SUPPORTING SURVIVORS AT THE INTERSECTION OF MENTAL HEALTH AND GENDER-BASED VIOLENCE: APPROACHES FOR PRACTICE

Presented by Eva Zachary

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Land Acknowledgement

We acknowledge that we are gathered on the traditional territories of the Indigenous Peoples who have lived on and cared for this land since time immemorial.

We honour their enduring connection to the land, waters, and communities, and we recognize Indigenous Peoples' ongoing contributions and resilience.

We commit to learning, reflection, and respectful relationship-building.

Before we begin...

- This session provides a high-level, educational overview for frontline workers.
- Eva is not a mental health clinician, counsellor, psychotherapist, or psychiatrist.
- We will not be discussing specific mental health diagnoses or treatment plans.
- Content is based on frontline experience, trauma and violence-informed practice, and system-level themes.
- Please follow your organization's policies and consult qualified mental health professionals when clinical concerns arise.

- This session includes sensitive topics.

Please take care of yourself and step away, if needed.

IPV versus GBV: Knowing is Helping

Intimate Partner Violence (IPV)

- Violence, abuse, or coercive control within a current or former intimate relationship
- Includes physical, sexual, emotional, psychological, financial, technological abuse, and coercive control

Gender-Based Violence (GBV)

- Violence rooted in gender inequality, power imbalances, and social norms
- Directed at someone because of their gender, gender identity, or perceived gender
- Includes IPV and broader forms such as sexual violence, femicide, harassment, trafficking, and hate-motivated violence
- **GBV is upheld by structural inequities such as sexism, racism, colonialism, ableism, homophobia, and transphobia**

An 'IPV versus GBV: Knowing is Helping' Handout will be provided at the end of this session.

Why this topic matters now

- Survivors are navigating increasingly complex mental health needs.
- Frontline providers are responding within real systemic constraints.
- Trauma responses are often misunderstood or stigmatized.
- Collaboration creates opportunities for safer, more consistent support.

Understanding the Intersection:

Mental Health & Gender-Based Violence

- Mental health concerns often emerge within contexts of violence and trauma.
- Trauma responses can be mistaken for mental illness or non-compliance.
- Stigma and misconceptions shape how survivors are perceived and supported.
- Survivors' experiences are influenced by system mandates and responses.
- Structural inequities shape survivor experiences and system responses.

Patterns Observed Through Practice & Case Reviews

- Mental health concerns can obscure or complicate risk recognition.
- Trauma responses are sometimes misinterpreted or minimized.
- Fragmented systems contribute to gaps or inconsistent responses.
- Opportunities exist to strengthen shared understanding and coordination.

Trauma & Violence-Informed (TVI) Foundations

- Recognizes the widespread impact of trauma and violence.
- Understands behaviour as adaptation, not pathology.
- Prioritizes safety, choice, and dignity.
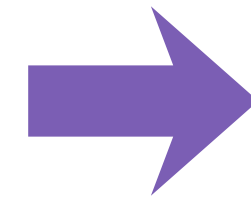- Acknowledges systemic and structural influences on survivor experience.
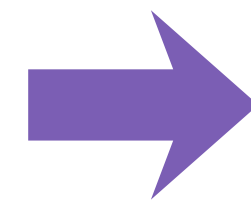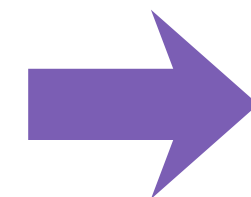
UNDERSTANDING TRAUMA RESPONSES
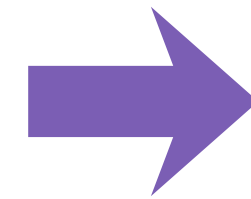
→ Trauma responses are automatic nervous-system reactions.

→ Common responses: fight, flight, freeze, fawn, dissociation.

→ Responses may shift depending on context and perceived safety.

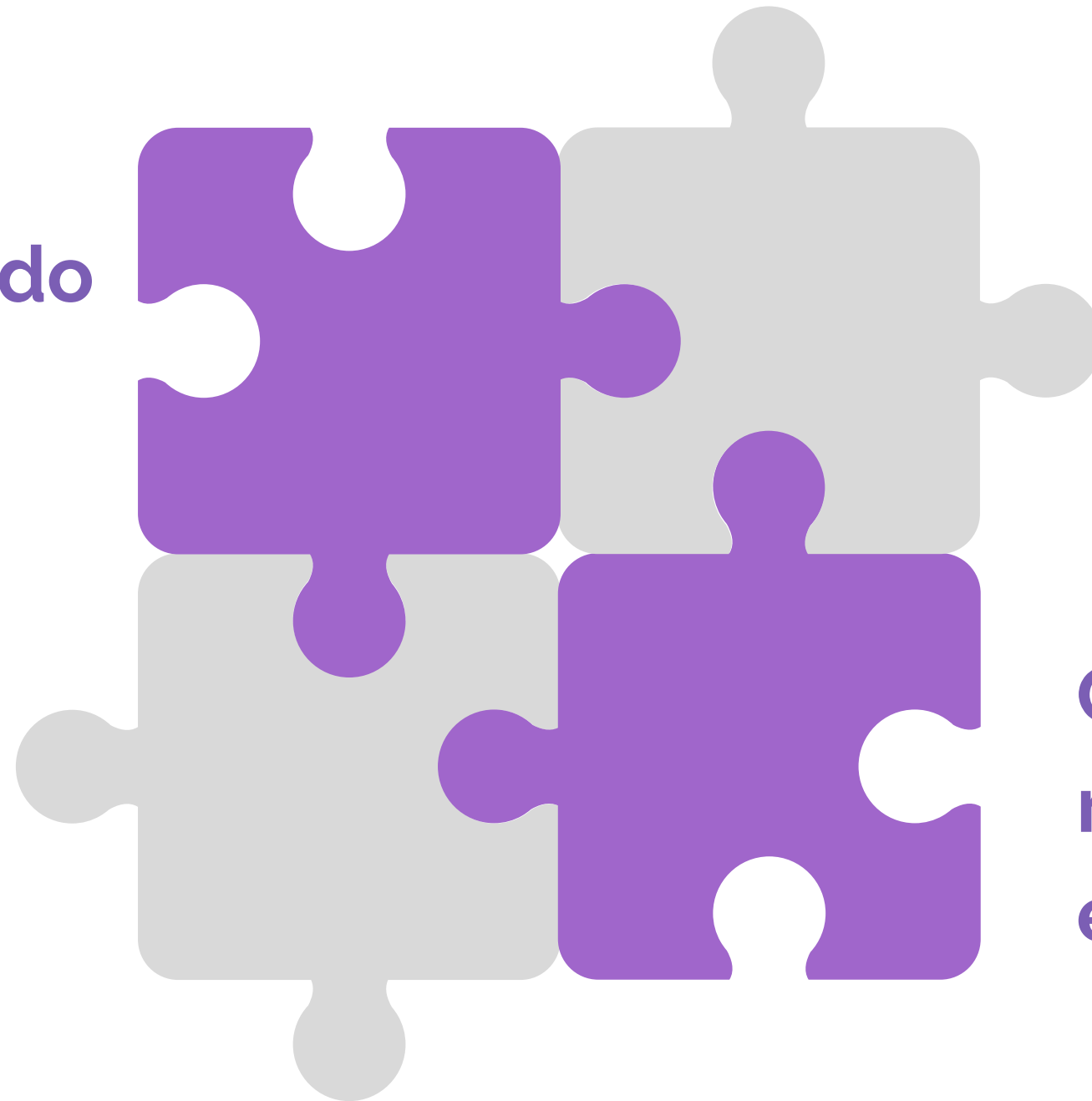→ Trauma responses are protective, not intentional choices.

MENTAL HEALTH PRESENTATIONS IN GBV CONTEXTS

➡️ **Mental health concerns often reflect trauma and ongoing stress.**

➡️ **Presentations may fluctuate over time and across systems.**

➡️ **Distress can be visible or carefully masked.**

➡️ **Outward stability does not equal low risk.**

REDUCING STIGMA & MISCONCEPTIONS

Mental health concerns do not reduce credibility.

Stigma can affect safety, trust, and help-seeking.

Trauma responses are often misunderstood as non-compliance.

Compassionate responses reduce harm and increase engagement.

PRACTICAL TRAUMA & VIOLENCE-INFORMED STRATEGIES (GROUNDING & DE-ESCALATION)

→ Create calm through tone, pace, and presence.

→ Use simple, clear, non-judgmental language.

→ Normalize trauma responses.

→ Offer choice and collaboration whenever possible.

→ Use culturally safe, identity-affirming approaches.

SUPPORTING SURVIVORS IN CRISIS
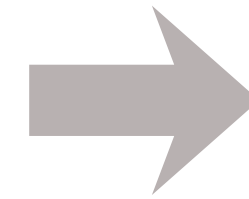
Prioritize immediate safety and stabilization.

Avoid ultimatums or rushed decision-making.

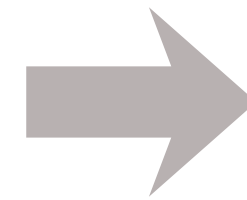Respond with calm, clarity, and consistency.

Use collaborative, survivor-centred planning.

Avoid pathologizing or escalating to clinical framings unless necessary.
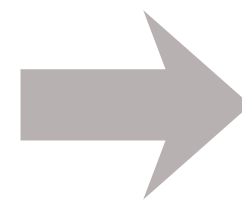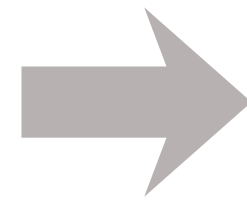
NAVIGATING CO-OCCURRING RISKS

→ Survivors may face multiple, overlapping risks.

→ Risks often interact and intensify one another.

→ Safety, autonomy, and capacity must be balanced.

→ Collaboration supports more informed responses.

Strengthening Communication & Cross-Sector Collaboration

- Survivors often navigate multiple systems simultaneously

- Different mandates and approaches can create gaps or inconsistencies.

- Shared understanding and communication support safer responses.

- Collaboration enhances - not replaces - individual roles.

Communication & collaboration supports survivors.

SYSTEMIC PRESSURES & FRONTLINE REALITIES

· Frontline work occurs within real resource and system constraints.

· Mandates, capacity limits, and waitlists shape responses.

· Emotional labour and moral distress are common.

· Acknowledging pressures supports sustainability and care.

PROMISING PRACTICES, POSSIBILITIES & ALIGNMENT

- Trauma and violence-informed approaches strengthen responses.
- Collaboration improves consistency and survivor experience.

- Small practice shifts can reduce harm and increase safety.
- Alignment across sectors creates meaningful change.

Honouring Survivors & Those We Have Lost

- We acknowledge survivors who share their experiences.
- We honour those whose lives have been lost to violence.
- Their voices guide learning, prevention, and change.
- We carry this work forward with responsibility and care.

THANK YOU

- Thank you to the organizers for creating space for this conversation;
- Thank you to frontline workers for your commitment and care;
- Questions, reflections, or shared insights are welcome.

HOW TO CONTACT EVA

- email Eva at Muskoka Victim Services: eva@muskokavs.ca
- email Eva at private practice: evabzachary@gmail.com
- Handouts & Resources can be found at evazachary.ca/resources
- View the monthly blog at www.evazachary.ca/blog