

Violence Impact Program  
Intimate Partner Violence and Brain Injury – Program findings

The Brain Injury Society of Toronto  
October 2020



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## Overview of The Brain Injury Society of Toronto (BIST)

The Brain Injury Society of Toronto (BIST) is a not-for-profit organization that supports individuals living with the effects of brain injury. The Board of Directors at BIST consists of survivors, service providers, educators, and professionals, to ensure a collaborative approach with supporting those with Acquired Brain Injury (ABI).

BIST is committed to providing safe and open spaces for individuals with brain injuries and their families/caregivers, to connect, socialize, learn, and engage. Membership is open to anyone.

## What is Brain Injury?

A brain injury is damage to the brain that can be acquired after birth due to factors such as: stroke, brain tumour, suffocation, substance abuse or poisoning. A brain injury can also be traumatic in nature and may be caused by incidents such as a car accident, fall, assault, domestic abuse, or sports injury. There are currently half a million Ontarians living with Acquired Brain Injury (ABI) and over 45,000 new cases are added every year. Many brain injuries, especially amongst the domestic violence population, are underreported or not diagnosed, leading to the conclusion that the actual incident rate is much higher.

Brain injuries can be mild, moderate or severe. Any brain injury can have devastating effects on a person's quality of life including their ability to participate in a social network, employment and day-to-day activities. Often invisible in nature, brain injuries can impact one's cognitive functioning, emotional regulation, sleep, pain levels, fatigue and mental health. Brain injury related impairments in communication can include difficulties with information processing, new learning, memory, language, literacy, hearing, regulation of emotion, reasoning and problem-solving.

Brain injury symptoms may show themselves immediately or increase or decrease over time. Having a brain injury creates a unique set of challenges for individuals which range from physical, cognitive, emotional, and behavioral changes.

*Physical changes can include:* fatigue, chronic pain, seizures, sensory changes (ringing in ear, trouble with hand-eye coordination, and changes in vision.

*Cognitive changes can include:* difficulty understanding information or making plans/organizing, difficulty writing, concentrating and distracted easily, memory loss, difficulty reasoning and using judgment.

*Emotional changes can include:* Depression, anxiety, anger, extreme emotions, limited emotional response, and loss of identity.

*Behavioural change can include:* engaging in risky or impulsive behavior, poor decision making, aggression, challenges in social and work relationships, inconsistent sleep patterns, lack of independence and isolating oneself.

(Brain Injury Canada, 2020)

## Glossary of Abbreviations Used in this report:

**ABI:** Acquired Brain Injury refers to injury to the brain that has occurred after birth that is not related to a congenital or a degenerative disease

**TBI:** Traumatic Brain Injury usually results from a jolt to the head or body or a violent blow such as from a bullet, a sports injury, or a car accident

**IVP:** Intimate Partner Violence refers to physical, sexual, or psychological harm caused by a current or former partner or spouse

**VIP:** Violence Impact Program refers to the BIST program that supported individuals who experienced intimate partner violence and/or who had a brain injury

**VIC:** Violence Impact Coordinator refers to the BIST support worker who ran the Violence Impact Program

**ABI Network:** Acquired Brain Injury Network refers to a Toronto based network that connects people with acquired brain injuries with hospitals or community-based services.

**VAW:** Violence Against Women refers to a gender-based act of violence against women that results in physical sexual or mental harm or suffering

**OW:** Ontario Works refers to a government funded program that provides individuals with financial assistance for food, shelter and other costs such as transportation or medical coverage.

**ODSP:** Ontario Disability Support Program refers to a government funded program that provides income and employment support for individuals with disabilities.

**\*Please note that all names/initials have been changed in this report to protect identities of the service users.**

## What is Intimate Partner Violence (IPV)?

Intimate Partner Violence (IPV), is defined as, “Behaviors that are intended to exert power and control over another individual and include physical, sexual, verbal, emotional, and financial abuse and or/stalking.” (St Ivany et al, 2018, p. 1708).

According to Campbell (2002), survivors of IPV have long-term negative health outcomes well after the abuse has ended (as cited in St Ivany et al, 2018, p. 1708).

## How Prevalent is Intimate Partner Violence in Canada?

Each year in Canada up to 276,000 women will experience domestic violence. Up to 90% of women who seek support and safety in shelters will also show signs of a TBI. According to statistics Canada, IPV accounts for one in four violent crimes reported to police and three in every four victims are victims of physical assault. In 2018, there were approximately 99,000 victims of IPV from the ages of 15 to 89 (Burczycka, 2018).

Type of Offence	Victims of Intimate Partner Violence					
	Female Victims		Male Victims		Total	
	Number	%	Number	%	Number	%
Homicides	75	0.1	13	0.1	88	0.1
Attempted murders	76	0.1	30	0.2	106	0.1
Sexual offences	2,367	3	64	0	2,431	2
Physical assault	56,828	73	16,255	83	73,083	75
Major assault (Levels 2 and 3)	8,751	11	3,913	20	12,664	13
Common assault (Level 1)	47,142	60	12,102	62	59,244	61
Other assaults	935	1	240	1	1,175	1
Criminal harassment	6,056	8	859	4	6,915	7
Indecent/harassing phone calls	2,399	3	756	4	3,155	3
Uttering threats	7,358	9	1,365	7	8,723	9
Robbery	248	0.3	53	0.3	301	0.3
Other violent offences	2,536	3	113	1	2,649	3
<b>Total offences</b>	<b>77,943</b>	<b>100</b>	<b>19,508</b>	<b>100</b>	<b>97,451</b>	<b>100</b>

(Statistics Canada, 2020)

### Who is affected by Intimate Partner Violence?

Those who identify as women account for eight in ten victims (79%) of IPV. IPV was the most common form of violence experienced by women accounting for 45% of all crimes reported to police by individuals aged 15 to 89 (Burczycka, 2018).

Year	Intimate Partner Violence			Non-intimate Partner Violence		
	Female Victims	Male Victims	Total Victims	Female Victims	Male Victims	Total Victims
Rate per 100,000 Population						
2009	579	145	365	725	1,139	929
2010	576	148	365	729	1,094	909
2011	545	140	345	668	1,022	843
2012	520	137	331	643	986	813
2013	489	131	312	592	886	738
2014	471	129	302	558	841	699
2015	483	132	309	569	858	712
2016	485	134	311	573	852	712
2017	494	135	316	601	863	731
2018	507	134	322	616	874	744

(Statistics Canada, 2020)

### Where does Intimate Partner Violence happen?

In 2018, 84% of reported IPV incidents occurred within a private dwelling. Half of these victims lived with the abuser in their homes. These findings were similar for both men and women (Burczycka, 2018).

In Canada, common-law partners and spouses are those who share a dwelling for at least one year or share children (either by birth, adoption and/or custody and control) but are not legally married (Burczycka, 2018). Some individuals may not be aware that they have reached common-law status. In 2018, data suggested that individuals who reported IPV crimes were likely living together at the time of the offence (Burczycka, 2018).

It is considerably more challenging for a victim of a violent relationship to leave if the home is shared with their abuser, or if there are children and resources involved (Burczycka, 2018).

Having said this, it is important to note that violent incidents of IPV do not only occur within a shared dwelling. They also occur between current or former partners who may or may not live with one another.

**Victims of police-reported violence, by victim sex, relationship of accused to victim & whether the victim and accused lived together at the time of the incident, Canada, 2018**

Relationship between Victim & Accused	Female Victims		Male Victims		Total Victims	
	Living Together	Not Living Together	Living Together	Not Living Together	Living Togethe r	Not Living Together
percent						
Current spouse	87	13	86	14	87	13
Former spouse	18	82	20	80	18	82
Current boyfriend or girlfriend	51	49	56	44	52	48
Former boyfriend or girlfriend	9	91	11	89	9	91
Other intimate partner	27	73	26	74	27	73
<b>Total</b>	<b>49</b>	<b>51</b>	<b>52</b>	<b>48</b>	<b>50</b>	<b>50</b>

(Statistics Canada, 2020)

## What is the Correlation between Brain Injury & IPV?

Literature suggests that victims of IPV are put at higher risk for sustaining traumatic brain injuries. A form of IPV that is more severe is called battering which is a repeated use of coercive controlling behavior to shape a partner's thoughts, feelings, and actions (Almeida & Durkin, 1999, p. 313). Physical violence may occur in all forms of IPV, however, the physical abuse in battering can be especially severe and can place a victim

at higher risk for a TBI. As Murray et al, (2016) stated, “Any forms of force, violence, or trauma to the head or neck can have implications for the healthy functioning of the brain” (p. 300).

TBIs often go unreported which means that victims of IPV are left without treatment. It is estimated that TBI is present in anywhere between 30-74% of all victims of IPV. In addition, head and/or neck injuries may be as high as 88-94% in the rates of physical IPV (Murray et al, 2016, p. 300). It was also discussed by Roberts and Kim (2005) that when risk factors or symptoms of TBI are present, victims may not seek medical care for assessment and treatment (as cited in Murray et al, 2016, p. 300).

The cycle of abuse often displayed in IPV puts victims at a higher risk of repeated injuries to the head and/or neck over periods of time. In addition, symptoms of TBI may further put an individual at risk of IPV as their symptoms may increase their vulnerability to their abusive partners (Jackson et al., 2002; as cited in Murray et al., 2016, p. 300). There is a significant increase in negative consequences associated with TBI when multiple injuries are involved (Murray et al., 2016, p. 300).



(St. Ivany et al., 2018)

## Indigenous Women: Intimate Partner Violence and Brain Injury

Indigenous women in Canada are two to three times more likely to be victims of violence than non-indigenous women. Approximately 95% of Canadian Indigenous women report injury because of intimate partner violence, a number which is significantly higher than the rest of the population (Haag et al., 2019).

In addition, Sinha (2013) determined that women in Canada are more likely to be victims of violent, severe forms IPV, if they are young and/or of Indigenous status (as cited in Baumann et al., 2019, p. 285).

Further research needs to be conducted to expand our understanding of the lived experiences of Canadian Indigenous women exposed to IPV and TBI (Haag et al., 2019). There is also a clear lack of medical support, including rehabilitation, for Indigenous people with brain injuries living on reserves or in remote communities. Accessibility and lack of social support are listed as major challenges (Haag et al., 2019). In addition, it is imperative that support is provided with consultation from First Nations elders and traditional healers to ensure that a collaborative approach is provided when addressing brain injury.

## Sex Workers: Intimate Partner Violence and Brain Injury

TBI rates among sex workers continue to be under-studied (Baumann et al., 2019, p. 279). Despite this, the numbers which are available are staggering: a Canadian study found that 32.7% of sex workers had experienced IPV (Muldon et al. (2015), as cited in Baumann et al., 2019, p. 279).

Baumann et al (2019) conducted a small study with female sex workers residing in various shelters in Toronto and determined that 9 out of 10 participants had suffered from a TBI. Significantly, all participants stated they had sustained at least one injury to the head while engaging in sex work (p. 285). It was also determined that participants would seek medical attention based on their own personal assessment of the severity of the injury, which validates the underreporting of these injuries in society. Participants stated the reasons they did not seek medical attention were due to stigma and the normalization of violence towards sex workers (Baumann et al., 2019, p. 285).

Baumann et al (2019) determined that, “Future research is needed to document the true prevalence of TBI among this population” (p. 285). In addition, they stated that awareness and educational needs to be conducted to ensure sex workers know how to properly assess the severity of their brain injuries. That being said, it is imperative that health care professionals and police receive anti-oppressive education to reduce the discrimination towards those that are involved in sex work and to ensure that individuals receive the best care possible (Baumann et al., 2019, p. 287).

## **Intimate Partner Violence, Brain Injury, and the Criminal Justice System**

Research has shown that, women in particular, are hesitant to utilize the criminal justice system when they have experienced intimate partner violence due to their lack of confidence in the effectiveness of the system to adequately help and support them (Gillis et al., 2006; Hart, 1993 as cited in Meyer, 2011, p. 270). Meyer (2011) stated that, “For victims that do reach out for help from the criminal justice system often encounter a system that is marked by stereotypical and victim-blaming attitudes where professionals, including the police, judges, and magistrates, lack the understanding of the dynamics surrounding IPV and therefore fail to adequately address victims’ needs.” (p. 271).

Having a brain injury can often exacerbate the situation, as those in the criminal justice system may not be aware of the injury or may lack the proper knowledge to adequately accommodate and support the individual. People with brain injuries might not remember specific details about their case, may not properly understand court proceedings, and can become emotionally exhausted or confused much faster than those without ABI. It is imperative that individuals have a support person who has knowledge about intimate partner violence and brain injuries, so that they can help to educate those involved as well as empower the victim and advocate alongside them.

### **Violence Impact Coordinator Initiative Program Overview**

In 2019, BIST received a one-year seed grant from the Ontario Trillium Foundation to support individuals suffering from brain injuries who have also been victims of assault or intimate partner violence.

The goal over the course of the year was to support thirty individuals to access resources including:

- income supports
- housing
- legal services
- medical services
- counselling
- other referrals in the community

Despite the unexpected need to pivot services caused by Covid-19, the program successfully provided a variety of support to 43 individuals.

The Violence Impact Program has also formed partnerships with the Toronto Community Paramedicine Unit and held a seat at two *\*FOCUS Toronto Tables*.

***\*FOCUS Toronto Tables***

This initiative, funded by the United Way, provides rapid referral, support, and stabilization to members of the community that have been deemed to be at an Acute Elevated Risk (AER). Members of the community are presented at the FOCUS table by a community agency who is usually already involved with supporting them but is finding it difficult to meet all their needs or is finding the person/family continues to escalate into further high-risk behaviours/situations. When a situation is presented to the FOCUS Toronto agencies, it allows for community agencies to step in immediately and offer support in an attempt to intervene and de-escalate until the situation is no longer deemed AER and the individual/family involved is stabilized.

Within this program, the Violence Impact Coordinator accepted referrals and provided knowledge translation on brain injury to the various members of these committees. For example, Halton Police contacted the Violence Impact Coordinator to discuss both a referral and a request for information on best practices in working with a particular individual with a brain injury who presented frequently at the Halton Police Department and exhibited aggressive and threatening behaviours. The Violence Impact Coordinator was able to provide brain injury education to their Social Worker on symptoms and possible behaviours associated with ABI as well as explain possible triggers that could occur to further escalate behaviours.

After direct intervention with both the client and his mother by the Violence Impact Coordinator and post-discussions with the Halton Police Department, it has been reported that the individual is no longer deemed to present as a threat to this location.

As a member of the Focus Tables, the VIC was also involved in assisting with helping facilitate referrals to the Toronto ABI Network – the central referral service for brain injury supports in Toronto. Upon request, the VIC also met with a treatment team at Seaton House to provide additional information, guidance, and resources for a client suffering from ABI.

Outside of direct referrals, the role of the Violence Impact Coordinator at these tables was to listen to the situations presented and offer support when the situation involved ABI or cognitive impairment. FOCUS Toronto currently runs 5 situation tables: FOCUS Rexdale, FOCUS North Scarborough, FOCUS Downtown East, FOCUS Downtown West, and FOCUS Black Creek. The Violence Impact Coordinator sat on both the FOCUS North Scarborough and FOCUS Black Creek tables but could be called upon to assist at any table location.

## Community Awareness and Education

The Violence Impact Program has also engaged in community awareness and education by conducting presentations at several Violence Against Women (VAW) shelters and the Community Paramedicine Unit. The Toronto Community Paramedicine Unit is a team of

Paramedics who offer case management and support for individuals living within the community who suffer from mental and physical health issues. The team visits specific Toronto Community Housing buildings and provides referral, vaccination clinics and case management services to high risk individuals residing within these buildings. At these presentations, many of the participants voiced that they were unaware of some of the signs and symptoms of ABI. They were also surprised to hear the high percentage of women who access VAW shelters have suffered from some form of ABI due to IPV. Many of the participants did not connect strangulation, or abuse by shaking to have contributed to ABI or the ongoing symptoms of ABI. From these presentations, the VIC received three direct referrals from the Community Paramedicine Unit, a seat at the FOCUS Toronto Tables, as well as attended the grand re-opening of the North York Women's Shelter to provide further information on ABI and the VOV program.

As part of an awareness initiative, the Violence Impact Coordinator (VIC) appeared on two episodes of the “I Lobe You” podcast, which raises awareness about ABI and intimate partner violence by allowing survivors to share their stories. The podcast also has service providers discuss how to best support survivors and identifies the societal barriers to receiving support that is experienced by both survivors and professionals. The podcast is available for streaming here:

[I Lobe You Podcast, Season 3, Episode 9, Agile](#)

[I Lobe You Podcast, Season 3 Episode 7, the Scales of Justice](#)

## How Does the Program Fit within the Service Model of BIST?

It is estimated that one in three women residing in women’s shelters in Toronto suffer from TBI caused by IPV (St. Ivany et al, 2018, p. 1708). These injuries are often hidden and as such go undetected and ultimately untreated.

BIST is well versed in the understanding that brain injury is an “invisible” condition and has learned that bringing awareness to the community is vital to breaking down barriers and ensuring individuals are receiving appropriate support. The Violence Impact Program also comes from the understanding that many individuals who suffer from IPV might not be aware that they suffer from a brain injury, and that they look to not only bring awareness to the community but to service users as well.

BIST has always taken a client centered approach and ensures that service users are driving their own support. The Violence Impact Program does the same, ensuring that service users are involved in all aspects of their support plan. The Violence Impact Program also recognizes that support that we might deem as vital might not be as important as another area of support which is to be determined by the service user themselves.

BIST comes from an anti-oppressive approach and provides a non-judgemental and open environment for individuals to feel safe. Given the vulnerability and safety concerns with the service users involved in the Violence Impact Program, it is crucial that we provide an environment free from judgment where individuals feel the ability to safely open up about their current or past experiences. The VIC is an agile, community support person who met service users where they were at/where they were most comfortable, as opposed to having them come to the BIST office for support.

## Why is the Violence Impact Program at BIST Important?

The Traumatic Brain Injury (TBI) and Intimate Partner Violence (IPV) program at Brain Injury Society of Toronto (BIST) has been deemed vital to our community for a multitude of reasons. Firstly, the program is helping to grow the knowledge base around TBI caused by IPV within our community.

Evidence has shown that although there are significant health concerns associated with TBI because of IPV, little is known about how they intersect. The limited research available within our society significantly impacts the way health care providers can effectively support those impacted by TBI and IPV (Haag et al). Being able to engage one-on-one with victims and survivors gives first-hand insight into the impacts of TBI and IPV. It is through these crucial interactions that we can continue to gain a better understanding and knowledge around the effects of TBI and IPV. Furthermore, this will help to ensure that the support provided to individuals of TBI and IPV are in line with the self-identified goals and needs of this demographic.

It has also been discovered that there is a lack of awareness around the signs and symptoms of TBI. Haag et al (2018) discovered through a study with IPV service providers based out of Toronto, Ontario that 84% of respondents had no previous TBI training or education relevant to survivors of IPV. Haag et al (2018) also found that, “Across each discussion group, participants stated that frontline workers and women survivors of IPV alike do not recognize signs or symptoms of TBI.” (p. 236)

Our program serves to create awareness as well as educate victims, survivors, workers, and community members about the signs and symptoms of TBI at different levels within our society. At the micro level, BIST directly educates and supports those that are victims and survivors of TBI and IPV through one-on-one interactions. At the mezzo level, we have created webinars that are available to frontline workers as well as the broader community to create awareness and education surrounding TBI and IPV. You can view one of these webinars here:

[https://www.youtube.com/watch?v=5Ae2m6ZOgMA&feature=emb\\_logo](https://www.youtube.com/watch?v=5Ae2m6ZOgMA&feature=emb_logo)

Lastly, at the macro level, we are engaging with frontline and community workers at different areas around the province to try to ensure this program is made widely available to communities all over Ontario.

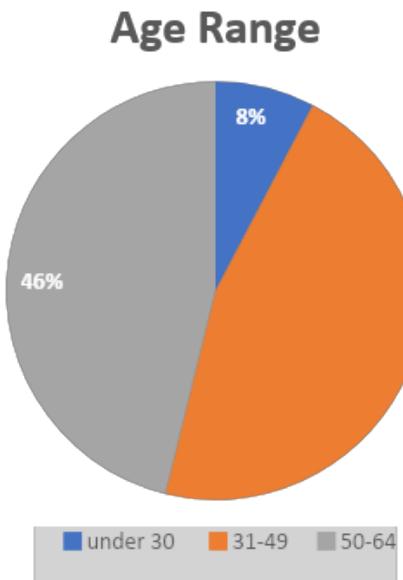
The goals for this program are aligned with the recommendations outlined with the World Health Organization which has called for extensive campaigns for the prevention and response to IPV. They have also stated that these campaigns should be used to increase understanding among health care providers and broader research between the intersectionality of IPV and TBI (Haag et al).

## Demographics from the Program

### Age of Service Users:

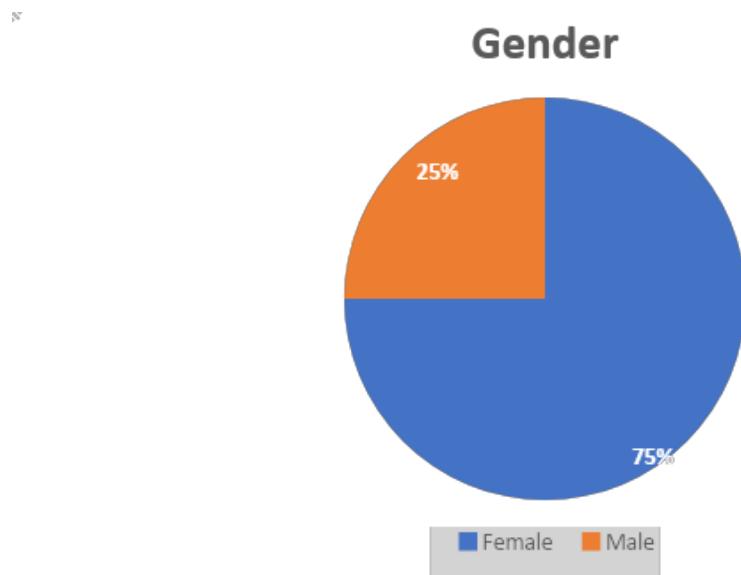
Servicer Users in the Violence Impact Program ranged from 30-64 years old. Of those participants within the program, 46% of participants ranged between 31-49 years of age and 46% of participants ranged between 50-64 years of age.

N



## **Gender of Service Users:**

Within the Violence Impact Program 75% of individuals identified as women, while 25% of individuals identified as men.



## **Where Program Referrals came from**

### ***Referrals were received from various community supports:***

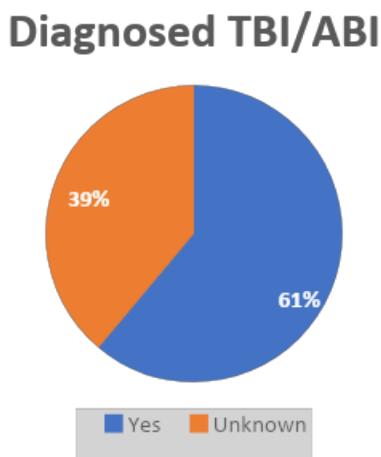
- Two referrals from another BIST staff member.
- Twenty-Nine were self-referrals:
  - 19 were BIST members who were accessing other programming and moved onto the Violence Impact Program.
  - Four participants heard of the program through social media.
  - One participant came from another Brain Injury Association.
  - One came from a private rehabilitation company.
- Seven referrals were received from an Ontario Works or ODSP office.
- Three referrals were from FOCUS Toronto.
- Two referrals were received from the Community Paramedicine Unit.

## **Diagnosed TBI/ABI:**

Within the Violence Impact Program, 61% of individuals had a formal brain injury diagnosis. The other 39% had clear signs of a brain injury, including cognitive impairments and a history of head injuries, but did not have a formal medical diagnosis.

BIST policy is to support individuals regardless of whether they have a formal medical diagnosis, which helps to ensure that support is provided to those in need and that no one is turned away. Where applicable, support was provided to educate the care team of those without a formal diagnosis on brain injury and begin the process of obtaining a medical diagnosis if further brain injury long term supports were required/requested.

N



## Barriers:

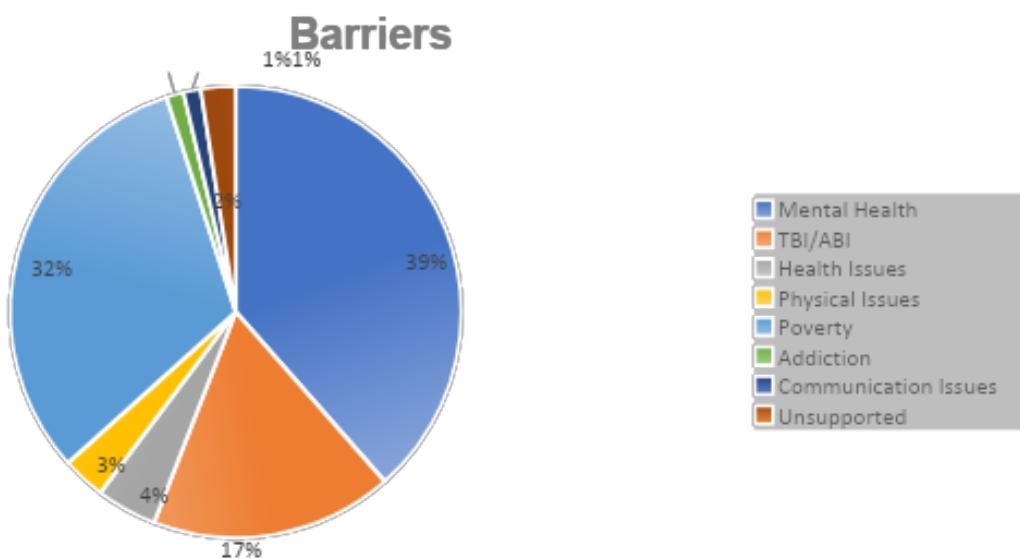
Cognitive impairments impacted 100% of individuals supported in the program. These impairments prevented participants from being able to successfully navigate their situation. Common cognitive and functional challenges that affected service users included:

- Short- and long-term memory loss
- Issues with initiation
- Lack of judgement
- Distractibility
- Difficulty regulating emotions
- Behavioural disinhibition
- Poor decision-making ability
- Cognitive inflexibility
- Impulsivity
- Executive functioning impairments (such as organizing, planning, and prioritizing).
- Accessing/navigating transportation services

- Difficulty processing information – including collecting and organizing information

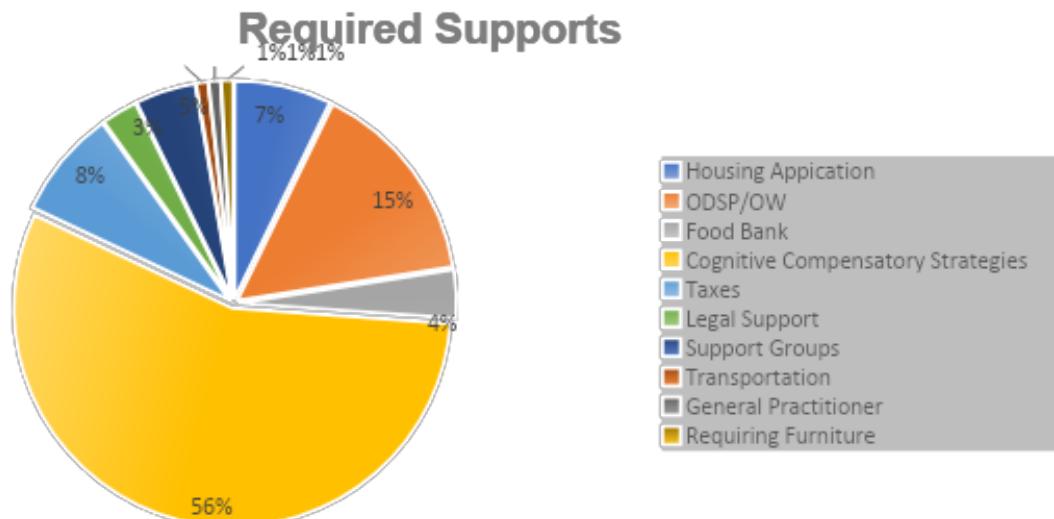
In addition to the above, secondary brain injury related challenges were also apparent. 39% of program users suffered from mental health issues, which impacted their physical, mental, and emotional well-being. It impacted their ability to handle stress, cope with change and/or how they related to others. In addition, 32% of the individuals served were living below the poverty line. This had a direct impact on their housing, food insecurity, and a lack of access to medical and rehabilitation support.

N



### Required Supports:

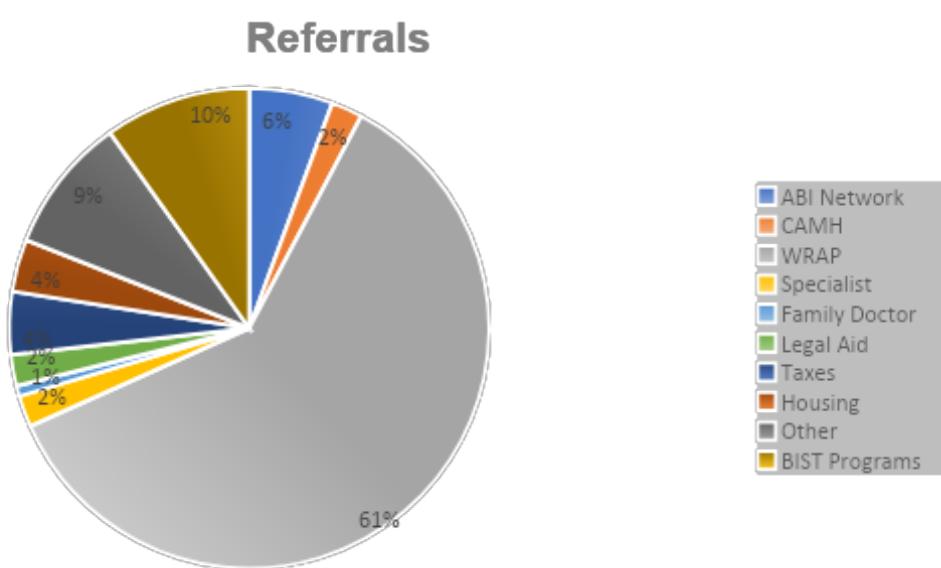
The Violence Impact Coordinator (VIC) worked with service users to complete a detailed support plan that outlined all the supports that were required by that individual. These supports ranged from completing housing applications to receiving food bank information to putting together cognitive compensatory strategies.



## Referrals Made

The Violence Impact Coordinator referred service users to various supports within the community. Within the program 61% of individuals participated in the WRAP program at BIST, while another 10% participated in women's groups and community drop-in programs. Referrals were also made to substance abuse support programs such as CAMH as well as to medical practitioners such as family doctors and specialists.

The need for assistance to access programs, support, medical care, even when self-referral is an option, is often necessary when someone is dealing with a brain injury caused by trauma. Accessing new services/supports can be a scary and complicated process and someone with cognitive impairments, in addition to other brain injury sequelae such as Depression and lack of initiation, can have a difficult time doing so without the direct involvement of a brain injury educated support person to help guide and provide prompts throughout the process. In addition, persons with brain injury are often put into mental health supports/systems which are sometimes unequipped to handle a person with ABI related challenges. As such, behaviours such as impulsivity, judgement and memory impairments be seen as being noncompliant or difficult whereas they are in fact a symptom of their brain injury. Because of this, when someone comes to access BIST programs, there is a lengthy process in which trust must be established as there is often hesitancy as to whether or not their behaviours/challenges, etc. will be accepted as opposed to misunderstood.



## **Outcomes of the Program**

### ***8 individuals have moved from no income or Ontario Works (OW) onto Ontario Disability Support Program (ODSP)***

Barrier: Upon receipt of the ODSP package, cognitive issues that included memory impairment, lack of insight and initiation would impede their ability to coordinate the completion and submission of the package. In tandem with this, is the inability of some persons with brain injury to understand/remember the deadlines and requirements associated with the application submissions often meant they either missed important dates or were unable to complete the package in its entirety.

Supports Provided: The VIC helped service users to complete their ODSP packages which included helping them to fill out their self-assessment as well as supported them in having their physicians fill out the medical portion of the package. They would also attend physicians' appointments as well as coordinate receiving the completed packages from the physician and ensure they were sent directly to the correct ODSP office. The VIC also provided advocacy and support with other community agencies to ensure the best long-term outcomes for service users.

### ***24 program participants attended the trauma informed WRAP Series***

The WRAP (Wellness Recovery Action Plan) program involves an educational and planning process that is grounded in mental health recovery with its main concepts being hope, personal responsibility, education, empowerment, and self-advocacy. People with lived experience of mental health challenges create their own Wellness Recovery Action Plans (WRAP), in practical day-to-day terms to help them get and stay well. WRAP has been associated with increasing awareness and attitudes about recovery and self-advocacy as well as improvements in symptoms such as reducing feelings of depression and anxiety. Crisis planning and knowledge are important to an individual's belief in the possibility of recovery. In addition, it creates a sense of hopefulness and can increase an individuals' personal confidence, goal orientation and ability to self-manage.

The WRAP sessions sparked a great deal of conversations about stressors and early warning signs as well as they type of support that works for individuals. WRAP provided a platform for individuals with more recent ABI's to have discussions with others who are further in recovery. They obtained tips for coping to assist in optimal recovery. Participants were happy to share their stories with each other in hopes of gaining new knowledge as well as providing support to others who were going through similar experiences.

One male individual who participated was a victim of ABI and IPV. He found the material very informative and sought much guidance from the group and its facilitators. As his ABI was relatively recent, he was still having difficulty reconciling his ‘old’ or pre-ABI self with his ‘new’ or post-ABI self. This individual reported the WRAP concepts and delivery to be very beneficial and instrumental in restoring hope into his life. He was accustomed to living a very active lifestyle in terms of physical activity and athleticism as he was previously a volunteer firefighter. He was struggling to reconcile his physical abilities pre-ABI with his physical abilities and new limitations post-ABI. He reported that he found the group to be very supportive and a positive safe space for him to be able to express himself and gain new insights.

Barriers: often brain injury survivors have difficulty understanding and managing their behaviours/challenges. Support is required to assist persons to understand things such as triggers, environmental cues, and stressors for them to create their own strategy and compensatory strategies to help them best manage their cognitive, emotional and behavioural challenges. Additionally, service users often have difficulty remembering the dates/times of the programs and require telephone prompts or reminders set in their phones to attend.

Support Provided: The VIC co-facilitated the sessions, allowing for a familiar face, and assisted with the creation of each participant’s individualized WRAP strategies. She also provided phone and email reminders with the zoom meeting links, mailed, or emailed out the WRAP workbooks and accompanying handouts. Due to requiring to run the groups virtually, participants were able to attend from their own home or place of choice, choose to control lighting and seating within their own environment and did not have to worry about transportation means or costs.

Outcomes: All participants provided verbal feedback at the end of each session as well as at the end of each series. A total of 6 individuals attended more than one WRAP series. The participants reported feeling positively towards the program and felt they gained tools to assist them in having more positive coping strategies. They enjoyed the supportive space provided by the group and its facilitators, reported having a sense of belonging and something to look forward to each week. Participants discussed having restored hope and feeling supported throughout the process.

### ***5 individuals have been permanently housed.***

Barriers: communication issues impeded ability to express themselves with existing landlords, potential landlords and housing corporations. Housing applications were often confusing and the service user required support to properly complete and submit it. Additionally, names were often not on waitlists even though their information had been

submitted, which required multiple follow ups from the VIC. Housing waitlists are also exceedingly long which leaves potential for frustration and for persons to get lost in the process.

Support provided:

The VIC assisted with housing matters from finding housing for service users in the shelter system, to assisting those in unstable housing access legal support and eventually securing safe housing for them (see legal support section for further examples).

Assistance from the VIC was required in all stages of this process, from assisting with and following up on housing applications and advocating for the members, to calling the Tenant Board (when required) to helping coordinate the move.

***6 individuals have been supported with catching up on back taxes.***

Barriers:

- o Difficulty understanding process
- o Challenges accessing/collecting required documents
- o High cost of private tax clinics
- o Literacy, numeracy and language
- o Communication barriers
- o Memory impairments
- o Social Isolation
- o Mood Disorders such as anxiety and Depression

Support Provided: Due to Covid-19 restrictions, tax support was provided via zoom. Service users were provided multiple appointments if needed, and support was provided to help them locate the required documentation. The program also paid for the tax filing service when required, which was a huge benefit to those who had financial restraint as a barrier to them filing their returns. Brief, in-person meetings (with PPE) were also facilitated in instances where paperwork required a physical signature or had to be reviewed in-person before being filed.

Outcome: In a follow up survey to those receiving tax support, 87% found that BIST's income tax assistance services made the process more accessible to them. In terms of financial reimbursement received: 20% received an average of \$5,000, 20% \$2,000, 20% \$350 and 40% had \$0 (in these cases, the tax filings were still an essential part of them continuing to receive Trillium Benefits and HST cheques).

*“I so appreciated this service especially during this pandemic. It made it so much more convenient for me and I was so appreciative. Tax time always stresses me out, especially this time, for me; this was definitely a GODSEND.” LN, Program User*

***8 individuals have been assisted with food security.***

Barriers:

- Transportation to and from grocery stores, etc. could prove difficult for those with fatigue and mobility issues
- During Covid-19 grocery delivery services were less accessible due to extensive wait times as many people were accessing these services rather than going to stores.
- Also during Covid-19 individuals had to access the hours set aside for those who were elderly, or who had disabilities, but as brain injuries are an invisible disability, program users were sometimes questioned about their need to use these specified hours.
- Financial limitations are an ongoing issue for those on Ontario Works or the Ontario Disability Support Program, especially considering the elevated cost of living in Toronto.

Support Provided: The VIC would meet individuals at their homes to provide donated food gift cards as well as groceries to ensure that they had food to eat. In addition, the VIC would provide referral information on the closest food bank as well as supported individuals in creating meal plans and grocery budgets. The VIC also provided service participants with a letter of support validating their need to shop outside of regular grocery hours.

***8 individuals have been supported with legal issues.***

Barriers:

- Fear of legal processes, confusion about required paperwork, inability to adhere to deadlines, history involving legal processes or involvement with the justice system, literacy, memory impairments, organizational impairments.
- Support Provided:
  - *Example 1 Brenda:* The VIC supported Brenda to secure legal assistance when being faced with eviction. Brenda reported that she was having issues with her landlord and felt she was about to be the victim of a reno-eviction. The VIC supported the service user in submitting all of the proper legal documentation to the Ontario Tenant and Landlord Board (OLTB) to request a stay of eviction to halt eviction process and to pack up her apartment and move out at her own pace. Due to ABI and medical

issues, Brenda would not have been able to have her things moved out by the proposed eviction date. Winning a stay of eviction would also allow her to fight the eviction completely should she choose to remain in the unit. After speaking with duty counsel at the OLTB and filing the proper motions, a stay of eviction was granted, and the service user was permitted to remain in her unit until her belongings were moved. If she had not received this support, she would have been facing eviction by Sheriff which would have been a traumatic experience and would have impacted her negatively as she has already suffered significant trauma in the past. Providing legal assistance allowed her the opportunity to respond to her eviction on her own terms.

- o Example 2 Priya:* The VIC supported Priya with assistance with immigration law and legal aid. The VIC met with Priya and supported her in contacting legal aid. The VIC also supported her in seeking an immigration lawyer. With the onset of the Covid-19 Pandemic, the VIC also supported her by dropping off legal documents to her immigration attorney at home when all offices were closed, allowing for progress on her file to continue. Without the support of the VIC and being a newcomer to Canada, who had cognitive impairments due to her traumatic brain injury, she would likely not have known to contact legal aid and would have struggled submitting documentation to her lawyer on time.
  - o Example 3 Naneesh:* Naneesh was supported by VIC in connecting with Arch Disability Law. Naneesh was also connected with and supported through a complimentary telephone consult with a long-term disability lawyer to discuss her possible claim/case against her employer. The VIC assisted Naneesh in dissecting her claim and putting the information together in a way that was more detailed, yet concise, for potential legal representatives.
  - o Example 4 Tommy:* The VIC met with Tommy via referral from Streets to Homes. Tommy is currently involved in a social tribunal proceeding regarding a severe assault that took place on him, and as a result his lawyer submitted a Criminal Injuries Compensation Board claim. The VIC was able to provide the lawyer a letter of support to submit with his CICB application to advocate for the best possible outcome for financial compensation. Proceedings are still in progress.
  - o Example 5:* Kim was a self-referral to BIST. The VIC met with Kim and learned that she had a history of trauma who had also been a pedestrian struck by a car and was now seriously and permanently injured. Kim reported that she had a claim but that there was no movement within the courts. The VIC was able to place phone calls to discover what the legal

status of the claim was and support her in connecting with new legal representation to move the claim forward. Due to her brain injury, Kim was unable to understand the importance of submitting documentation within certain time constraints. The VIC was able to assist her in collecting documentation she had at her home and drop it off to her new lawyer's office allowing them to proceed with the claim. This put Kim back in a position to potentially receive compensation from the injuries sustained in her accident.

### ***11 individuals have been supported with applications to ABI Networks***

The VIC supported individuals in completing applications to various ABI supports within Toronto via the ABI Network referral system. The ABI network referral system provides community-based organization and hospitals with the opportunity to navigate support and access ABI inpatient and community-based rehabilitation and support programs for their patients/clients. The network helps to match individuals with the needs that they identified in the detailed application that they fill out. Required supports can include but are not limited to: housing support, case management support, independent living support, connecting with social supports or community groups etc.

## **Case Studies**

### **Case Study#1**

Preet is a refugee claimant from the Bahamas who arrived in Canada in November of 2019. She arrived at Toronto with no personal belongings, no support and nowhere to stay so she entered the Toronto Shelter System. She connected with Ontario Works to help assist her with securing income while she waited for her immigration paperwork to be processed. The staff at Ontario Works encouraged her to phone BIST to support her with her brain injury and she moved into the Violence Impact Program due to her history of abuse and trauma. The Violence Impact Coordinator (VIC) began meeting with Pam on a weekly basis.

#### **Support Provided**

##### ***Immigration Status Support:***

During their initial meeting, the VIC provided Preet with a winter coat and boots after learning she did not have any warm clothing in her possession. They also went over her immigration paperwork and the VIC assisted Preet in filling out forms as well as making phone calls to legal aid and immigration lawyers who further supported her with her immigration claim. Legal Aid support was obtained, and she continues receiving support with her immigration status.

##### ***Housing Support:***

Preet obtained stable housing but was unhappy with the way she was being treated by her landlord, so she left her apartment and the VIC supported her in making a complaint to the Ontario Landlord and Tenant Board. Not soon after, Preet moved into an apartment with her significant other however, she confided in the VIC that it was an unstable relationship and environment. Preet decided to leave the housing that she shared and found a temporary living situation. The VIC received an urgent phone call from the service user stating that she lost her housing in the middle of the night, and they arranged to meet in a parking lot the next day. The VIC contacted every landlord that was offering immediate room tenancy and Preet was rapidly re-housed in less than 24 hours, so she did not have to stay at an emergency shelter. Preet was able to find housing in her preferred location and within her budget. She is currently renting a room from a family that has been extremely friendly and welcoming and that she is enjoying her tenancy with them.

##### ***Income Support:***

Preet's Ontario Works worker released her Ontario Disability Support Program (ODSP) application, and the VIC began helping her to fill it out. Due to the extensive and meticulous nature of the ODSP application, Preet and the VIC met on numerous

occasions to fill out the form, draft a self-report form as well as present the medical portion to her physician to complete. When the medical portion was complete, the VIC made arrangements to have the forms picked up contactless due to COVID-19 from her physician's office and mailed to the ODSP office for review. Preet was ultimately successful in her application to receive ODSP.

### ***Mental Health Support:***

On one occasion, the VIC received a call from Rexdale Community Health advising that Preet was experiencing a “psychotic episode”, and they felt she should be evaluated at a psychiatric facility. However, Preet did not want to go. The VIC was able to speak with her on the phone and discovered that she was extremely fearful of hospitals. The VIC stated that she would meet the service user at the hospital and support her until she felt safe enough to remain on her own or until she was discharged. When the VIC arrived at the hospital Preet was being guarded by police officers and was extremely frightened and scared. At the hospital, the VIC recognized that her Dissociative Identity Disorder (DID), which she had discussed with her prior to this encounter, was being impacted and several of her personalities were present. The VIC was in close contact with the hospital staff to advocate on her behalf to receive the support that she needed. The VIC waited until the attending psychiatrist came to speak with her and supported her with recording follow up and discharge care. The VIC was able to help her to feel comfortable enough to then remain at the hospital on her own.

### ***Health Support:***

Preet advised that her doctor was concerned about the possibility of colon cancer as she was exhibiting related symptoms. She supported the service user during the diagnostic process, helped her set up a colonoscopy, reviewed her preparation work as well as attended the procedure with her. She also arranged safe transportation for Preet when the procedure was complete.

### ***Ongoing Support and COVID-19***

During COVID-19, the VIC continued to connect with Preet on an ongoing basis to help meet her self-identified goals and needs. The VIC continued to support her with her immigration process by dropping off paperwork to her lawyer's home as she was working from home due to COVID-19. She also supported her with food security and either directly provided her with groceries or dropped off donated grocery gift cards.

Although Preet still reports feeling homesick at times, she appears to be at a point where she is becoming accustomed to life in Canada. Preet has expressed the desire for her son to move here and for them to share an apartment together. With this program's close, Preet has been transitioned to BIST's new Community Connections Program.

## **Case Study#2**

Bella was referred to the Violence Impact Program by another BIST staff member for assistance around a possible reno-eviction of her current dwelling. Bella was also concerned about inappropriate behaviour coming from her landlord. Bella stated that with her ABI, past trauma, and health issues this was causing her extreme stress and anxiety. The client also stated that being forced out of her unit without having secured appropriate housing would put her in a compromised position and would put her safety at risk. On one occasion Bella called the VIC and stated that her landlord had unlawfully entered her unit and she was fearful. The VIC helped her phone 911 and she was able to speak directly with police services. The VIC provided increased support after the incident as being a victim of violence, it caused re-traumatization.

### ***Housing Support***

The VIC met with Bella at the BIST office and began exploring Ontario Landlord and Tenant Board (OLTB) procedures and they began filling out the required paperwork. They filled out forms that were required by the OLTB to request a stay of eviction. The VIC met with Bella at the OLTB to discuss her pending eviction with duty counsel, as well as assistance with filling out additional paperwork. Although duty counsel informed Bella that if she was granted a stay of eviction she could remain in her unit indefinitely, Bella stated that all she required was an opportunity to find additional housing as well as time to pack up her belongings on her own time. Bella was granted a stay of eviction and was able to remain in her unit until she found safe and appropriate housing with family members.

### ***WRAP***

Bella also engaged in the WRAP series to learn additional strategies to cope with her ABI. She continues to engage with programs at BIST.

## **Case Study#3**

The VIC received a self-referral from Bao who stated she had suffered multiple concussions due to a career in professional boxing. Bao is also a victim of intimate partner violence.

### ***Income Support***

Bao reported to the VIC that she needed assistance with completing her Ontario Disability Support Program (ODSP) application as she had a tribunal date set to appeal the denial of a previous application. The VIC assisted her in contacting her local legal aid clinic to support her with her ODSP tribunal date. Bao was granted ODSP due the support provided by the VIC as well as her legal team.

### ***Health Support***

Bao stated that she would like support to find a new primary care physician as she felt unsupported by her current physician. The VIC scheduled two meet and greets with different physicians and accompanied her to these appointments. After meeting with both physicians, the VIC assisted Bao to compare the new Physicians with her current one and the support they were able to offer her. Upon reviewing her options and with the information gathered she felt it was best to stay with her current physician with additional support from the VIC on how to better communicate her needs to him.

### ***Pain Management***

Bao reported having daily headaches due to the multiple concussions she had sustained through her career in professional boxing. The VIC made a referral to Allevio Pain Management Clinic and through this support she has begun to experience some relief from her headaches.

### ***Food Security***

The client had challenges obtaining groceries due to lack of income. The VIC was able to meet with her and provide donated grocery cards, as well as information on local food banks.

## Future Recommendations for Ongoing ABI and IPV Support

In learnings from this program, the following recommendations for system changes and supports are being made to improve the service available to those affected by violence and brain injury:

- Develop increased and ongoing partnerships with other support agencies to ensure that individuals who are suffering from ABI receive the proper support and are not automatically placed in a mental health system that does not have the resources/education to support them.
- Provide ongoing education to violence against women's shelters as well as other community agencies to ensure that persons with trauma are screened for ABI symptoms and that potential ABI challenges are not overlooked, misdirected or misunderstood. A good resource for information on ABI and Intimate Partner Violence is [www.abitoolkit.ca](http://www.abitoolkit.ca)
- Provide further education on the intersection of brain injury and victims of violence to professionals involved in the justice system, including the challenges experienced by brain injury victims and how to best support them.
- Provide further education to all professionals working with persons in the sex trade and the impact of brain injury and the specific supports required.
- Provide ongoing support to survivors of IPV and ABI as rapport and trust can be difficult to build with this population. It is important to have ongoing and long-term support from the same worker to ensure follow through and best outcomes.
- Further education is needed on the need for different agencies/services to partner with brain injury supports. Often agencies work in silos and are fearful of duplicating services. However, it should be noted that each agency brings a unique body of knowledge and resources to the table (i.e. mental health and brain injury) and should be encouraged to work together in order to best provide support to the survivor.
- Simplify the ODSP application process. Have a support person assigned to each OW office to support individuals with cognitive challenges with this process.
- Persons with trauma require additional exceptions when attempting to access housing supports. For example, one of the service users was the victim of a serious home invasion which resulted in a severe physical and sexual assault on both herself and her teenaged daughter. This crime occurred in Winnipeg, thus when this individual came to Ontario, she did not qualify for the priority housing list through Toronto Community Housing Corporation. Upon arrival in Ontario, she was residing in the shelter system which caused her to continually be re-traumatized. Individuals who have suffered this level of trauma often cannot live with other people and require a quiet space where they are able to feel safe.

- WRAP programs should continue being offered to ABI survivors as they are agile and can be offered either online or in person, as this program has demonstrated, they are well attended and beneficial to those who access them.
- Services need to be agile and community based. Often getting to physical locations is a barrier to this population. The VIC met clients in various coffee shops, parking lots, and city benches throughout the City. Having the worker go to them, wherever they were, increased their ability to access support.
- Increased culturally competent services to survivors of IPV and TBI are crucial in ensuring all victims have access to safe, comfortable supports.

## **Impacts of the COVID-19 Pandemic**

As in most areas of society, the COVID-19 pandemic posed and continues to pose significant challenges for the persons accessing the Violence Impact Program . During the many months of quarantine vital services within our community had to shut their doors, which left the Violence Impact Coordinator (VIC) without the ability to refer service users to necessary services. Perri (2020) stated, “Closure of regular services may put people experiencing homelessness at risk of other harms, such as those related to unsafe substance use and intimate partner violence” (p. 716). During quarantine, a common motto was “just stay home” but for many individuals the home is not a safe place, especially those experiencing intimate partner violence. The VIC continued to support individuals to ensure that they were first and foremost, safe, and then to identify their self-identified goals and needs. Since many vital services were closed, it was challenging for the VIC to refer individuals to other services. This increased her workload substantially as she inadvertently had to take on the roll of many other services. It was a taxing role but lead the VIC to reaffirm her understanding of the necessity of creating a collaborative approach when supporting individuals with TBI and IPV.

Ways in which the Victim Impact Coordinator mitigated the impact of the pandemic:

### ***WRAP Groups were offered on a virtual platform.***

- During the virtual WRAP sessions, participants reported being happy to control their own environments. For example, attending the meeting from their beds or couches or even outdoors during the warm months, individuals were able to control the lighting as well as decide if they felt comfortable speaking and being viewed on camera or preferred to communicate via the chat box. Individuals also reported that through this virtual means of connecting, transportation issues did not cause them to miss sessions or feel nervous about attending. Virtual WRAP allowed participants to have the optimum comfort in environments they could control.

***Members were offered telephone or virtual meetings.***

- On average the VIC completed 2-3 phone check-ins per day as well as contactless paperwork delivery to doctors and lawyers as needed. Service recipients would leave paperwork outside their door and the VIC would pick up and deliver to its intended recipient. As well, donated grocery cards were delivered to service recipients as well as a medic-alert bracelet. In addition, the VIC continued attendance at the virtual FOCUS Toronto meetings throughout Covid-19.

**Important Discoveries from the Pandemic**

Engagement with service users has brought a different light to the COVID 19 pandemic. One individual stated that isolation is part of her life, and she felt that society is now on her “level”. She stated that individuals now have a greater understanding of what living with isolation really means and has hopefully shed light on what it's like to lack support, community, and individuals within your life. She also stated that before the pandemic, doing everyday tasks such as going to the grocery store were extremely anxiety provoking. However, now that her face is covered and that there are less individuals in stores she has an increased level of comfort as she found it challenging to be in large crowds, and to feel as though people were staring at her. Challenging times can bring perspective to everyday privileges, as well as put us in other people’s shoes. For the COVID 19 pandemic it is shedding additional light into how individuals with TBI and IPV live daily, and the constant struggles that they face.

**Future Work**

It is evident through engagement in the pilot Violence Impact Program (VIP) at BIST as well as through literature that the correlation and impact of intimate partner violence and brain injuries is vastly unknown and identified within our society. Therefore, future work should involve continuing societal awareness, research as well as programs specific to those impacted by intimate partner violence and traumatic brain injuries.

Through our literature review we were continuously reminded that there is a limited amount of research on intimate partner violence and traumatic brain injuries. Hunnicutt et al. (2019) stated that, “The topic of IPV-related TBI is relatively new to the existing research. At the time of this writing, there were fewer than 20 published articles on TBI that occur in the context of IPV” (p. 677). In order to learn more about intimate partner violence and brain injuries it is important that continued research is done with hopes of bringing more knowledge to those that are impacted as well as those that support individuals who are impacted.

We have also identified a clear lack of awareness of the correlation between brain injuries and intimate partner violence among not only service providers, but service users themselves. As we have mentioned previously, brain injuries are often characterized as an “invisible” disability as their symptoms are often hard to recognize such as difficulty processing, forgetfulness, difficulty with social cues etc. It can make it extremely challenging for service providers to identify a brain injury in a service user as well as for service users themselves to identify whether they have suffered from one. This can deeply impact the type of support that is provided to the individual as well as impact whether an individual seeks support in the first place. It is prudent that we continue to bring awareness to the signs and symptoms of brain injuries to members within our society. At the individual level, the Violence Impact Program was able to educate service users themselves on brain injuries and the importance of receiving tailored support. The Violence Impact Program was also able to bring awareness to the greater society by offering webinars and being a guest on the I Lobe You podcast series. Future work should involve creating awareness on a larger scale such as having national campaigns to bring further awareness and knowledge to individuals all over our country to ensure that individuals receive the type of support that they deserve and need.

Future work should also involve continuing to have programs specific to those impacted by intimate partner violence and brain injuries. Through engagement in this program, it has become imperative that programs should be barrier free and collaborative in nature. This means that anyone who identifies as having been a victim of intimate partner violence and/or who identifies as having a brain injury should be able to access services without having to obtain formal medical documentation. In addition, it would be beneficial if programs are collaborative in nature among various supports within the community to ensure that individuals are receiving all of the support that they need and we are not missing an area of their self-identified needs. As well, individuals who suffer from brain injuries can have symptoms that limit their capacity to effectively receive support such as emotional exhaustion, lack of follow through or memory impairments, so it's important that there is a qualified team of individuals that can provide a holistic approach to their treatment plan. It is also important that this support is long-term in nature and mobile to ensure that we are meeting individuals where they are at (both in location and personal situation), as well as ensuring that we have enough time to meet and achieve their self-identified goals.

Lastly, it has become apparent through literature and through engagement in the Violence Impact Program that there are a lack of services tailored to those who have experienced intimate partner violence and a brain injury not just within our society but within our country as a whole. The Violence Impact Coordinator spoke in length with the Executive Director of a women's shelter in Kelowna, British Columbia, about the vital need of programs to support those impacted by intimate partner violence and brain injuries. This

individual shared that they are working tirelessly on a grant funded proposal to create programs that will be available nationwide as we are aware that this is an issue that impacts individuals all over our country. Receiving annual grants to ensure that programs such as the Violence Impact Program can run continuously throughout the year and into the foreseeable future would be extremely beneficial to those who have suffered from intimate partner violence and a brain injury.

# Resources

## Brain Injury Services

1. BIST (Brain Injury Society of Toronto): [www.bist.ca](http://www.bist.ca)
2. ABI network: [www.abinetwork.ca](http://www.abinetwork.ca)
3. Ontario Brain injury Association: [www.obia.ca](http://www.obia.ca)

## Intimate Partner Violence Services

1. Ontario 211- <https://211ontario.ca/>
2. Talk for Healing - <http://www.talk4healing.com/>
3. Assaulted Women's Helpline - <https://www.awhl.org/>
4. Mobile (#SAFE)-#7233

## ABI & Intimate Partner Violence

1. ABI & IPV Toolkit: [www.abitoolkit.ca](http://www.abitoolkit.ca)

## Homelessness - Research

1. **Canadian Observatory on Homelessness- Homeless Hub** -  
<https://homelesshub.ca/users/homelesshub>
2. **Insights on Canadian Hidden Homelessness in Canada** -  
<https://www150.statcan.gc.ca/n1/pub/75-006-x/2016001/article/14678-eng.htm>
3. **Homelessness In Toronto (Street Needs Assessment April 26th, 2018)** -  
<https://www.toronto.ca/wp-content/uploads/2018/11/981e-2018-SNAResults-Highlights-Slides.pdf>
4. **Housing First** -  
<https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first>
5. **Cost Analysis of Homelessness** -  
<https://www.homelesshub.ca/about-homelessness/homelessness-101/costanalysis-homelessness>

## Brain Injury & Homelessness - Research

1. **Traumatic Brain Injury & the Homeless Population: a Toronto Study** -  
<https://www.homelesshub.ca/resource/26-traumatic-brain-injury-homeless-population-toronto-study>
2. **The Disabilities Trust - Homeless and Brain Injury (UK)** -  
<https://www.thedtgroup.org/foundation/brain-injury-and-homelessness>

- 3. The Effect of Traumatic Brain Injury on the Health of Homeless People -**  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2553875/>

## Homelessness - Advocacy & Consulting Organizations

1. **Toronto Alliance to End Homelessness** - <https://taeh.ca/>
2. **OrgCode Consulting** - <https://www.orgcode.com>

## Substance Abuse/Addictions & Brain Injury:

1. **Substance Abuse and Brain Injury (SUBI)** - <https://www.subi.ca>

## Income Resources:

1. Health Providers Against Poverty  
<https://healthprovidersagainstpoverty.ca/resources/clinical-tools/>
  2. Income and Security Advocacy Center  
[incomesecurity.org/public-education/ow-and-odsp-rates-and-the-ocb-2018-les-taux-dot-du-posph-et-de-la-poe-2018/](https://incomesecurity.org/public-education/ow-and-odsp-rates-and-the-ocb-2018-les-taux-dot-du-posph-et-de-la-poe-2018/)
- Food Security: 1. Quest food exchange: <http://www.questoutreach.org/>
2. Toronto Community Garden network: <https://tcgn.ca/about/aboutcommunity-gardens/>

## Extreme Cold Weather

1.  
<https://www.toronto.ca/community-people/health-wellnesscare/information-for-healthcare-professionals/environmental-healthinfomation-for-health-professionals/extreme-cold-weather-alertsinformation-for-health-professionals/>

## Housing:

1. Rent Smart Ontario: Rent smart is an organization that provides education to tenants and landlords with the intention of teaching skills necessary for each group to be knowledgeable of their rights and responsibilities. A certificate is provided to those who participate; and in Vancouver, landlords have ‘bought-in’ to the program by using the certificate as a reference on housing applications <http://www.rentsmaontario.ca/>
2. Raising the Roof <https://www.raisingtheroof.org/>
3. City of Toronto - Emergency Housing Help  
<https://www.toronto.ca/community-people/employment-socialsupport/housing-support/financial-support-for-renters/housingstabilization-fund/>  
<https://www.toronto.ca/community-people/community-partners/socialhousing-providers/>

<affordable-housing-operators/current-city-of-torontoaverage-market-rents-and-utility-allo>  
wances/ (For citation)

4. City of Toronto Rent Geared Income Housing

<https://www.toronto.ca/community-people/employment-socialsupport/housing-support/re>  
nt-geared-to-income-subsidy/ 37

5. Shelters: <https://www.toronto.ca/community-people/housing-shelter/>

6. Pet Support for low income:

[https://www.torontohumanesociety.com/pdfs/Cannot\\_Afford\\_Care.pdf](https://www.torontohumanesociety.com/pdfs/Cannot_Afford_Care.pdf)

## Transportation:

1. Fair Pass Transit Discount Program

<https://www.toronto.ca/community-people/employment-socialsupport/support-for-people>  
-in-financial-need/assistance-through-ontarioworks/transit-discount/ 2. Wheel Trans

Accessible Transit [https://www.ttc.ca/WheelTrans/How\\_to\\_apply/index.jsp](https://www.ttc.ca/WheelTrans/How_to_apply/index.jsp)

3. Transit app- Plan your trip with real time data <https://transitapp.com>

Employment: 1. STAR - Program provides an environment for the homeless to rediscover activities that are meaningful to them. They provide opportunities for participants to develop skills (e.g., conflict resolution, interpersonal, financial basics, community engagement)

<http://www.stmichaelshospital.com/programs/mentalhealth/star.php>

## Recreation:

1. Access to Entertainment card: This is a collaborative partnership between Easter Seals and over 500 movie theatres, cultural attractions, entertainment venues, and recreation facilities across Canada. Designed for people of all ages who have a permanent disability and require the assistance of a support person, the goal of the Access 2 Program is to improve social inclusion and provide access to entertainment, cultural and recreation opportunities and experiences without any added financial burden

<https://easterseals.ca/english/access-2-card-program/>

2. City of Toronto- Free and Low cost Recreation options

<https://www.toronto.ca/explore-enjoy/recreation/free-lower-cost-recreationoptions/> 38

## Legal Services:

1. Tax Clinics:

[https://www.canada.ca/en/revenueagency/services/tax/individuals/community-volunteer-i  
ncome-taxprogram.html](https://www.canada.ca/en/revenueagency/services/tax/individuals/community-volunteer-income-taxprogram.html)

2. ID clinics: <https://neighbourhoodlink.org/partners-for-access-and-identification-paid/>
3. Community Legal Education Ontario (CLEO) <https://www.cleo.on.ca/en>

### **Organizations:**

1. Google: creating Gmail accounts for individuals to send and receive communications, utilizing Google Drive to store important documents, copies of identification for individuals who may be transient or at risk of losing important information.
2. Google Calendar: Use free app for organization of routine and daily appointment reminders. This can be shared with service providers to add appointments or track schedules with permission.
3. WhatsApp: free communication app for texting, video conference, and voice recording

### **Health/Social Service Connections:**

1. Health Care connect: Register for Health care connect and a nurse will search for a doctor or nurse practitioner who is accepting new patients in your area.  
<https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner>
2. 211 Ontario: call, email or live chat on 211 to find social service programs in your community. 211ontario.ca
3. Big White Wall- an online mental health and wellbeing service offering self help programs, creative outlets and a community that cares.  
<https://www.bigwhitewall.ca/v2/Home.aspx?ReturnUrl=%2f>

### **Data collection/HIFIS and the National Homelessness Information Initiative:**

1. Homeless Individuals and Families Information System:  
<https://www.canada.ca/en/employment-socialdevelopment/programs/homelessness/hifis.html>

### **Accessibility in Toronto:**

1. AccessNow: using crowd-sourced information to show how mobility friendly buildings and public transit are across Canada <http://accessnow.me/>

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