



16th Annual Brain Injury Conference

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Poster #: 5

Abstract Title: “A whole ball of all-togetherness”: A qualitative exploration of the interwoven experiences of intimate partner violence, brain injury, and mental health to support better care

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ABSTRACT:

Abstract Theme: Mild TBI / Concussion

Topic(s) of Interest: Knowledge Translation, Applied Research,

Purpose of Project: The aim of this research was to explore the brain injury (BI) and mental health (MH) related needs and experiences of intimate partner violence (IPV) survivors, particularly related to healthcare/healing, and the barriers and facilitators to providing/receiving appropriate care for IPV survivors with BI and MH concerns.

Methods, Procedure, Results/Outcome, Conclusion: A qualitative interpretive description study, involving semi-structured interviews and focus groups with 24 participants including survivors and service providers, explored 1) the BI- and MH-related needs and experiences of IPV survivors and 2) barriers and facilitators to providing/receiving appropriate care for IPV survivors with BI and MH concerns from the perspectives of both survivors and service providers. Interviews were 60-90 minutes in length, were audio recorded and transcribed. Reflexive thematic analysis was used to analyze the transcripts, with several themes developed. First, discussions highlighted IPV, BI, and MH as being complex and interrelated experiences with impacts extending beyond the abusive relationship. Recognizing BI and MH as contributing to survivors’ experiences was deemed critical to getting appropriate care, noting that, due to the underrecognized nature of BI in IPV, finding and accessing care requires persistence that survivors spoke of as being like “a full-time job.” To appropriately support survivors, service providers need a “toolbox full of strategies” and a flexible approach, including connecting and collaborating across sectors. Challenges with accessing and providing care and recommendations from participants to better support IPV survivors’ care were also discussed.

BI and MH are highly prevalent among IPV survivors and identifying both concerns is critical to charting a path forward for support and treatment. Health and social care systems should be organized to support flexible and collaborative approaches.