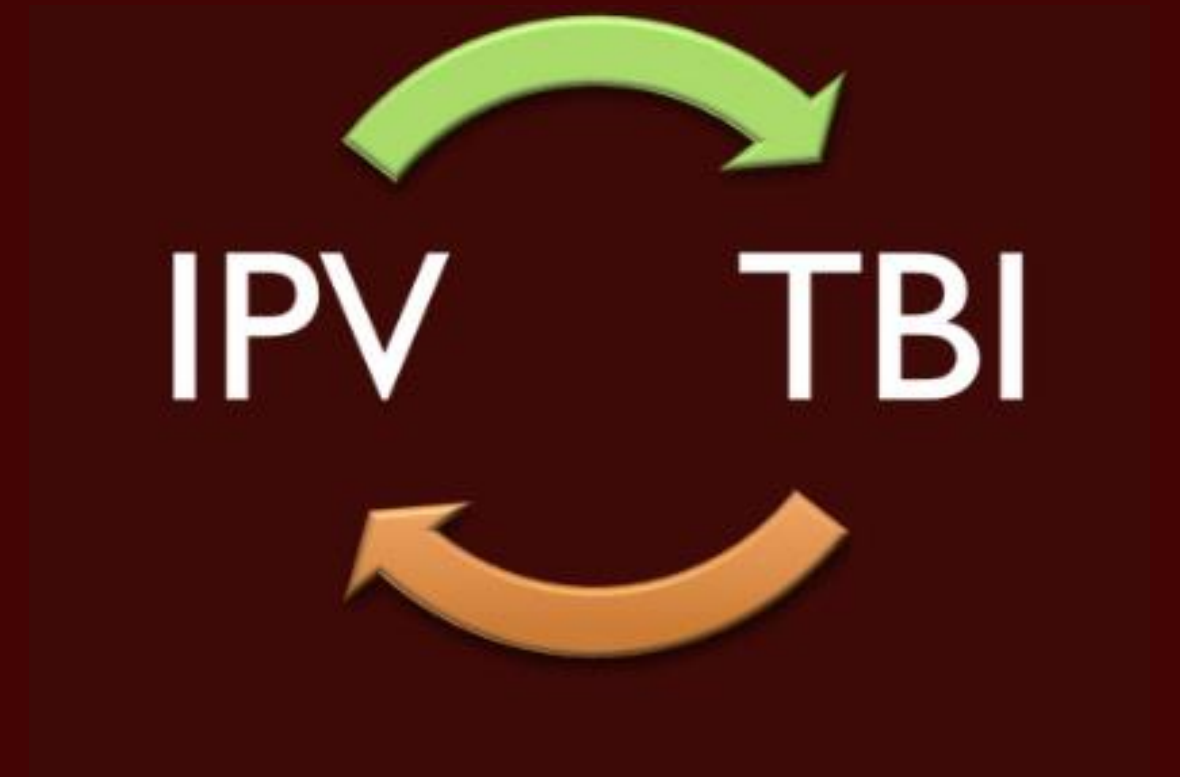
- Intimate partner violence (IPV) is one of the most common forms of violence against women.

Its complex nature includes cognitive, physical, and psychological challenges that are further complicated by socially derived barriers to care and wellbeing.

- Traumatic Brain injury (TBI) is a brain injury acquired after birth through physical force.

It results in cognitive, physical, emotional, or behavioral impairments that lead to permanent or temporary changes in functioning.

WHY THE INTERSECTION OF IPV-TBI MATTERS



1. Prior to COVID-19, IPV was alarmingly common in Canada, impacting **1 in 3** women throughout their lives.^{1 2}
2. As governments advised people to stay home, reports of **IPV in Canada surged by 20%**, and the severity of the violence escalated, leading to a "parallel pandemic."^{3 4}
3. BI among survivors of IPV is a critical issue, with **75-92% of women likely experiencing TBI** from facial, head, and neck injuries.^{5 6}

GENDER-BASED VIOLENCE (GBV)

We advocate for the use of “gender-based violence” in place of “intimate partner violence” to encompass various forms of violence that may not align with the restrictive ways in which intimate partner violence is currently conceptualized within policy and practice.

For example, survivors of sexual violence and/or human trafficking often times do not identify as being in an ‘intimate’ or ‘romantic relationship’ with their aggressor(s) which consequently, impacts their access to the much-needed services and supports that work to address and prevent violence.

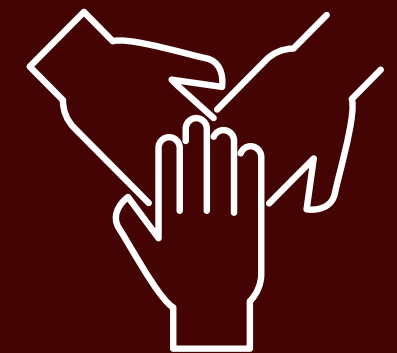
Impact of GBV & BI



Mental



Emotional



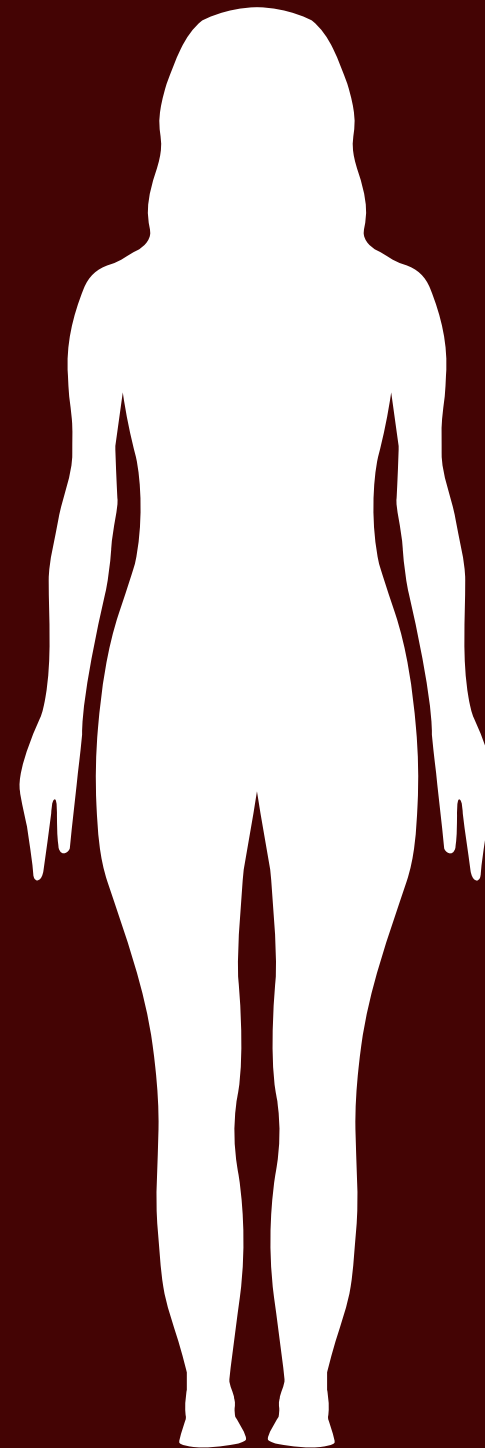
Social



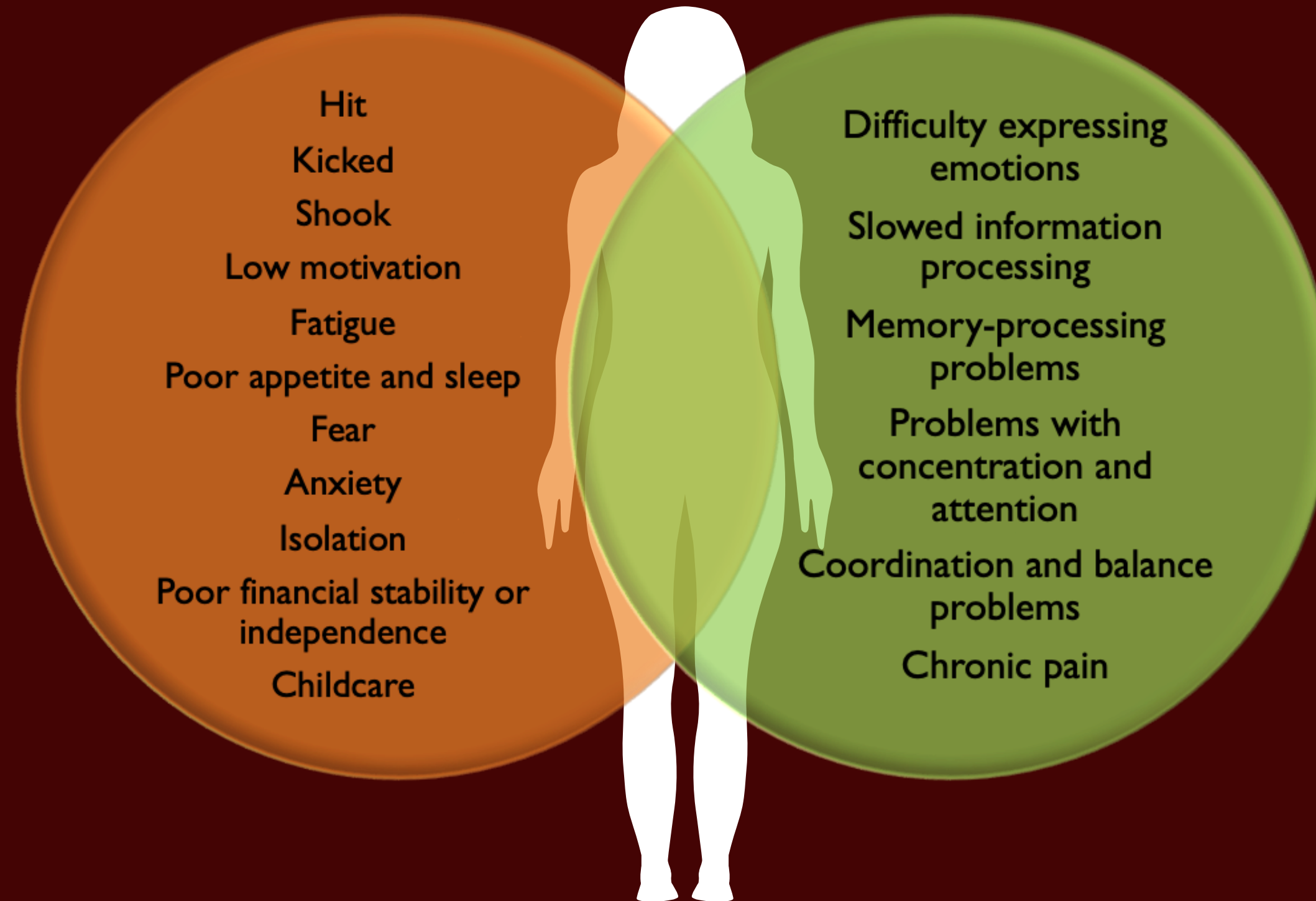
Physical



Financial



Impact of GBV & BI



Memory

SURVIVORS MAY EXHIBIT:

- Difficulty learning new ideas
- Forgetting information
- Losing or misplacing items
- Troubles Scheduling

SUPPORT STRATEGIES:

- Provide summaries/recaps
- Verify understanding
- Memory aids
- Checklists
- Reminders
- Specific location

Mood and Emotion

SURVIVORS MAY EXHIBIT:

- Abrupt mood changes
- Emotions not aligning with the situation
- Escalation of anger or irritability with small triggers
- Symptoms of anxiety and/or depression

SUPPORT STRATEGIES:

- Monitor symptoms
- Avoid responding emotionally
- Recognize triggers & offer alternative approaches
- Create & Implement techniques of regulation

CROSS-SECTORAL SOLUTIONS



21

Interdisciplinary
students supported
across



10

Programs

at



7

Schools

12

SAC Meetings

13

WE SEC Meetings

12

Host Site Meetings



5

Peer Navigators



25 SURVIVORS



Pilot program
launched

1

46

Unique
Partnerships



14

NEW
KNOWLEDGE
MOBILIZATION
EVENTS

1

CSS
PROJECT
CONFERENCE

17

NEW
KNOWLEDGE
MOBILIZATION
PRODUCTS

RESEARCH QUESTION

WHAT IS THE IMPACT OF AN
EVIDENCE-BASED,
TRAUMA-INFORMED,
MULTI-SECTORAL PILOT
PROGRAM ON SURVIVORS
OF GBV-BI?

20-WEEK PILOT PROGRAM

CO-ADAPT, PILOT, AND EVALUATE
AN EVIDENCE-BASED, TRAUMA-
INFORMED, MULTI-SECTORAL
PROGRAM,

CREATING A BLUEPRINT OF 'WHAT
WORKS' FOR CRITICALLY NEEDED
SUPPORTS

TO IMPROVE THE HEALTH AND
WELLBEING OF SURVIVORS OF
GENDER-BASED VIOLENCE (GBV)
WITH A BRAIN INJURY (BI).

8

SERVICES

1

FOCUS GROUP OR
INTERVIEW

6

SURVEYS

25

SURVIVORS

8

SERVICES. OFFERED

1:1 PEER COUNSELLING

OCCUPATIONAL THERAPY

SPEECH LANGUAGE PATHOLOGY

MUSIC THERAPY

NATUROPATHY

SOMATIC THERAPY

PSYCHOTHERAPY

YOGA

6

SURVEYS



Pre-survey



Interim Survey 1



Interim Survey 2



Interim Survey 3



Interim Survey 4



Post Survey



Demographics



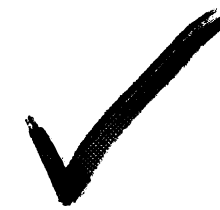
Health & Symptomology



Program



Knowledge/Skills



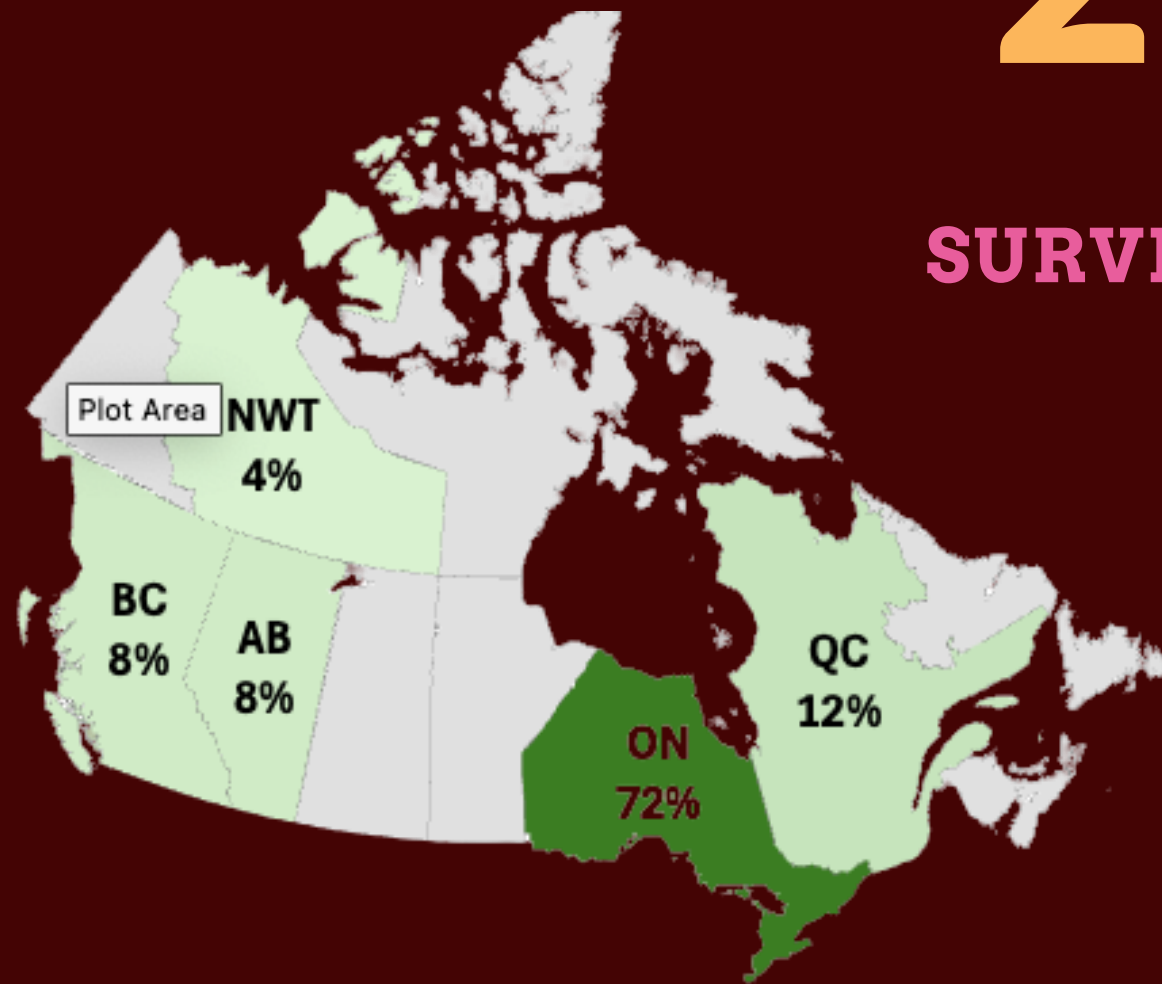
**Basic Needs, Supports,
Accommodations**



Personal Goals & Satisfaction

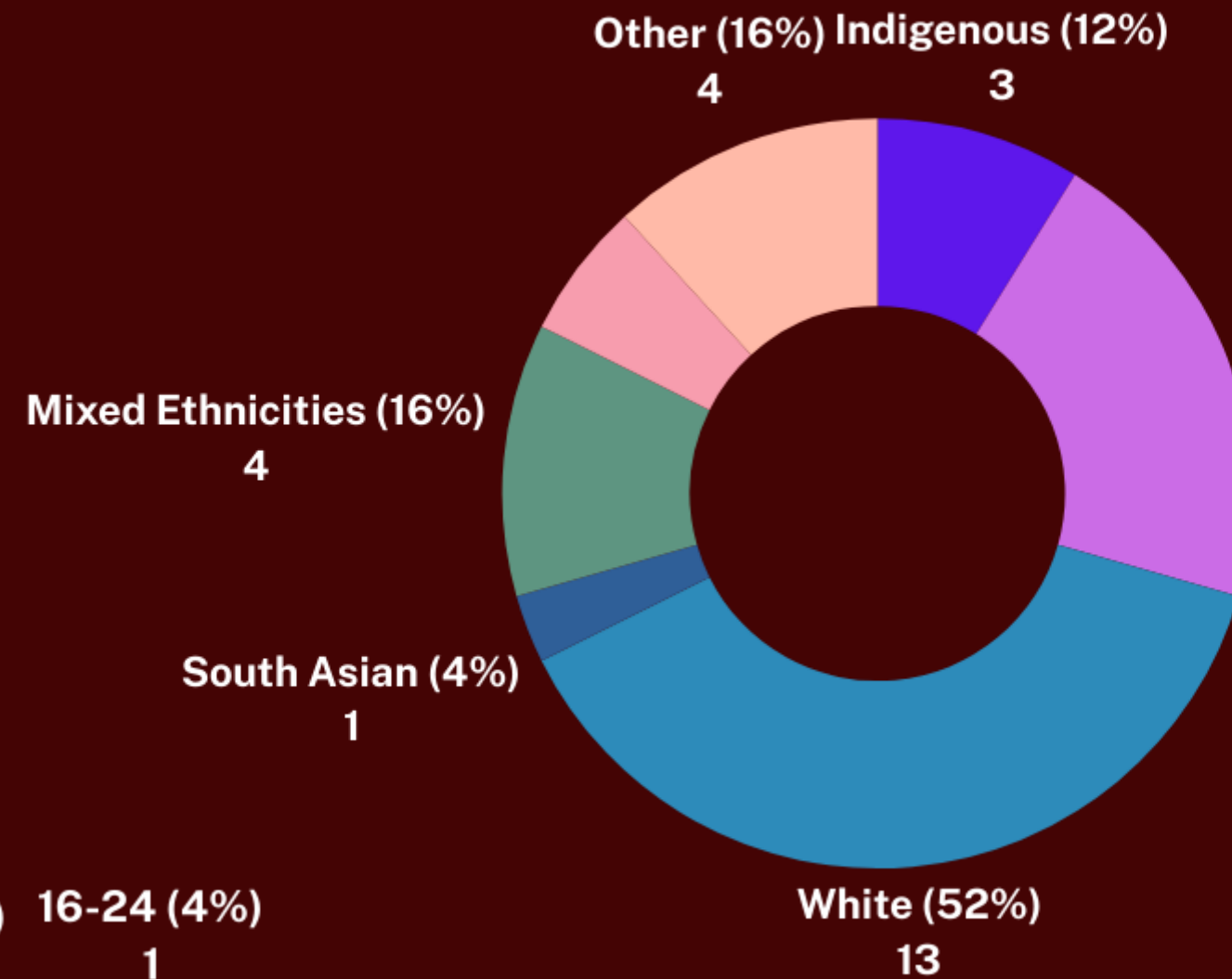
25

SURVIVORS



18 Ontario
3 in Quebec
2 in Alberta
2 in British Columbia
1 in Northwest Territories*

ETHNIC BACKGROUND



92%

Women



4%

Two Spirit

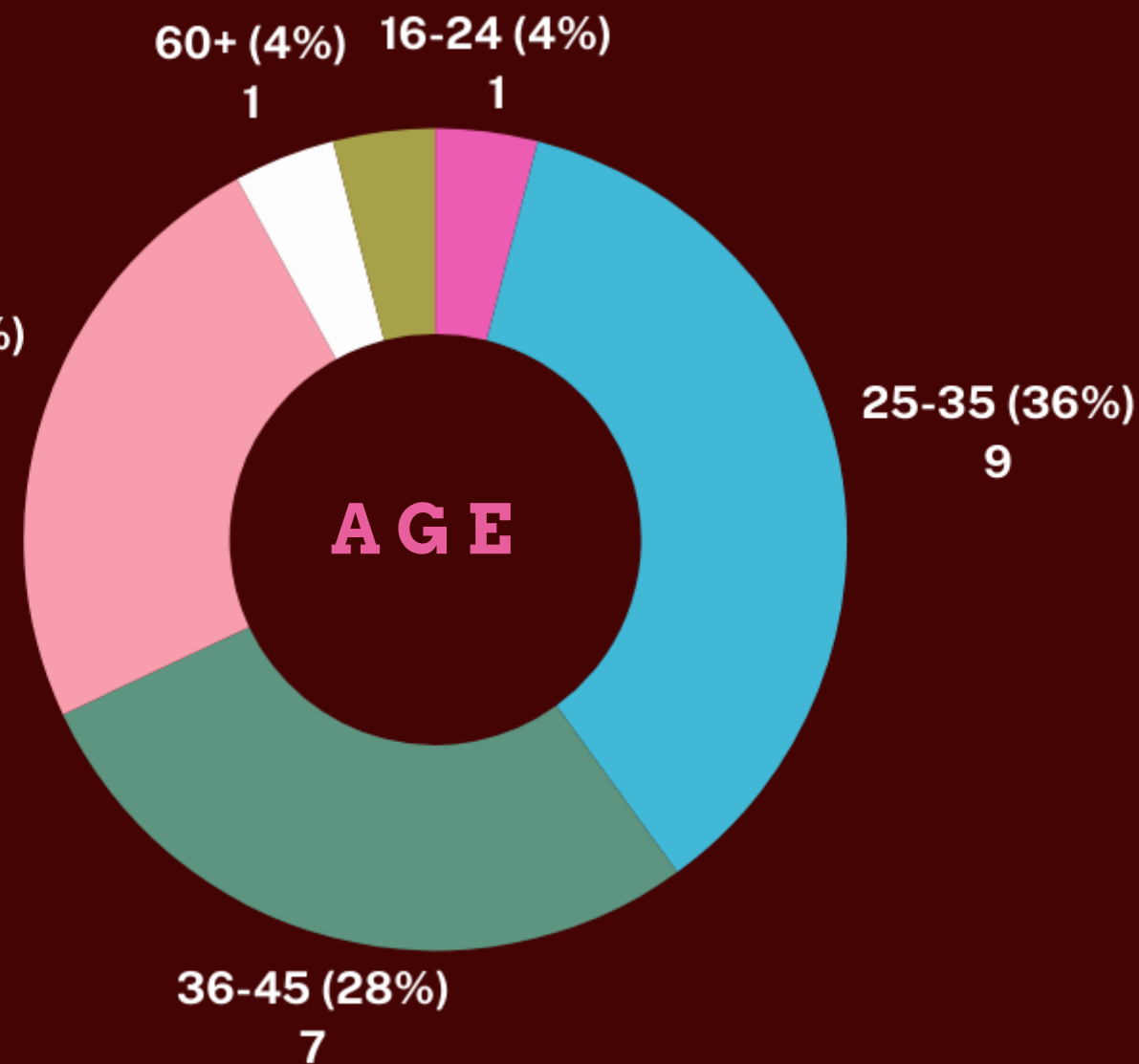


4%

Anti-gendered

23 women
1 two-spirit
1 autigendered

AGE



20% (5) newcomers
4% (1) identified as
a refugee

*1 individual is from both ON and NWT

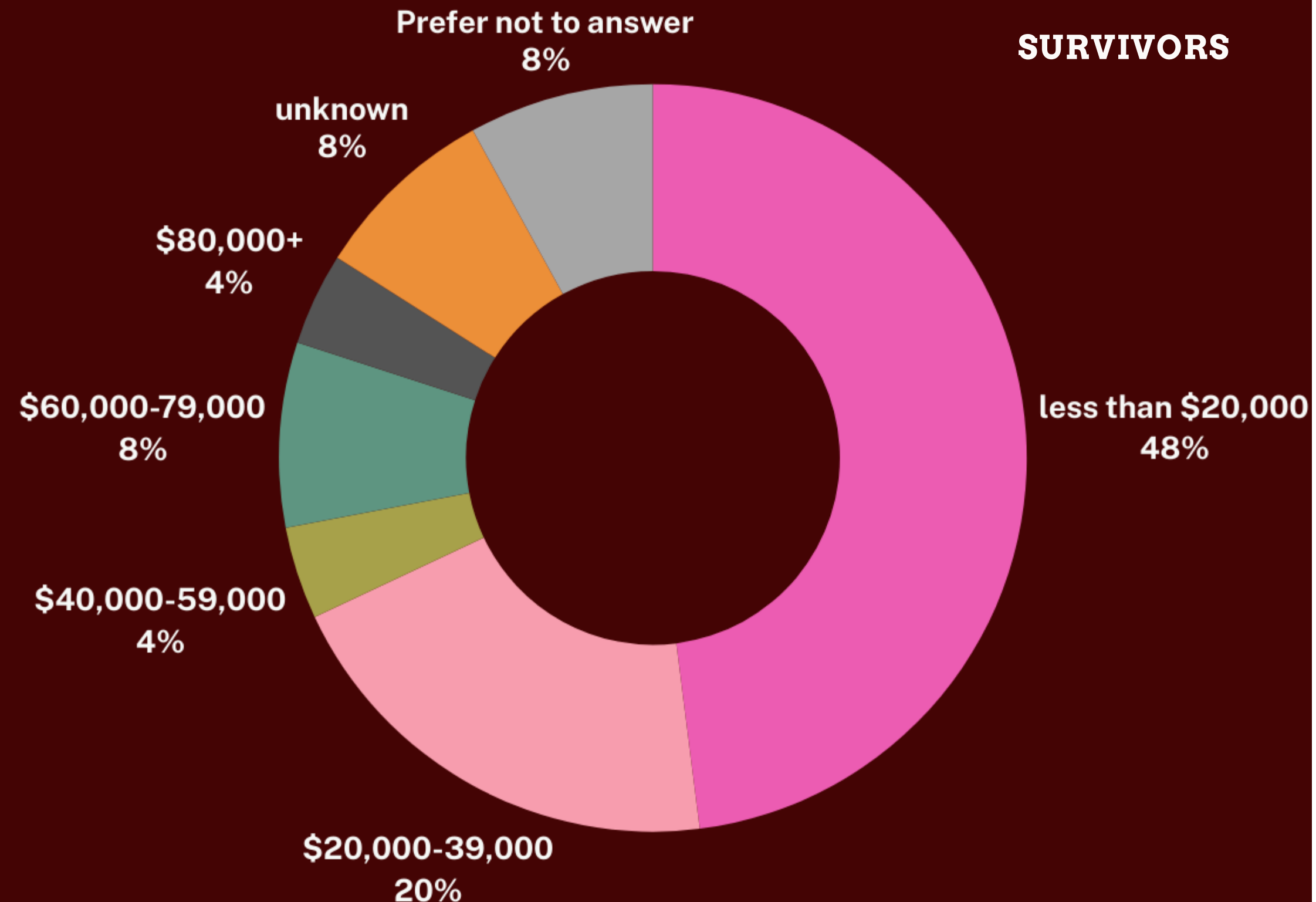
25

SURVIVORS

INCOME LEVEL

48% make less than \$20,000 a year.

The 2025 federal poverty line in Canada is projected to be \$15,510 for a household of one & \$21,500 for a household of two.

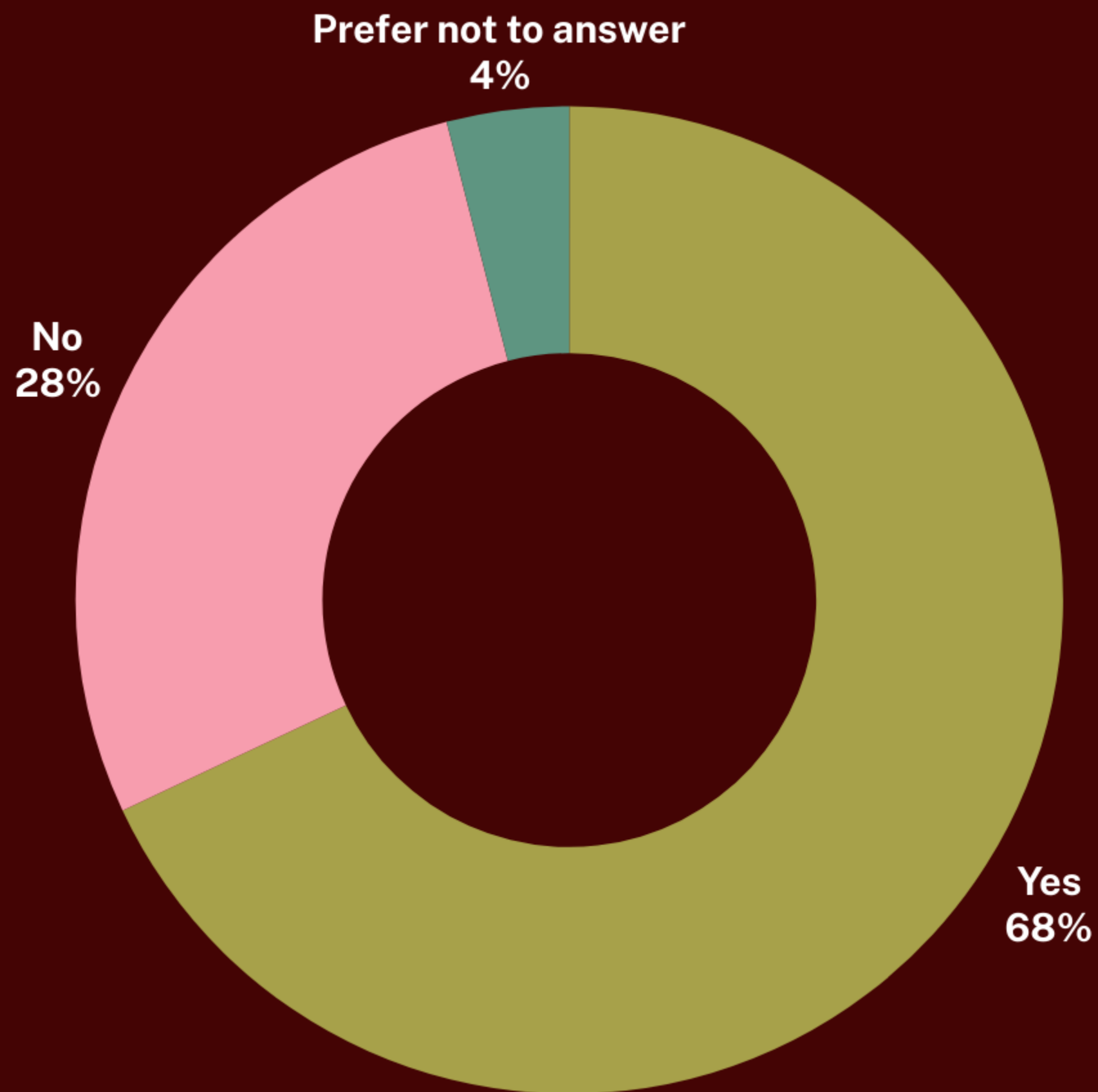


25

SURVIVORS

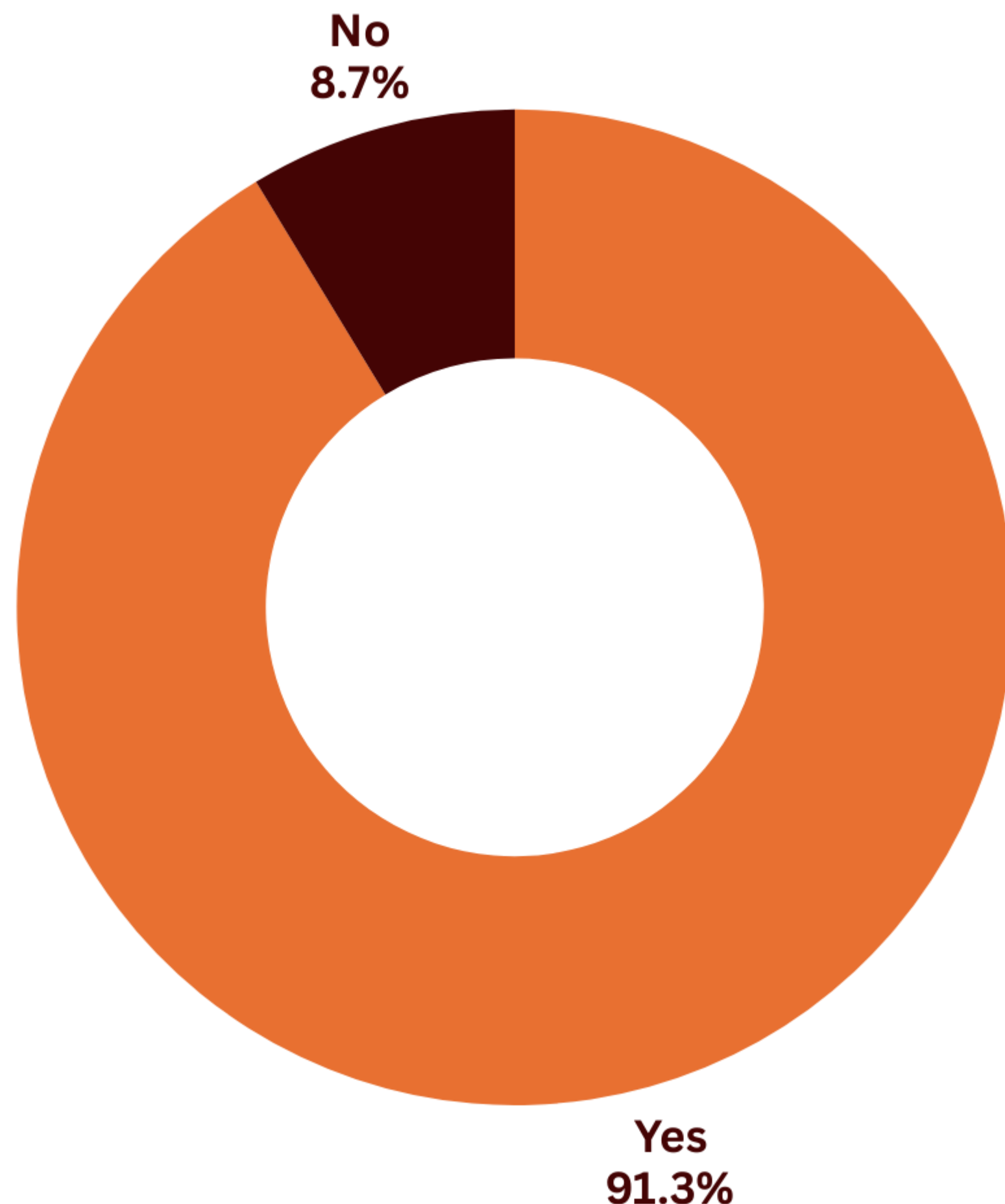
RECIPIENTS OF FINANCIAL ASSISTANCE

17 of 25 (68%) receive
additional financial assistance



25
SURVIVORS

GBV AS THE ROOT CAUSE OF BRAIN INJURY



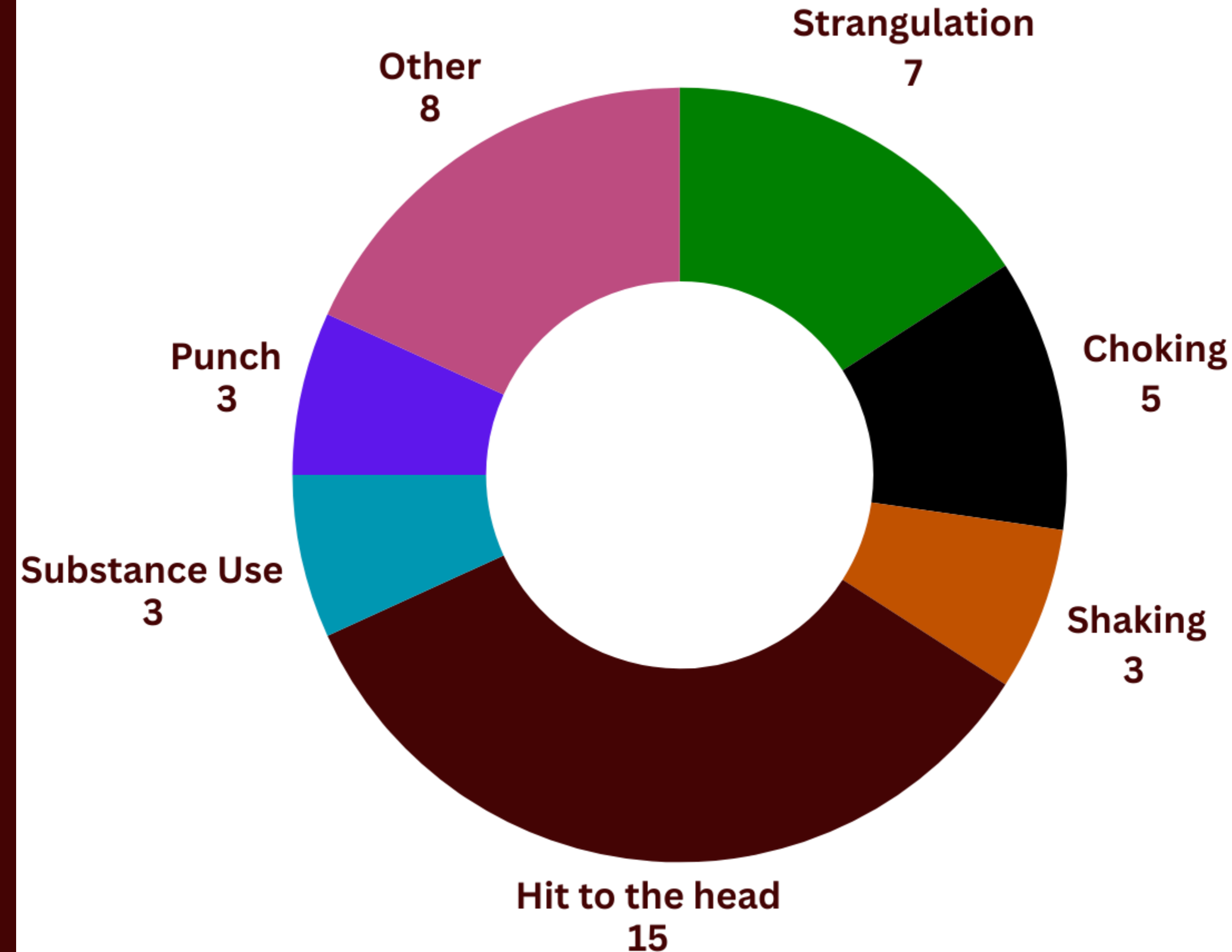
21 of 23 (91%) reported that
GBV was the root cause of
their Brain Injury

25

SURVIVORS

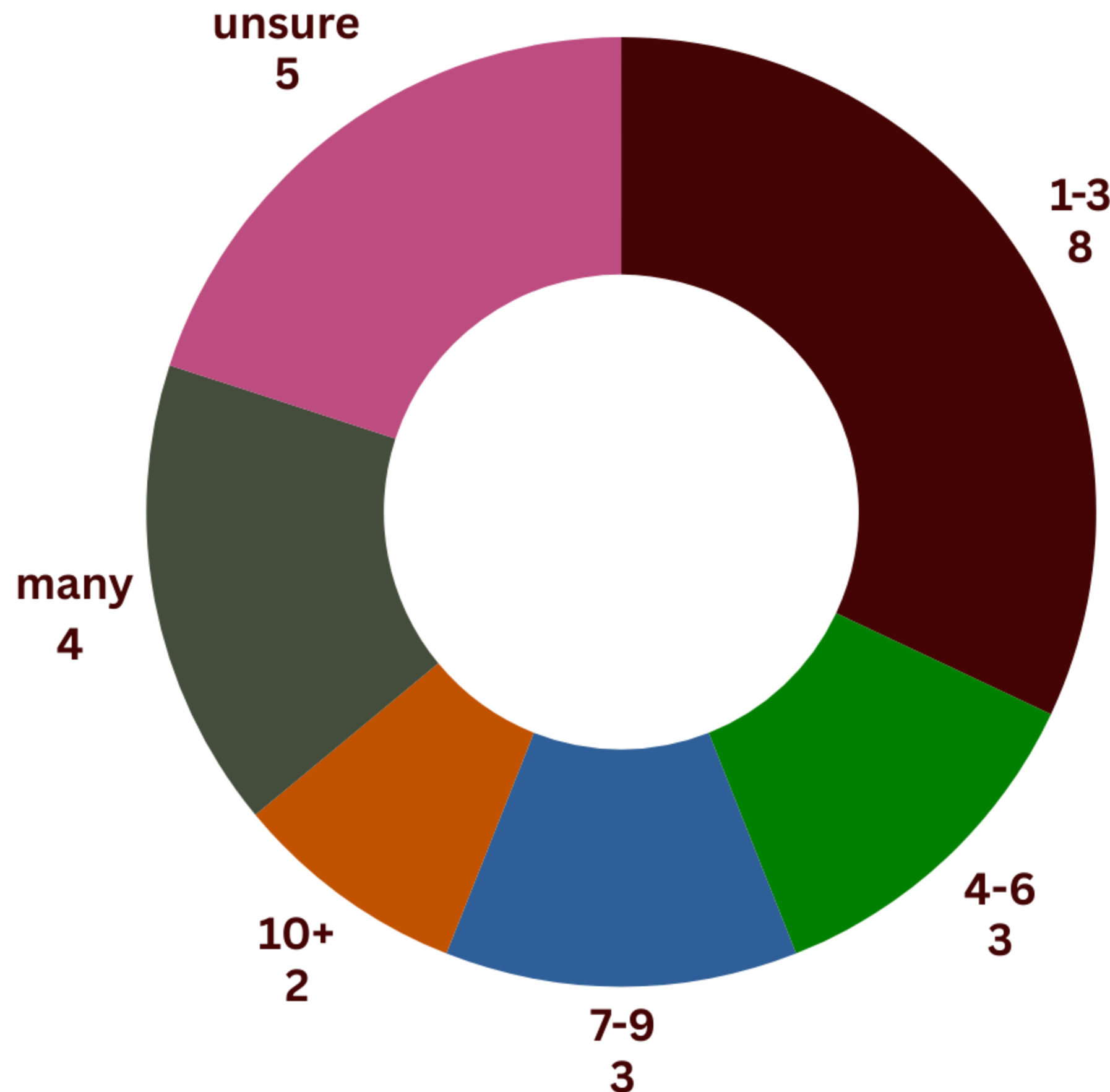
HOW WAS THEIR BI SUSTAINED?

15 of 23 (65%) reported that
GBV-BI was sustained through
hits to the head.



25
SURVIVORS

FREQUENCY OF GBV RELATED BI



35% of survivors reported sustaining ~ 1-3 GBV-BIs

52% of survivors reported 4 or more experiences of GBV-BIs

22% of survivors reported being unsure

PROGRAMS

8

SERVICES OFFERED

The average attendance was below 22% across most programs.

Peer Counselling attendance was the highest at 51% on average during the program.

AVERAGE PROGRAM ATTENDANCE DURING THE PROGRAM



GENERAL HEALTH

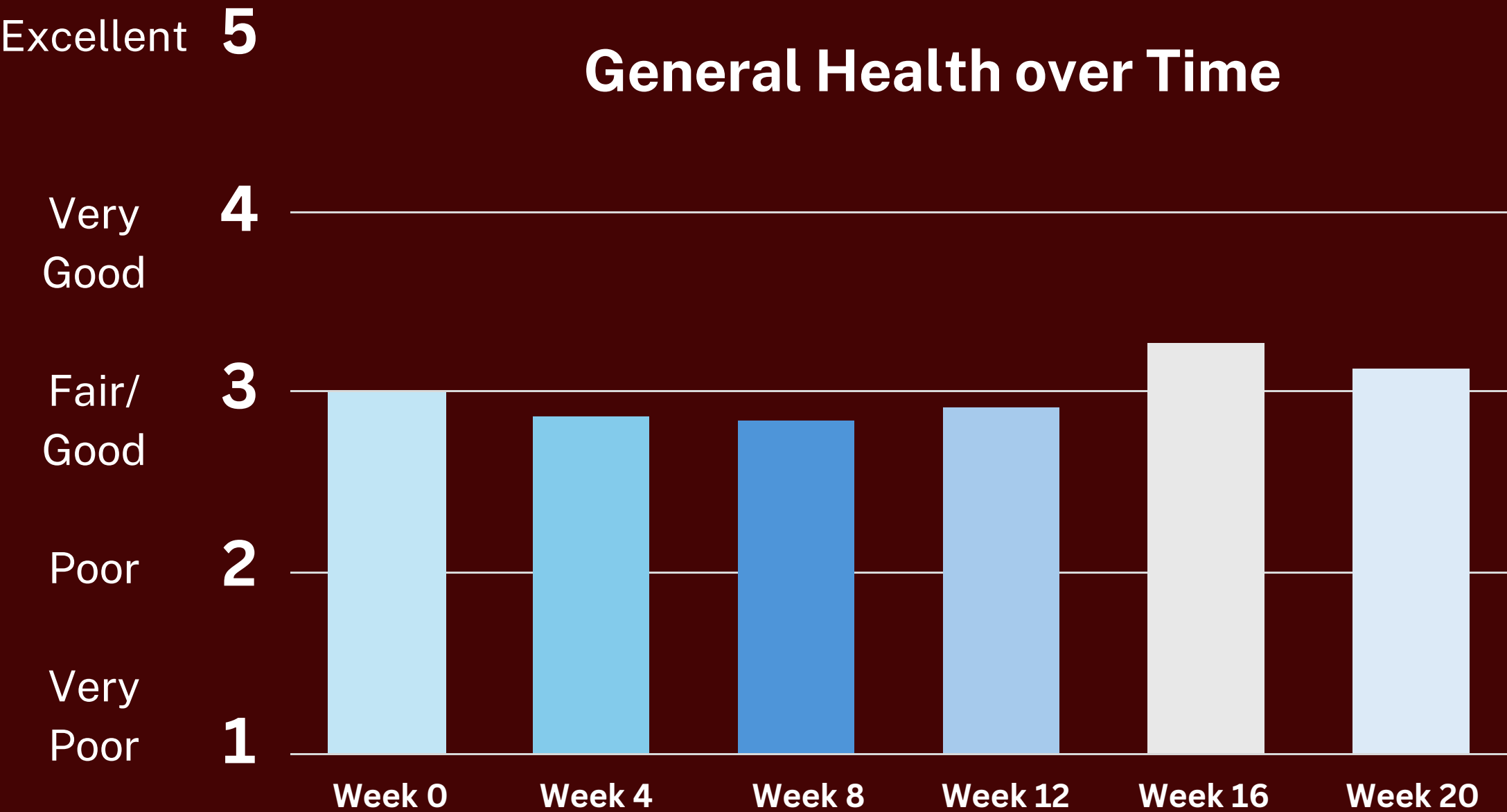
While general health slightly
Improved...

4%
increase

VERY POOR



General Health over Time



MENTAL HEALTH

Mental Health had a more significant increase during the program

34%
increase

VERY POOR

EXCELLENT

Excellent **5**

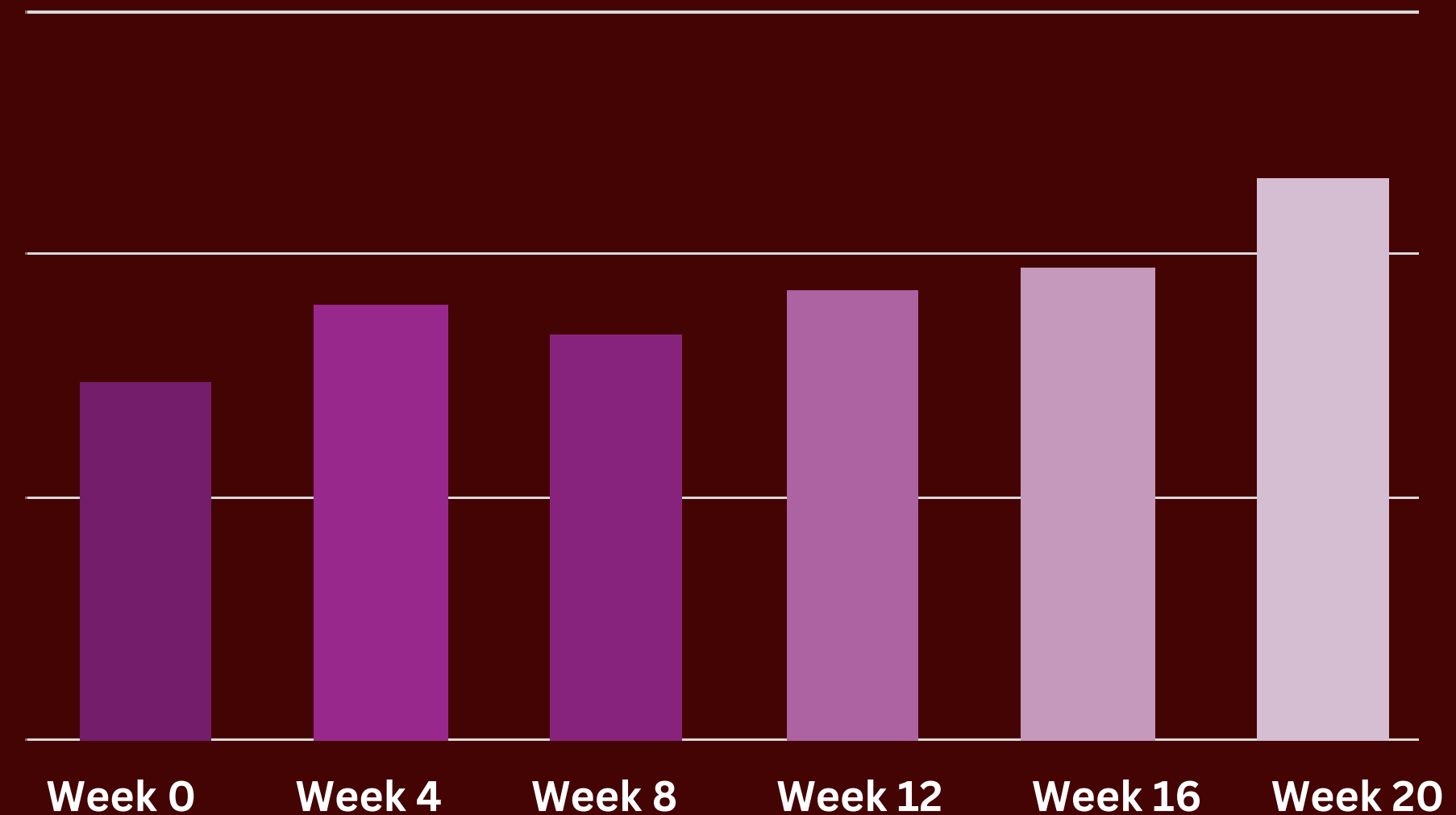
Very Good **4**

Fair/Good **3**

Poor **2**

Very Poor **1**

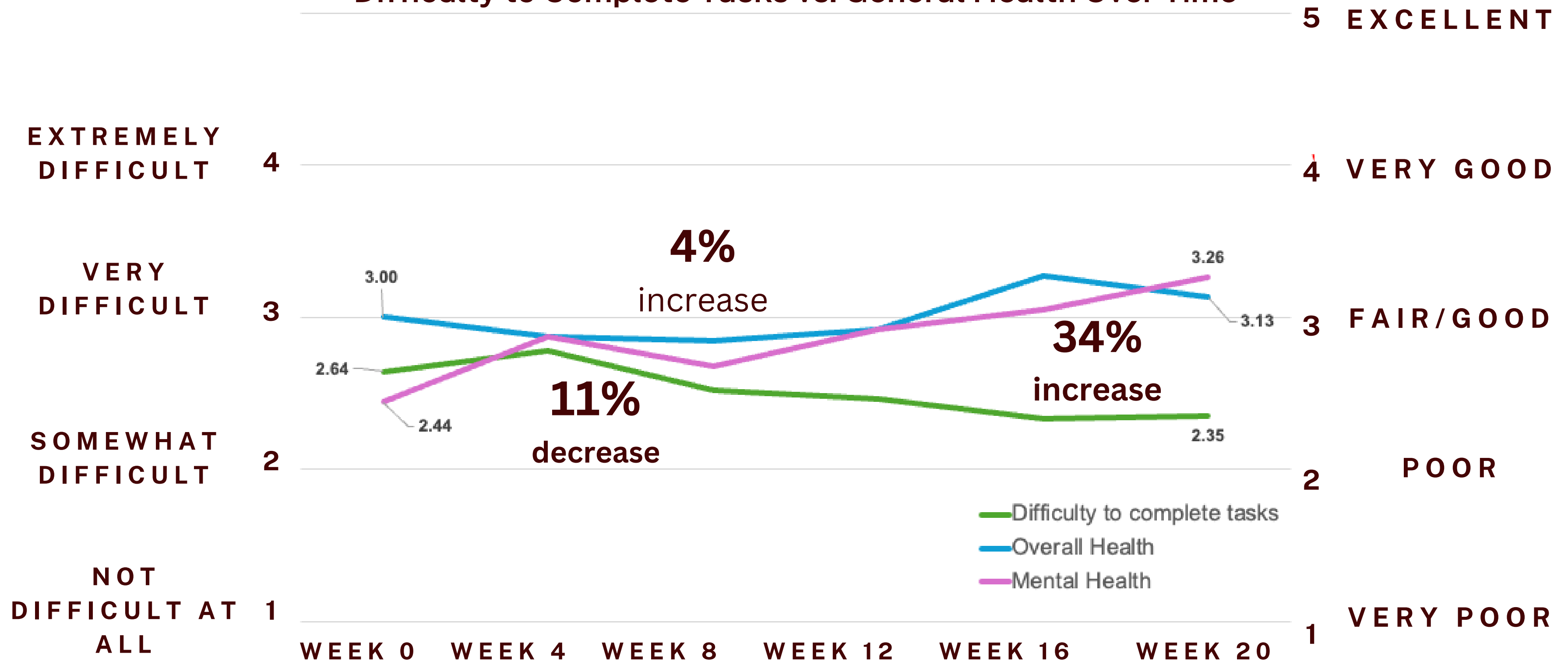
Mental Health over Time



DAILY TASKS & HEALTH

As general and mental health improved, difficulty to complete tasks decreased

Difficulty to Complete Tasks vs. General Health Over Time

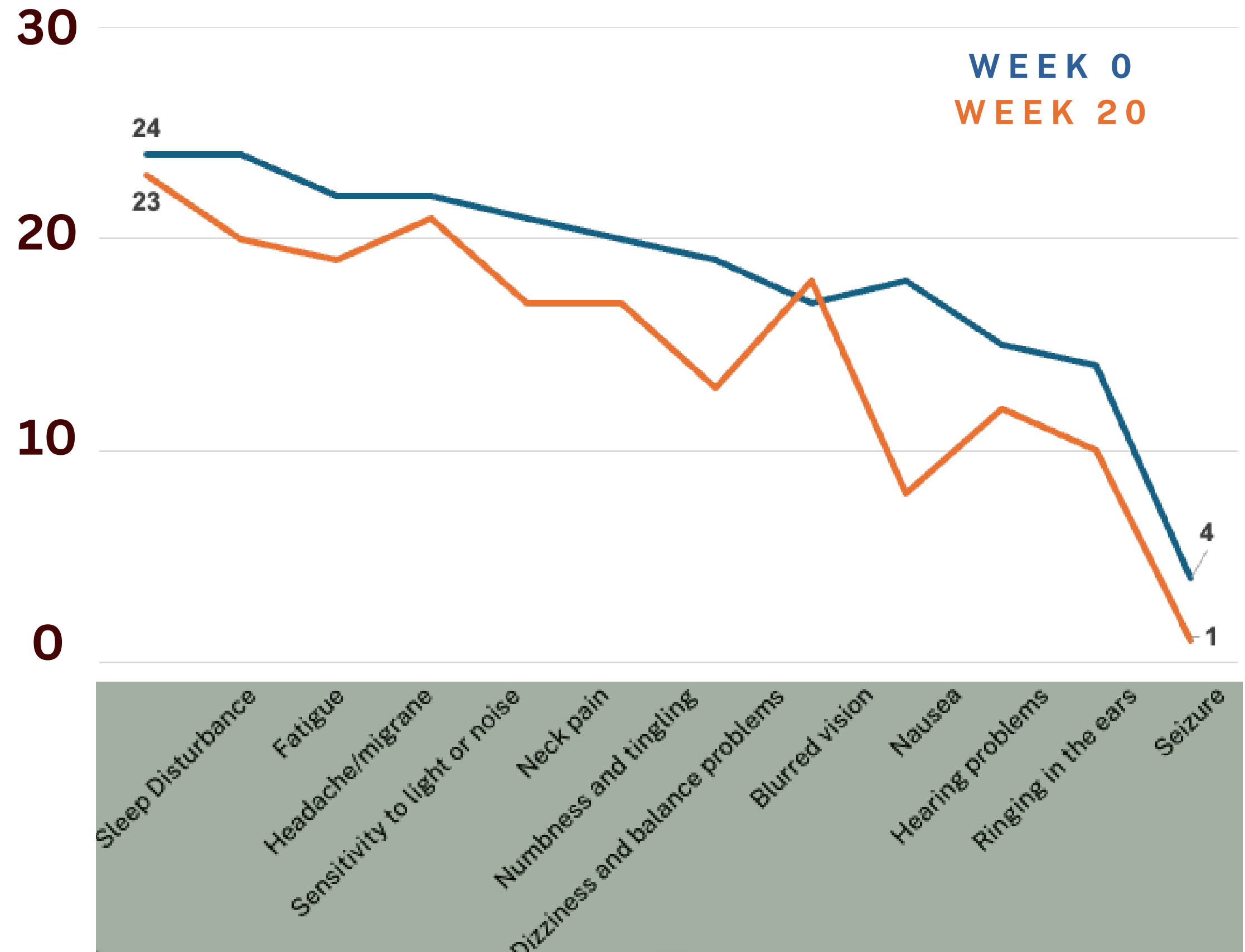


HEALTH: SYMPTOM FREQUENCY

All symptoms showed a slight to moderate decline in frequency from the start to the end of the program, except Blurred Vision.

19%
decrease

CHANGE IN FREQUENCY OF SYMPTOMS OVER TIME



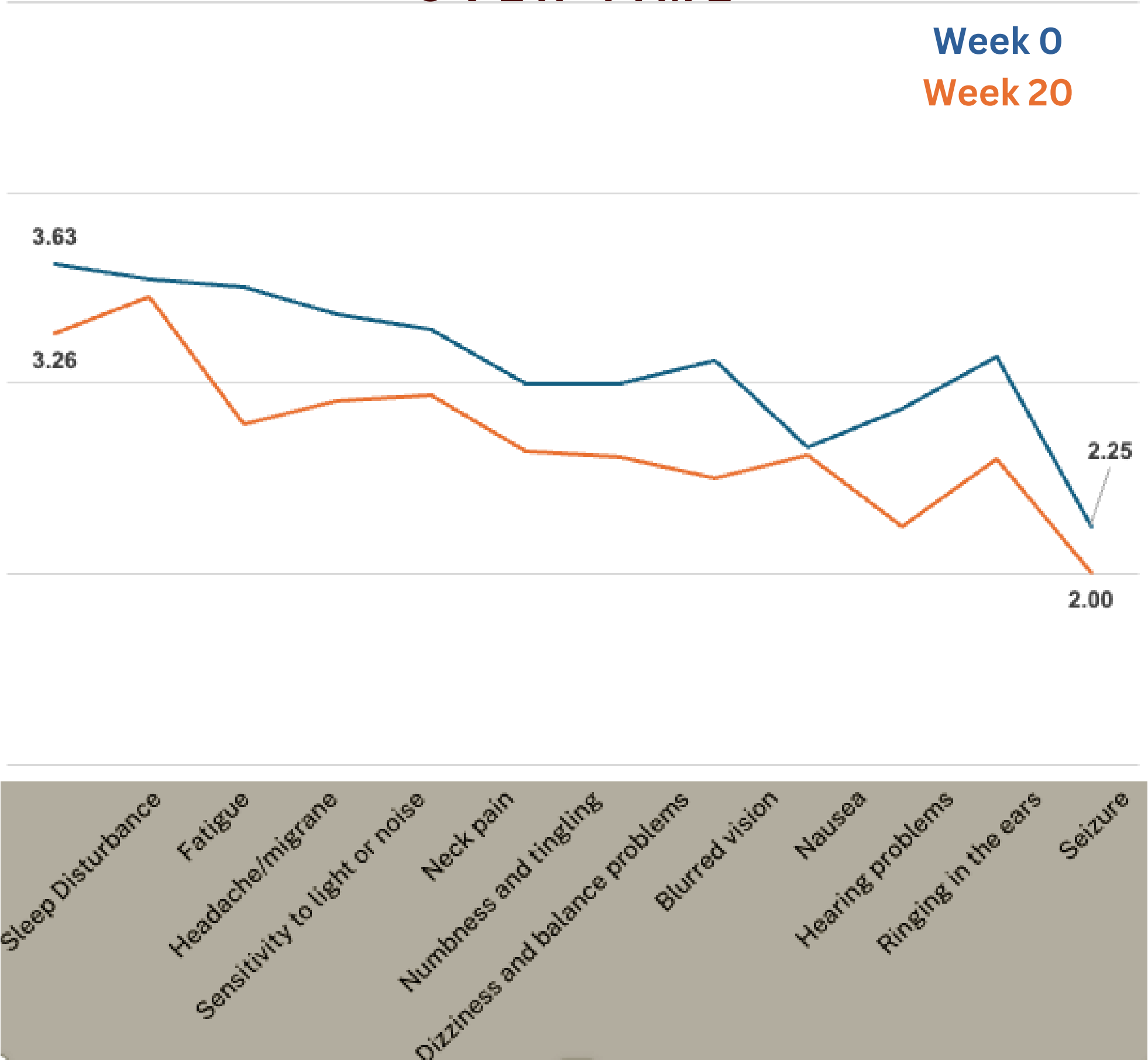
HEALTH: SYMPTOM SEVERITY

Severity declined during the
lifecycle of the program across
all symptoms

13%
decrease

Most Severe
Very Severe
Fair/
Good
Mildly Severe
None

CHANGE IN SYMPTOM SEVERITY OVER TIME

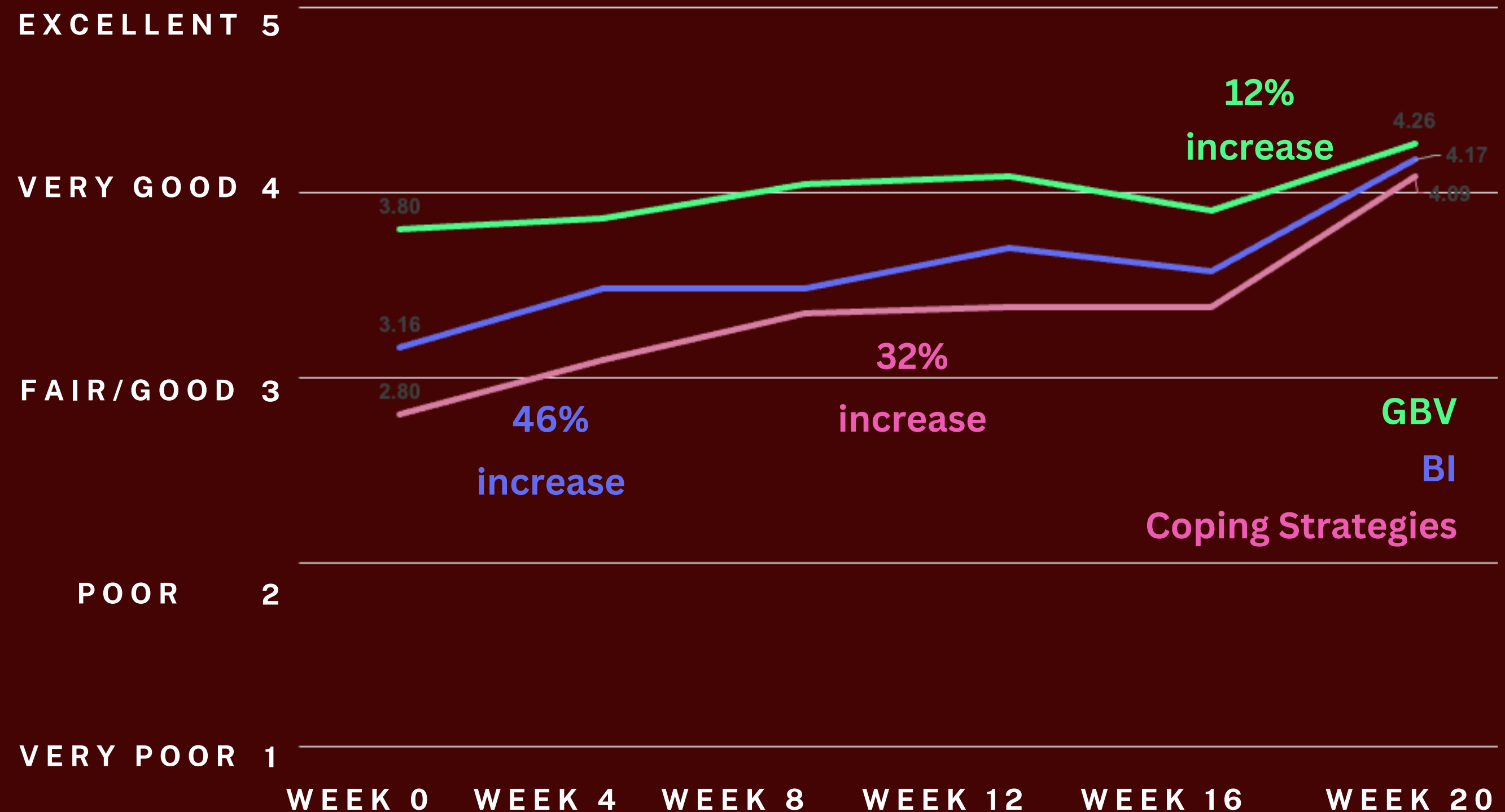


KNOWLEDGE AND UNDERSTANDING

KNOWLEDGE AND UNDERSTANDING OF GBV IMPROVED BY 12% DURING THE PROGRAM

KNOWLEDGE AND UNDERSTANDING OF BI IMPROVED BY 46%

KNOWLEDGE AND UNDERSTANDING VS. ACQUIRED COPING STRATEGIES OVER TIME

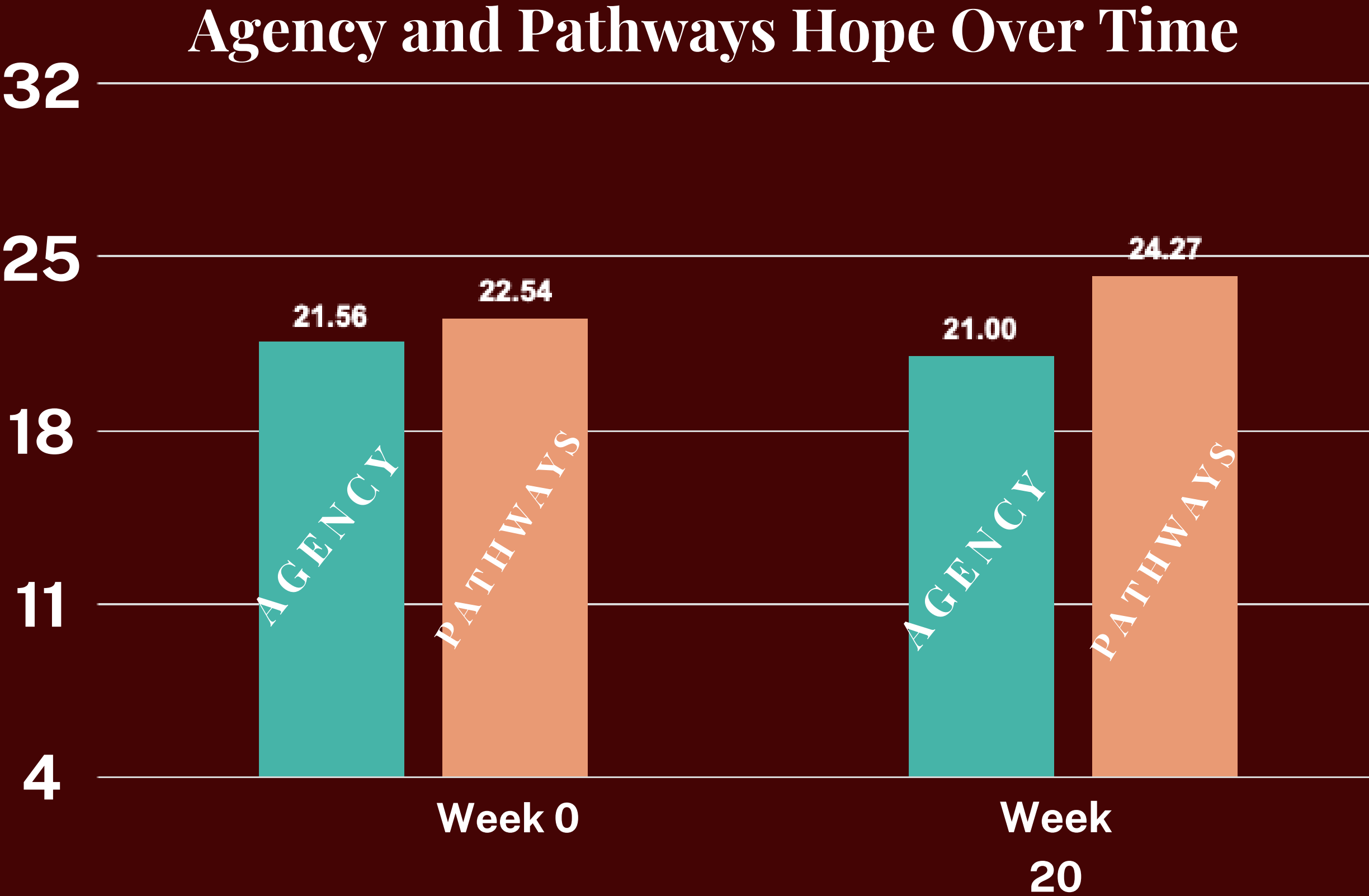


HOPE SCORE

Score	Range
High Hope	56+
Moderately Hopeful	48-56
Hopeful	40-48

Survivors remained “Hopeful”
Hope increased by 3% overall.

Agency (willpower) indicators showed a slight **decline of 3%** , while **Pathways (waypower)** indicators showed a slight **increase of 7%** .



1

**FOCUS GROUP OR
INTERVIEW**

1

What did you enjoy about this 5-month program?

2

Likewise, what did you not enjoy about this 5-month program?

3

Did this program consider and address the different aspects of your identity, such as your gender, ethnicity, disability, and other factors, in a safe way?

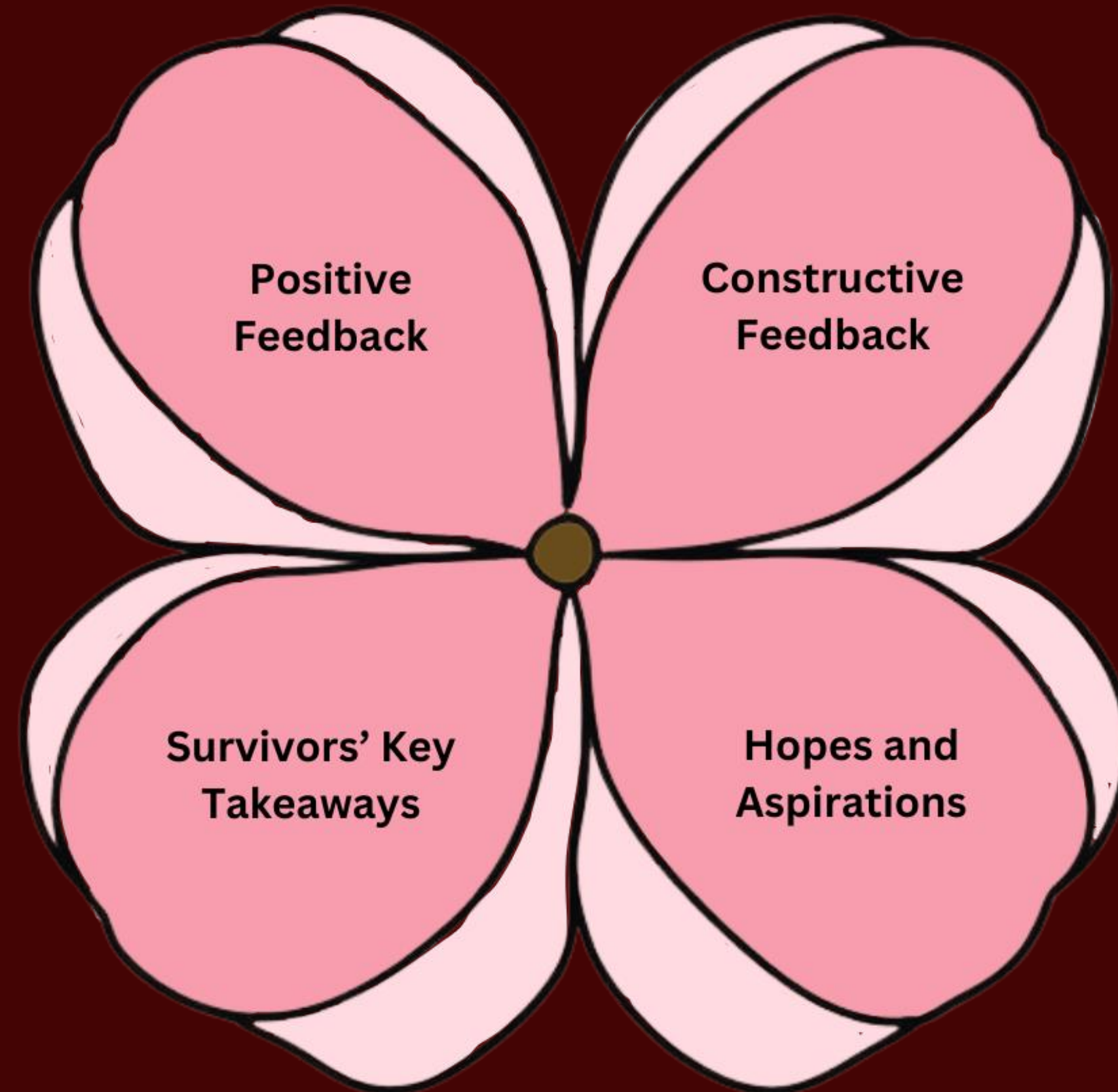
4

What did you learn in the pilot program?

5

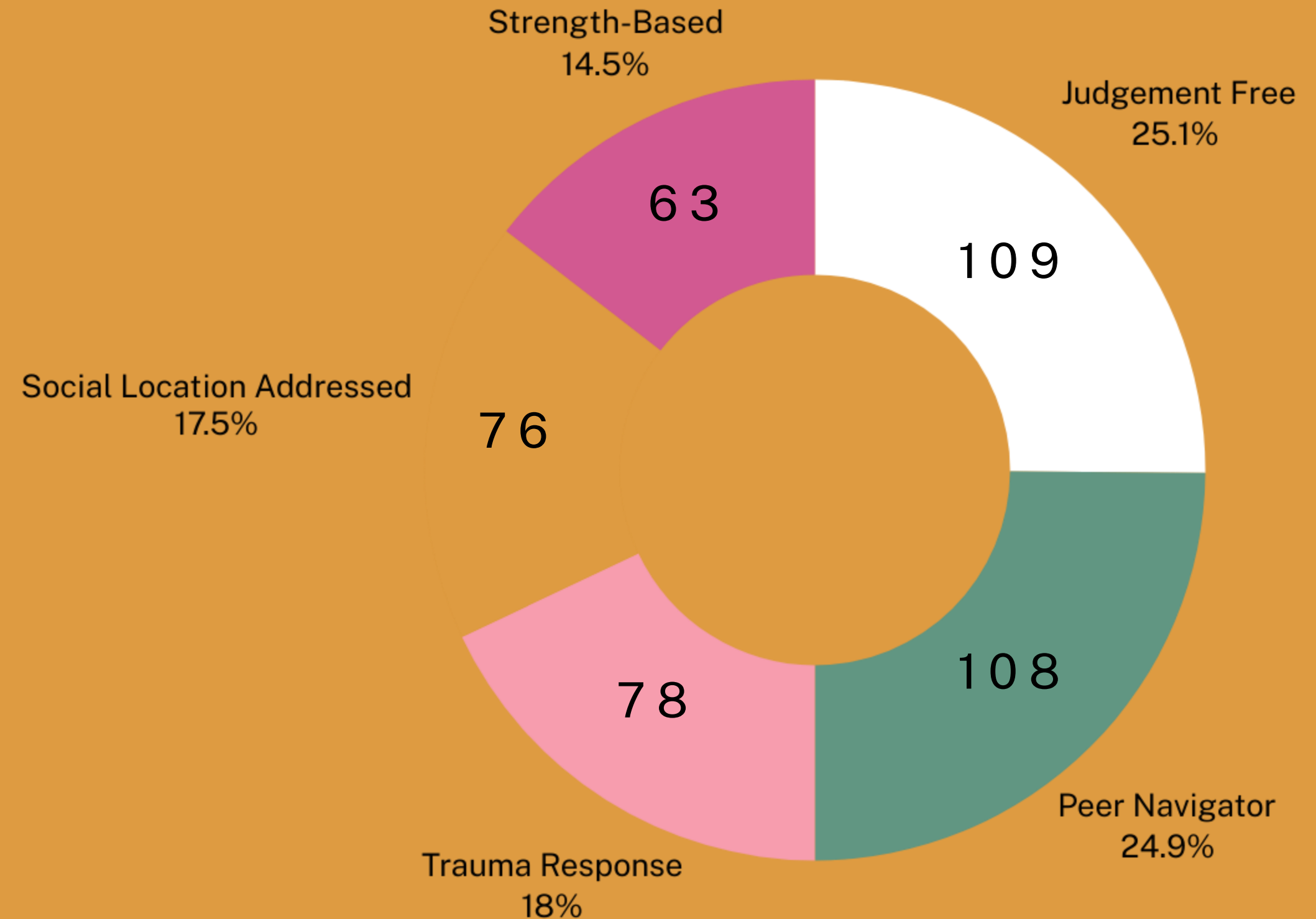
**What do you hope for when you think of GBV-TBI supports?
What is your dream?**

4 MAIN THEMES



POSITIVE FEEDBACK

THE PROGRAM
OUTCOMES AND
RESULTS DESCRIBED BY
STUDY PARTICIPANTS
WERE TYPICALLY
POSITIVE SENTIMENTS
AND SELF-REPORTED
IMPROVEMENTS ACROSS
VARIOUS AREAS,
INCLUDING MENTAL AND
PHYSICAL HEALTH.



POSITIVE FEEDBACK

JUDGEMENT FREE

"IT'S ALWAYS A NON-JUDGMENTAL STANCE THAT WE ARE ALL UNIQUE IN OUR EXPERIENCES OF TBI." RI (P14)

STRENGTH-BASED

"I THINK I APPRECIATED THAT IT WAS VERY SELF LED. IF YOU WANTED TO ENGAGE YOU COULD IF NOT YOU DIDN'T HAVE TOO." -SH (P2)

SOCIAL LOCATION ADDRESSED

"I LIKE HOW THIS INCLUDES ALL WOMEN THAT ARE LIKE MYSELF, WITH TRAUMA AND AND ALL THESE DIFFERENT TYPES OF ISSUES THAT WE'VE HAD. SO I REALLY APPRECIATE THE INCLUSIVITY AND THE RESPECT I WAS GIVEN HERE." -CW(P10)

PEER NAVIGATOR

"MY PEER NAVIGATOR! THE BEST! TOP NOTCH! AMAZING! WORDS CAN'T EXPRESS HOW MUCH SHE HAS POURED INTO ME." - SH (P2)

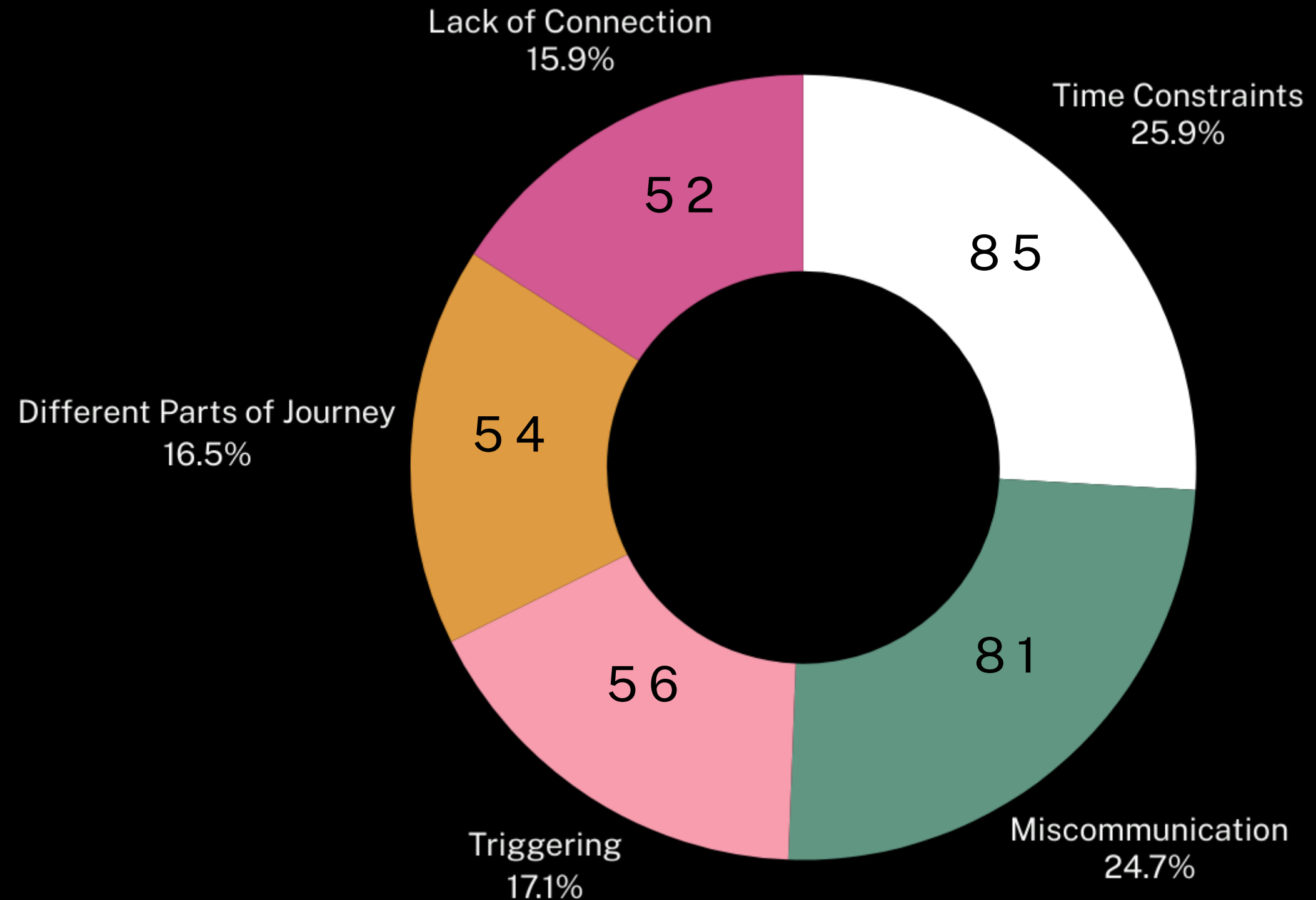
RESPONSE TO TRAUMA

"IT'S REALLY TOP NOTCH FOR ME, BECAUSE THE EXPERIENCE THAT WORKERS HAVE ARE SO TRAUMA INFORMED." - CW (P10)

CONSTRUCTIVE FEEDBACK

CONSTRUCTIVE FEEDBACK
WAS REQUESTED TO BETTER
UNDERSTAND HOW THE
PROGRAM CAN BE
IMPROVED IN THE FUTURE.

THE FEEDBACK AND
LEARNINGS CAN ALSO BE
APPLIED TO OTHER
PROGRAM DESIGN AND
DEVELOPMENT.



CONSTRUCTIVE FEEDBACK

TIME CONSTRAINTS

"I JUST WISH IT WAS LONGER.
THAT'S ALL." - RE (P20)

LACK OF CONNECTION

I DON'T KNOW IF THERE WAS AN
OPTION OF CHANGING PEER
NAVIGATORS OR PEER
COUNSELORS, BUT I DIDN'T FEEL
A CONNECTION." - JL (P5)

TRIGGERING

"I REALIZED WAS IT WAS HARD
HEARING OTHER PEOPLE'S
STORIES." - AC (P18)

MISCOMMUNICATION

"WHO IS THIS PERSON WHO'S
EMAILING ME? I DON'T KNOW WHO
THIS PERSON IS. I'LL TRUST THE
SYSTEM OR TRUST THE
ORGANIZATION, BUT LIKE, THERE'S
LIKE, I DIDN'T KNOW WHO YOU WERE."
- CA (P24)

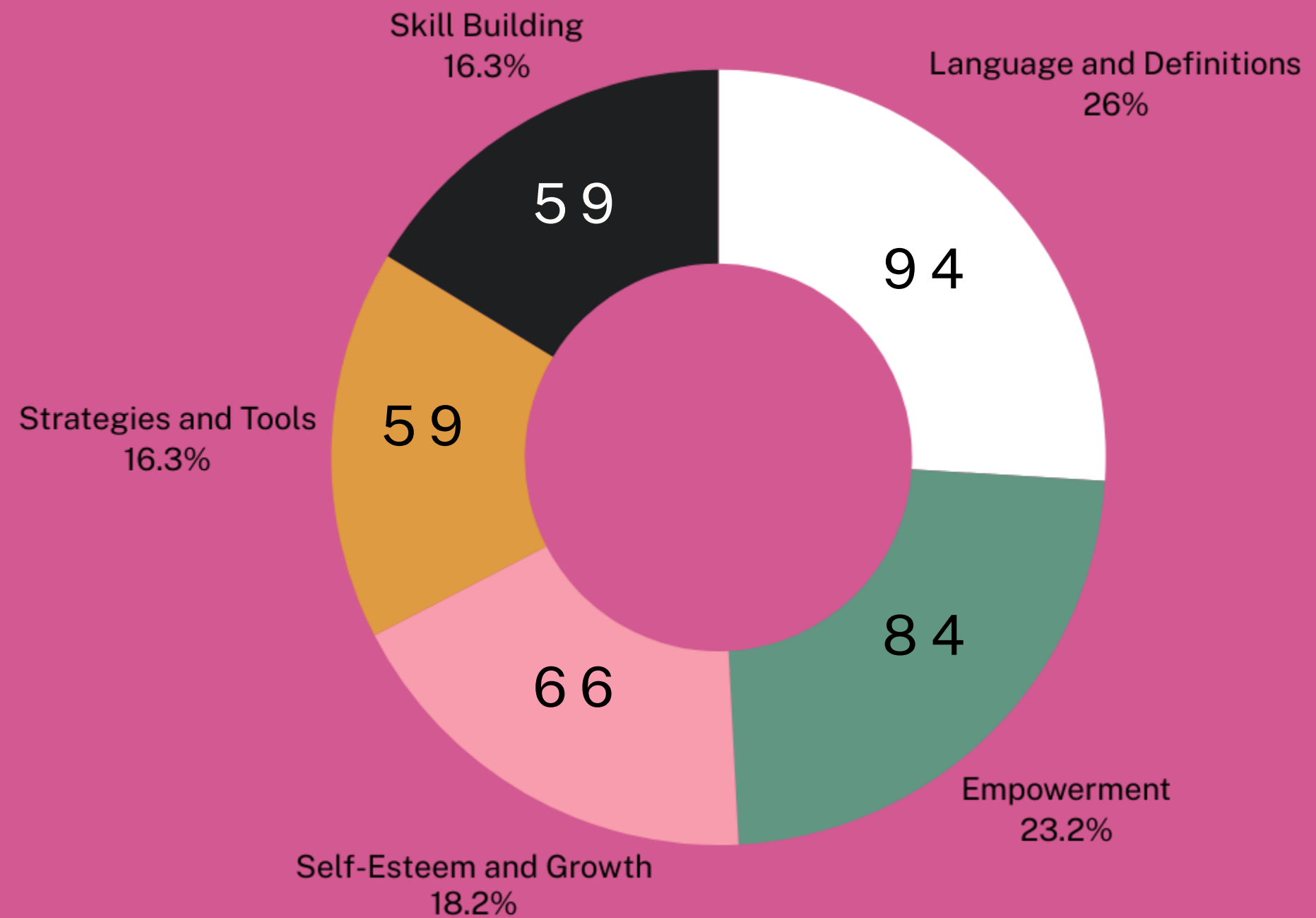
DIFFERENT PARTS OF THE JOURNEY

"I THINK I MEAN, IT MIGHT BE
DIFFERENT FOR OTHER
PARTICIPANTS, BUT WHEN I
STARTED THE PROGRAM, I HAD
JUST, I HAD JUST LEFT MY
DOMESTIC VIOLENCE SITUATION." -
KA (P15)

SURVIVORS' KEY TAKEAWAYS

THIS THEME
ENCOMPASSES THE
TANGIBLE TAKEAWAYS
THAT THE SURVIVOR
OBTAINED THROUGHOUT
THE PILOT PROGRAM.

PARTICIPANTS TALK
ABOUT WHAT THEY
LEARNED AND HOW THEY
WILL USE IT.



SURVIVORS' KEY TAKEAWAYS

STRATEGIES AND TOOLS

“WE WERE ABLE TO FIND EFFECTIVE WAYS TO RELIEVE THE SYMPTOMS DUE TO THE TRAUMATIC BRAIN INJURY. EARPLUGS TO REDUCE NOISE, DIMMING THE SCREEN LIGHTS. PHYSIOTHERAPY FOR NECK PAIN. REORGANIZING MY LIFESTYLE FOR HEALTHIER CARE. BETTER CONFIDENCE AND SELF-ESTEEM.” -MD (P22)

SELF-ESTEEM AND GROWTH

YOU GUYS MAKE ME FEEL THAT I HAVE A VOICE AND THAT I DO MATTER THE PERSON, AND YOU GUYS GAVE ME BACK MY SELF CONFIDENCE, WHICH I DIDN'T HAVE BEFORE. - RE (P20)

SKILL BUILDING

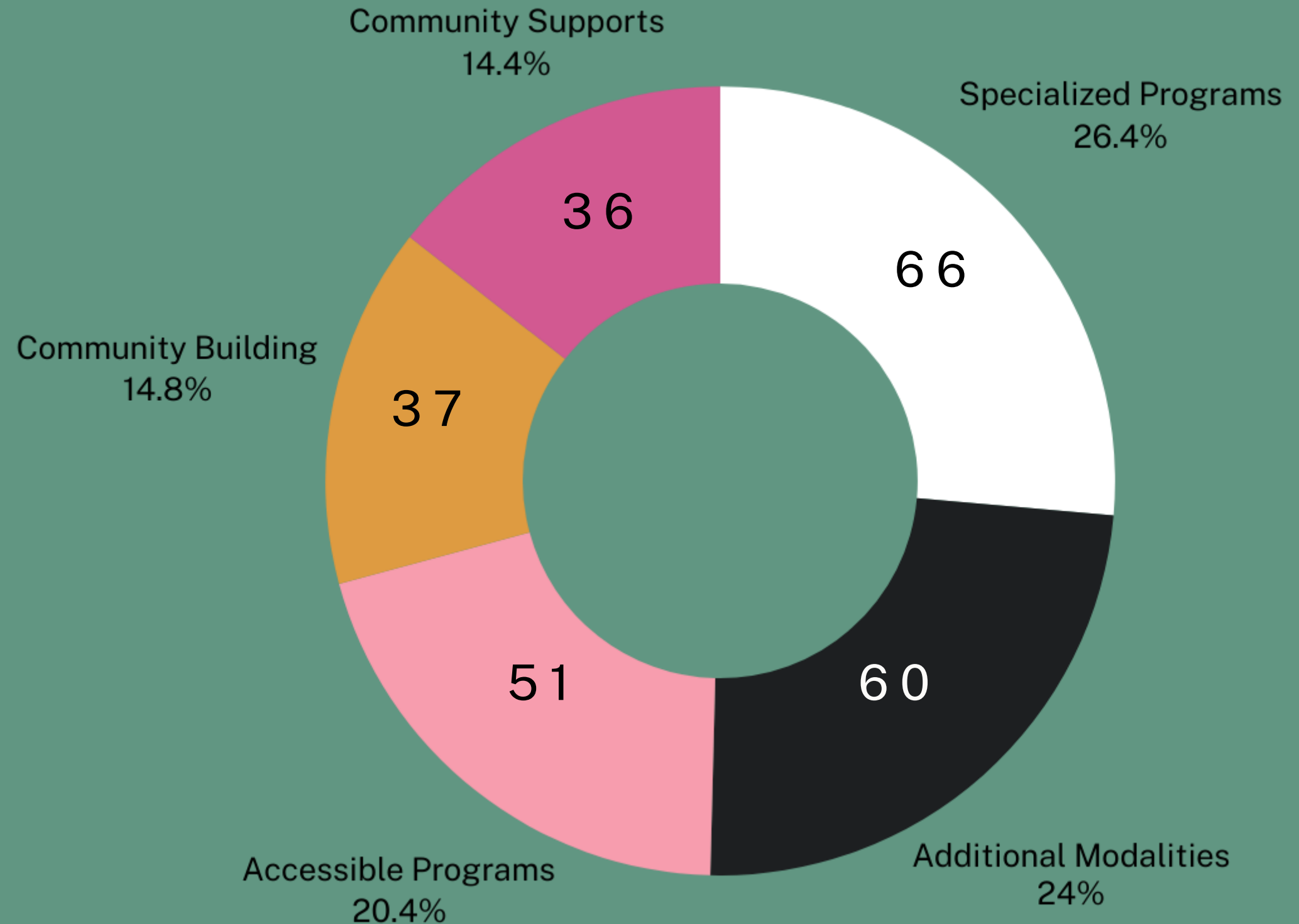
“I ENJOYED LEARNING ABOUT BOUNDARIES... BOUNDARIES WITH FRIENDS, BOUNDARIES WITH PEOPLE IN GENERAL. AND I ENJOYED LEARNING HOW LIKE TO PAUSE AND THINK BEFORE WE REACT.”-JL (P5)

EMPOWEREMENT

“IT'S ALSO SO, SO HEARTENING OR MOTIVATING THAT THERE'S LIFE AFTER GENDER BASED VIOLENCE, JUST LIFE AFTER TBI.” - RM (P17)

HOPE AND ASPIRATION

THIS THEME
INCLUDES ALL THE
HOPE AND
ASPIRATION OF
PARTICIPANTS
BEYOND THE
PROGRAM AND FOR
THE FUTURE.



HOPE AND ASPIRATIONS

COMMUNITY SUPPORTS

“SOMETHING STRUCTURED THAT THAT'S GOAL BASED ABOUT SELF LOVE, BEING AUTHENTIC AND BEING TRUE TO YOURSELF, AND HEALING AND BEING LISTENED TO ALL THAT ONE PACKAGE, ALL THOSE INGREDIENTS IN A RECIPE, AND THOSE THINGS ON MY PLATE WOULD BE A NICE MEAL.” -CW (P10)

ADDITIONAL MODALITIES

“I WANT THERE TO BE SUPPORTS THAT ARE MORE READILY AVAILABLE AND NOT SO STIGMATIZED, AND ALSO SUPPORTS THAT ARE COME IN ALL MANY DIFFERENT FORMATS, LIKE IN PERSON OR VIRTUALLY OR ON TELEPHONE.” -RE (P20)

COMMUNITY BUILDING

“I WOULD LOVE TO SEE MENTORSHIP, WHERE WE'RE ABLE TO TRAIN FOR SIMILAR ROLES, OR TO VOLUNTEER IN THE PROGRAM.”
- TI (P1)

ACCESSIBLE PROGRAMS

“I WANT THERE TO BE SUPPORTS THAT ARE MORE READILY AVAILABLE AND NOT SO STIGMATIZED, AND ALSO SUPPORTS THAT ARE COME IN ALL MANY DIFFERENT FORMATS.” - RE(P20)

SPECIALIZED PROGRAMING

“I WOULD LOVE TO SEE MORE PROGRAMMING LIKE THIS.” - AP (P19)

Key Learnings

1. Peer Support and Peer Navigation

- Peer support helps navigate stigma and isolation, especially critical for older adults.
- Peer navigation is offered by a trained peer support worker with lived experience, as well as unique systems navigation expertise.
- Survivors reported:
 - Better mental & general health
 - Improved coping and confidence
 - Greater understanding of aging with BI



“You make me feel that I have a voice... and gave me back my self-confidence.” – RE

Key Learnings



2. Addressing GBV-BI specific challenges

- 91% of survivors reported their BI was sustained through GBV
- 65% reported that they sustained their BI through hits to the head, with other forms including:
 - Strangulation (30%)
 - Choking (22%)
 - Forced substance use (13%)
- Other forms of IPV-related BI (35%) included being knocked unconscious, suffering broken facial bones, or experiencing gun violence.



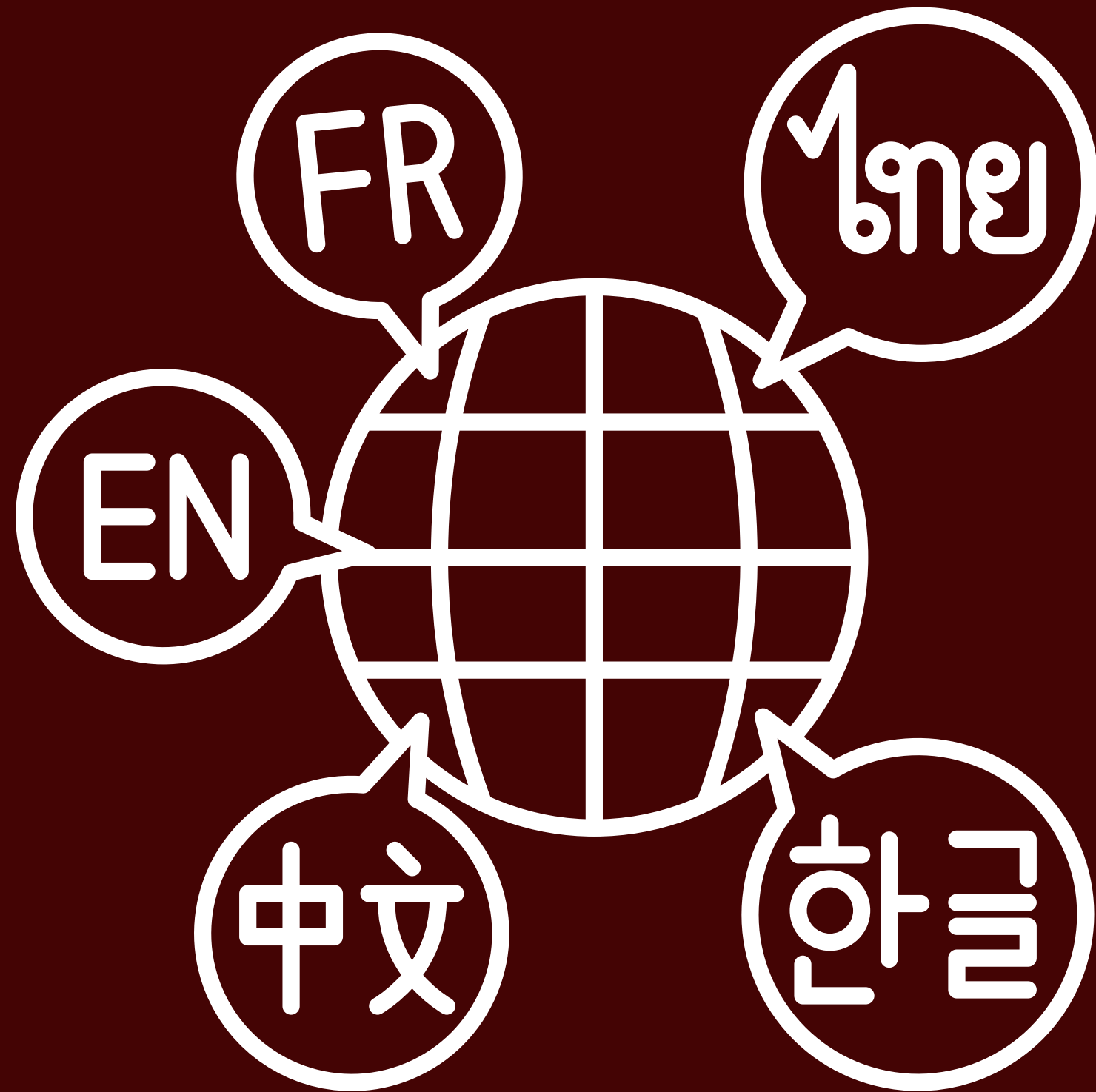
Key Learnings

3. Structured Closure for Survivors

- Intentional, careful, and transparent session closure for survivors and staff as abrupt endings can leave survivors feeling abandoned, exacerbating existing trauma.
- Between weeks 0, 4, 8, 12, 16, and 20, we observed notable improvements in health and symptom relief, with the most significant progress occurring at Week 16. However, by Week 20, these improvements stabilized rather than rise, suggesting that the impending conclusion of the program impacted survivors' well-being.

"I'm sad when I have to end because when will I be heard again? ... I don't want to be left on my own again." – CW

Key Learnings



4. Language and Cultural Barriers

- Language and cultural barriers present challenges, particularly for survivors from marginalized communities.
- Language matters, and translation of materials are not always sufficient to ensure proper accessibility and adaptability of survivor experiences.



Key Learnings

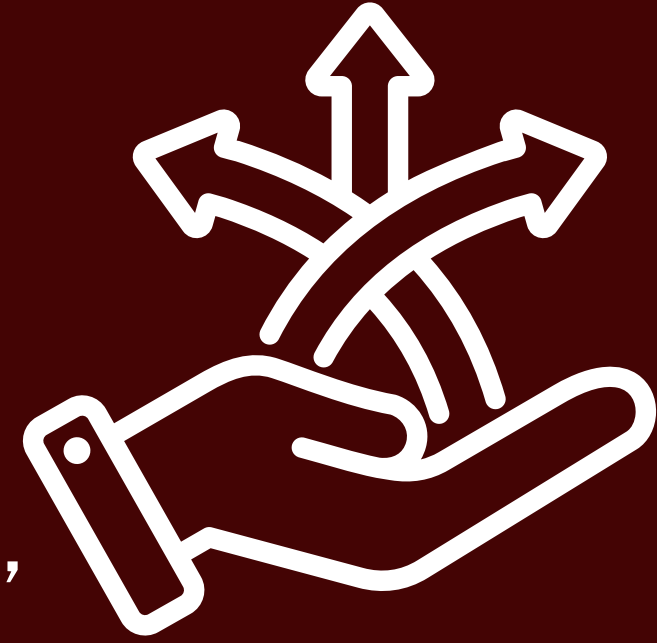
5. The Need for Joy-Based Healing Spaces

- Healing is not solely about processing trauma, but also about reclaiming joy and agency in everyday life.
- The necessity of celebration and honouring resilience, progress, and personal victories is vital.
- Hope; willpower decreased by 3%, while waypower increased by 7%, reflecting the work and exhaustion that accompanies healing and working on bettering oneself.

"The music really got people to work creatively and brought a humor into it. It brought a sort of levity." - CA

Key Learnings

6. Survivor-Centred Preferences & Flexibility



- The pilot program highlighted the importance of flexible timelines, individualized accommodations, and diverse outreach strategies.
- Offering variety and choice is essential for providing agency and autonomy, both of which are severely infringed upon with gender-based violence and in aging.
- Recognizing the preferences and accessibility needs of survivors should shape future program design, ensuring that offerings align with participant priorities.

REFERENCES

1. Statistics Canada. Family violence in Canada: A statistical profile. Ottawa, Ontario: Statistics Canada, 2011.
2. World Health Organization. Violence against women. Geneva, Switzerland: World Health Organization, 2021.
3. Patel R. Minister says COVID-19 is empowering domestic violence abusers as rates rise in parts of Canada. CBC News 2020.
4. Trudell AL, Whitmore E. Pandemic meets Pandemic: Understanding the Impacts of COVID19 on Gender-Based Violence Services and Survivors in Canada. . Ottawa & London, ON: Ending Violence Association of Canada & Anova., 2020.
5. Sheridan DJ, Nash KR. Acute injury patterns of intimate partner violence victims. 2007;8(3):281-9. doi: 10.1177/1524838007303504 [published Online First: 2007/06/29]
6. Valera E, Kucyi A. Brain injury in women experiencing intimate partner-violence: neural mechanistic evidence of an “invisible” trauma. Brain Imaging Behav 2017;11(6):1664-77. doi: 10.1007/s11682-016-9643-1
7. Guarnera, J., Yuen, E., & Macpherson, H. (2023). The Impact of Loneliness and Social Isolation on Cognitive Aging: A Narrative Review. Journal of Alzheimer's disease reports, 7(1), 699–714.
<https://doi.org/10.3233/ADR-230011>

QUESTIONS?

