Cross-Sectoral Solutions

STRENGTHENING COMMUNITY CAPACITY TO ADDRESS THE'PARALLEL PANDEMIC' OF GBV- RELATED TBI THROUGH ASURVIVOR- LEDSUPPORT PROGRAMFunded by the Public Health Agency of Canada

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





LEARNING OBJECTIVES

- Understand the impact of peer support, service navigation, and flexible programming and services for survivors of GBV -BI.
- Share and acquire strategies for enhancing knowledge mobilization and sustainable community impact.



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).

6

1:1 PEER COUNSELLING

OCCUPATIONAL THERAPY

SPEECH LANGUAGE PATHOLOGY

SERVICES OFFERED

MUSIC THERAPY

NATUROPATHY

SOMATIC THERAPY

PSYCHOTHERAPY

YOGA

SURVEYS

6

Pre-Survey: 100% RR* Interim Survey 1: 96% RR* Interim Survey 2: 100% RR* Interim Survey 3: 100% RR* Interim Survey 4: 96% RR*

*RR = Response rate (100% is 25/25)

Pre-survey

Interim Survey 1

Interim Survey 2

Interim Survey 3



Interim Survey 4

Post Survey

Demographic Health & Symptomology Progra m **Knowledge/Skill** S **Basic Needs, Supports,** Accomodations **Personal Goals & Satisfaction**

What did you enjoy about this 5 -month program?

FOCUS GROUP OR **INTERBIEW**



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



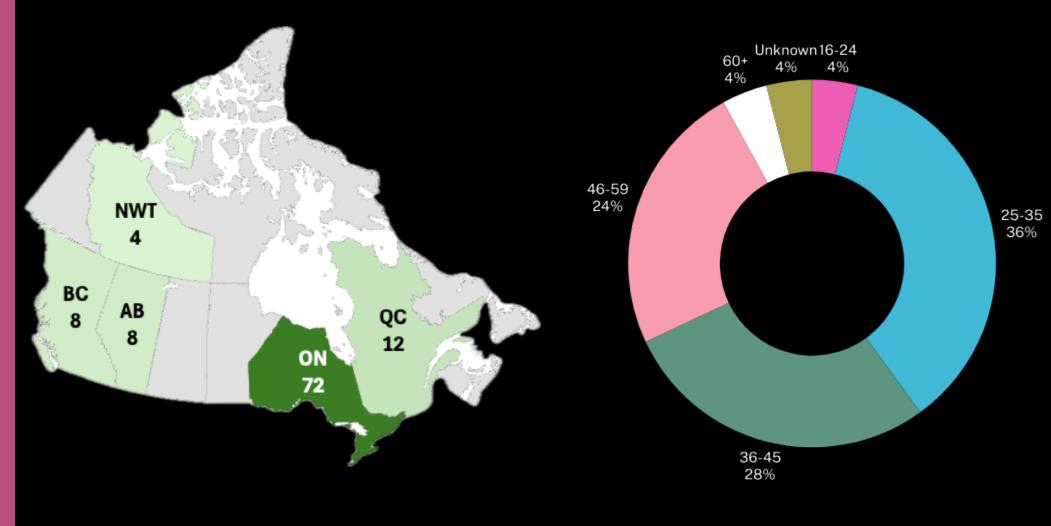
Did this program consider and address the different aspects of your identity, such as your gender, ethnicity, disability, and other factors, in a safe way?



What did you learn in the pilot program?



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



 72% Ontario
 16 - 24 (4%)

 12% in Quebec
 25 - 35 (36%)

 8% in Alberta
 36 - 45 (28%)

 8% in British Columbia
 46 - 59 (24%)

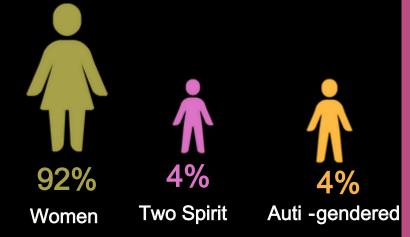
 4% in Northwest Territories*
 60 + (4%)

20% newcomers 4% identified as a refugee



SURVIVORS

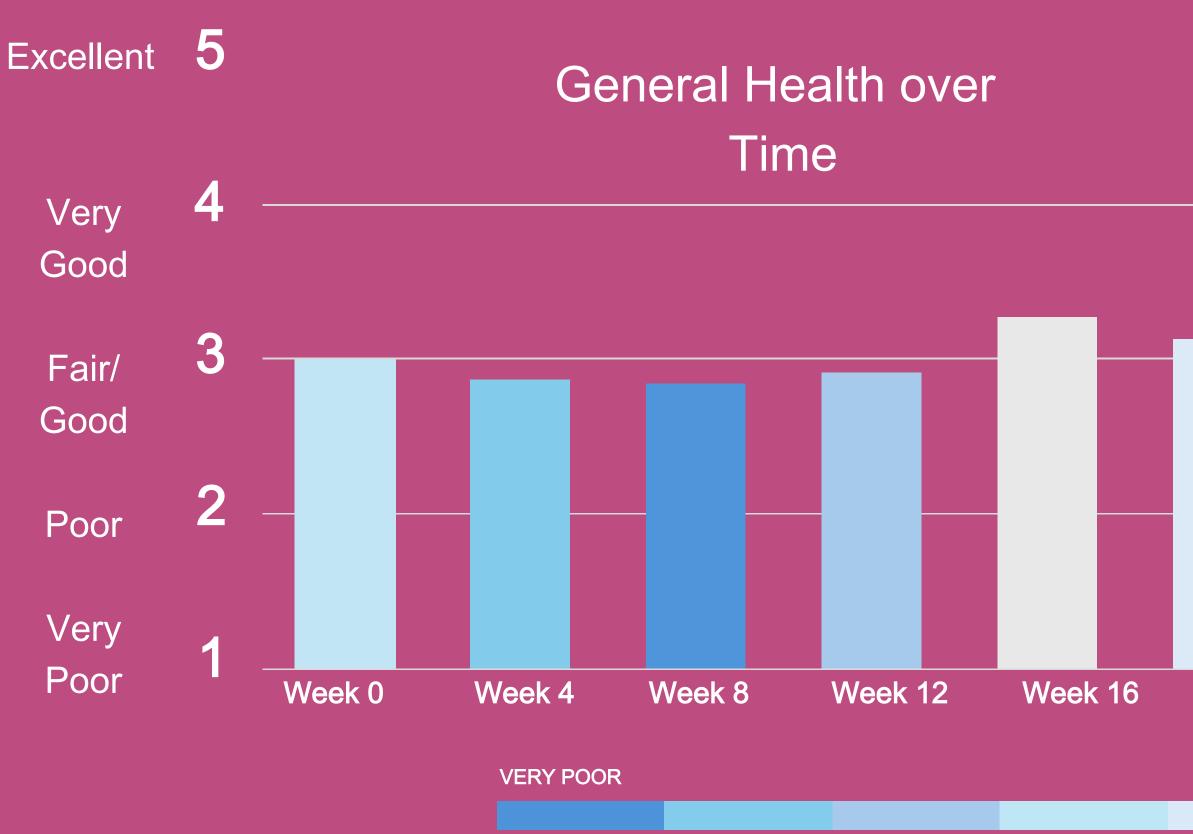




women (92%) two-spirit (4%) autigendered (4%)

*1 individual is from both ON and NWT





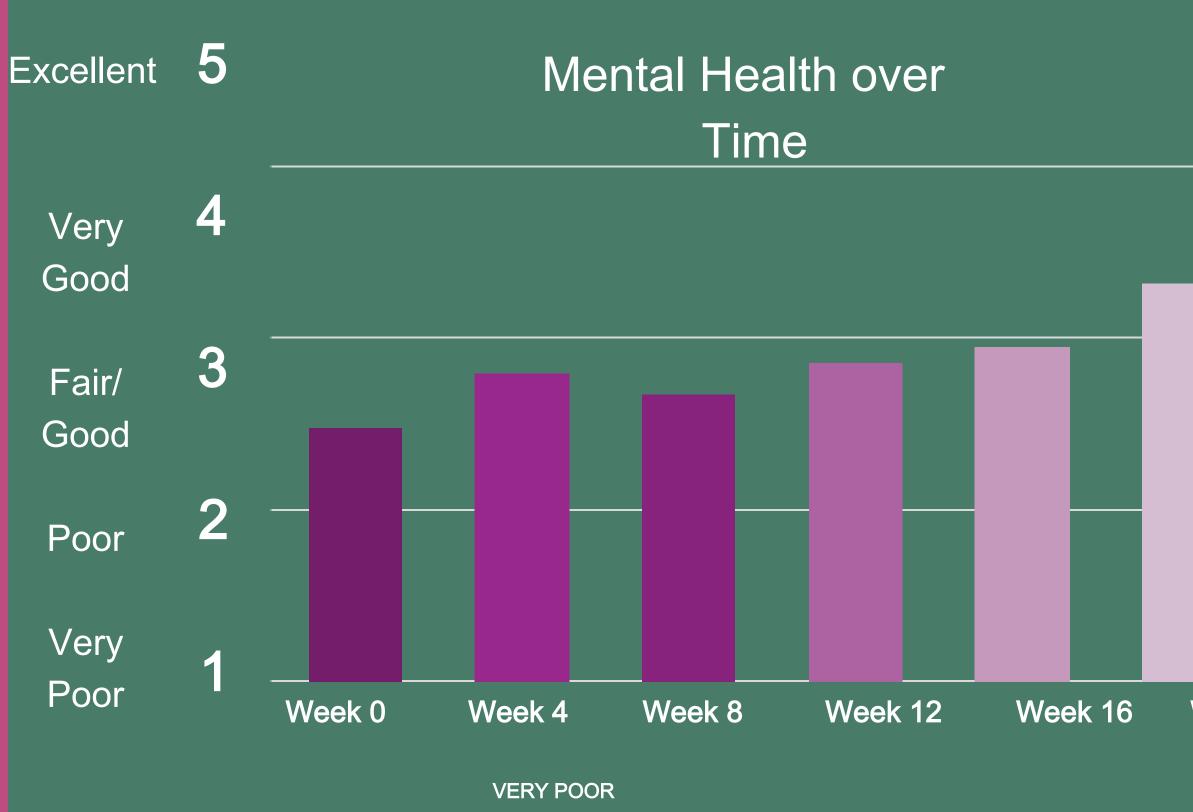


WHILE GENERAL HEALTH ONLY SLIGHTLY IMPROVED...





MENTAL





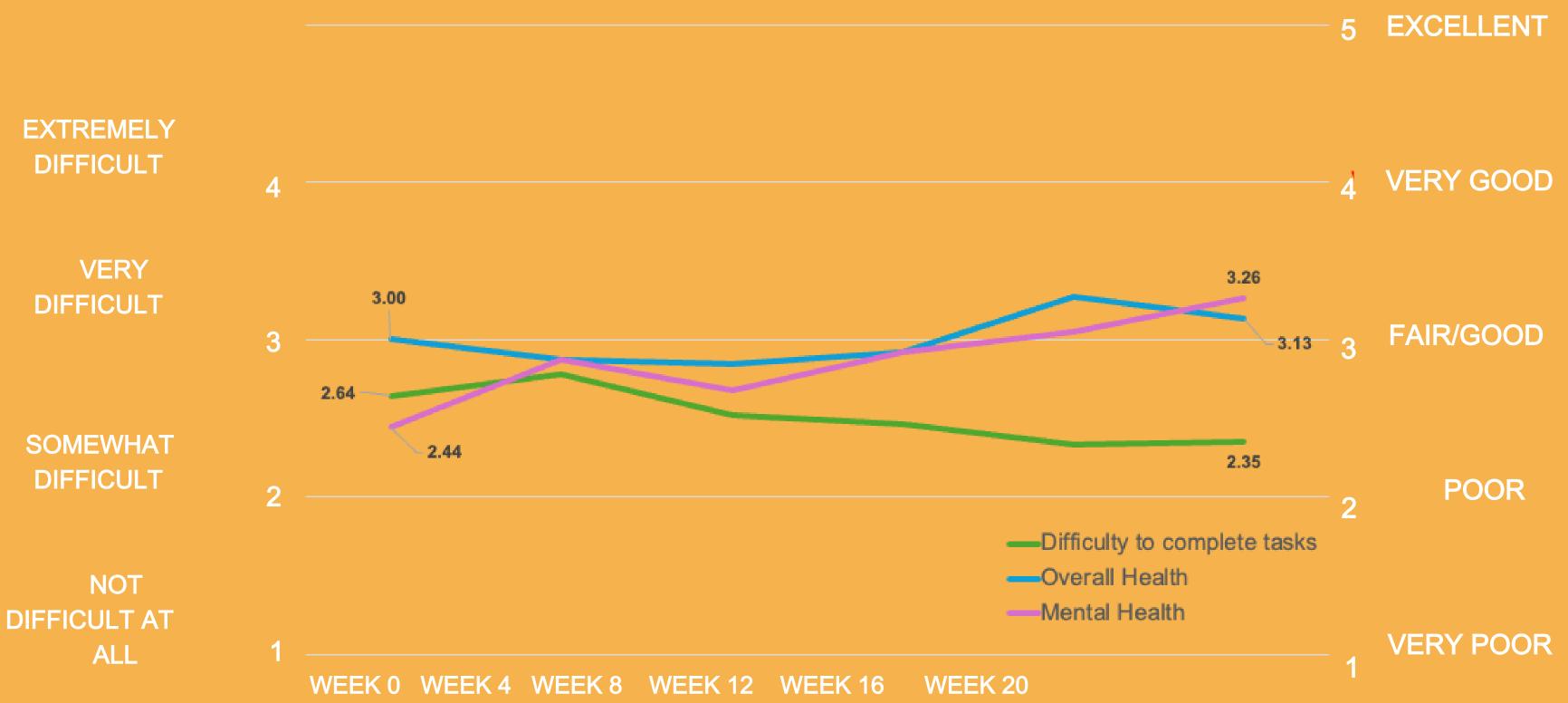
MENTAL HEALTH HAD A MORE SIGNIFICANT INCREASE DURING THE PROGRAM

Week 20



DAILY TASKS & HEALTH

AS GENERAL AND MENTAL HEALTH IMPROVED, **DIFFICULTY TO COMPLETE TASKS DECREASED**

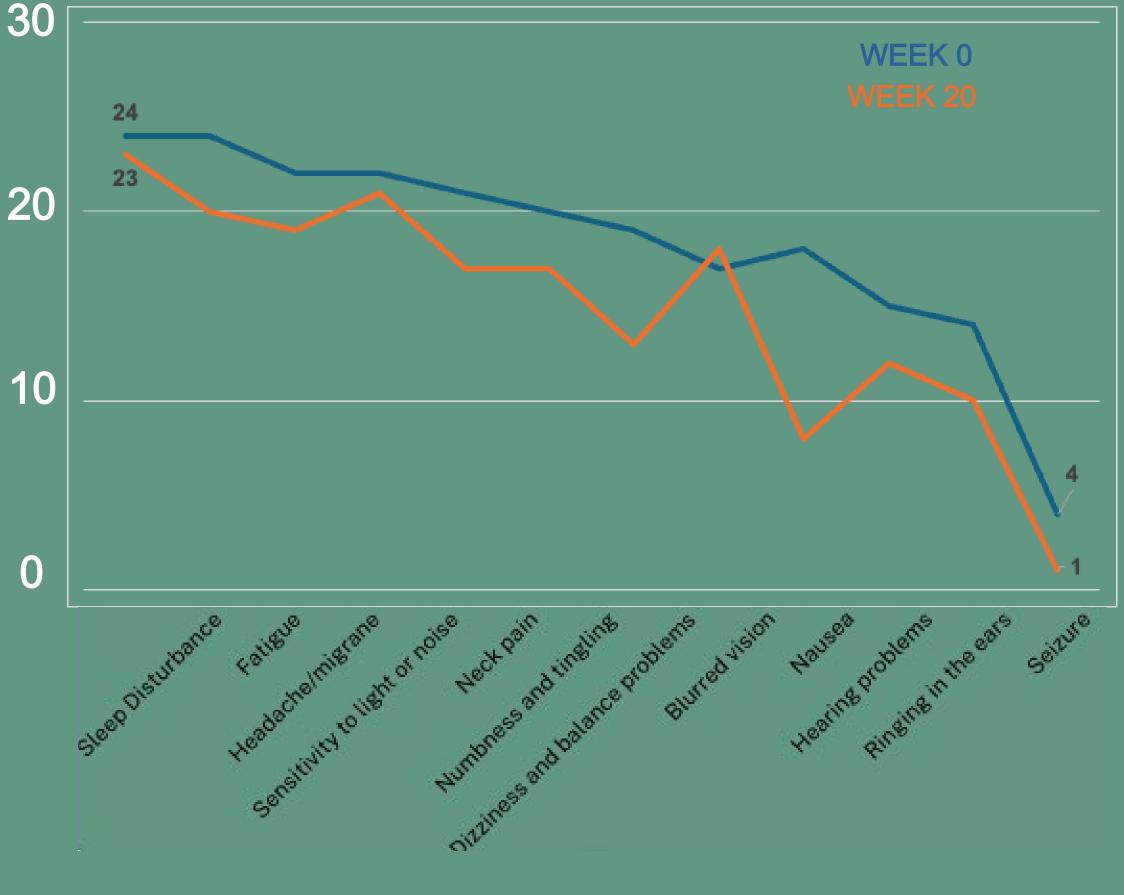




CHANGE IN FREQUENCY OF SYMPTOMS OVER TIME

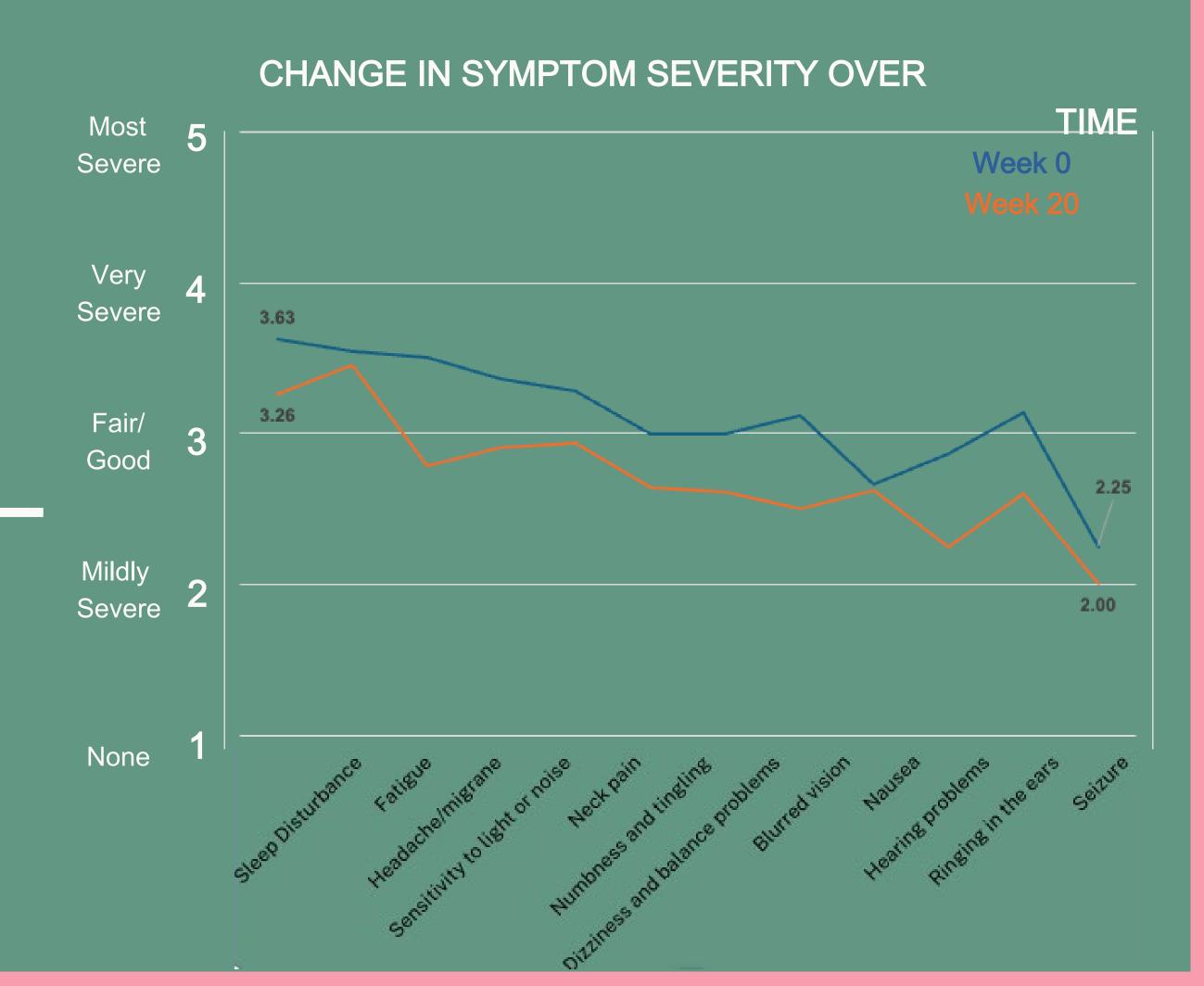
HEALTH: SYMPTOM FREQUENCY

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



HEALTH: SYMPTOM SEVERITY

Severity declined during the lifecycle of the program across all symptoms



KNOWLEDGE AND UNDERSTANDING

KNOWLEDGE AND UNDERSTANDING VS. ACQUIRED COPING STRATEGIES OVER TIME



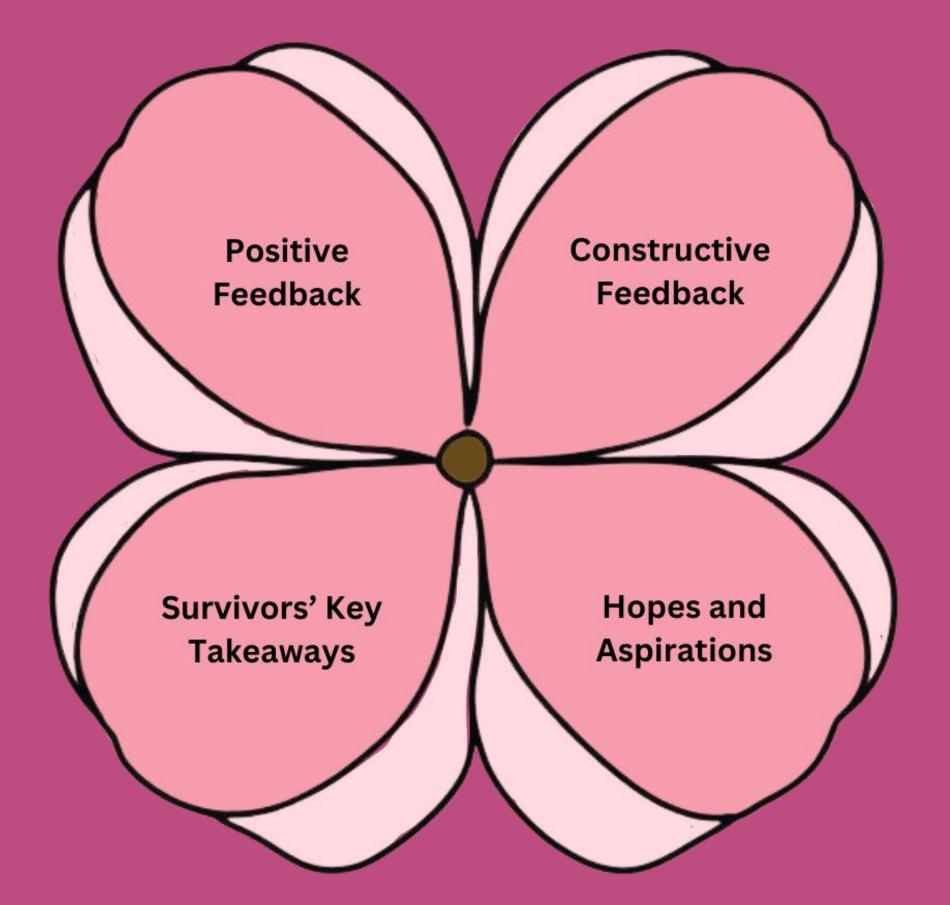
VERY POOR

WEEK 0 WEEK 4 WEEK 8



WEEK 12 WEEK 16 WEEK 20

4 MAIN THEMES



POSITIVE FEEDBACK

JUDGEMENT FREE

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

SOCIAL LOCATION ADDRESSED

"I LIKE HOW THIS INCLUDES ALL WOMEN GIVEN HERE." - CW(P10)

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

PEER NAVIGATOR

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



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)

CONSTRUCTIVE FEEDBACK

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

DIFFERENT PARTS OF THE JOURNEY

DIFFERENT FOR OTHER PARTICIPANTS, BUT WHEN I JUST, I HAD JUST LEFT MY KA (P15)

"I THINK I MEAN, IT MIGHT BE STARTED THE PROGRAM, I HAD DOMESTIC VIOLENCE SITUATION."

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



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)

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



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

HOPES AND ASPIRATIONS

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)

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)

SPECIALIZED PROGRAMING **"I WOULD LOVE TO** SEE MORE PROGRAMMING LIKE THIS." - AP (P19)

KNOWLEDGE MOBILIZATION & SUSTAINABILITY

Research Report

- Literature reviews
- Pilot program findings
- Host sites and Service provider insights
- Staff reflections
- Covid-19 considerations

Capacity Building

- Practice and experiential knowledge sharing
- Resource, tool and workshop development
- KM products to be translated, project branded and published on hub

Engagements

- Knowledge Hub Presents
- CSS Conference March 3 -5
 2025
- IBIA Conference March 19 -21

QUESTIONS?

