You Don’t Know What You Don’t Know:
Domestic Violence, Partner Inflicted Brain Injury, and the CARE Model

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Ohio Domestic Violence Network
What is the Ohio Domestic Violence Network?
Help DV programs improve services by accommodating the needs of survivors who may have a brain injury or struggle with their mental health by:

1) Equipping local program staff through training, program support, development of resources and materials, procedures and protocols, and best practices

2) Building collaboration with agencies and organizations that work with mental health and brain injury to increase access to services
I need your help!!

• Are you from:
  – Montgomery County (Dayton area)
  – Washington County (Marietta area)
  – Tuscarawas County (New Philadelphia)
  – Defiance County (Defiance)
  – Crawford, Delaware, Marion, Morrow, Union and Wyandot Counties
  – Or anywhere else if interested in this

PLEASE EMAIL ME: rachelr@odvn.org, looking for our Dr. Logan’s we can work with to get domestic violence victims the evaluation and care they need
Domestic Violence Programs in Ohio

Ohio’s domestic violence programs provide confidential residential, advocacy and support to domestic violence survivors and their children.

Services provided by DV programs:
- 24 hour crisis hotline
- Emergency shelters for ALL victims and children (most programs)
- Advocacy services (including legal advocacy and safety planning)
- Support groups
- Outreach/community awareness

Some programs provide:
- Children’s programming
- Counseling/therapy
- Transitional housing

Directory of domestic violence programs: http://www.odvn.org/survivor/shelter.html
Julianna Nemeth, PhD
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Health Behavior and Health Promotion, OSU College of Public Health

I am an intervention scientist dedicated to conducting the scientific work needed to improve health and reduce disparities for those impacted by violence within the context of trauma.
The Ohio Domestic Violence Network secured a 3 year demonstration grant to create and evaluate:

- training
- policy and procedures
- technical assistance resources

...to assist domestic violence (DV) service agency staff in Ohio better meet the needs of domestic violence survivors with disability resulting from mental health or brain injury.
We used a community-based participatory process.

Is this Evaluation or Research?
Needs Assessment

Staff & Administrator Focus Groups 2017
Focus Group Methods

- **11 focus groups**
  (May-June 2017) at 5 different DV agencies across the state (including 2 in the Ohio Appalachian Region)
  Spoke with staff (n=6 focus groups) separate from supervisors (n=5 focus groups)

- **62 Participants** (45 Staff & 17 Administrators)

- **Robust Analysis** was conducted by 5 project staff
  Themes for research questions were generated, independently, by 2 members of the project staff for each focus group
  2 members met to determine agreement of focus group themes in relation to key questions
  All 5 project staff met to determine overall themes in relation to key questions
Needs Assessment Staff Focus Group:

Brain Injury Findings
We learned...

Providers have limited knowledge regarding brain injury and the impact it could be having on survivors’ ability to access, engage and benefit from advocacy services.

“What is the current level of knowledge about brain injury?”
We learned...

Throughout almost all the focus groups there was a **growing realization** that brain injury was likely present among DV survivors in services, but its impact was going unrecognized.
We learned...

Providers think survivors might be trying to hide symptoms of brain injury.
Providers have limited known experience of working with survivors who they identify as having a brain injury.

“What are past experiences of staff working with survivors with a brain injury?”
However, we learned...

Providers noted a disproportionate number of clients experiencing seizures.

“What are past experiences of staff working with survivors with a brain injury?”
We learned

Providers are up to the challenge of figuring it out.
But...we learned

Providers have mixed feelings about addressing due to lack of knowledge.
Providers also had mixed feelings because they felt like they didn’t know what to do and client’s injury could be used against them.
And providers wondered...

There is so much survivors are dealing with---trauma, poverty, ongoing stress, mental health challenges, substance use, batterers, suicidal thoughts...

How do we know what is what?
AND we learned......

Providers believe there are no services available or if there are, they aren’t accessible.
Program Implementation & Evaluation:

Pre-Implementation Survivor Interviews:
Fall 2017
In November 2017, DV survivors at 5 Ohio agencies providing advocacy services were approached for recruitment into a cross-sectional, interview administered survey (n=49).
Domestic Violence Advocacy Service Use
Reported by Survivors Completing Survey
(n=49 women)

- Emergency Shelter: 63%
- Counseling: 61%
- Case Management: 57%
- Support Group: 55%
- Legal Advocacy: 22%
- Transitional Housing: 14%
- Other: 14%
How many times in your life have you ever been hit in the head or were made to have your head hit another object?

- Never: 14%
- Once: 10%
- A few times: 27%
- Too many times to remember: 49%
How many times in your life have you been choked or strangled?

- 51%: A few times
- 20%: Too many times to remember
- 16%: Once
- 12%: Never
We learned...

Survivors feel domestic violence programs deliver excellent services, they trust staff and feel comfortable in the environment.
AND we learned......

Neither survivors nor advocates thought that head injuries were routinely acknowledged, addressed or discussed.
How do people who’ve been choked or hit in the head do in this program? Can you give me an example?

I don’t know
Provider Perceptions and Domestic Violence (DV) Survivor Experiences of Traumatic and Anoxic-Hypoxic Brain Injury: Implications for DV Advocacy Service Provision

Julianna M. Nemeth, Cecilia Mengo, Emily Kulow, Alexandra Brown & Rachel Ramirez

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Primary Finding
There is a discrepancy between providers’ perception of the potential impact of brain injury on survivors’ ability to access advocacy services.
There is a discrepancy between

providers’ perception of the potential impact of brain injury on survivors’ ability to access advocacy services

and

the pervasive exposure to incidents of head trauma and strangulation that could cause brain injury among the population
Identifying, Acknowledging and Responding to Head Injuries  
...and Compromised Mental Health and Substance Use
THE WHERE
Realities of shelter life

- Range from 10 beds to over 70 beds
- Communal living, often sharing rooms
- Emergency shelter, not made for long term stays
- Expectation of moving forward on goals
- Lots of kids
- Lots of crisis
- Little privacy
- Loud, lots of sensory overload
THE WHAT

substance use
head injuries
mental impact of abuse
suicidal thoughts

domestic violence
strangulation
Head injury IS a traumatic experience within a traumatic environment

Often the reality:

- Coercive control
- Escalation of violence
- Victims are entrapped
- Stalking
- Sexual assault
- Explosive, painful violence
- For some survivors, this is a big T event
What Does Partner Inflicted Brain Injury Look Like?

Meet Nina, Paula and Rebecca
The academic literature currently deems head injury in the context of domestic violence...

IPV related TBI
What's the problem?

• IPV-related TBI does not:
  – Recognize hypoxic/anoxic brain injury caused by strangulation (common in IPV context) is often co-occurring
  – Adequately encompass the context in which these injuries are occurring and how that affects outcomes
  – Acknowledge the differences between brain injuries that occur in this context and other, more commonly researched ones
Partner Inflicted Brain Injury

A traumatically induced physiological disruption of normal brain function caused by a non-accidental injury perpetrated by an intimate partner.

Why is partner inflicted brain injury different?
It happens to mostly women.
Its done by a person......

• That you are in a relationship with.....
• That you have close ties to...
• That is supposed to love you...
• And has hurt you...
• And proven they are dangerous.
Its done on purpose.....

Deliberate

adjective
daˈlɪbər(ə)rtʃ/ done consciously and intentionally.
Most often repeatedly....
In private and behind closed doors......
Often not an “incident”...
Strangulation is a terrifying tactic.

- Intimate and personal
- So you know that I can kill you—anywhere, anytime
- Victims who have been strangled have much higher rates of PTSD and struggle with trauma symptoms
With very real safety and logistical barriers to identification, disclosure, evaluation and treatment...
And we (most DV program staff and survivors) don’t even know this is a THING!!!
And we need your help...

Because we haven’t come close to figuring out how to tackle this!

But a session like this helps us in starting to figure it out, and we are working on it!
The CARE advocacy framework

To address things like:

- Traumatic brain injury
- Strangulation
- Mental Health
- Substance use and abuse
- Suicide

And much more!!
We have developed tools to acknowledge and respond
And support emotional wellness
Dayton Success Story

Artemis Center
Dayton’s Domestic Violence Resource Agency
Next Steps...

• Outcome evaluation of CARE to take place in April & May 2019
• Build collaborations for future research opportunities:

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• Our CARE program partners
• Survivors willing to share their stories
• Community of Practice collaborators

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