Intimate Partner Violence and Mild Traumatic Brain Injuries: What Does it Look Like and What Should We Do?

Eve Valera

Western
Centre for Research & Education on Violence Against Women & Children
LEARNING NETWORK

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Intimate Partner Violence and Mild Traumatic Brain Injuries: What Does it Look Like and What Should We Do?

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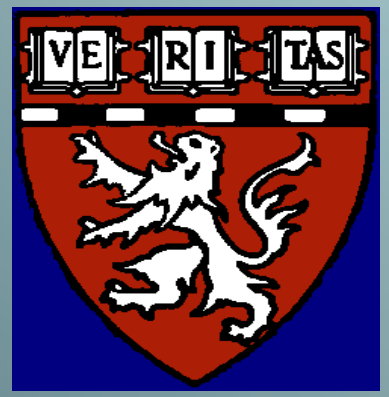

Women rarely report that they sustained a TBI

- "I sustained a brain injury." Very unlikely!
- "We were arguing and then I found myself getting up from the floor." Yes
- "He punched me in my head." Yes
- "I fell backwards and hit the wall." Yes
- "I am not sure how I got to the other room." Yes

- There are often no visible signs of injury (to naked eye or via imaging).
- Victims rarely seek medical attention. "Well -it's not a broken arm."

A TBI or concussion involves an external force to the brain and an alteration in brain function

- A traumatically induced physiological disruption of brain function, as manifested by at least one of the following:
  - any loss of consciousness (LOC);
  - any loss of memory for events immediately before or after the incident;
  - any alteration in mental state at the time of the incident (e.g., feeling dazed, disoriented or confused).
  - any focal neurologic deficit(s) that may or may not be transient (e.g., visual disturbances)

(Committee on Mild Traumatic Brain Injury,
American Congress of Rehabilitation Medicine 1993)

TBIs can result in a range of cognitive, physical and emotional problems

Cognitive	Physical	Emotional
Memory problems	Headaches/migraines	Anxiety/irritability
Taking longer to think	Fatigue and sleep problems	Depression/mood swings
Decreased concentration	Balance problems	Impulsive behavior
Impaired word finding	Dizziness	Restlessness
Impaired judgment	Nausea	Inappropriate behavior
Difficulty with initiation and follow through	Visual disturbances	Aggressive behavior

Symptoms may occur days later and last for months or longer

TBIs unobserved behind closed doors are usually misinterpreted or missed

- Someone who may appear to be:
  - disoriented
  - confused
  - distractible
  - inconsistent
  - headaches
  - uncooperative
  - dizzy
  - off-balance

The type of questions asked should depend on purpose and time

- Is this for research or safety purposes?
- Do you have 1 minute or ½ hour?
- Some examples:
  - Brain Injury Severity Assessment (BISA) Interview (Valera & Berenbaum, 1997)
  - Ohio State University Identification Method (Corrigan & Bogner, 2007)
  - HELP Screening Tool (Picard, Scarisbrick & Paluck, 1999)

BISA focuses on alterations in brain function after a potential trauma to the brain

- After anything your partner did to you, did you:
  - Lose consciousness or black out?
  - Not remember part of or have memory loss for the incident?
  - Feel confused or disoriented?
  - Feel stunned or dazed?
  - See stars or spots?
  - Feel dizzy?
- [if 'Yes'] Can you tell me what happened?
  - Listen for things that could result in impacts to the brain (e.g., head hit the wall, he shook me violently, punched me in the head)
  - Number of times, first and last time, duration of LOC or amnesia

The HELP Screener tool approaches assessment from several angles less specific to IPV

- Have you ever had a **H**it to your head or been strangled (but violent shaken is ignored here)?
- Were you ever seen in the **E**mergency room because of a hit to your head or strangulation (but many do not or cannot seek treatment)?
- Did you ever **L**ose consciousness or experience a period of being dazed or confused because of a hit to the head or strangulation? (not required for TBI)
- Do you experience any of these **P**roblems in your daily life due to being hit in the head or strangulation?

Ohio State University TBI Identification Method is used for ALL types of TBI

- Hospital visits due to head or neck injury?
- Injured your head or neck due to a car injury?
- Injured head or neck from a fall or sports?
- Injured head or neck due to fight, shaken, shot?
- Ever been nearby an explosion (military)?
- If ‘yes” ask about LOC and whether repetitive

Danger signs / Red Flags for TBI

Women rarely report being strangled

- “I was strangled.” Rarely
- “I was choked.” Sometimes
- “He put his hands on my neck.” Yes
- “He put his arm against my throat.” Yes
- “He pinned me against the wall with his hands on my neck.” Yes

Strangulation often leaves no visible marks or external injuries

- 50% of victims had no visible injuries
- Only 15% had photos of sufficient quality to be used in court.
- Victims sought medical attention within 48 hours in only 3% of cases.

Visible signs of strangulation often appear as red or bruised

- Red eyes (blood shot, bleeding in eyes)
- Redness on neck (short-lived)
- Tiny red spots (petechiae)
- Swelling of neck (perhaps internal bleeding)
- Bruising behind ears
- Small, round finger marks on neck (if manual)

There are a number of symptoms of strangulation that should be looked for

- Coughing, vomiting
- Voice changes, loss of voice
- Loss of consciousness
- Difficulty swallowing, breathing
- Raspy breathing
- Pain or tenderness
- Mental status changes (combativeness, amnesia)
- Involuntary urination/defecation
- Vision changes

Danger Signs / Red Flags for Strangulation

Anyone is capable of being a batterer

- Approximately 30% of men were professional men who were well respected in their jobs and communities:
  - Doctors
  - Psychologists
  - Lawyers
  - Ministers
  - Business executives

- New York Attorney General Eric Schneiderman – 4 previous romantic partners reported that he “repeatedly choked, hit or violently slapped them, all without their consent.”

Boston Bar Journal

Interact with women in a way that is sensitive to the possibility of a brain injury

- Minimize distractions, meet in quiet locations, short meetings, breaks
- Avoid loud noises and bright lights
- Repeat information
- Prioritize goals, make them smaller steps, and write them out
- Talk slowly and to the point
- Double check with her to be sure that she understood information

Interact with women in a way that is sensitive to the possibility of a brain injury

- Work on one task at a time and stick to the task at hand
- Be factual and concrete
- Allow extra time for her to complete tasks (e.g., fill out forms)
- Help her fill out forms and make phone calls
- Point out possible consequences of decisions, short- and long-term
- Provide respectful feedback on problem areas that affect her safety if she thinks she is functioning better than she is
- Encourage self-determination and identify strengths

Consider potential effects of TBIs when safety planning

- Break plans down into small steps and sequence
- Review plans frequently and in detail to help compensate for problems with memory, motivation, initiative and follow-through
- Incorporate needs and abilities into plans for her to live, work or drive on her own
- Be realistic in how much she can accomplish in a given day
- Provide extra support and coaching when she needs to deal with the justice system or family court (e.g., role play)
- Reach out to a domestic violence shelter with information on TBI and potential accommodations

There do appear to be some more consistently reported problems across women

- Word finding difficulties
- Losing train of thought
- Sleeping a lot
- Anxiety and depression
- Balance issues

Recognizing a TBI is the best way to lead to health and recovery!

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- Last few slides are only if people want examples and there is time

Jody

- Age 69; had Associates degree and good vocabulary
- Severe abuse for about 4 years; at least 1 time per week or more he would hit her anywhere above the shoulder; “fists all over the head”; “it was like being in a war”; “like being in a ring with a boxer”
- At age of 56 started having tremendous word-finding difficulties; needs help from friends to say word; “can’t speak correctly”
- Depression and anxiety since beatings to the head
- Calling police would make it worse; they could only give her a 10 minute head start
- “Hard to get out because of money, fear, children, shame, no place to go”

Maria

- Age 46; he isolated her and did not let her leave the apartment; smashed her head against doors and walls for no reason; chased her with shotgun, strangled her, petechiae and he made her lie about it; threw her off porch
- 2-3 times per month for 1.5 years she would experience being “woozy” from abuse; would wake up from being strangled (10x)
- Reading comprehension of a senior in college and now she is sounding out words because they are not making sense to her; words she used to be able to read, she now has to go to a dictionary for; words she has “read a million times”; scares her!
- Terrible word finding difficulties; forgetting names of people she knew well and had relationships with; forgetting train of thought when talking to others; anxiety and panic attacks for no reason

Christine

- Age 73 but in a skilled nursing facility since the age of 56
- Isolated her and abused her
- “He hit my head with a silver brush”; “lived in terror every day”
- 8 years after the abuse ended cognitive deficits began to show; a few years later strange behavior and delusional; quit work; sold house in one day; later collapsed and has been in a dementia-like state since that time; no progression; no clear diagnosis

Tracy

- 41 year old white female with an 8 year old son.
- Worked at a company where she needed to handle millions of dollars each day- cannot make mistakes, need accuracy and precision. She was very good at this and worked her way up after managing several other smaller and start-up companies.
- Her TBI story –had a car accident when she was 20 in which she sustained a concussion. Was fine after that. Later on, she was beaten by her partner who chose the spot where she hit her head in the car accident to repeatedly hit her. His “favorite” spot. After he strangled her, she was diagnosed with Thoracic Outlet Syndrome but rather than attributing it to the strangulation, it was attributed to the car accident 15 years prior! She experiences much pain from this. Last year – hit in same spot with baseball when she was playing with her son, has not been the same since then and cannot work.

Tracy

- Currently, she cannot even look at the numbers and understand what they are, struggles with helping her son with his 2nd grade math HW cannot look at a computer screen, lighting bothers her, suffers from terrible migraines and chronic fatigue, could sleep all day if possible, hard to cook anything unless it is really simple, proud if she does a load of wash and remembers to put the laundry in the dryer.
- No concept of time.
- Used to be very articulate with a good vocabulary and now struggles with having the word she wants to say in her head, and not being able to get it out.
- Balance is off.
- If tired, she reports that it almost sounds like she is talking jibberish.

Patty

- 58 year old white female with a daughter

- Bright woman with a 4.0 for latter part of college career.
- Served as a radiology technician

- Was attacked by partner – retina detached and eye hemmhoraged needed surgery and was out of work. Things have gotten worse. Initially assumed difficulties were related to eye issues but now realizes it was TBI
- Made a mistake in her work and so are saying she is unfit. Now they are insisting she come back to work full-time or they will fire her – unfortunately, working full time as well as other issues , make it impossible for her to return back to work full time
- Things such as extreme sensitivity to fluorescent lights, short term memory loss, and difficulty with executive skills functioning and multitasking, have made it more difficult to perform the most important aspects of my job.

Patty

- Needs to sleep all the time
- Balance is off
- No focus
- Has to stop and figure out where she is
- House is a mess
- Can’t pay bills

Healing from an Indigenous Perspective

JoLee Sasakamoose

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Concussion Hits Home

Ruth Wilcock and Vijaya Kantipuly

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Concussion Hits Home

Ruth Wilcock
Executive Director

Vajaya Kantipuly
Social Worker

Support

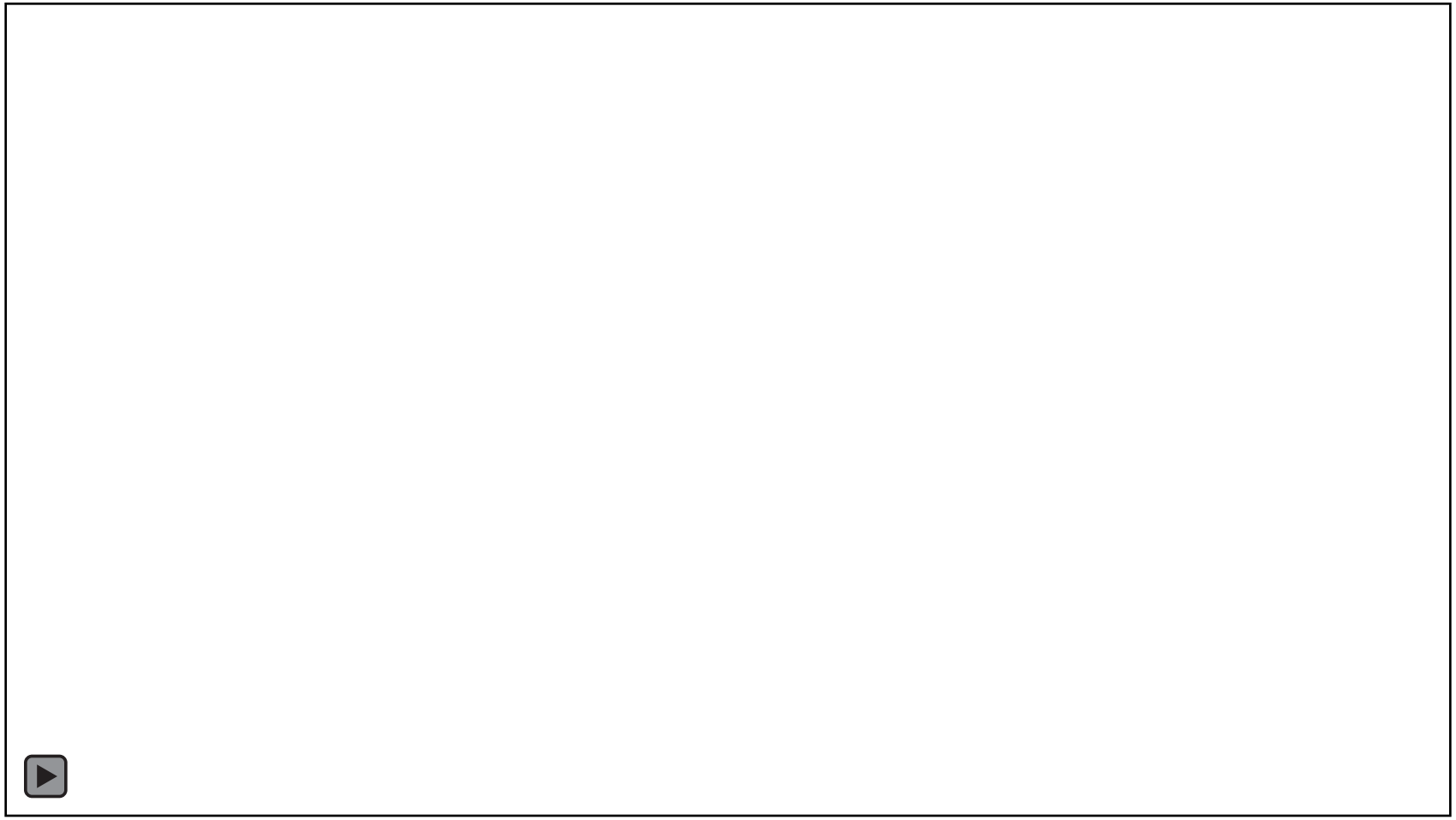
- OBIA has been helping and supporting people for over 30 years

Awareness

- Very little work and awareness about brain injury and domestic violence or intimate partner violence has been addressed

- Until recently Canada has been largely silent on this issue

Concussion Hits Home Campaign



Our Message

- We must speak up and support those who have sustained brain injuries through intimate partner violence

Our Goal

- Survivors receive the appropriate treatment and support

Supports Available

- 1-800 Helpline
- Peer Support
- Educational Support
- Resources
- Emotional Support

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Online Support Concussion Group

- The concussion group to be a “safety” net for those who have no-where else to turn
- Is a safe place where one can share their frustrations and struggles and connect with others who have had similar experiences.
- Improve for growth, change, and social connections across Ontario.

Online Concussion Support Group Overview

- Groups are a powerful resource for individuals dealing with isolation.
- Access to collective strength

Who need….

- Education, Awareness, and Resources
- Above all Emotional Support

Online Concussion Support Group Structure

Curriculum-Based:

- Psycho-Education around Concussion/Strategies
- Building resilience

  Self-compassion, self-care, CBT,and Mindfulness

Topic Focused:

- Discussions are focused upon the interests of the group

Open-forum

- Discussion topics vary as members bring them up (resources and network)

Online Concussion Support Group

After Registration…

- Pre –Group Screening Assessment (informed decision about group)
- During group – one –on–one support when needed
- After group – check–in and connected with continue support.

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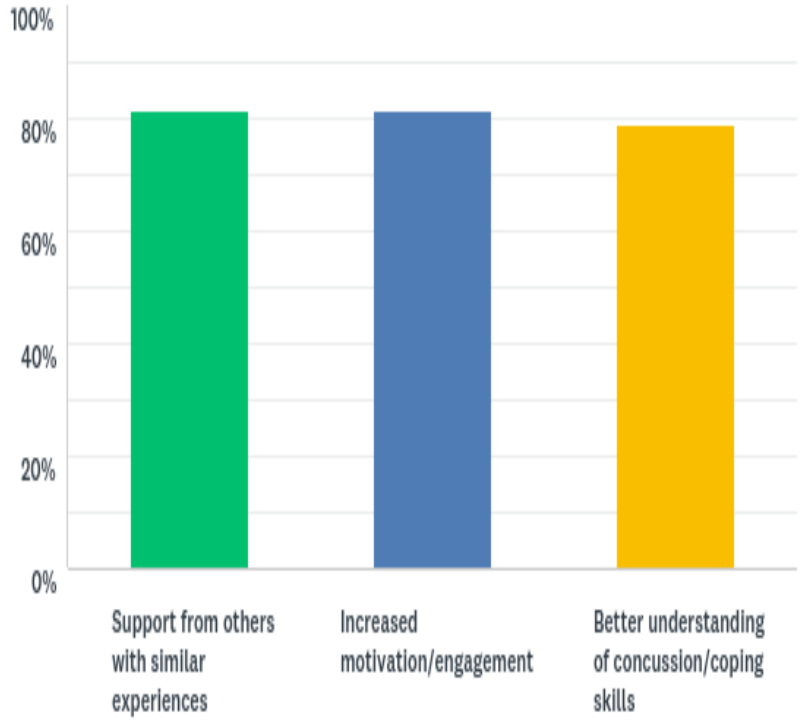
On Line Concussion Support Group Pre-Survey

Q5 What are your goals/expectations from the online support group

Support from others 81.58%

Increased motivation 81.58%

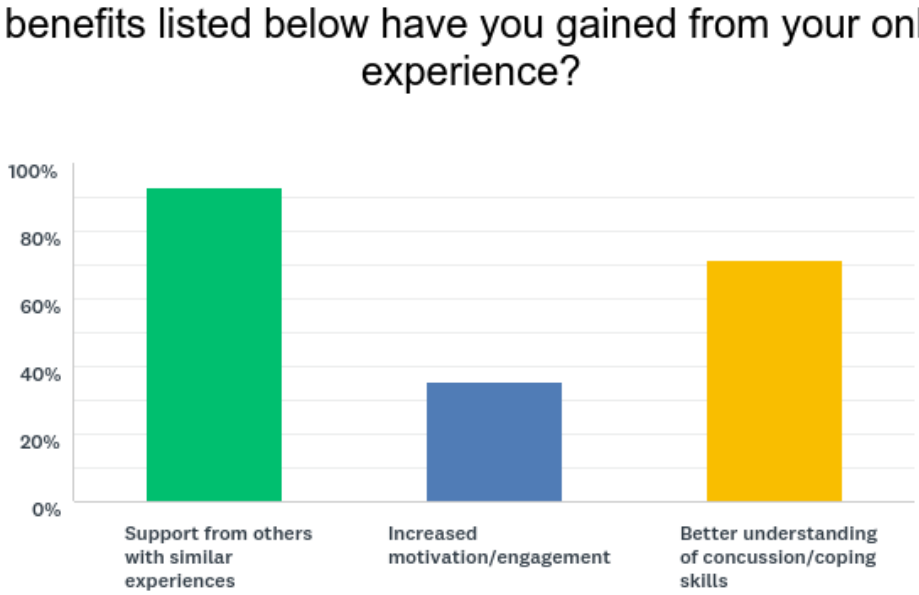
Better understanding 78.95%



On Line Concussion Support Group Post –Survey

Support from others 92.86%

Better understanding concussion/ coping skills 71.43%



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Key Findings

From the First 5 Groups

- 92.86% – Felt they gained emotional support from group
- 71.43% – Felt their Education/coping skills had increased

Things We Learned

- Would like the length of the sessions increased
- More time for CBT work
- More time to work on trauma

Shining Light on Traumatic Brain Injury and Domestic Violence

- Story… about one of our previous group member
- (Jan) –Not real name

- Jan, currently volunteers in local women shelter and encourages other survivors to seek medical help.

- Education and greater awareness of Concussion in domestic violence shelters.

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Implications of the Project

Client Care

- Empowers clients, reduces isolation and provides emotional support

Knowledge Translation

- Supports clients in a field where very little supports are available

It is the Bridge that Connects
Medical team and Community

We are Here to Help

- **Helpline**

1-800-263-5404

- **Email**

support@obia.on.ca

Thank You!

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Toll-free Helpline:
1-800-263-5404

Best Practises for Inclusion for People with Disabilities in the VAW Sector & Research

Melanie Marsden

Western Centre for Research & Education on Violence Against Women & Children
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Best Practises for Inclusion for People with Disabilities in the VAW Sector & Research

Thursday March 7, 2019

Introduction

- My name is Melanie or “she carries the Light woman” my Indigenous name given to me by a well known Elder.

- Currently I work at Springtide resources as the Women with disabilities and deaf women coordinator, manager of inclusion and accessibility.

1. When doing research explore:

- who is not at the table?

springtide RESOURCES

2. When you chose to invite folks to be apart of your research, please include them at all levels.

What does this mean?

springtide RESOURCES

3. Compensate them with:

- healthy food

- an honoraria

and please listen to what they are saying, by honouring their words. Ask for stories.

springtide RESOURCES

4. Remember when a person with a disability is leaving an abusive situation they cannot just pick up and leave a shelter, they must consider numerous factors.

springtide RESOURCES

5. Remember we are people first, some of us have intersections of:

-identities
-class
-race
-ability.

springtide RESOURCES

6. Remember your own bias

springtide RESOURCES

7. Greeter Guide

-how to approach and work with individuals who have traumatic brain injury

springtide RESOURCES

8. Best practises guide for the Accessibility Directorate of Ontario (ADO)

- Centered around disability
- Created by us for us
- Address gaps in the VAW shelter system

springtide RESOURCES

THANK YOU!

Melanie Marsden
melanie@springtideresources.org

Discussion Period

Eve Valera, JoLee Sasakamoose, Ruth Wilcock, Vijaya Kantipuly, and Melanie Marsden

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We will now be taking a 15 minute break.

After the break:

Akosoa McFadgion

Unforeseen Barriers: Interventions for Women in Shelter

Please refer to the program for the agenda.

Unforeseen Barriers: Interventions for African American women in domestic violence Shelters

Akosoa McFadgion

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Unforeseen Barriers: Interventions for African American women in domestic violence Shelters

Presenter:
Akosoa McFadgion, PhD
Howard University

Purpose

- To provide attendees with information to frame culturally-sensitive processes and program outcomes that support African American women survivors of interpersonal violence & traumatic brain injury.
- To equip attendees with African-Centered strategies appropriate for trauma-informed program implementation with communities of color.
- To provide attendees with the opportunity to develop strategies to evaluate their culturally-sensitive and trauma-informed programs.

TBI in Abusive Relationships

- Mild TBI-
  - "traumatically induced physiological disruption of brain functioning characterized by an alteration of mental status at time of injury, anterograde or retrograde amnesia, with or without loss of consciousness, and post traumatic amnesia <24 hours" (Wilson,2009).
- Anoxic Injury (Strangulation)
  - Intentional "external compression of the neck that can impede oxygen transport by preventing blood flow to or from the brain" (Taliaferro, et al., 2009).
- "Facial Injuries or severely shaken" (Bent-Goodley, 2011)

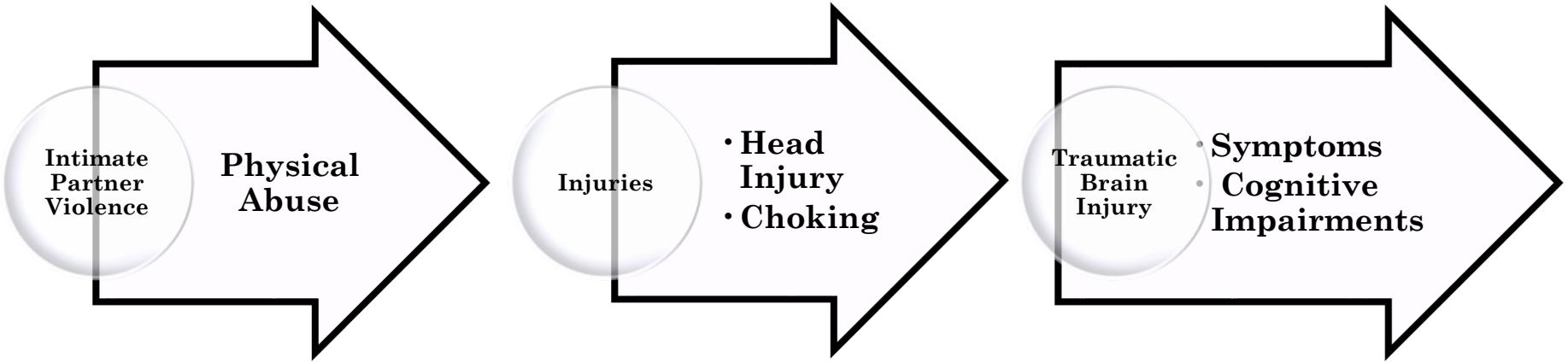
Post Concussive Symptoms

- Difficulty concentrating
- Trouble sleeping
- Memory loss
- Headaches
- Dizziness
- Seeing spots
- Difficulty problem solving
- Post Traumatic Amnesia
- Fatigue
- Sleep disturbances

Symptomatology of TBI

System	Symptom	Indicator
Head, eyes, ears, nose, throat exam	Neck pain, voice and vision change, difficulty swallowing, ringing in ears	Facial and neck swelling; facial droop; marks on neck; headache; nose bleed
Respiratory	Difficulty breathing; chest pain	Hoarseness; respiratory distress;
Gastrointestinal	difficulty swallowing	Vomiting
Gynecological	Abdomen pain during pregnancy	Irregular bleeding; miscarriage
Urinary		Lack of urinary control
Skin	Petechiae; subconjunctival hemorrhages	Scratches on neck, red spots; cord marks
Neurological	Dizziness; weakness; loss of consciousness; headache	Mental status changes; loss of sensation; eyelid and facial droop; extreme weakness or paralysis
Psychiatric	Memory problems; depression; suicidal ideation; insomnia; anxiety	Trouble concentrating; difficulty remembering things; confusion
Musculoskeletal	Neck or back pain	Cervical spine tenderness; thoracic cage tenderness; shoulder or clavicle tenderness

Pathway of Abuse to Injury: Location, Frequency, Severity



40% experience head, neck, and facial injuries (Bhandari et al., 2005)
Head, neck and facial injuries significant indicators of IPV (Wu et al., 2010)

Cognitive Impairments

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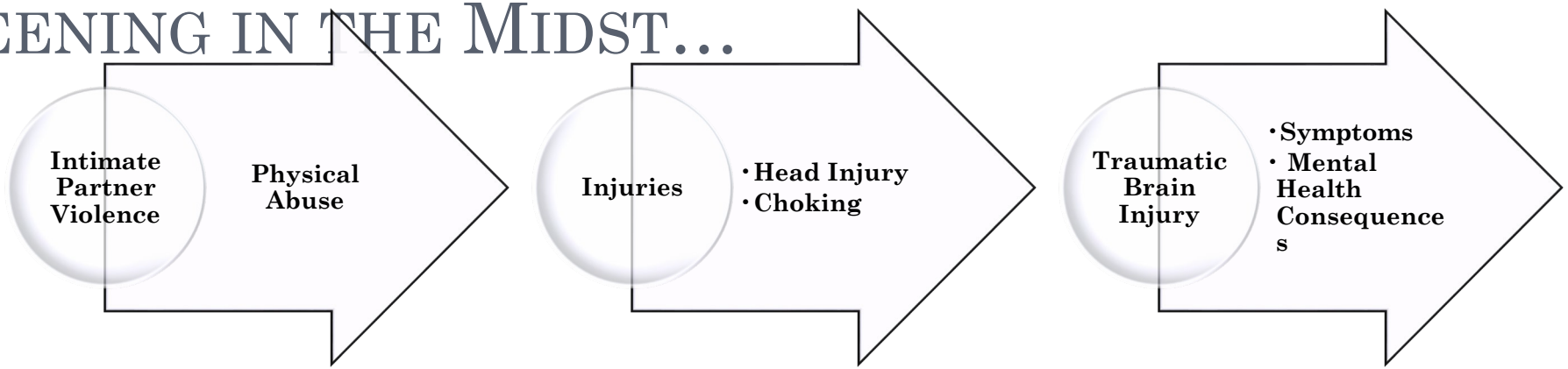
A Screening in the Midst…



- Injuries can be unnoticed
  - Anoxic injuries (strangulation)
  - Blunt force (closed injuries)
- Co-morbidity of PTSD, Depression, & TBI
- Consequences of TBI can last at least 5 years or longer
  - A longitudinal study found that women with TBI had reproductive challenges, cognitive impairments, and poor health overall 5 years later
- Severity of Abuse in Domestic Violence Shelter

Types of Intervention Models

- Logic (Outcomes)
- Process
- Synergy

Individualistic: Logic Model

- Problem Statement: *What problem does she need solved? Housing? Employment? Childcare?*
- Goal: *What do you hope to achieve with her?*
- Rationale and Assumptions: *What are some implicit underlying dynamics?*
- Resources: *What do you have to work with?*
- Activities: *What will you do with your resources?*
- Outputs: *What are the tangible products of your activities? Housing? Employment? Childcare?*
- Outcomes: *What changes do you expect to occur as a result of your work?*

Process models

A process model documents and analyzes the early development and actual implementation of the strategy or program, assessing whether strategies were implemented as planned and whether expected output was actually produced.

Examples of output include:

- Number of job interviews.
- Frequency and type of abuse experienced; past or present (physical, hit with an object, strangulation).
- Types of services provided (counseling, resume prep).
- Number of women served

Culturally-Sensitive models: Synergy Framework

- The community and individuals are interconnected with each other and nature by a spirit realm
- The community is accountable to one another in reaching racial solidarity.
- The individual is a holistic and spiritual being that actively participates with the world and the world with him/her.
- Knowledge is gained through our affective and cognitive experiences.

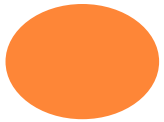
Essential components: The Individual Experience

- Cultural-Self
  - A process of synergizing the spirit, unique experiences, and communal experiences into a multi-dimension of oneself.

Self-Knowledge

  - An understanding of how political, religious, and social environments influence personal experiences. Occurs when individuals acquire oneness with their inner, outer, and spiritual selves.

- Self-Reliance
  - The realization that an individual believes in their inner power and an optimal conceptualization of self is reached.



Essential components: The Collective Experience

- Collectivism
  - The collective identity and liberation of the group gives birth to individual liberation and one's identity
- Fundamental Goodness
  - Everyone is innately good capable of participating in a reciprocal relationship with the world
- Spirituality
  - Gives unification to the group and identity to the individual

Traditionalism: Beginnings for Liberation

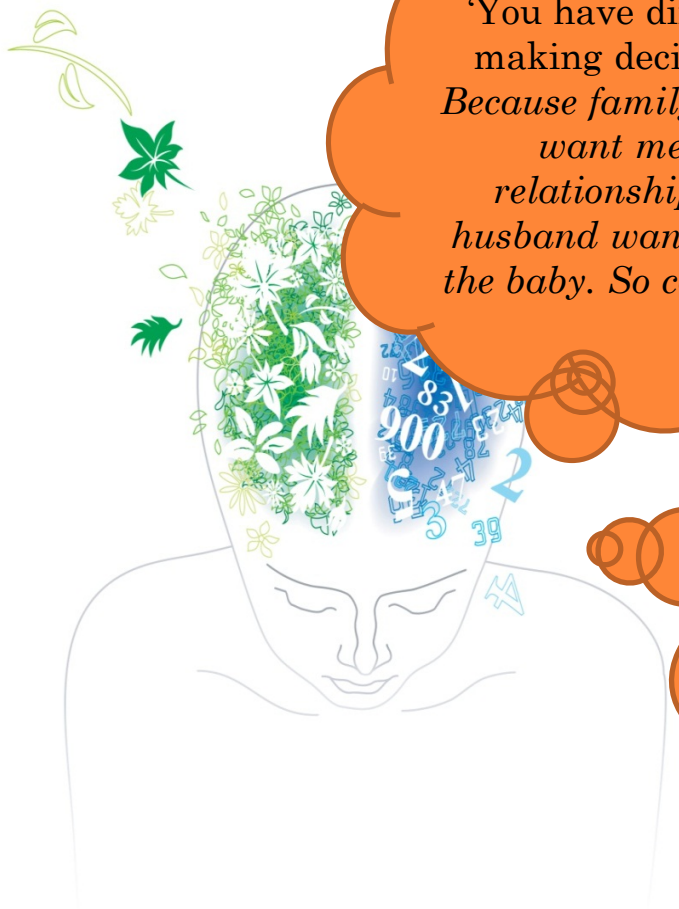
- Program Components & Outcomes
  - Sense of Belonging as:
    - Family relationships
    - Community support and connection
    - Spirituality as a method used to work through issues
  - Sense of Identity as:
    - Influenced by trauma
    - Affected by collective trauma within/between community
    - Both individual and collective accomplishments determine success
  - Sense of Control as:
    - Influenced by service provision
    - Power deferential- facilitator/customer
    - Community ALWAYS has the power

How Does it Work: Supporting Survivors of IPV & TBI

Trauma-Informed Framework

- Elucidates a consciousness among survivors that intersects racial, cultural, and economic influences into a unique experience of trauma.
- Liberation for people of color is attained as survivors speak for themselves regarding the systems of oppression.
- Necessitates a commitment to human solidarity and eradicate the ideology of domination by the oppressor or service providers.

Nothing to do with…



'You have difficulty making decisions?' *Because family doesn't want me in relationship. My husband wants to see the baby. So confusing*

No it didn't have nothing to do with the forgetting it was just the situation I was in. As far as the housing that have something to do with not having a job and the job it just seem like it's so hard for me to get one.

Ok difficultly learning new information…? *I probably be giving up or something. I told you I can't keep appointments with my psychologist or therapist. Like I'm supposed to be meeting up to get my license I don't even know where the book at I can't do it. I can't concentrate like that.*

Trauma-Informed Framework

- Identifies the interlocking system of oppression and prior experiences of trauma that women, and all people of color endure.
- Confronts the systems of oppression and trauma through the voice and lens of the victim AND service provider. The voice and lens is the unique heritage, struggles, and experiences of women of color.

Trauma-Informed: Essential Components- Autonomy & Liberation

- Autonomy: defining oneself without rejecting the collective experience but helping to actualize the freedom of the collective.
  - Facilitator _____
  - Survivor _____

- Liberation: deliverance that occurs when Black women arise and give voice to the complex experiences of African-American women, the Black race, and the global culture.
  - Facilitator _____
  - Survivor _____

Trauma-Informed: implementation

- Positions values, beliefs, and knowledge as outcomes.
  - Facilitator _____
  - Survivor _____
- The self-definition of people of color, is intertwined in the reconciliation of contradictions that emulate from perpetual trauma
  - Facilitator _____
  - Survivor _____
- The collective identity is always the source of the individual self-identity
  - Facilitator _____
  - Survivor _____

Trauma-Informed: implementation

- Questioning roles
  - Internally define and integrate a communal identity
  - Internal racial identity contributes significantly
  - Facilitator _____
  - Survivor _____
- Life course trajectory of trauma
  - Life Course Trajectories are not smooth and predictable; result in twists and turns and reversal in life course
  - Life events may open or close opportunities, make a lasting change on one's environment and have an impact on self concept
  - Facilitator _____
  - Survivor _____

Think About The answers to these Questions Differently?

- Problem Statement: *What problem does she need solved? Housing? Employment? Childcare?*
- Goal: *What do you hope to achieve with her?*
- Rationale and Assumptions: *What are some implicit underlying dynamics?*
- Resources: *What do you have to work with?*
- Activities: *What will you do with your resources?*
- Outputs*: What are the tangible products of your activities? Housing? Employment? Childcare?*
- Outcomes: *What changes do you expect to occur as a result of your work?*

Sources of Racial Identity

Balancing act of trying to be perfect

the feeling that I would die

Forgetting because I wanted to

He just kept banging my head

Sources of Collective Identity

He beat me with the belt, he was like I'm not gon' put my hands on you I'ma beat you so he beat me with the belt then so once I got a hold of the belt and that one popped he choked me. He got a blow up bed and I just fell on the blow up bed, blacked out, my head it started getting light headed first and then my eyes just closed.

Encourage Self-Reliance

"my eyes were, I guess he was choking me so tight that I had like red lines in my eyes. I had lines in my eyes and I had the marks, fingerprints around my neck.

"I got slapped so hard one time he broke a vessel…in the eye you can see that red string across…that was a ringing of the ear kind of day."

Source of Spirituality

- *He choked me while I was in my sleep and I woke up gasping for air, I was gasping for air. I couldn't breathe my neck got really, really tight, and my eyes felt like they were about to pop out of my head… I jumped up and I ran out in the living room and he came out there to the living room and that's when he jacked me up by my shirt and slammed me into the wall. I made a big imprint into the wall.*

Traumatic Stress, Post Concussive Symptoms Not Related to TBI

Cause like I said he never left any bruises and like I said with the stars thing it was less than a minute and the doctors are gonna be like why you here you should've called the police.

He choked me…I just blacked out and once I realized it is when I woke up I was like did I just black out? So once I did that I was trying to get out the door but he was chasing me out the door and so he just dragged me out the door..

Source of Identity

- Impacted employment
  - Abuser punched her in the eye and driving was "*a way that I made money and that's at zero right now.*"

- Impacted health
  - I have um almost like a migraine, like if I get too frustrated I'll black out and my head will start hurting on the left side and he gave me medication for that.

- Impact ability to cope with stressful situations
  - It is because I seem to cry a lot…I'm so frustrated.

Source of Fundamental Goodness

- Feeling stuck impacts goals
  - *Um it keeps me stuck some days I don't wanna move. Like I said some days I have to push myself to even get up out the bed because of the depression.*

- *Depression impact caring for children*
  - *I did a lot of hiding. Staying in the house. A lot of crying. Sunk into depression. Really couldn't take care of the kids, you know what I'm saying, cause I didn't want them to see it*

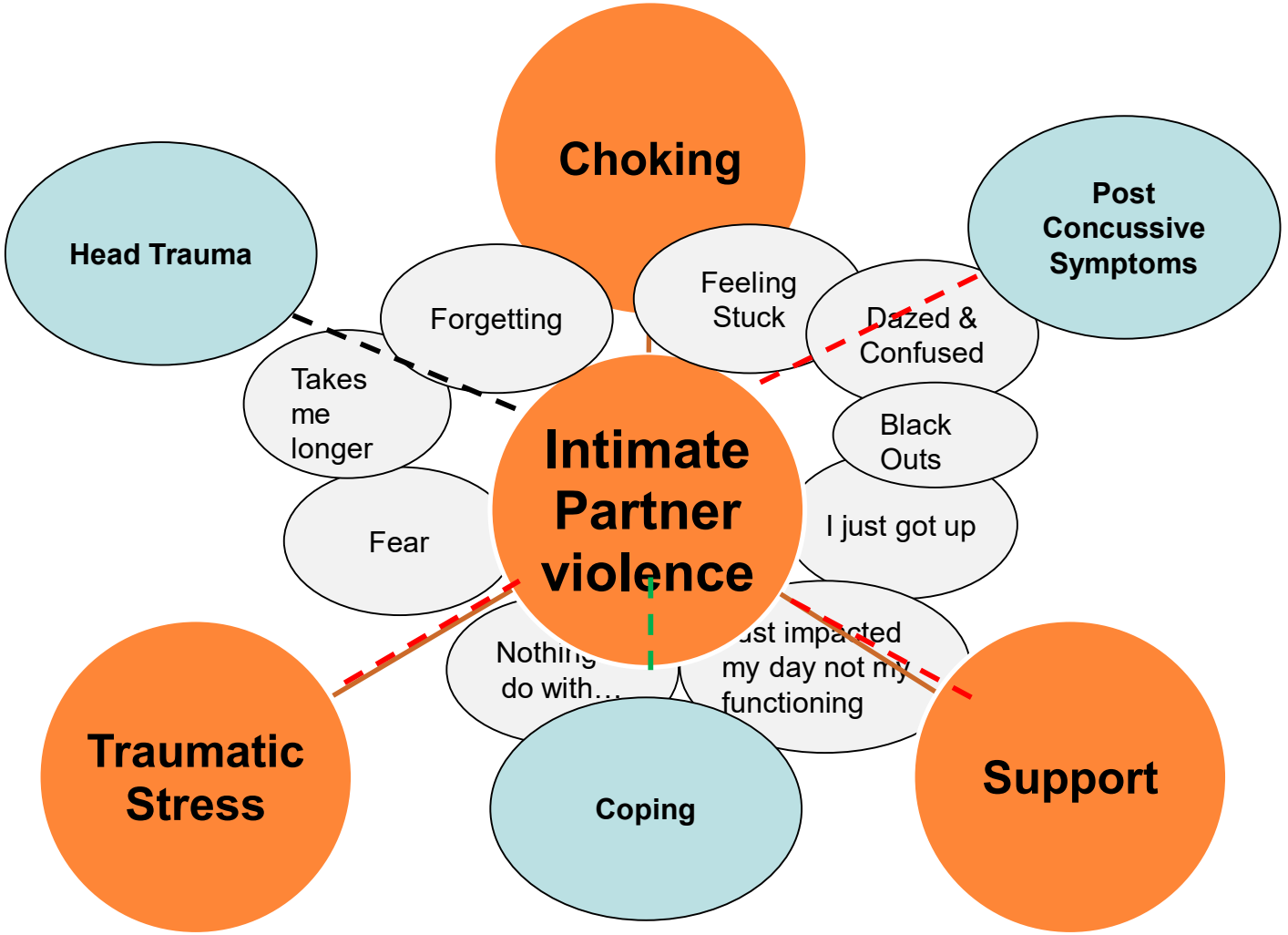
Collective Experience

Including YOU

- I have to write everything down
  - *I said that started after the choking incident…find myself not being able to remember stuff I can remember longer but short like sometimes I be like I know…I use to be able to…I know what I have to do so it wouldn't be nothing for me to remember it. Now I have to literally write things down*

- *I have to do get things done*
  - *[having a job]that's something that I would know I have to do anyway so I would know that I have to check to make sure cause I need the job or go to school. I would know to check (because of forgetting)*

IPV and TBI Manifestation Model



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- Dr. Jessica Gill, RN, Ph.D. National Institutes of Health
- Janice Miller, House of Ruth, MD
- Mr. Carl McFadgion, Mr. Kofi McFadgion. Miss Kai McFadgion. Washington, DC.

Thank You

Helping the Helpers: Addressing Knowledge & Service Gaps in IPV related TBI

Lin Haag

Western Centre for Research & Education on Violence Against Women & Children
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Helping the Helpers: Addressing Knowledge & Service Gaps in IPV related TBI

Halina (Lin) Haag MSW, RSW, PhD Candidate
Faculty of Social Work, Wilfrid Laurier University
Acquired Brain Injury Research Lab, University of Toronto

Generously funded by the Council of Ontario Universities, SSHRC, and CIHR

1 in 4 women in Canada will experience domestic violence over their life time

IPV is the primary cause of injury to women aged 15-44 in Canada

Perfect Storm Effect

1. Area of Violence
2. Type of Injury
3. Resultant Damage

Image source: econews.com

This perfect storm results in women left vulnerable to continued violence, exponentially compounding the damage to the brain in an ongoing cycle

Knowledge-to-Practice Network

Battered & Brain Injured: Identifying and Supporting Brain Injured Women Survivors of Intimate Partner Violence

Haag H.L. (co-PI), Sokoloff, S., MacGregor N., Broekstra, S., Cullen N., (co-Is) & Colantonio, A. (co-PI)

- 84% reporting no previous TBI training or education relevant to their work with IPV survivors
- 95% significantly underestimated the prevalence of TBI in their client population
- General lack of understanding on how to recognize TBI and what information can and should be provided when TBI is suspected

CIHR IRSC
Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

WCHRI
WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

Battered & Brain Injured Video Link

http://abiresearch.utoronto.ca/research/batteredbraininjured/

CIHR Research Chair: Gender, Work and Health
IRSC Chaire de Recherche: Le genre, le travail et la santé

Canada
Department of Justice Canada

Women Survivors of Intimate Partner Violence and Traumatic Brain Injury: Addressing Gaps in Knowledge and Support

Colantonio A. (PI), Haag H., Sing G., Cullen N., MacGregor N., Samsa S., Brayton B. (Co-Is)

Abused & Brain Injured Toolkit

- Develop a TBI training/educational toolkit for use in agencies supporting women survivors of IPV
- Design and content informed by women survivors of IPV/TBI, EDs, program managers, and frontline staff

Community Partners:

- WomenatthecentrE & Women's Habitat, Toronto, ON;
- The Cridge Centre for the Family, Victoria, BC.

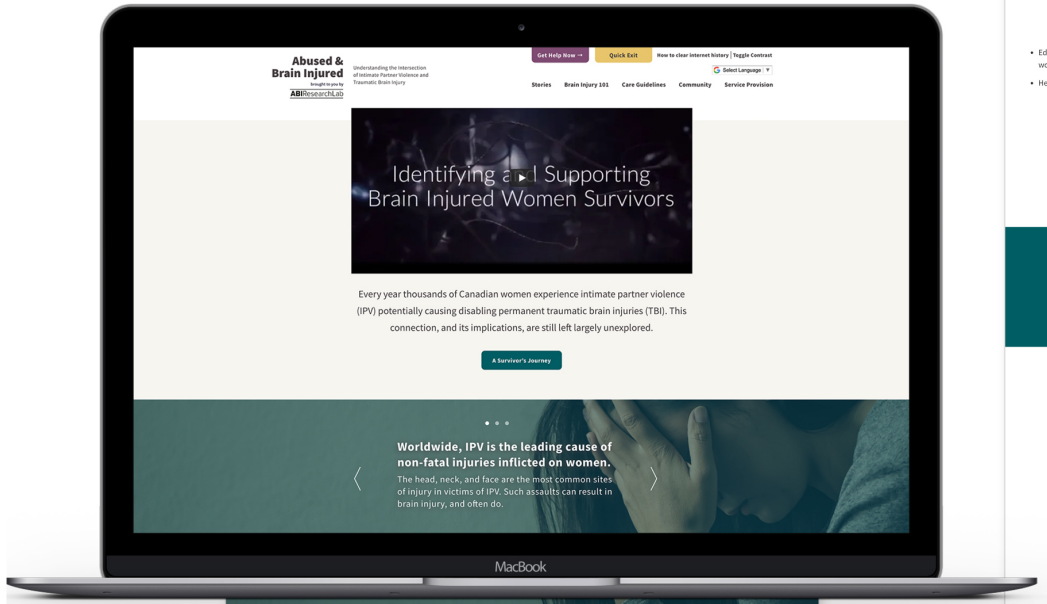
What Did We Do?

- Stakeholder consultation in Phase 1
- Focus groups with direct service providers and survivors in Victoria & Toronto
- Individual interviews with Eds & program managers
- We asked:

    1. What content do you want in the toolkit?
    2. What format do you want it in?

Consultation Results:

1. TBI 101
2. Toolkit Format
3. Service Provision
4. Risk
5. Education Needs



Abused and Brain Injured: A Toolkit

Abused & Brain Injured was created to draw attention to the widely unrecognized intersection of intimate partner violence and traumatic brain injury. In order to improve the lives of survivors as well as the working environment for front-line workers, this toolkit serves to provide information, resources, research and practice recommendations for providing trauma-informed service delivery.

This toolkit is currently part of a research project and is incomplete.

The Intersection of Intimate Partner Violence and Traumatic Brain Injury

Intimate partner violence (IPV) is a significant social issue. It is the leading cause of non-fatal injury experienced by women globally.[1] The impact of IPV is even greater when it is combined with another major public health concern – traumatic brain injury (TBI). It is believed that between 35 to 80% of IPV survivors sustain a brain injury as a result of abuse by their partner.

read more

Who is this toolkit for?

Survivors and their friends and families

If you are a survivor, or a survivor's friend or family member, use this toolkit to learn about:

- TBI 101
- Survivor stories
- Regional service providers
- Mental health & TBI
- Communication & TBI
- Strategies to cope with TBI

Brain Injury 101

Front-line workers

We want to help make your job easier. If you are a service provider, use this toolkit to learn about:

- Communication challenges & how to adapt
- Strategies for working with TBI/IPV clients
- Barriers & facilitating factors
- To screen or not to screen
- Care guidelines
- Referral resources

Trauma-Informed Service Provision

Brain Injury 101 | Trauma-Informed Service Provision

The purpose of this toolkit is to

This toolkit is provided as a source of information, not training.

- Educate front line workers and survivors about the impact of brain injury in women survivors of IPV.
- Help identify survivors with possible brain injury.
- Give service providers suggestions to help them support women survivors with a TBI.
- Provide referral resources.

NOTE: This toolkit is meant for educational purposes only. The information within it should not be used to diagnose or treat brain injury in your clients

Commonly Asked Questions

Select Question

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Janelle Breese Biagioni, The Cridge Centre for the Family Brain Injury Services

Reema Shafi, University of Toronto

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ABIResearchLab

The Acquired Brain Injury (ABI) Research Lab is an internationally recognized research lab that addresses brain injury and health service inequities among vulnerable populations, particularly women and girls. The lab is led by Dr. Angela Colantonio. Visit our site to learn more.

Visit our site to learn more:
abiresearch.utoronto.ca

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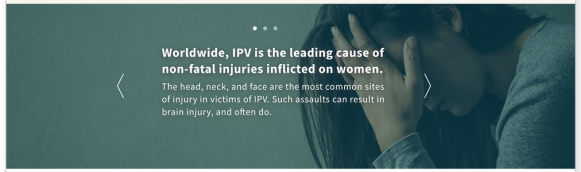
Every year thousands of Canadian women experience intimate partner violence (IPV) potentially causing disabling permanent traumatic brain injuries (TBI). This connection, and its implications, are still left largely unexplored.

A Survivor's Journey



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Q&A

Discussion Period

Akosoa McFadgion and Lin Haag

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Thank you and Evaluation

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ACTION ON VIOLENCE

Action ontarienne contre la violence faite aux femmes

Elder Abuse Ontario
Stop Abuse - Restore Respect
Maltraitance des personnes âgées Ontario
Arrêtez les mauvais traitements - Restaurez le respect

WomenatthecentrE

springtide RESOURCES

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Luke's Place
Change her experience. Change their lives.

Ontario Native Education Counselling Association

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This certifies that

participated in the

Learning Network Forum

"Violence Against Women & Traumatic Brain Injury"

Thursday, March 7, 2019

This one-day Forum presented emerging research on and promising practices for supporting self-identified women who have experienced intimate partner violence and/or sexual violence related traumatic brain injury.

Learn more about our events and resources (e.g. webinars, newsletters, briefs):
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