

# Cross - Sectoral Solutions



**SUPPORTING SURVIVORS OF GENDER  
TRAUMATIC BRAIN INJURY THROUGH A SURVIVOR  
PROGRAM**

**- BASED VIOLENCE**

**- RELATED**

**- LED SUPPORT**

*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



# AGENDA



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# ***WHAT IS IPV - TBI?***

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

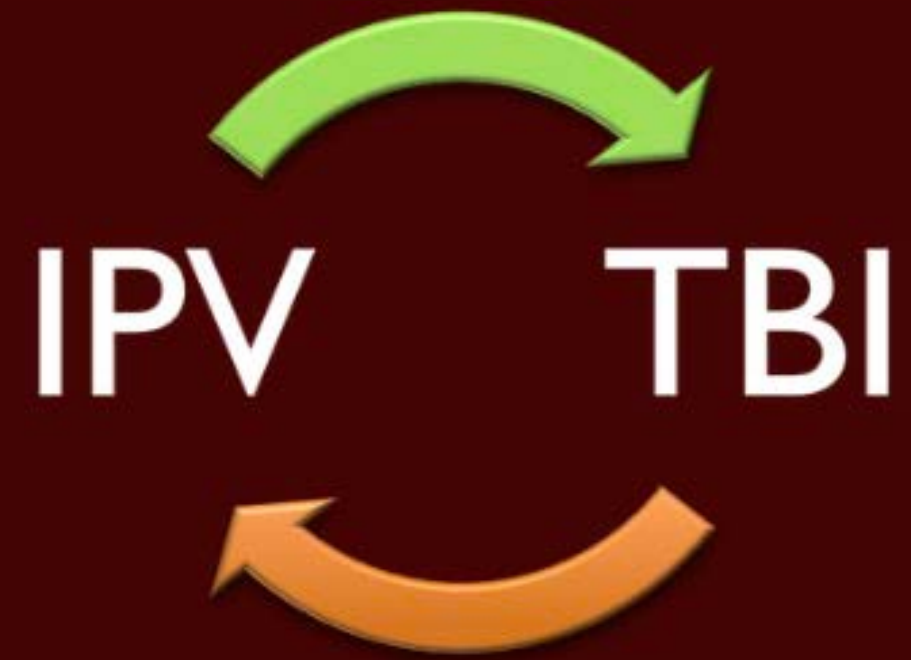
Its complex nature includes cognitive, physical, and psychological challenges that are further complicated by socially derived barriers to care and wellbeing.

- 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

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1. Prior to COVID-19, IPV was alarmingly common in Canada, impacting 1 in 4 women throughout their lives.<sup>1 2</sup>

2. As governments advised people to stay home, reports of IPV increased, and the severity of the violence escalated, leading to a "parallel pandemic."<sup>3 4</sup>

3. BI among survivors of IPV is a critical issue, with 64% of survivors reporting BI from facial, head, and neck injuries.<sup>5 6</sup>

# ***GENDER-BASED VIOLENCE (GBV)***

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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*



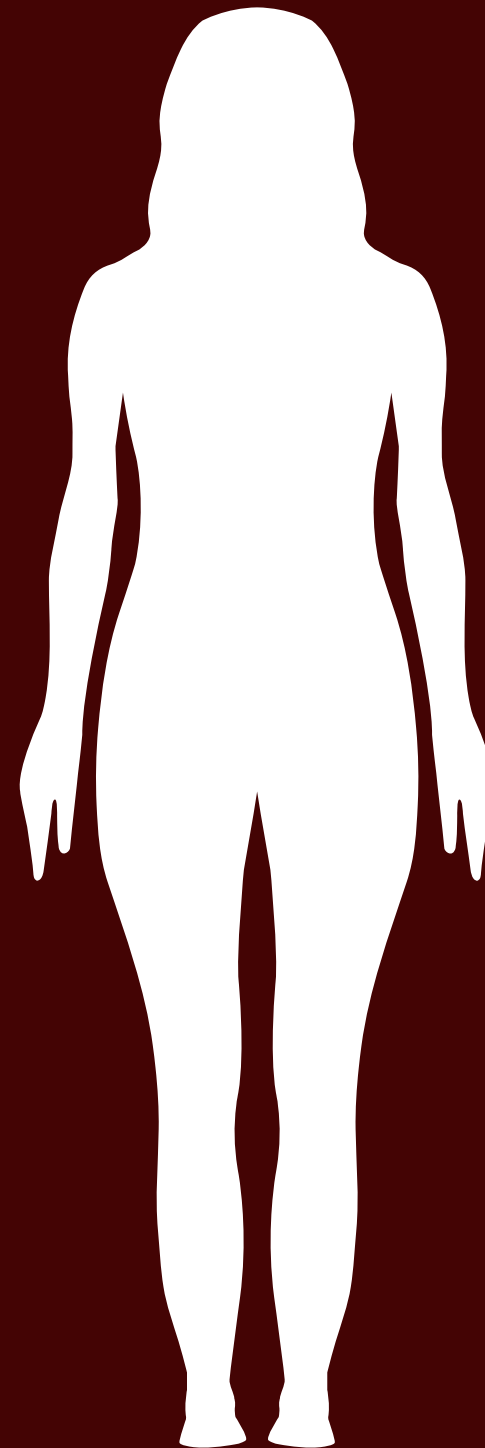
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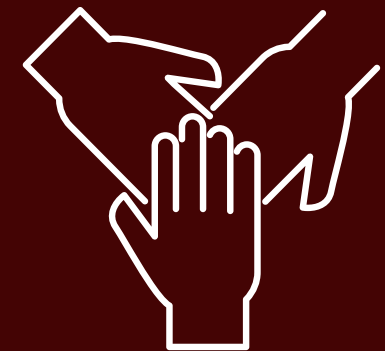
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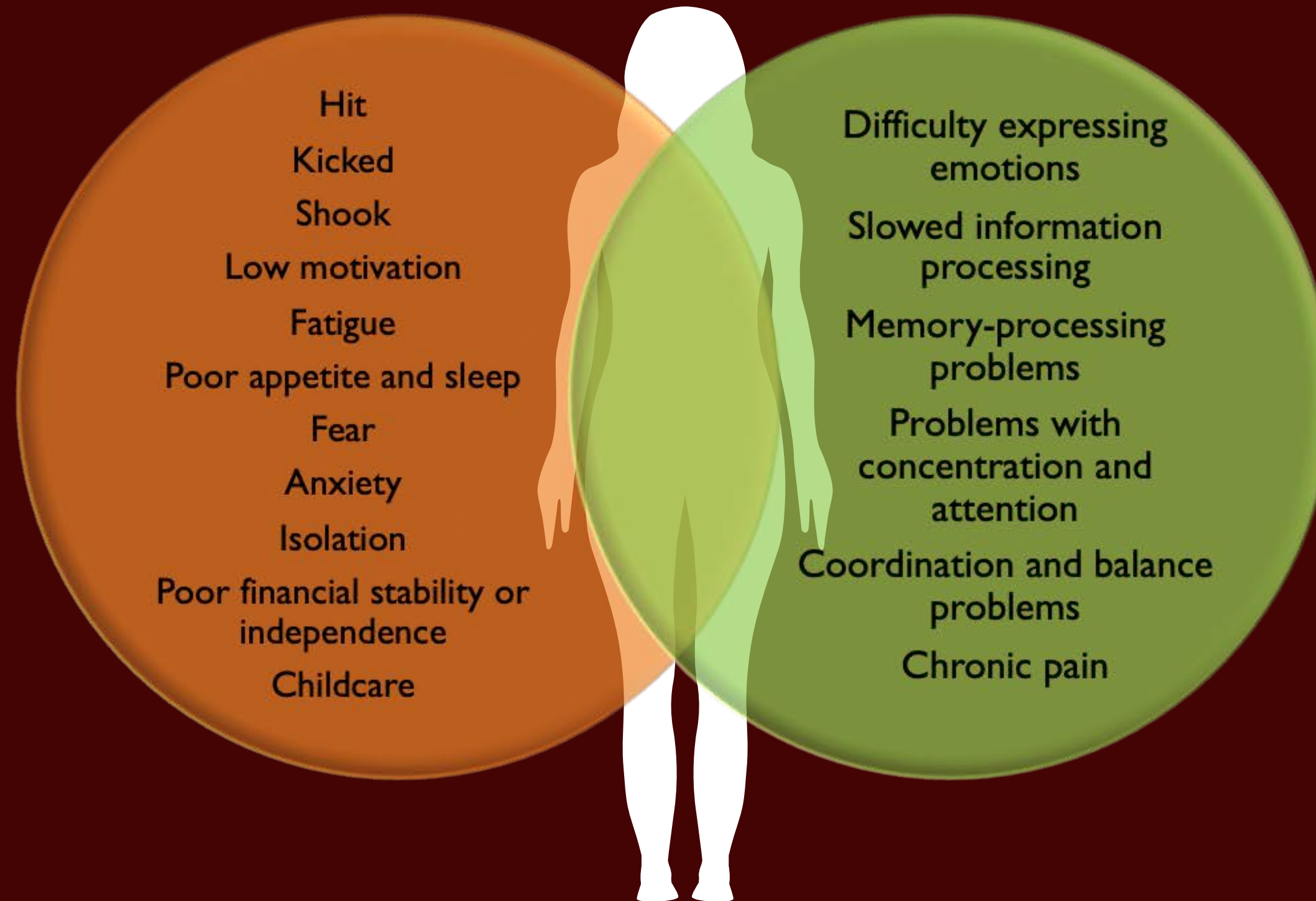
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# *Impact of GBV & BI*



# *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***

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## **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

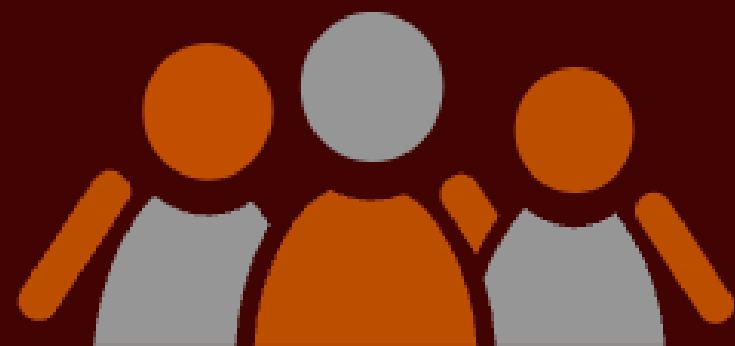


Pilot program  
launched

1

46

Unique  
Partnerships



14

NEW  
KNOWLEDGE  
MOBILIZATION  
EVENTS

1

CSS  
PROJECT  
CONFERENCE

17

NEW  
KNOWLEDGE  
MOBILIZATION  
PRODUCTS

# RESEARCH QUESTION

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

# 20 - WEEK PILOT PROGRAM

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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



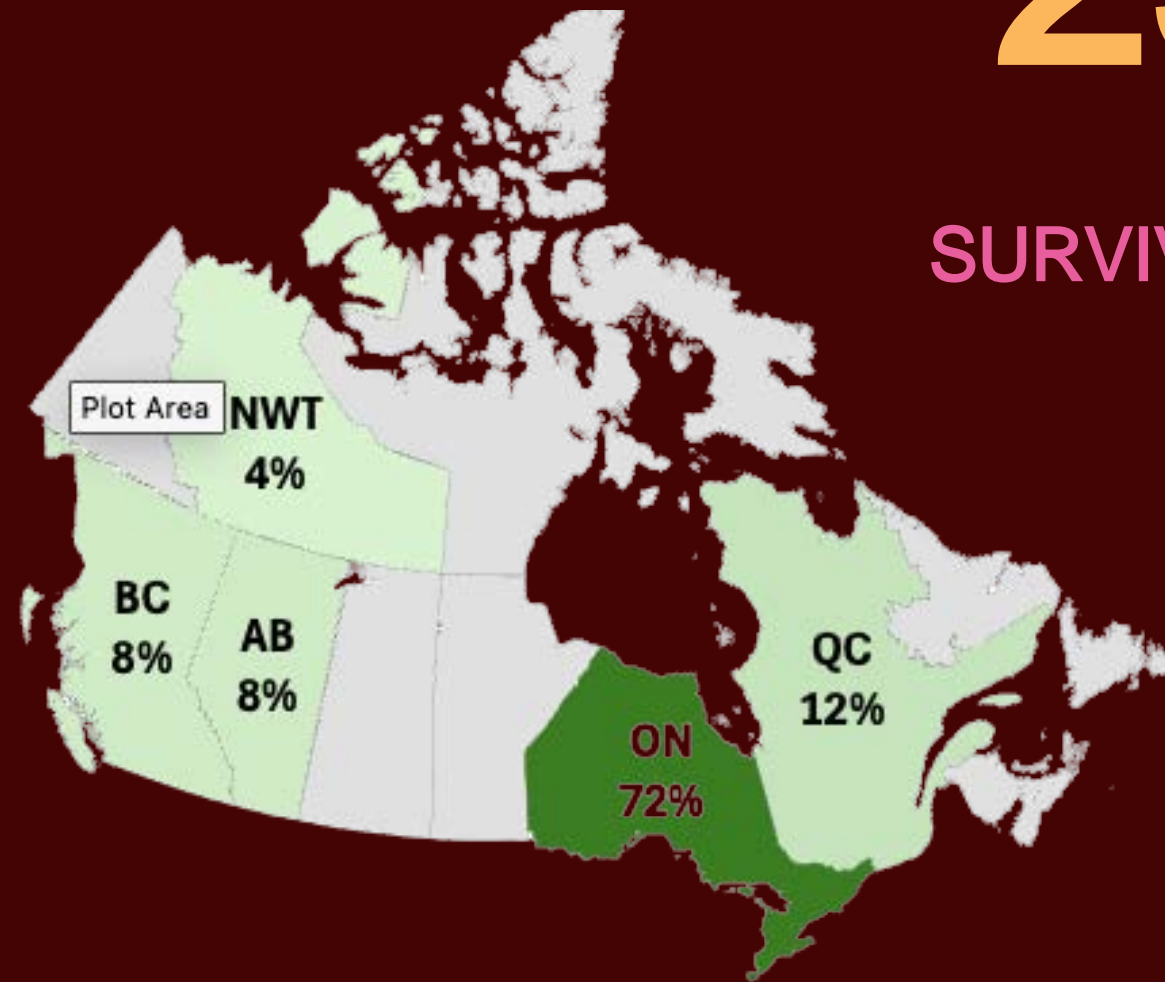
Basic Needs, Supports,  
Accommodations



Personal Goals & Satisfaction

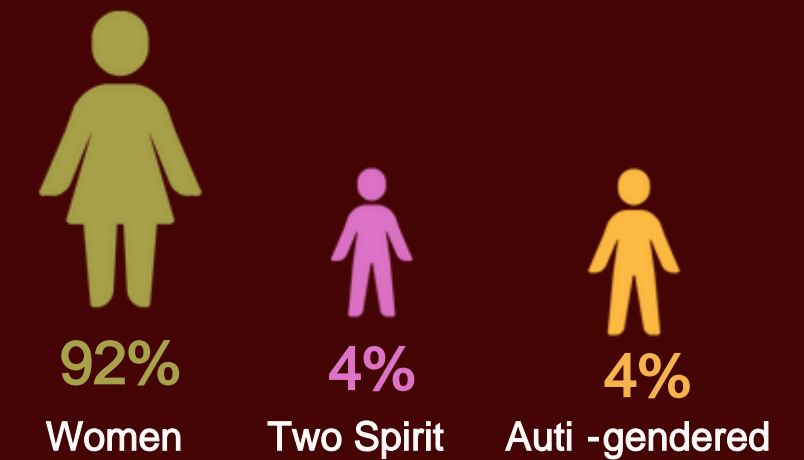
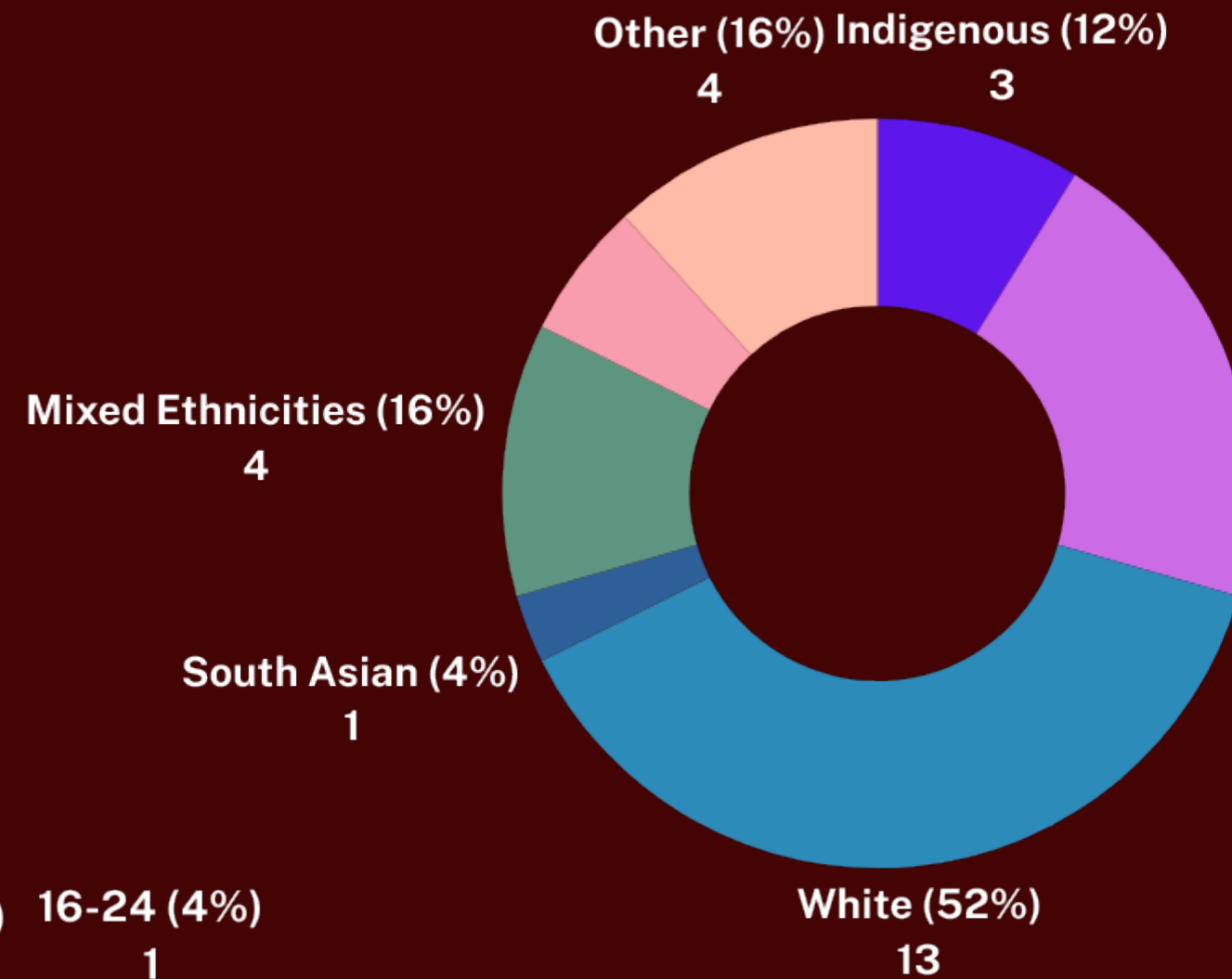
# 25

## SURVIVORS



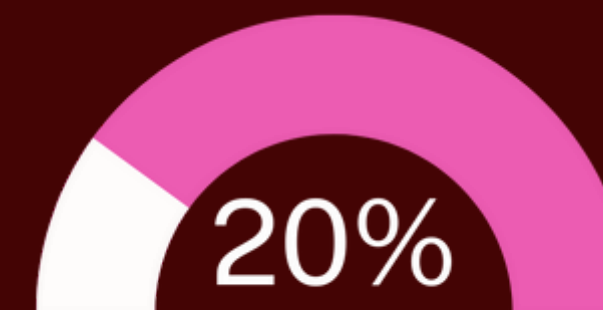
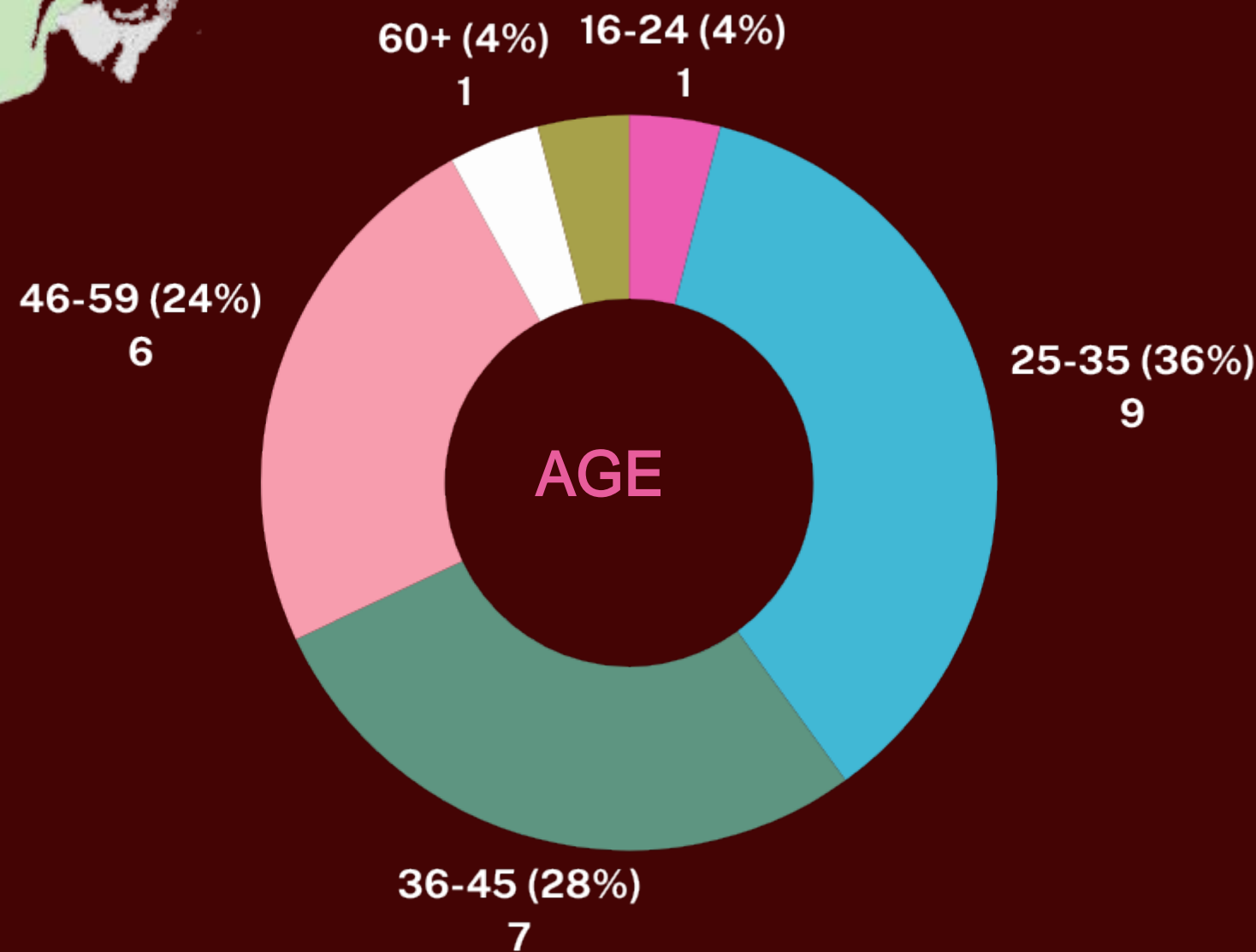
18 Ontario  
3 in Quebec  
2 in Alberta  
2 in British Columbia  
1 in Northwest Territories\*

## ETHNIC BACKGROUND



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

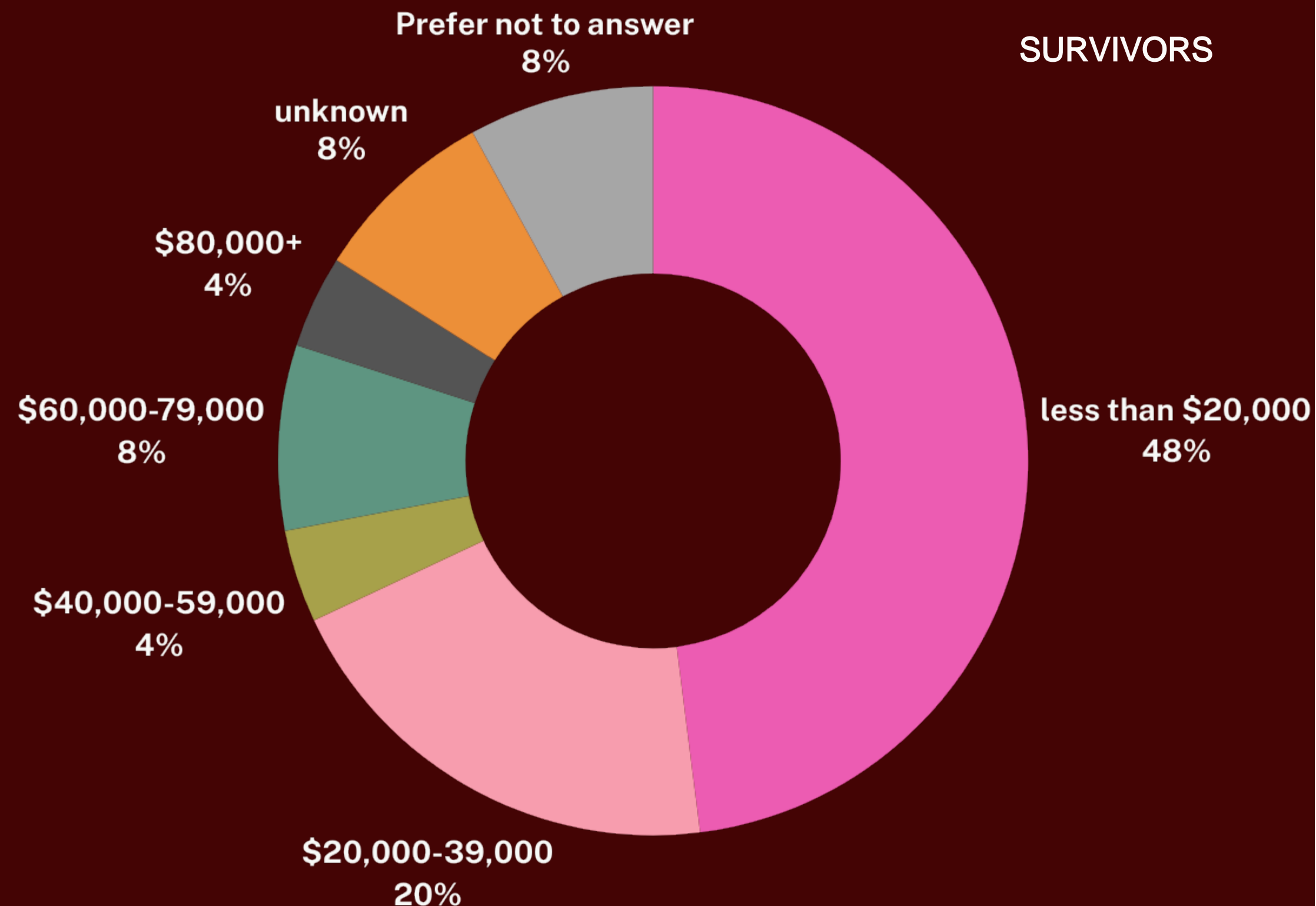
SURVIVORS

# INCOME LEVEL

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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.



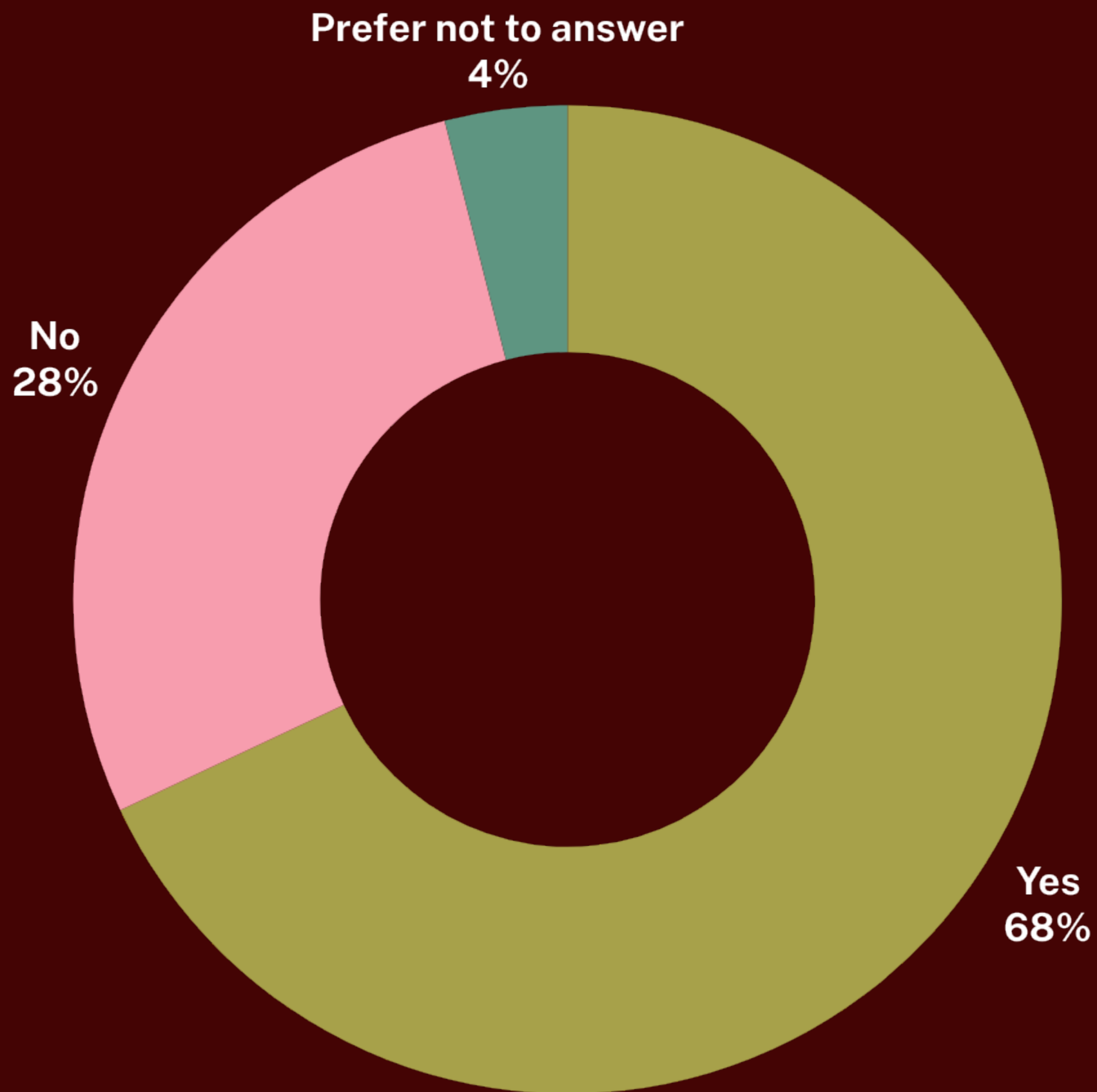
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SURVIVORS

# RECIPIENTS OF FINANCIAL ASSISTANCE

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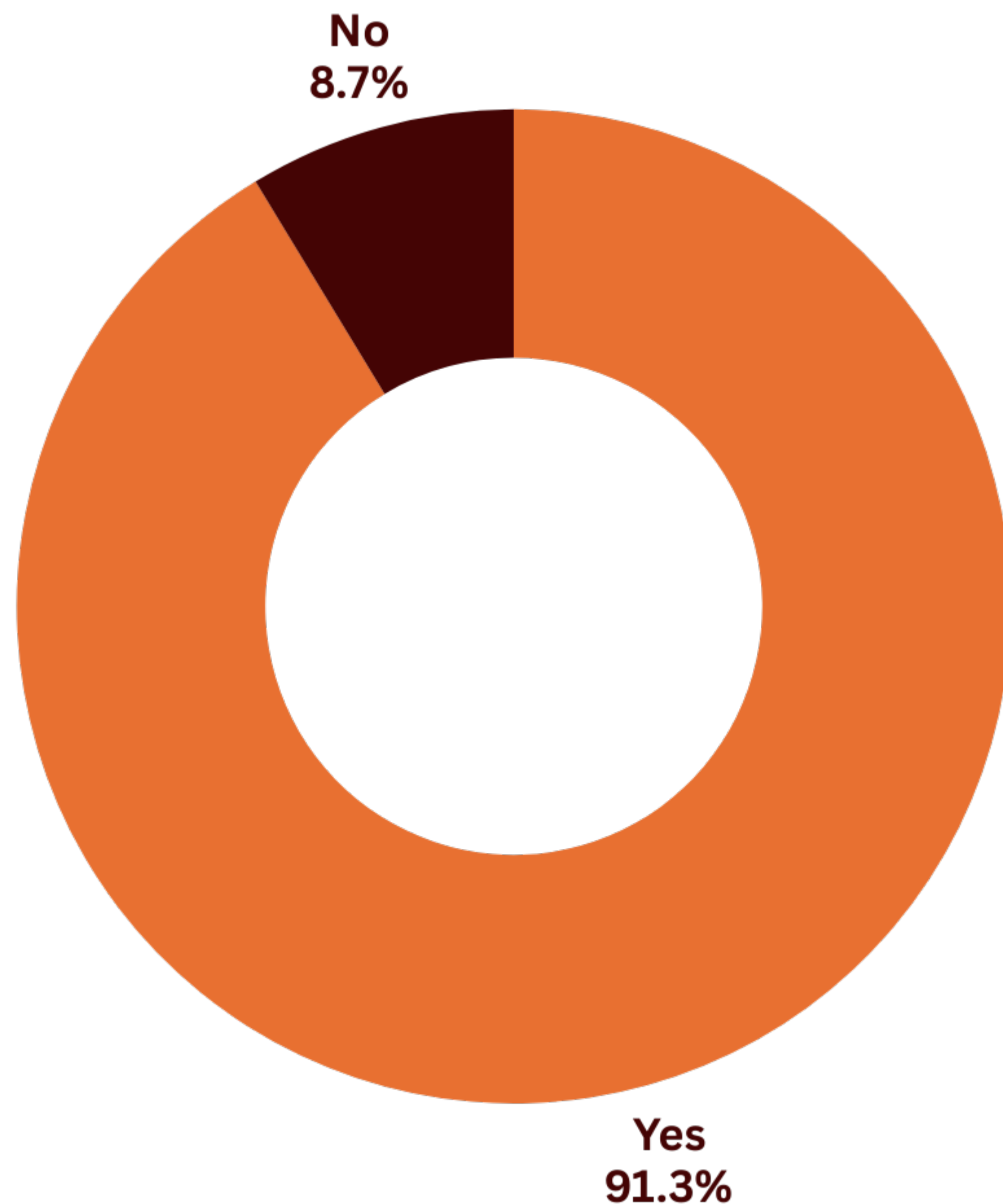
17 of 25 (68%) receive  
additional financial assistance



**25**  
SURVIVORS

# GBV AS THE ROOT CAUSE OF BRAIN INJURY

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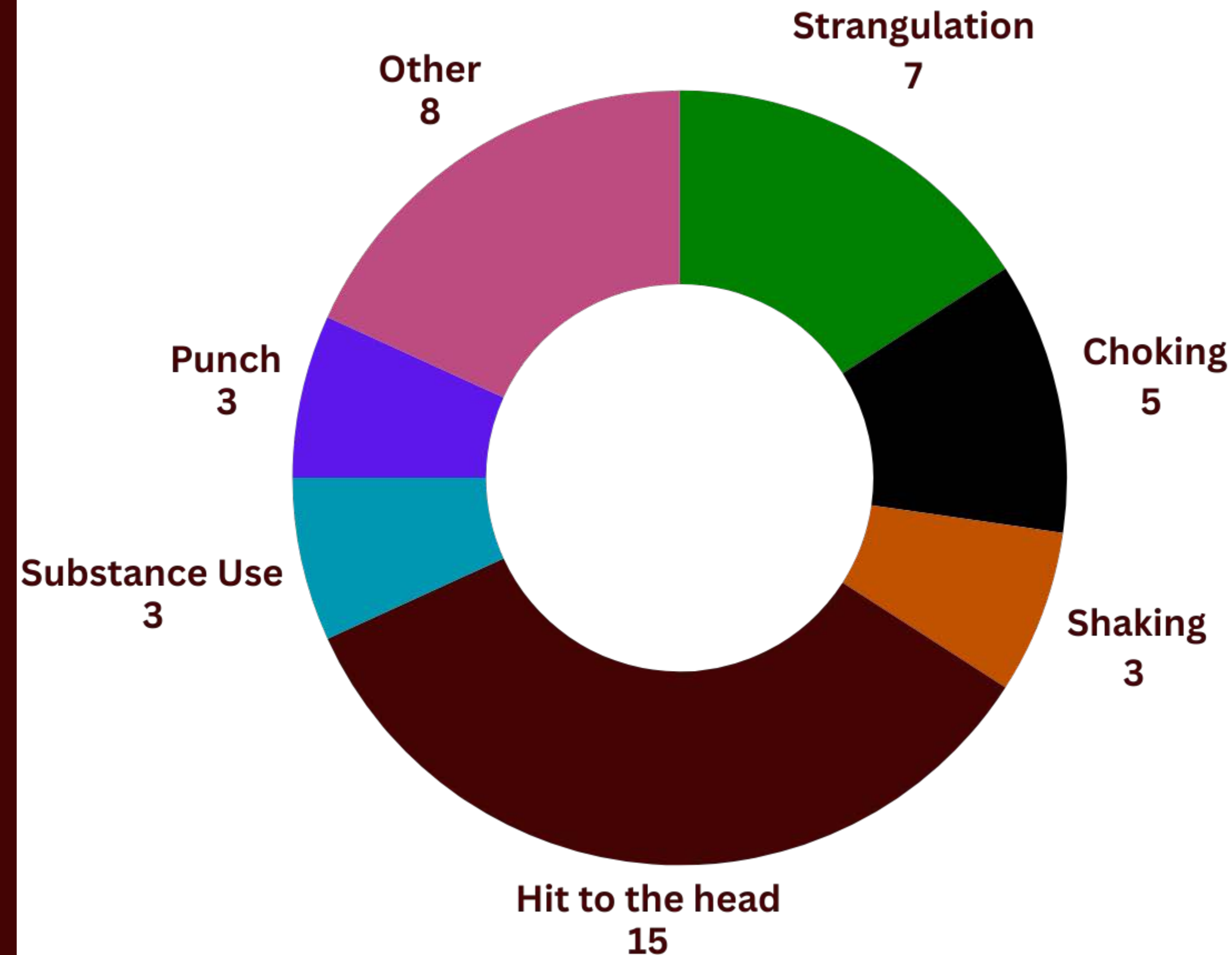
21 of 23 (91%) reported that  
GBV was the root cause of  
their Brain Injury

25

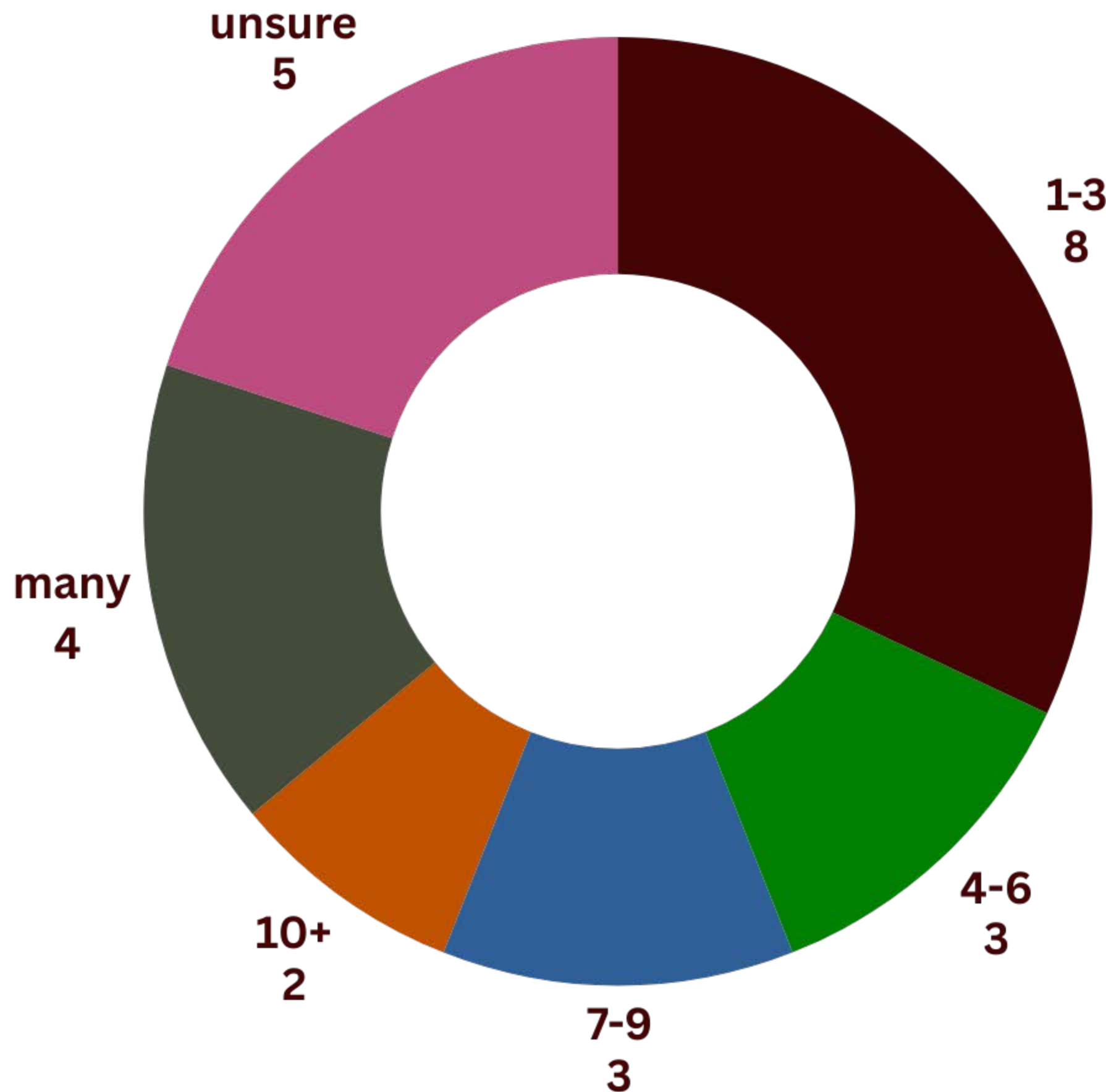
SURVIVORS

# 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

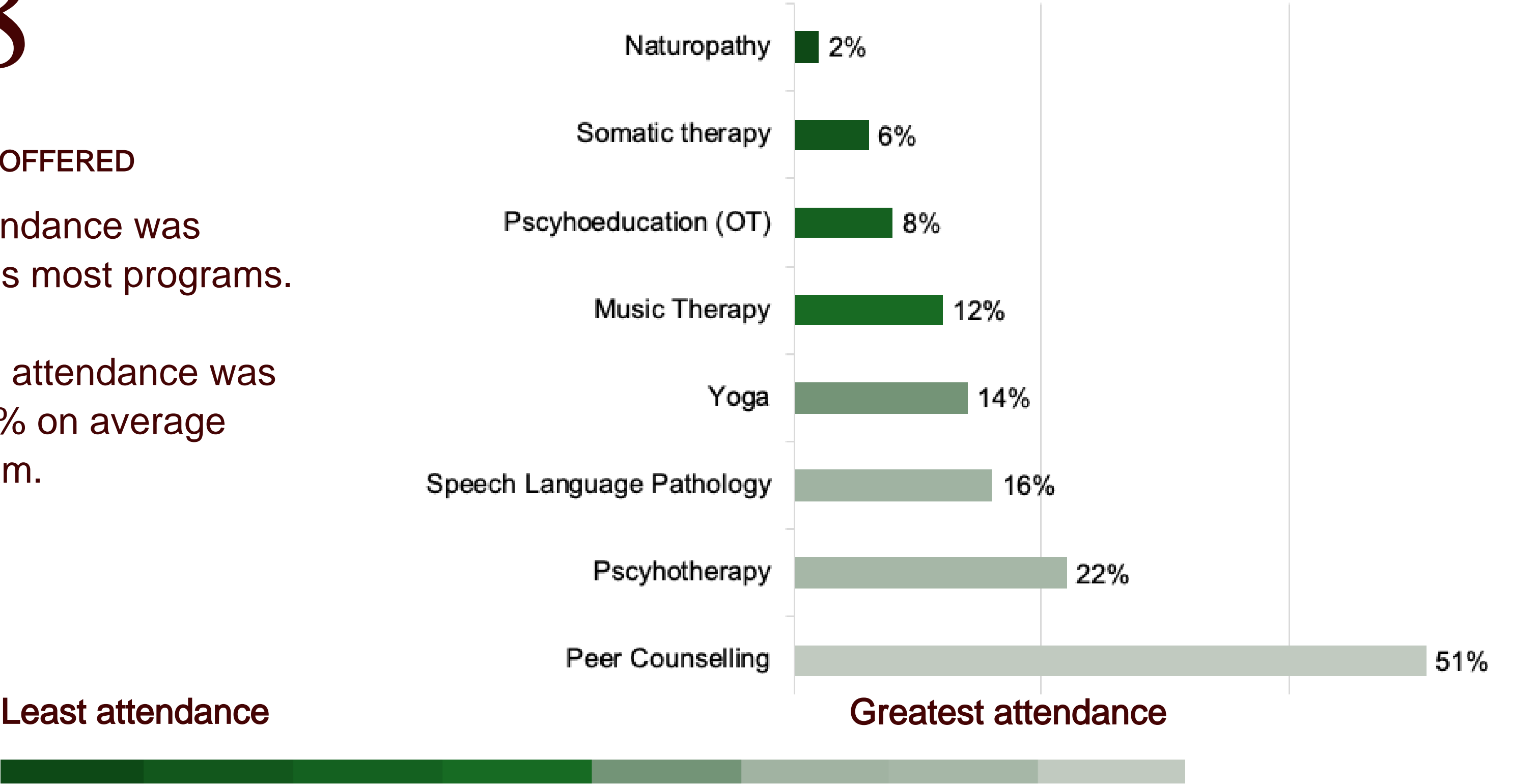
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## SERVICES OFFERED

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



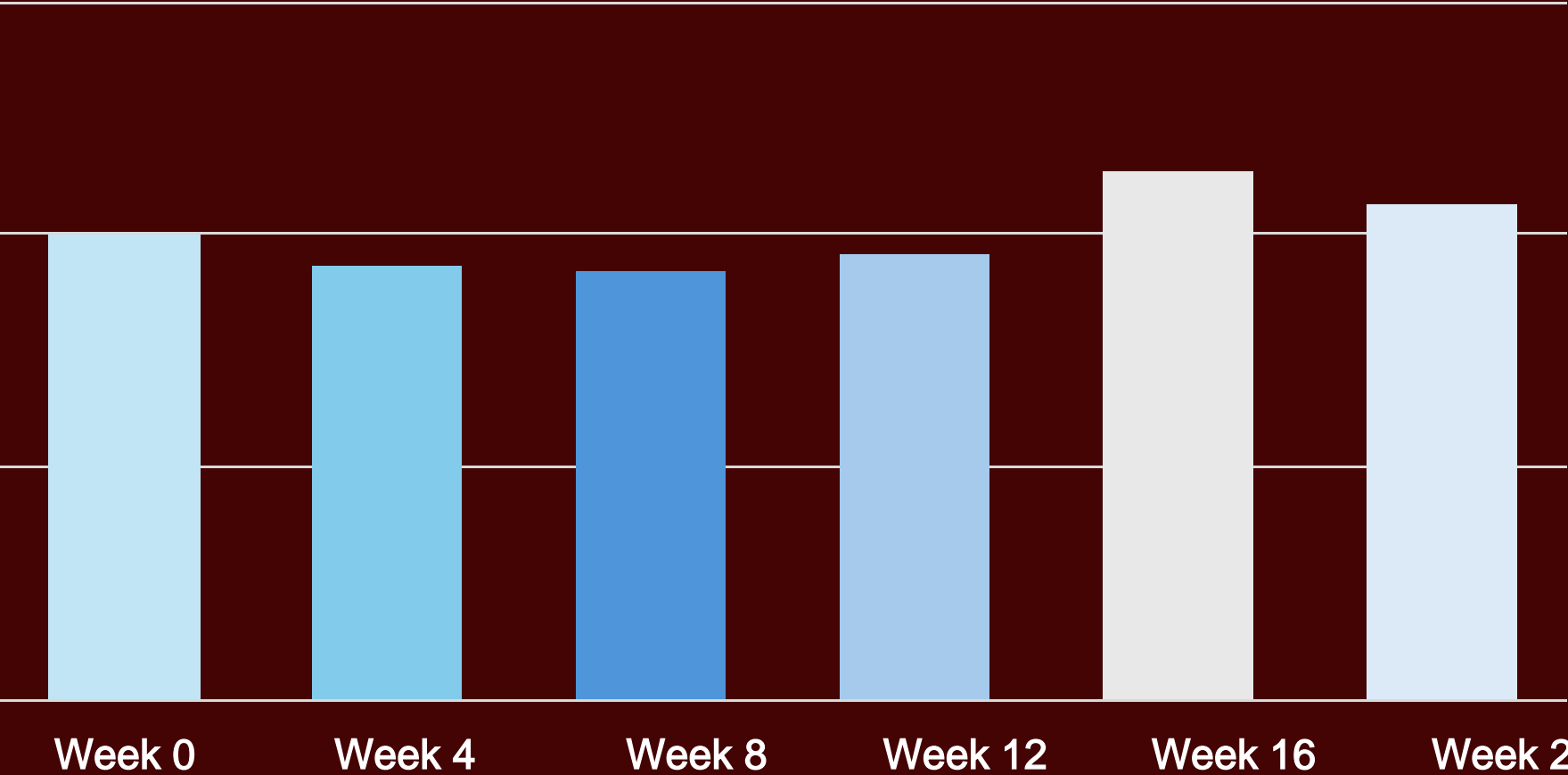
# GENERAL HEALTH

While general health slightly Improved...

4% increase

Excellent 5  
Very Good 4  
Fair/Good 3  
Poor 2  
Very Poor 1

General Health over Time



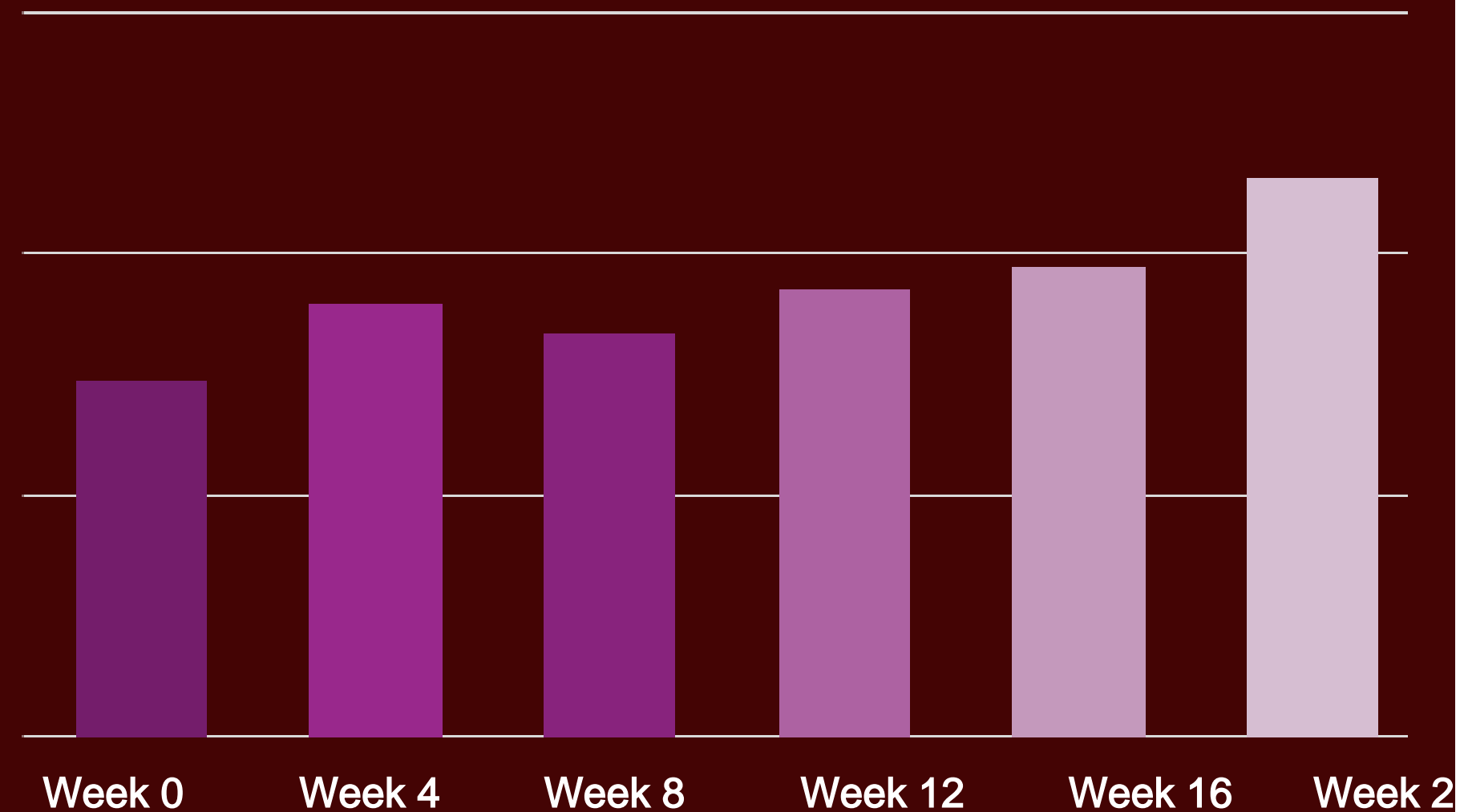
# MENTAL HEALTH

Mental Health had a more significant increase during the program

**34%**  
increase

Excellent 5  
Very Good 4  
Fair/Good 3  
Poor 2  
Very Poor 1

## Mental Health over Time



VERY POOR

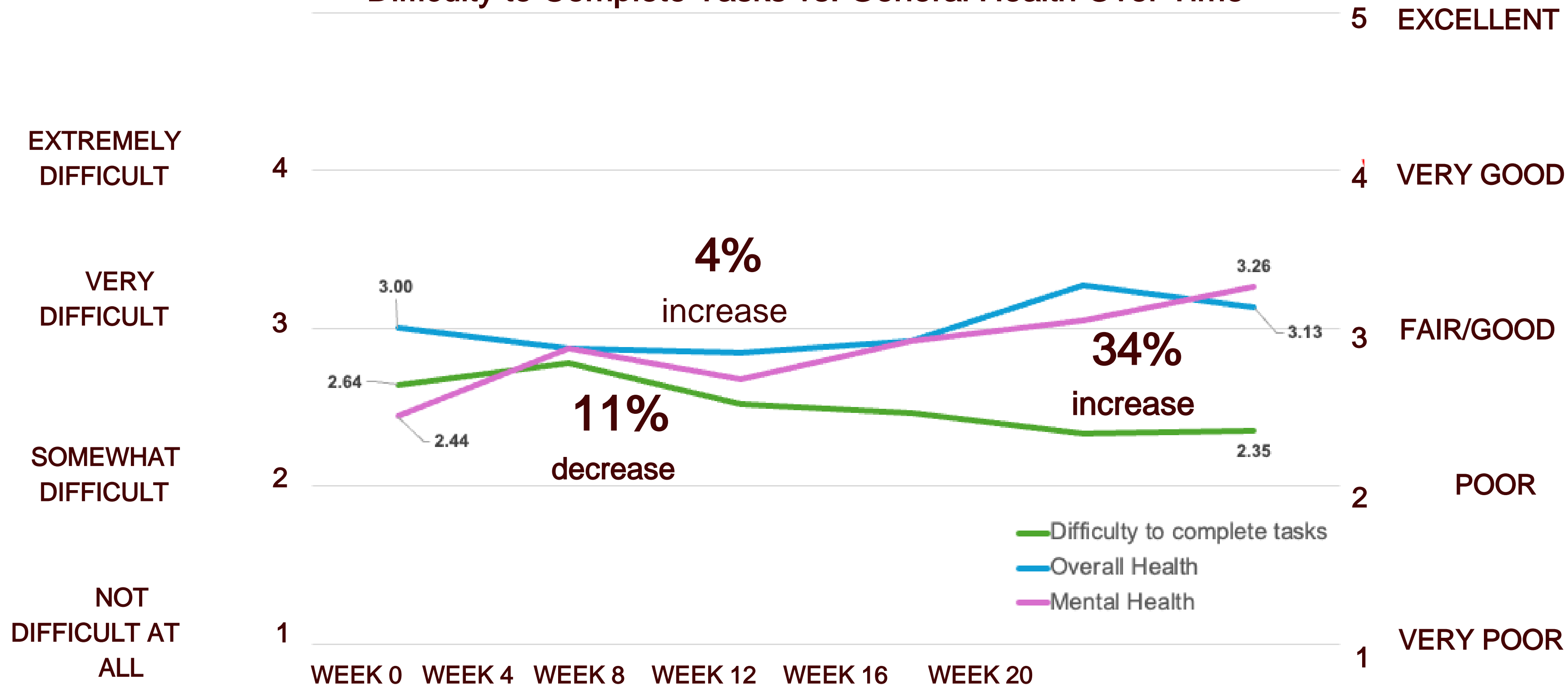
EXCELLENT



# DAILY TASKS & HEALTH

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

Difficulty to Complete Tasks vs. General Health Over Time

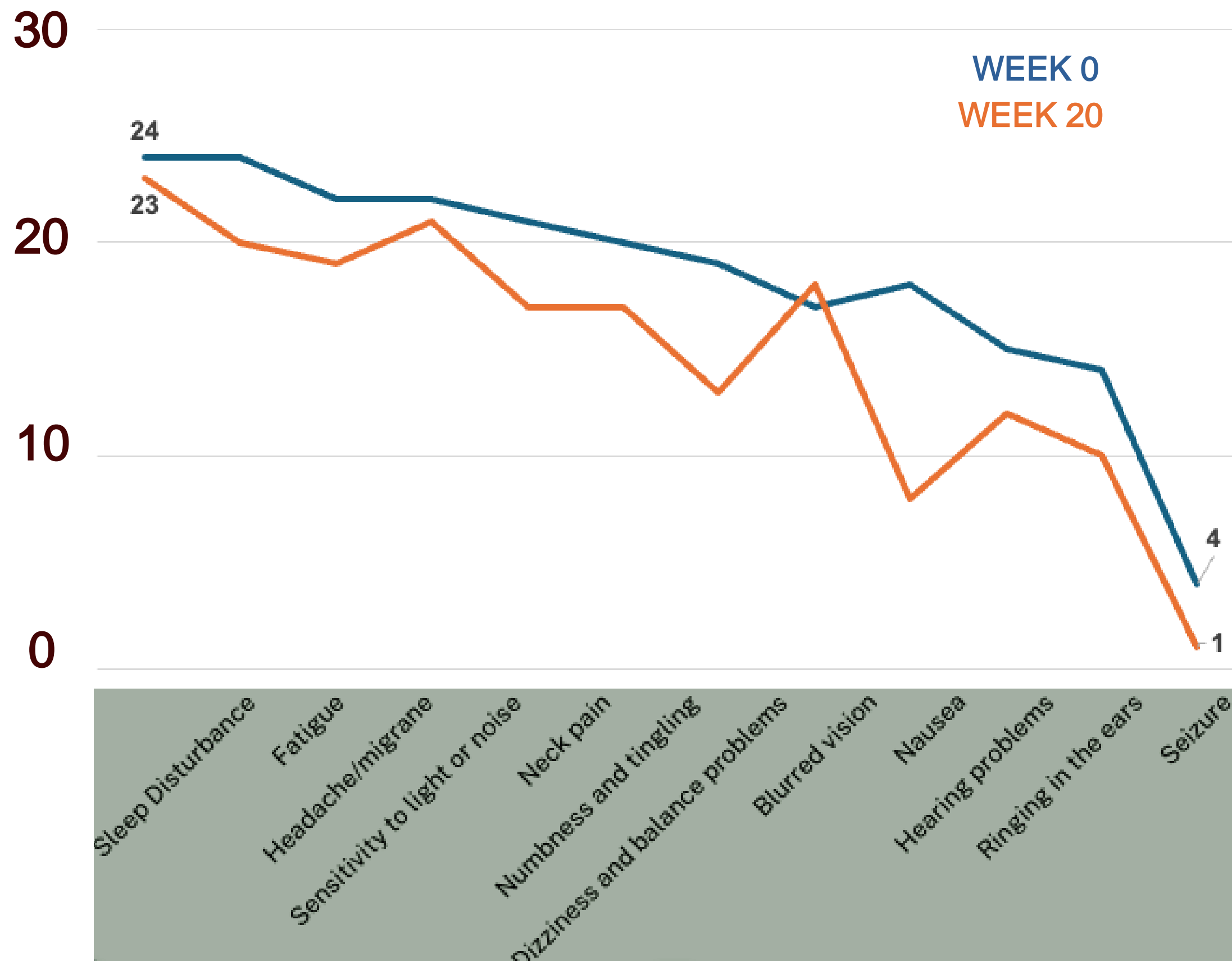


# HEALTH: SYMPTOM FREQUENCY

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



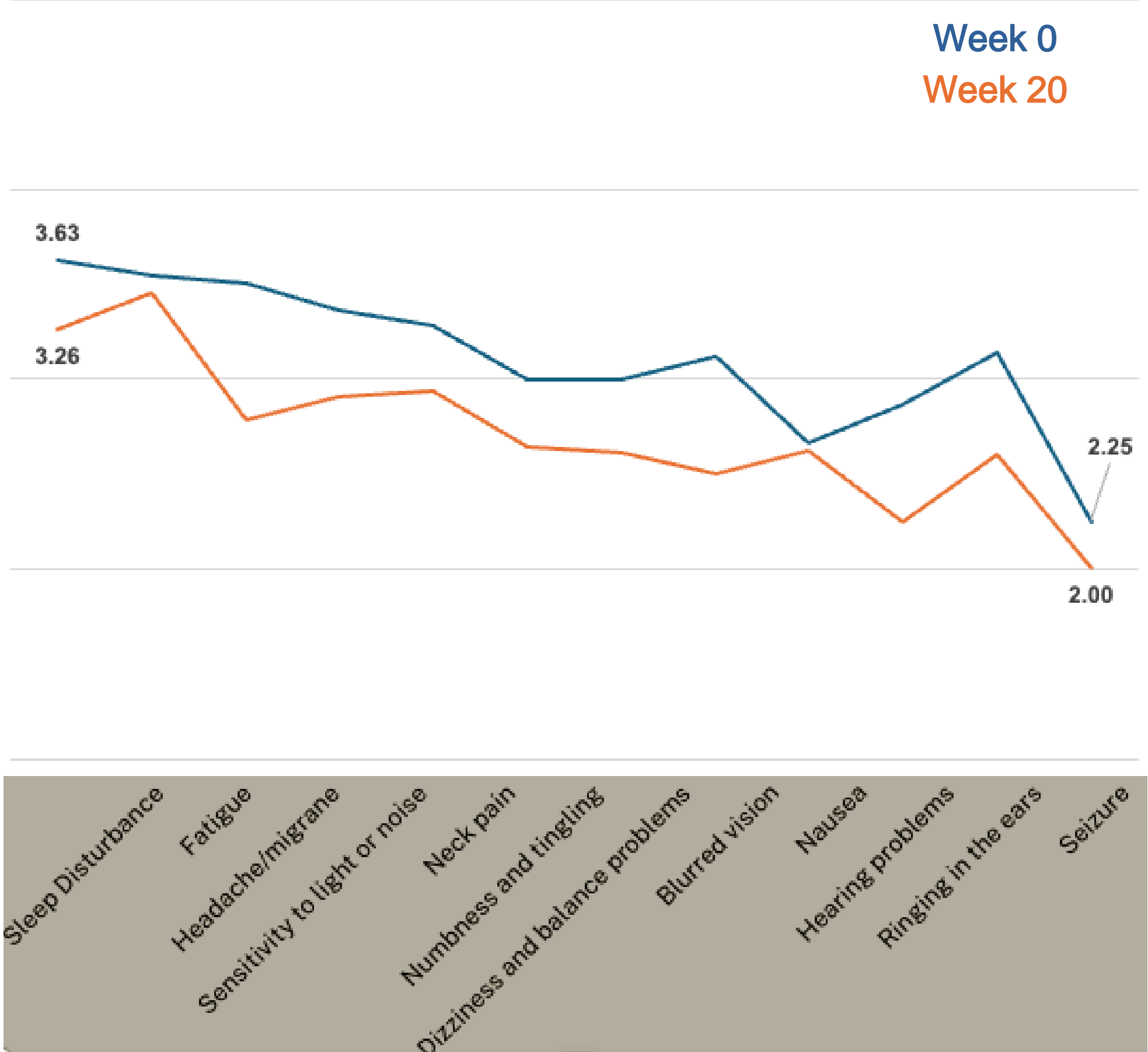
# HEALTH: SYMPTOM SEVERITY

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

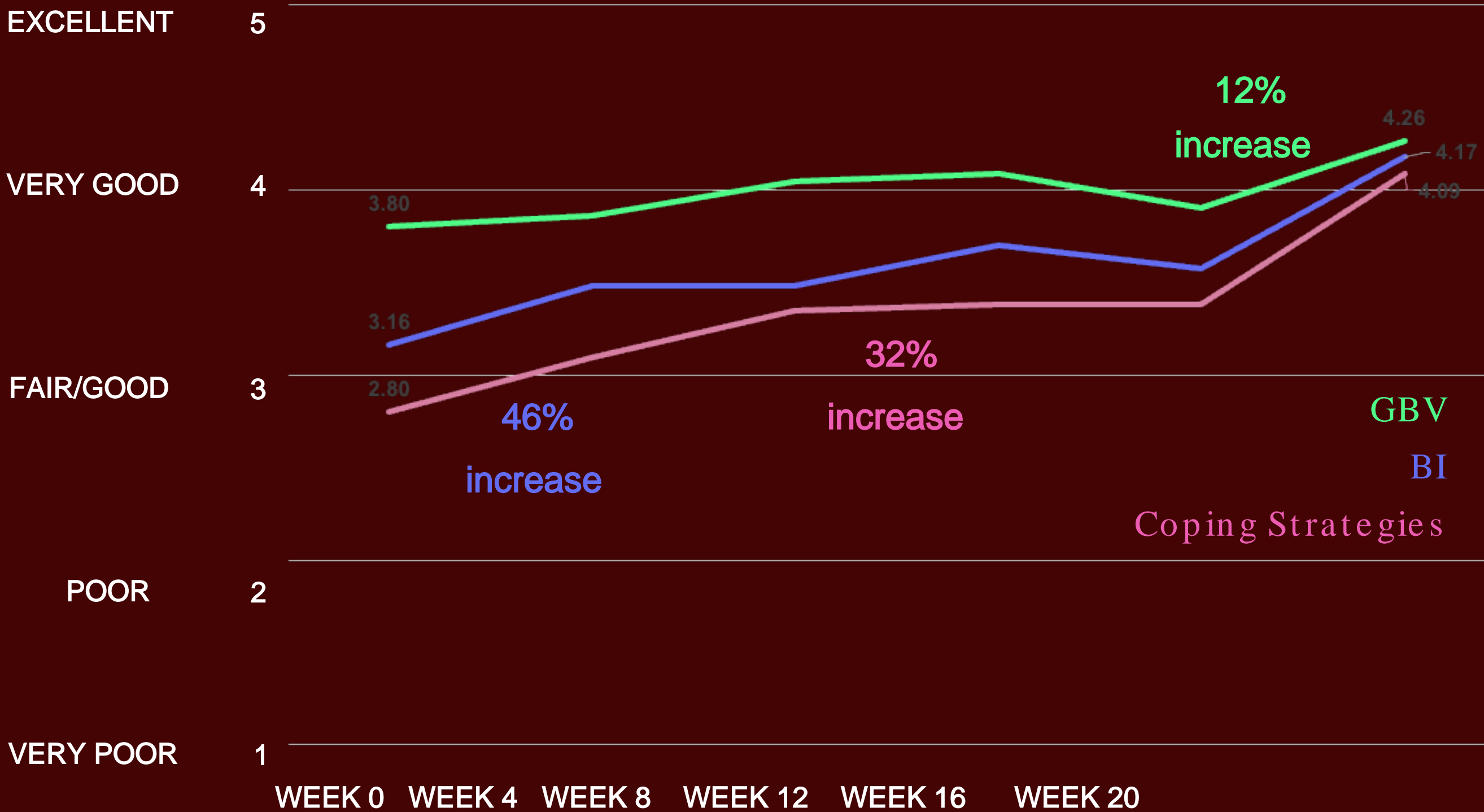


# KNOWLEDGE AND UNDERSTANDING

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

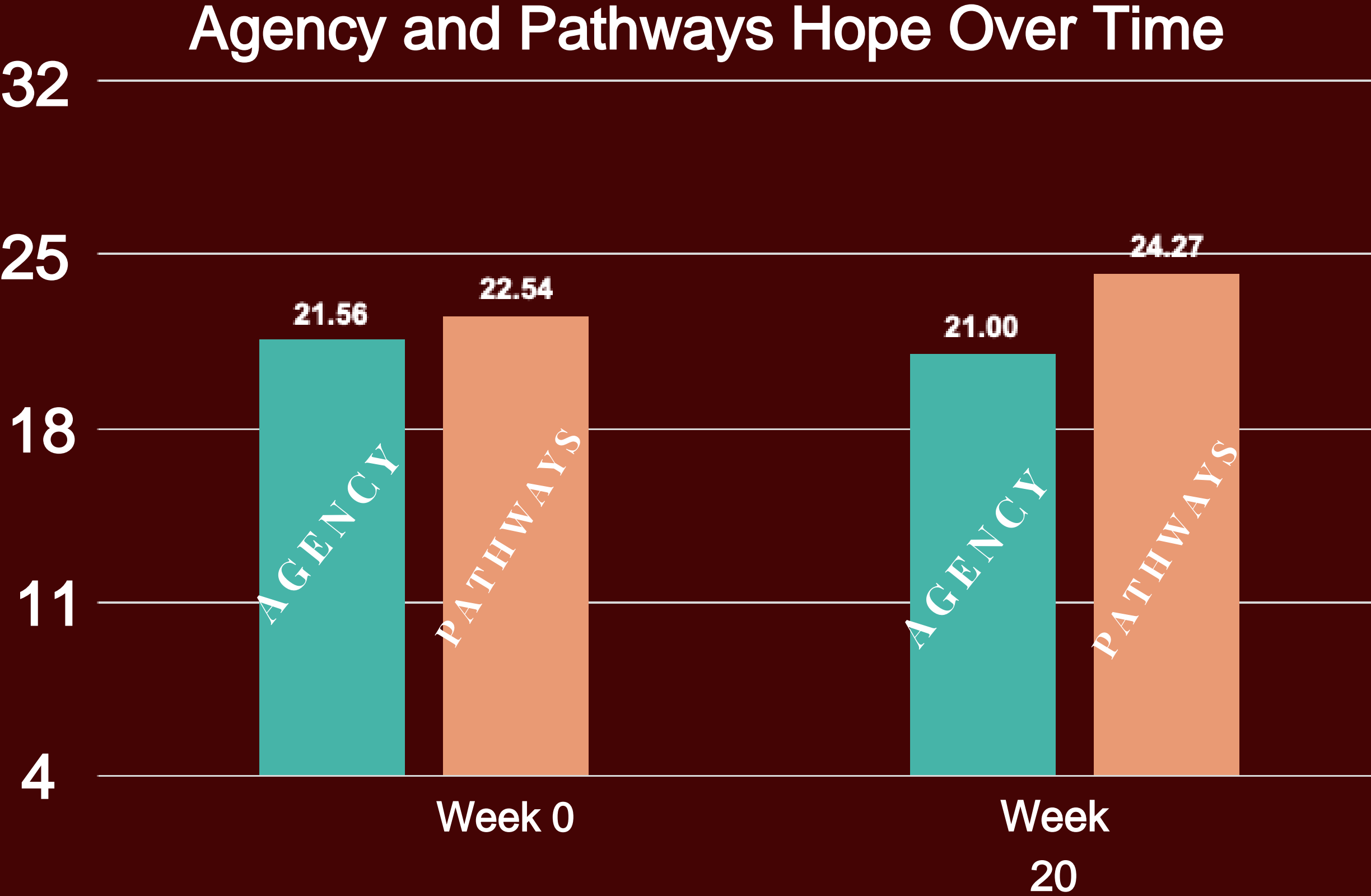


# HOPE SCORE

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?

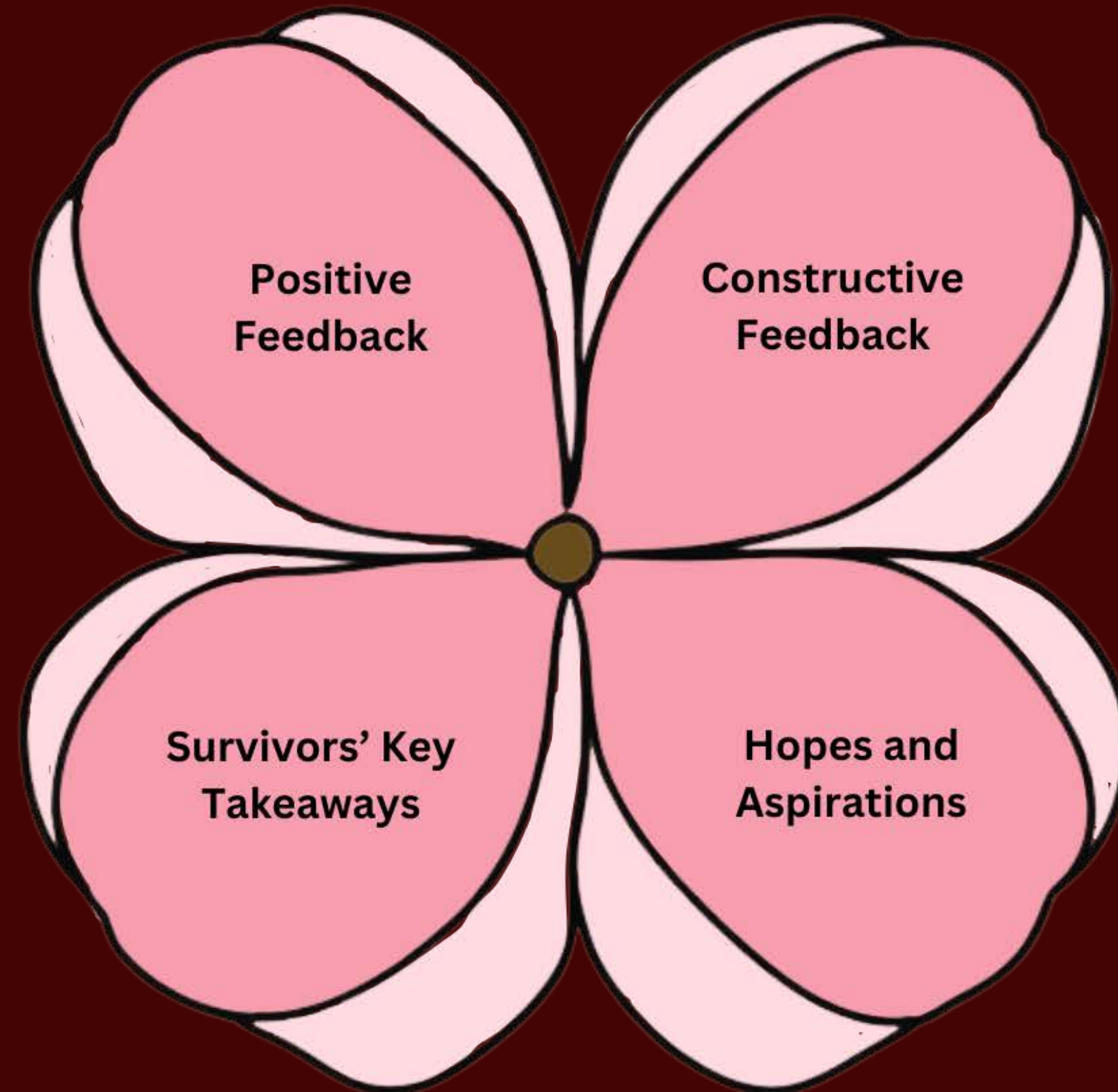
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What did you learn in the pilot program?

5

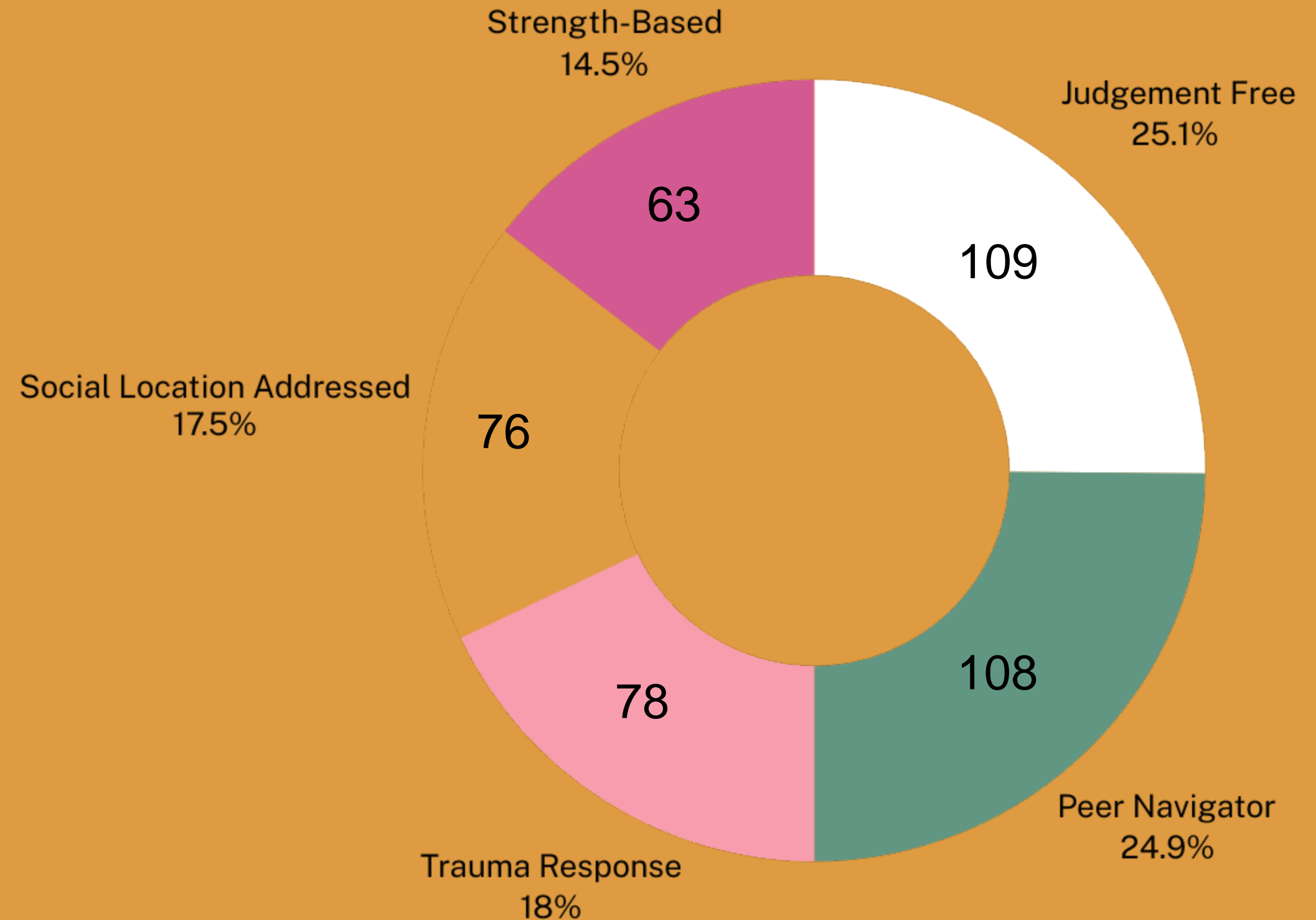
What do you hope for when you think of GBV -TBI supports?  
What is your dream?

# 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)

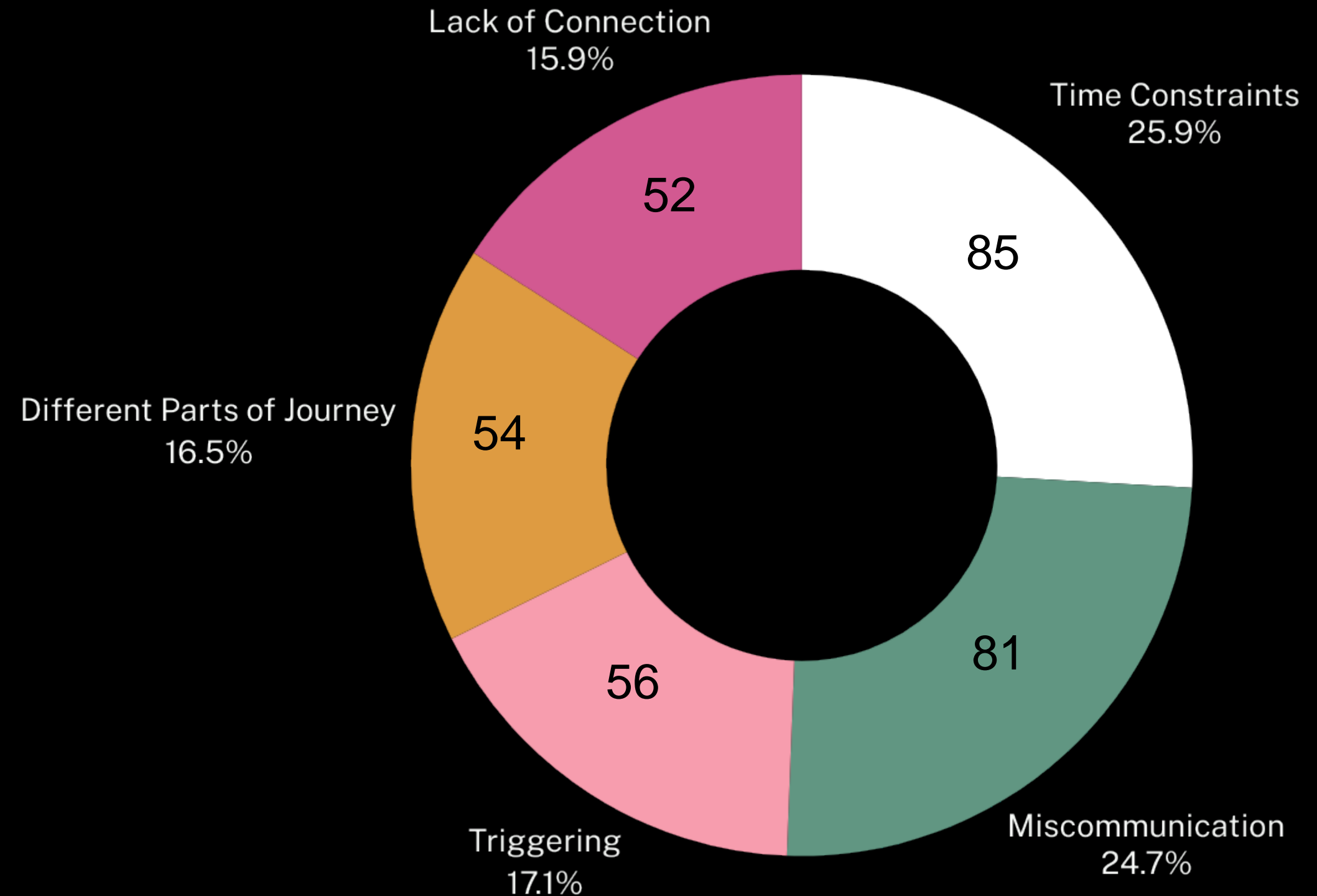
## RESPONSE TO TRAUMA

"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)

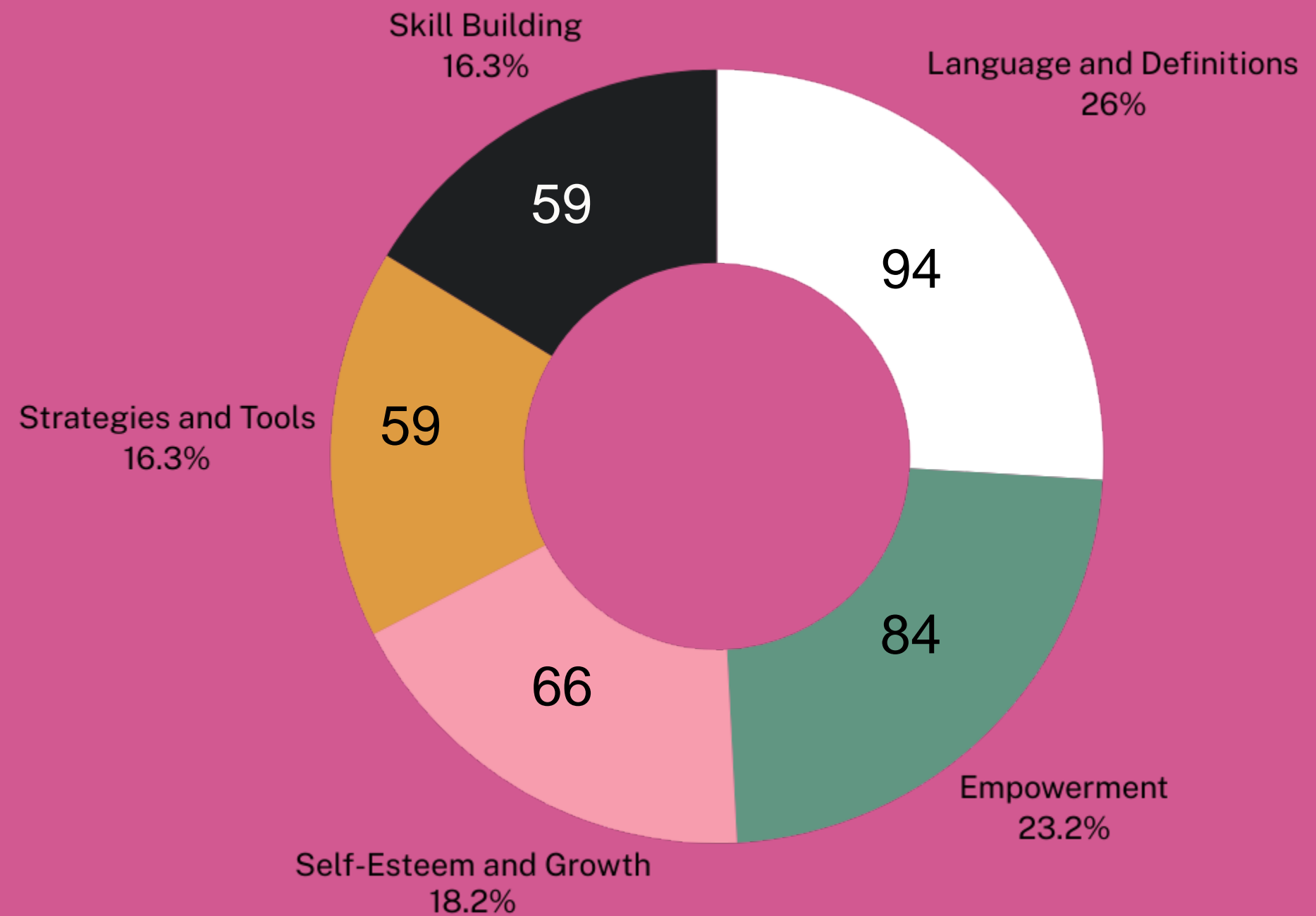
## DIFFERENT PARTS OF THE JOURNEY

"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

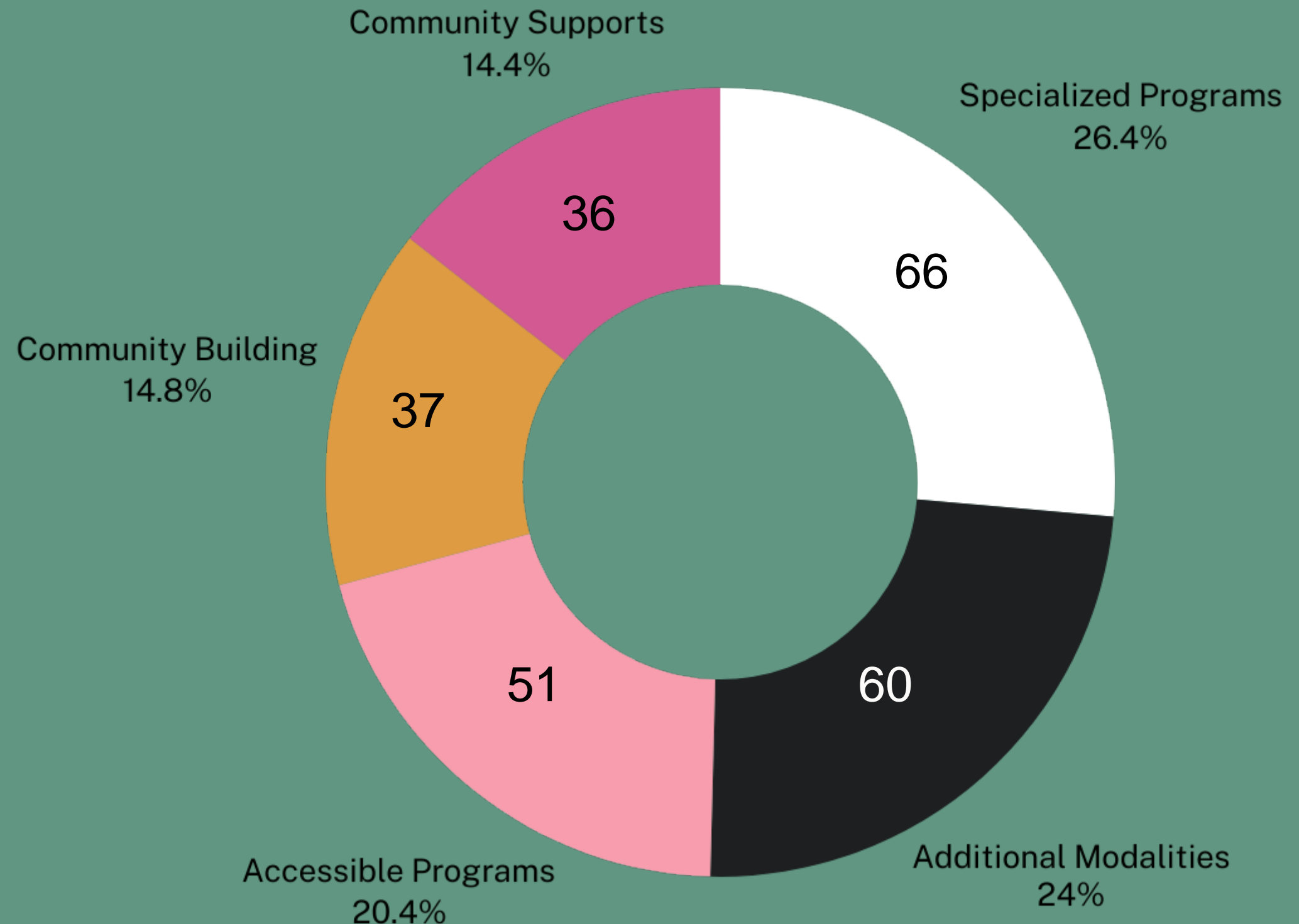
“I ENJOYED LEARNING ABOUT BOUNDARIES... BOUNDARIES WITH FRIENDS, BOUNDARIES WITH PEOPLE IN GENERAL. AND I ENJOYED LEARNING HOW LIKE TO PAUSE AND THINK BEFORE WE REACT.” - JL (P5)

## EMPOWERMENT

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

# HOPES AND ASPIRATIONS

THIS THEME  
INCLUDES ALL THE  
HOPES AND  
ASPIRATIONS OF  
PARTICIPANTS  
BEYOND THE  
PROGRAM AND FOR  
THE FUTURE.



# HOPES 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)

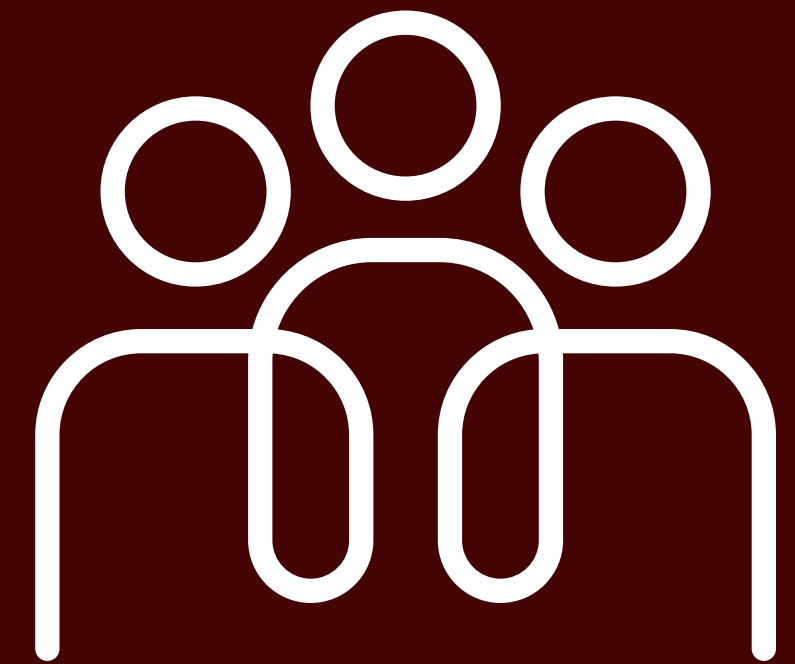
## SPECIALIZED PROGRAMING

“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.



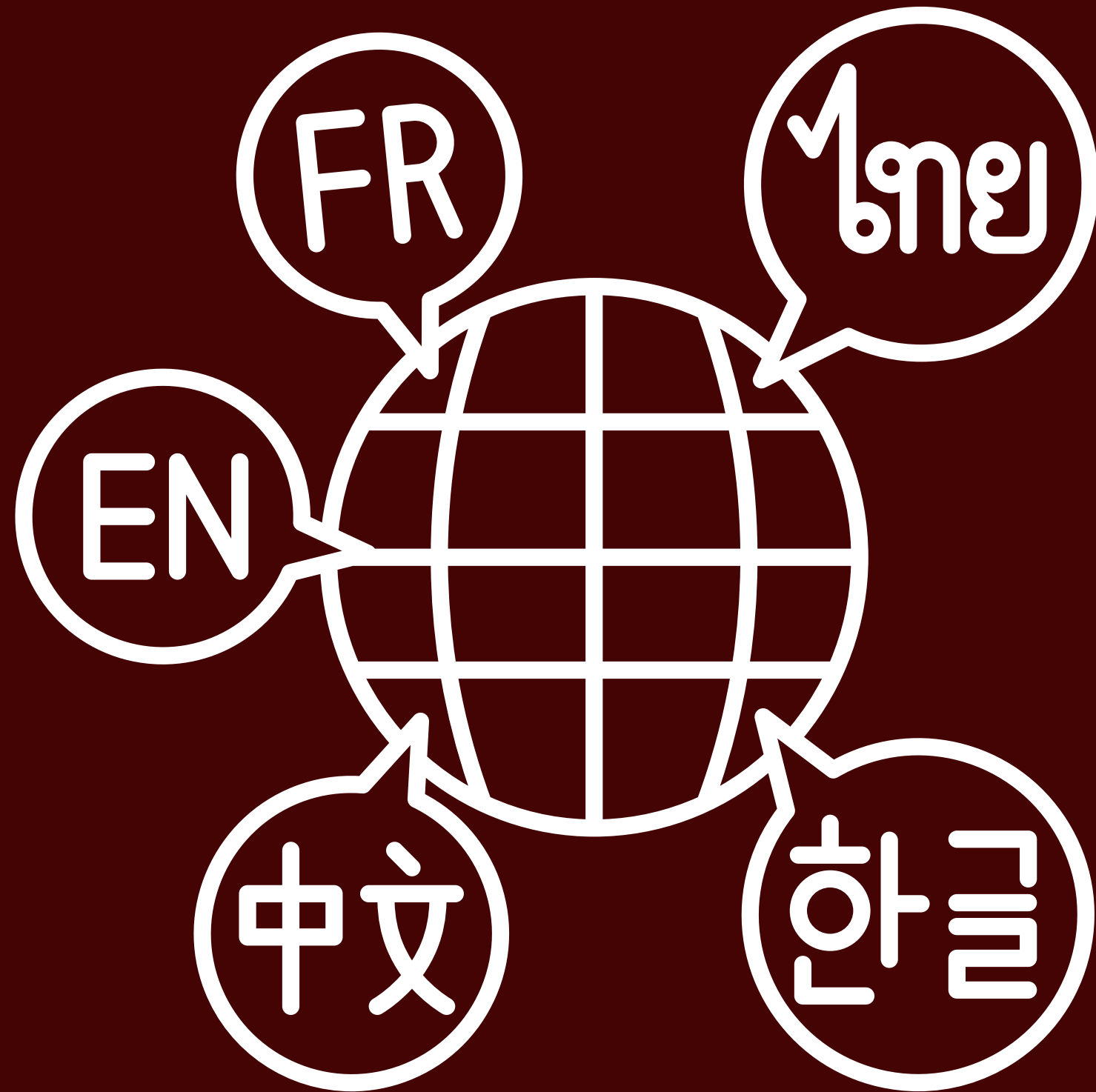
# *Key Learnings*

## **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.



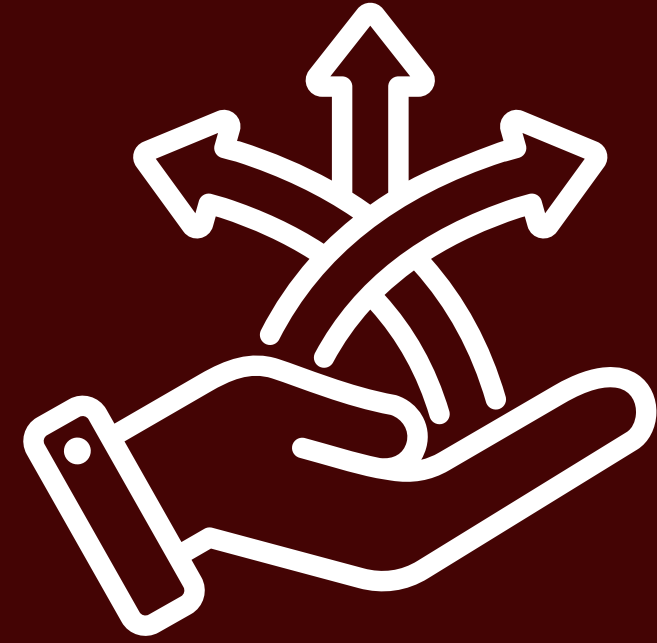
# *Key Learnings*

## 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.

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QUESTIONS?

