



**A Submission on Bill C-277 An Act to establish a national strategy on brain injuries to the  
House of Commons Standing Committee on Health**

*September 9, 2024*

## **THE CALL FOR A NATIONAL STRATEGY**

Almost half (44%) of women in Canada report experiencing violence at the hands of an intimate partner in their lifetime.<sup>1</sup> Research shows most of them may also suffer a brain injury (BI) as a result of the abuse.<sup>2</sup> When you consider most physical abuse involves blows to the head, face, neck, and strangulation, it's not surprising. But while sports concussion still dominates news headlines, little attention is paid to how common BI is among survivors of intimate partner violence (IPV).

The long-term effects of BI can be debilitating, affecting a survivor's ability to stay safe within, escape from, or thrive after leaving an abusive relationship, get and retain employment and safe housing, and parent children. Given this, and the lack of dedicated supports and services for what has typically been an invisible and underserved population of survivors of BI, a national strategy on brain injury is absolutely critical, and long overdue.

## **WHY IT'S IMPORTANT**

Approximately 230,000 Canadian women, or 1,216 per 100,000, experience IPV-BI each year.<sup>3</sup> Despite these shockingly high numbers, many frontline professionals are uneducated about and unaware of IPV-BI, and don't take it into account when interacting with, or serving women and gender diverse folx who have experienced IPV.

Research to which Supporting Survivors of Abuse and Brain Injury through Research (SOAR) contributed found even workers at women's shelters and transition homes had little knowledge of IPV-BI, and very few screened their clients for such an injury.<sup>4</sup> Recommendations arising from this work included the need for staff training, a desire to assess for BI in a conversational style rather than at intake, and educating clients about BI. As a direct result, we developed a module of the Concussion Awareness Training Tool (CATT) specifically focussed on IPV-BI and directed to [Women's Support Workers \(WSW\)](#). The CATT, originally launched in 2013 and freely accessible to the public, includes up-to-date, evidence-based modules on concussions for various audiences including medical professionals, coaches, parents or caregivers, school professionals, youth, athletes, and workers and employers. It has been shown to significantly increase knowledge of concussion in healthcare professionals and increase their confidence in making informed decisions about the appropriate steps to take after a concussion has occurred.<sup>5</sup>

Because the CATT-WSW focusses on IPV, it was the first CATT module to incorporate strangulation and also the first to include the voice of survivors, using quotes from a woman talking about experiences with IPV-BI. We evaluated the impact of the CATT-WSW and found it increased knowledge of IPV-caused BIs amongst women's shelter staff as well as improving how they advocate for, and are mindful of, their clients with BIs. Analysis of reach demonstrated at that time, the module had been completed by about 700 people from more than 175 organizations, representing approximately 12% of the estimated total number of women's shelters workers in Canada.<sup>6</sup> As of now, 1,430 people have completed the course.

In addition to the CATT-WSW, SOAR has developed informational brochures for frontline workers and for survivors on recognizing and responding to IPV. Since 2016, its founders have also done more than 75 presentations and training sessions about IPV-BI, including a [Ted-X talk](#), to local, national, and international audiences of gender-based violence workers, doctors, nurses, police, lawyers, judges, clinical counsellors, researchers, social workers, and more. Despite this, and despite growing awareness of the hidden public health crisis of IPV-BI in the gender-based violence and brain injury sectors, there is still much work to be done.

In our work, we've found many survivors don't even recognize they've suffered a brain injury, and both survivors and those who provide care for them can also mistake brain injury symptoms for the emotional distress brought about by the abuse itself.<sup>7</sup> When survivors do recognize they've been injured and seek help, many tell us health care providers, police, and others treat them as if they are difficult and oppositional, or under the influence of substances, rather than considering the possibility they may be exhibiting typical signs and symptoms of concussion or other brain injury, and taking steps to help. Additionally, with femicide on the rise in this country, we must also highlight the high level of lethality that comes with strangulation, which happens in half of cases of intimate partner violence and can cause BI and death within minutes.<sup>8,9</sup>

Even when BI is considered and identified in survivors of IPV, there are currently no targeted and widely used assessments, clinical care guidelines and pathways, or trauma-informed support services for a population of patients that has unique and nuanced needs, very different from those who experience BI playing sports or in the workplace.

## **WHAT SHOULD BE DONE**

A national strategy is a key step in acknowledging IPV-BI as a public health issue that requires action. It must centre the needs, and voices, of survivors, and recognize that any number of women suffering brain injury as a result of violence by a partner is too many.

A national strategy must also:

- Identify and promote training and education in recognizing and responding to IPV-BI, among health care professionals, and others (i.e. police, lawyers, judges, paramedics, child protection social workers) who interact with or support women and gender diverse folx.
- Promote the need for more research on BI in general, but IPV-BI in particular, and improve data collection on incidence, effects, and treatment modalities and rehabilitation programs specifically designed for survivors of IPV.
- Work with IPV and BI experts, and survivors of IPV-BI, to develop trauma- and brain injury-informed clinical healthcare guidelines, targeted "return to" protocols, and nationally adoptable pathways of care that include clinical and community-based services and support.

- Promote public awareness and understanding of BI as a common and often invisible byproduct of IPV that affects families, and communities, across the country.
- Work closely with policymakers and funders to ensure BI in general, and IPV-BI specifically are recognized as chronic injuries that often require years of healing and support, and deserve systems in place to help every survivor in need.

## **TO SUM UP**

Whether you realize it or not, you know someone who has experienced violence at the hands of the person they love. Perhaps she's your co-worker, your child's teacher, or your best friend. Maybe she's you. Now, imagine the last time her partner shoved her up against the kitchen wall with his hands wrapped around her throat, her head hit so hard it left a dent in the drywall and she collapsed in a heap on the floor unconscious.

Ever since that night, she's had trouble sleeping, feels dizzy much of the time, keeps forgetting things, and can't control her temper. But because him beating her isn't out of the ordinary, it doesn't even cross her mind to see a doctor and get checked out. And even if she did, the chances her healthcare provider would be educated enough about IPV-BI to ask the right questions, make a diagnosis, and provide the help she needs are slim to none.

Given most women who experience IPV may also be experiencing BI, but are still expected to go about their lives and function in the world with few supports in place, a national strategy on brain injuries would be a critical piece in the larger puzzle of increasing awareness and improving education and care.

## **ABOUT SUPPORTING SURVIVORS OF ABUSE AND BRAIN INJURY THROUGH RESEARCH**

Supporting Survivors of Abuse and Brain Injury through Research (SOAR) is a registered charity, and the only organization in Canada with a singular focus on brain injury from intimate partner violence. We work with researchers, health care providers, and community partners to explore the intersection of BI and IPV, and apply scientific evidence to increase awareness, and improve supports and services for survivors.

We **explore** the intersection of BI and IPV, **educate** members of the public and those who work with survivors, and **empower** survivors to get the care they need to move forward into healthy lives free of abuse.

## **CONTACT**

Karen Mason  
Co-founder and Executive Director  
<https://soarproject.ca>

## REFERENCES

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