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Promoting Partner-Inflicted Brain Injury Awareness Within the Domestic Violence Community

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BACKGROUND

Brain injuries—including traumatic brain injury (TBI) and strangulation—have been associated with decreased occupational performance and participation by negatively impacting an individual's cognitive, emotional, and physical systems (Pritchard et al., 2019). Research indicates that survivors of domestic violence (DV) are at an increased risk of experiencing partner-inflicted brain injury (PIBI) in which brain injury results from purposeful, physical violence from the survivor's intimate partner (Haag et al., 2019).

PROBLEM

Despite alarming evidence that survivors of DV are high risk for PIBI, both service providers and survivors lack general awareness of how PIBI can impact survivors' daily lives and wellbeing (Haag et al., 2019). This lack of awareness results in survivors' decreased ability to access life-saving support services (Kulow & Ramirez, 2020).

PURPOSE

The purpose of the SHINE program (Supporting Head Injury- Neurologic Education) was to raise PIBI awareness within the DV community and increase survivors' access to support services by creating trauma-informed and sustainable educational for DV service providers. This was to be done through collaboration with both brain injury and DV stakeholders.

OT THEORY

The Ecology of Human Performance (EHP) model, Trauma Informed Care (TIC) principles and an occupation-focused lens was utilized to support DV service providers to not only address how DV and PIBI impact survivor's occupational performance, but also to determine how physical, societal and cultural contexts come into play and can be targets for intervention.

PROGRAM DEVELOPMENT

Participants

Participants included staff from various community-based DV support services, including shelters, in Southern California.

Needs Assessment

All staff from participating shelter and support services were encouraged to complete an intake questionnaire to assess providers' 1) awareness of PIBI, 2) their confidence in implementing brain injury strategy/education with survivors, and 3) perceived supports and barriers to addressing brain injury amongst survivors in their community. This information was utilized to tailor in-service presentations to the community's needs. Service providers noted the following barriers, including a lack of:



Brain Injury knowledge



Confidence to educate/address



Community support/resources

Partners

The Ohio Domestic Violence Network (ODVN) was an invaluable resource and partner throughout this capstone project. Partnership with the ODVN allowed for this project to become trauma-informed and supported with the latest research on PIBI within the DV context. The ODVN provided guidance during in-service development, introduction to their CARE framework (used to guide service providers working with survivors or DV, trauma and mental health) and implementation of trauma informed language. This project will be utilized as a pilot program, to assess how their CARE Framework could be benefitted from incorporation of occupational therapy principles.



Program Development and Implementation

Coordination with various DV support services organizations/facilities was conducted via email and phone. Each facility/organization completed one online, synchronous in-service session via Zoom. Depending on the support service facility's needs/schedule, in-services were between 40-60 minutes in length. Over a span of six weeks, five in-services were completed. Periods for discussion and questions were arranged throughout and after the presentation to encourage application and acquisition of new knowledge.

Topics Covered During In-service

- How PIBI occurs within the DV context
- Etiology and symptoms of two common PIBI (TBI and strangulation)
- PIBI's impact on survivors' daily activities and wellbeing
- Brain injury informed strategies and accommodations
- CARE framework purpose and uses



References: SCAN ME

OUTCOMES

Service providers noted an increase in:

- Knowledge/awareness of how PIBI can impact survivors' wellbeing
- Confidence in educating clients
- Confidence addressing PIBI with clients and implementing accommodations

Providers also noted that they were more aware of community resources, and that PIBI education is beneficial and has potential to enhance their services for survivors.

DISCUSSION

This program revealed various barriers that DV support services face when working with survivors of potential brain injury. While community care pathways and resources were noted to not be fully established, PIBI education and trauma informed materials allow for providers to directly accommodate and educate survivors. PIBI education demonstrated its ability to increase service providers' knowledge of PIBI and their confidence to implement accommodations and educate survivors. Providers appreciated CARE materials due to their use of trauma informed language, simplicity and acknowledgement of survivors' complex contexts.

OT IMPLICATIONS

- There is a need for trauma-informed occupation-focused education regarding PIBI
- Telehealth and online education could allow OT great opportunities to serve a wider population and those from low resource areas
- PIBI educational programs need to be created/tested for other first responders that work with DV survivors such as healthcare and law enforcement