CANADIAN
CLINICAL PRACTICE GUIDELINE
FOR THE REHABILITATION OF ADULTS
WITH MODERATE TO SEVERE TBI

Neurotrauma
Care Pathways

How Can We Better Support People with Traumatic Brain Injury after Intimate Partner Violence?

Development of a clinical practice guideline and essential tools and resources

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Toronto ABI Network Conference 2026
Thursday, October 29, 2026

A Healthier World
UHN KITE Research Institute

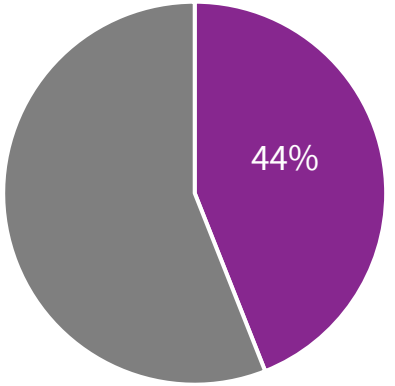
Session Outline

- Background on IPV-BI and the need for a guidance
- Introduction to the Clinical Practice Guidelines & development process
- What is most important to know and do

What is Intimate Partner Violence (IPV)?

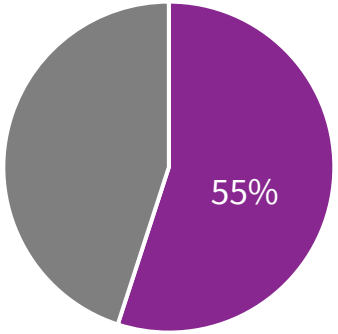
Behaviour by an intimate partner or dating partner that causes **physical, sexual, or psychological harm**

IPV Experience in Women

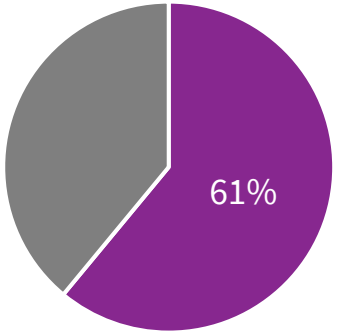


23% experience physical IPV

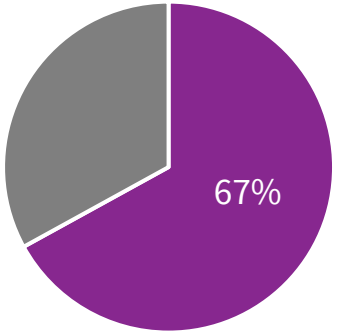
Women living w Disability



Indigenous Women



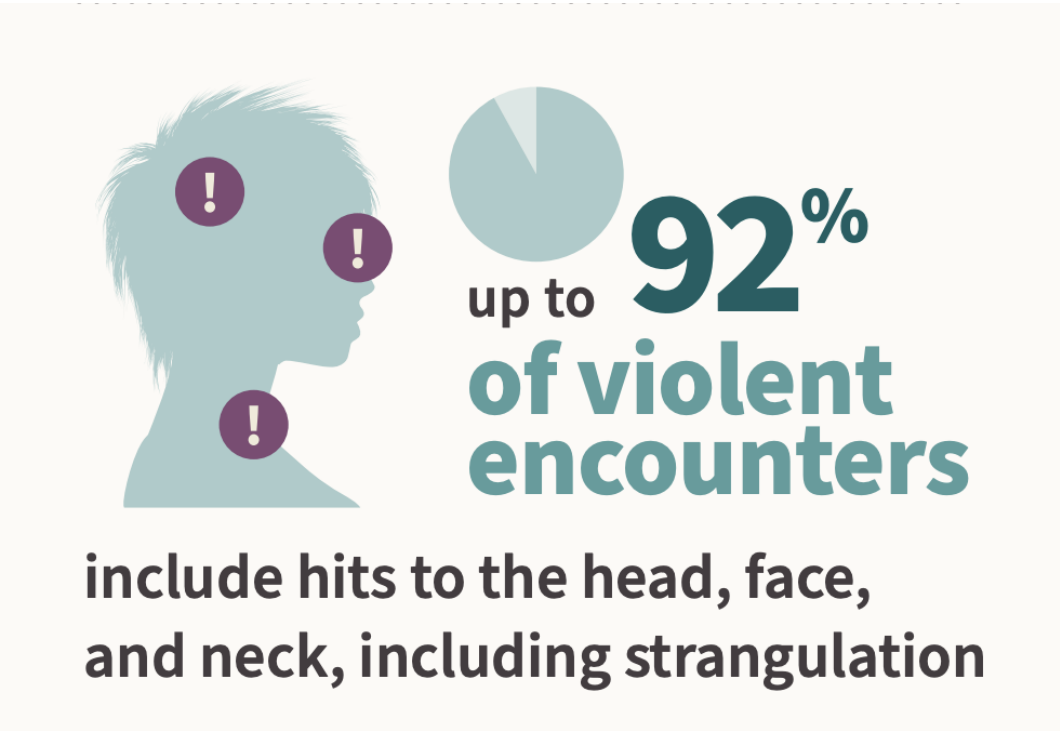
Sexual Minority Women



(World Health Organization, 2021)

https://www150.statcan.gc.ca/n1/pub/85-002-x/85-002-x2021001-eng.htr

Injury in IPV



19-75% of women survivors of IPV have possible brain injury

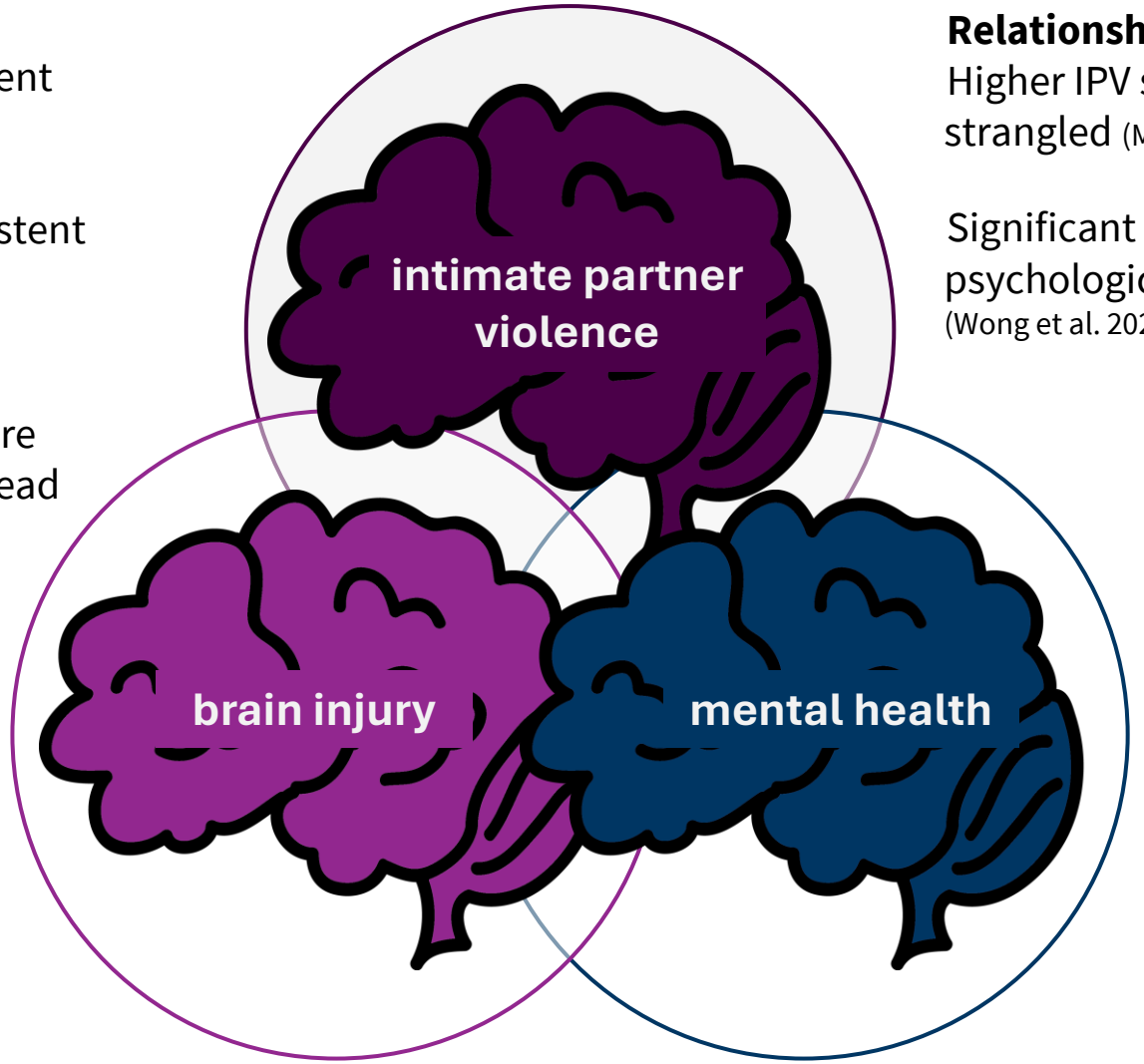
Mental Health, Brain Injury, & IPV

Relationship of BI and MH
BI negatively impacts PTSD treatment outcomes (Galovski et al. 2021)

BI symptoms associated with persistent sleep, mental, and physical health concerns (Iverson et al. 2019)

Survivors with PTSD symptoms more likely to experience a blow to the head from physical abuse (McFadgion 2014)

MH Prevalence in IPV-BI
Depression: 25% to 86% (n=9)
Anxiety: 32% to 100% (n=8)
PTSD: 29% to 100% (n=6)
MH (general): 32% to 41% (n=2)



Relationship of IPV and BI
Higher IPV scale scores among women who were strangled (Mittal et al. 2018)

Significant association between past-year psychological abuse and IPV-related mild TBI (Wong et al. 2020)

Relationship of MH with IPV-BI
Higher PTSD scores (n=8), depression scores (n=3) and anxiety scores (n-1) in IPV-BI than IPV without BI

(Toccalino et al. 2023)

Why do we need a guideline?

- Awareness has increased but now
  a. Clinicians and support staff
  - Are afraid to do the wrong thing; ‘not my area of expertise’
  - Feel ill prepared for the complexity
  - Are unsure how to put together the correct team

  b. Programs and services
  - Are not right-sized
  - Do not have dedicated service/care streams so we can’t do this work
  - Not doing well balancing risk of inaction

Challenges with accessing & providing care

- Communication
- Wait times & understaffing
- Restrictive program requirements
- Financial barriers
- Relationship barriers

(Toccalino, Haag et al. 2024)

Recommendations

Consider BI in IPV survivors

A toolbox full of strategies and a flexible approach
Focus on what the survivor needs from their perspective
You cannot put a timeline on recovery

Connecting and collaborating across sectors
Increased understanding and awareness of possible concerns and relevant supports
Build your own networks for support and referral
A repository of resources would greatly benefit survivors
Support cross-sectoral connections and wayfinding via navigational and/or peer support

Challenges with accessing supports	
Build space into interactions to allow survivors to process and formulate a response	Consider using screening to support access to BI supports
Reduce barriers to access mental health supports (reduce criteria and increase funding)	Financial support for services not covered by insurance.
Make BI supports accessible without a diagnosis.	Increase awareness of healthy relationships

(Toccalino, Haag et al. 2024)

Living Canadian Clinical Practice Guidelines

- Two sets of guidelines for rehabilitation of adults, one for concussions (mild TBI), one for moderate to severe TBI
- Updated every ~2 years
- 2026 update of Intimacy and Sexuality chapter identified a need and opportunity to incorporate IPV considerations but insufficient



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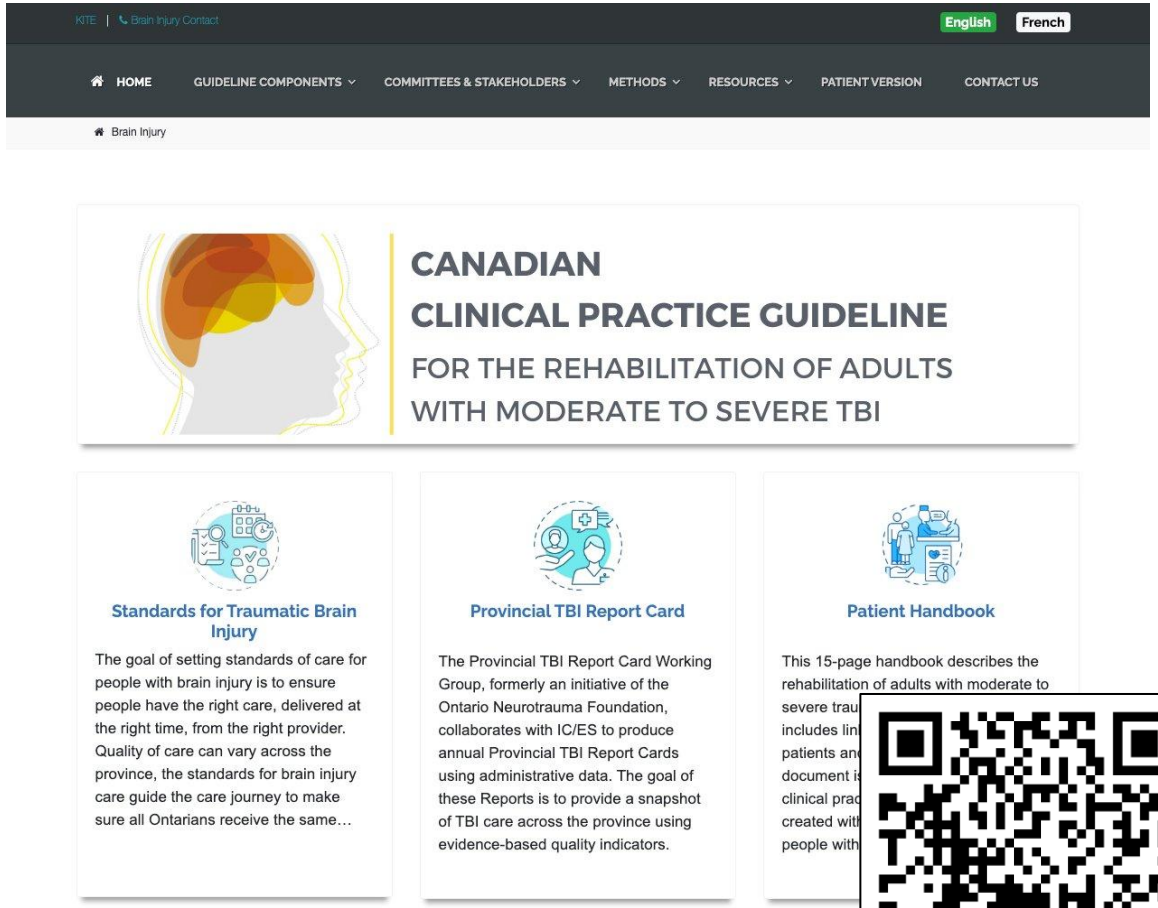
LCG

LIVING
CONCUSSION
GUIDELINES™

Living Guideline for TBI Rehabilitation

The Living Canadian Clinical Practice Guideline for the Rehabilitation of Adults with Mod-Sev TBI:

- Is based on ongoing and comprehensive review of international research, clinical evidence, and lived experience
- Helps inform TBI care in any jurisdiction
- Provides best-practice recommendations, resources, and tools to help make clinical decisions that will improve the quality and consistency of TBI care, as well as patient health outcomes



How to Use the TBI Guideline

Section 1 - Components of the Optimal TBI Rehabilitation System

- A - Key Components of TBI Rehabilitation
- B - Telehealth
- C - Subacute Rehabilitation
- D - Promoting Reintegration and Participation
- E - Caregivers and Families
- F - Brain Injury Education and Awareness
- G - Capacity and Consent

Target Audience: Health system leaders and planners

Section 2 - Assessment and Rehabilitation of Brain Injury Sequelae

- H - Comprehensive Assessment of the Person with TBI
- I - Disorders of Consciousness
- J - Cognitive Functions
- K - Cognitive Communication
- L - Dysphagia and Nutrition
- M - Motor Function and Control
- N - Sensory Impairment
- O - Fatigue and Sleep Disorders
- P - Pain and Headaches
- Q - Psychosocial / Adaptation Issues
- R - Neurobehaviour and Mental Health
- S - Substance Use Disorders
- T - Medical / Nursing Management
- U - Intimacy and Sexuality

Target Audience: Clinicians

S. Substance Use Disorders

- Rationale
- System Implications
- Key Indicators
- Tools and resources
- Summary of Evidence

P Priority F Fundamental N New Level of Evidence A B C

S.1 - Assessment of Substance Use Disorders

Recommendations

S.1.1 P B

All individuals with traumatic brain injury should be provided with appropriate education regarding substance use after brain injury. A screening tool appropriate for the treatment setting should be used along the care continuum. A qualified professional should assess those who screen positive for harmful impacts of substance use. Systematic screening, education and discussion of the harms of substance use after brain injury should be conducted, with referral as required.

REFERENCE:

- Ponsford et al. (2007)

Last Updated November 2023

S.1.2 C

Health and community care providers should be provided with a basic understanding of substance use and current medical and psychosocial intervention strategies. Further, education and training on drug and alcohol misuse after traumatic brain injury, its sequelae, and treatment programs should be provided.

- Rationale
- System Implications
- Key Indicators
- Tools and resources
- Summary of Evidence

Updating the TBI Guideline

A rigorous multi-component guideline review process was used to ensure that recommendations reflect the rapidly emerging evidence and address the priorities identified by end users and PWLE.



Systematic review of published MSTBI evidence



Priorities identified by PWLE of MSTBI and guideline end-users



Diverse interdisciplinary expert panels that include PWLE



Review of the current literature, clinical and lived experience



Rigorous grading of available evidence



Expert panel voting requiring 80% agreement for inclusion into the guideline.



- Develop recommendations that reflect the state of all the evidence AND the need for clinical guidance.
- Strong role for consensus and practical tools.

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Chapter V: Intimate Partner Violence (IPV-BI)

- Will be duplicated in the concussion and moderate to severe guidelines
- Subsections:
  - Identification and creating safe spaces
  - Diagnosis/Assessment and understanding the context
  - Putting together a support plan in the content of the person
  - Managing challenges

5 Practice Recommendations



1. Trauma Informed Practice

What is it?

- Shifts the focus from “What’s wrong with you?” to “What happened to you?”
- Suspends judgment.
- Centres the survivor and their needs.
- Seeks to avoid re-traumatization.

How to Respond

- Acknowledge the violence.
- Be clear the abuser is at fault.
- Honour the survivor’s resistance.
- Challenge victim-blaming messages.
- Let her make choices.
- Listen and support.



The Importance of Language

Use words that resonate

- Brain injury – concussion – traumatic brain injury = hurt your head
- Strangulation = choking
- Method of injury = “Has your partner ever done something that left you dizzy or seeing stars?”
- Method of injury = “Has your partner ever put their hands or another body part or an item on or around your throat so it made it hard”

Say:

"You didn't deserve this. It's not your fault."

"I'm sorry this happened to you."

"I'm concerned about you."

"How can I help?"

"It sounds like you're doing the best you can."

"I'm here to listen."

Don't Say:

"You should leave him."

"Why haven't you left him?"

"You have to call the police."

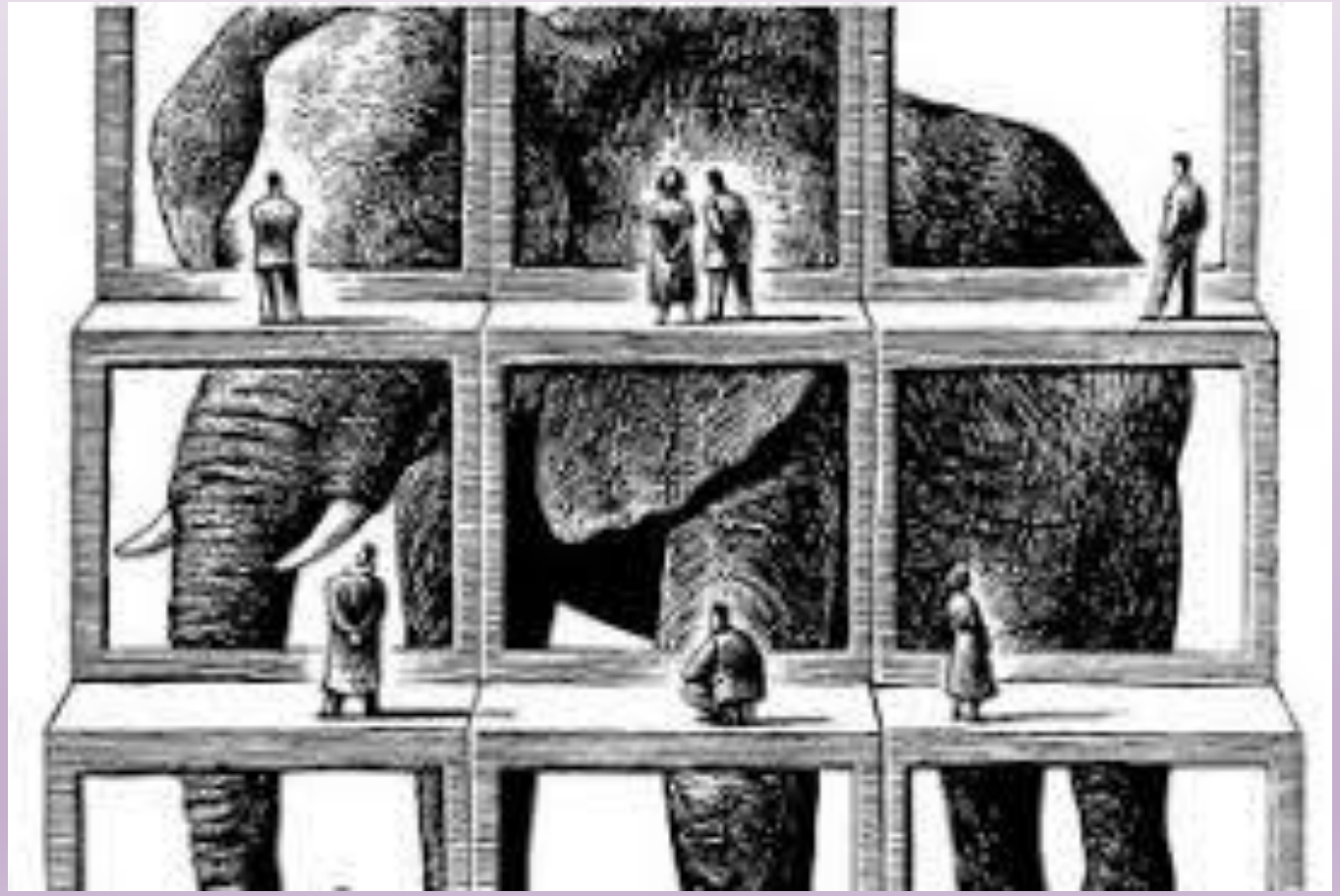
"You should go to marriage counselling."

"Why didn't you go to the hospital."

"Maybe you're over-reacting."

"I always thought he was such a great guy."

2. Always look at the big picture!!





3. De-Escalate Your Environment & Approach

- Speak slowly and clearly
- Ask her what she understood, not if she understood
- Make lists
- Choose 2 or 3 key tasks not 5 and write them down
- Keep information sessions short and simple – take breaks!
- Be patient
- Refer to brain injury support agency

- Dim the lights/move to a quiet/calm location
- Provide earplugs, sunglasses or a hat
- Work with her to fill out forms
- Help prioritize tasks and appointments
- Minimize computer or tablet use
- Encourage rest
- Call ahead with appointment reminders



4. Peer Support & Counselling

5. Be Prepared!



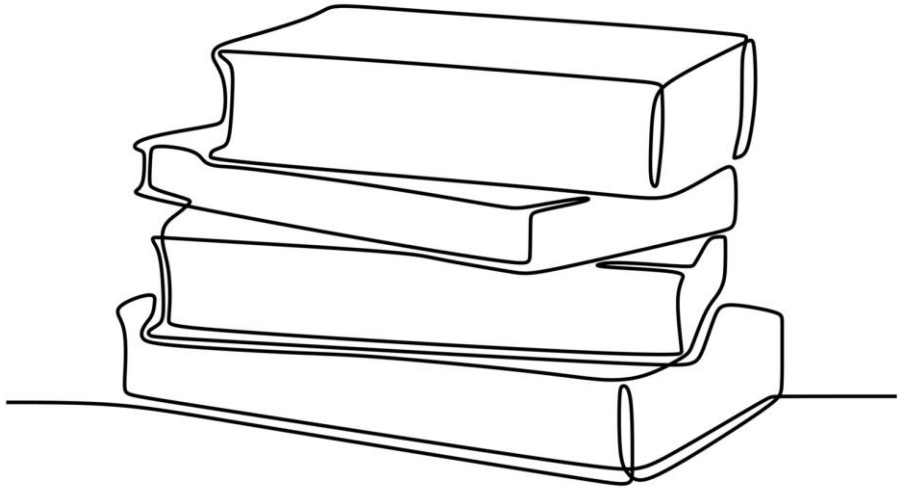




Lessons Learned From Existing Programs

- Cross-Pollination vs IPV-BI Expert
- ‘Brain Skills’ Programming
- Trauma Informed Approach
- Peer Navigators
- Grassroots Power
- Supporting Abusers
- Talking About It

Practice Resources



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How to clear your internet history | Get help now

About | Research | Education | Resources | Events | Contact

The Canadian Centre for Intimate Partner Violence Brain Injury is *the* Canadian hub supporting recognition, understanding, and response to intimate partner violence-caused brain injury.



Quick Exit

Financial contribution:

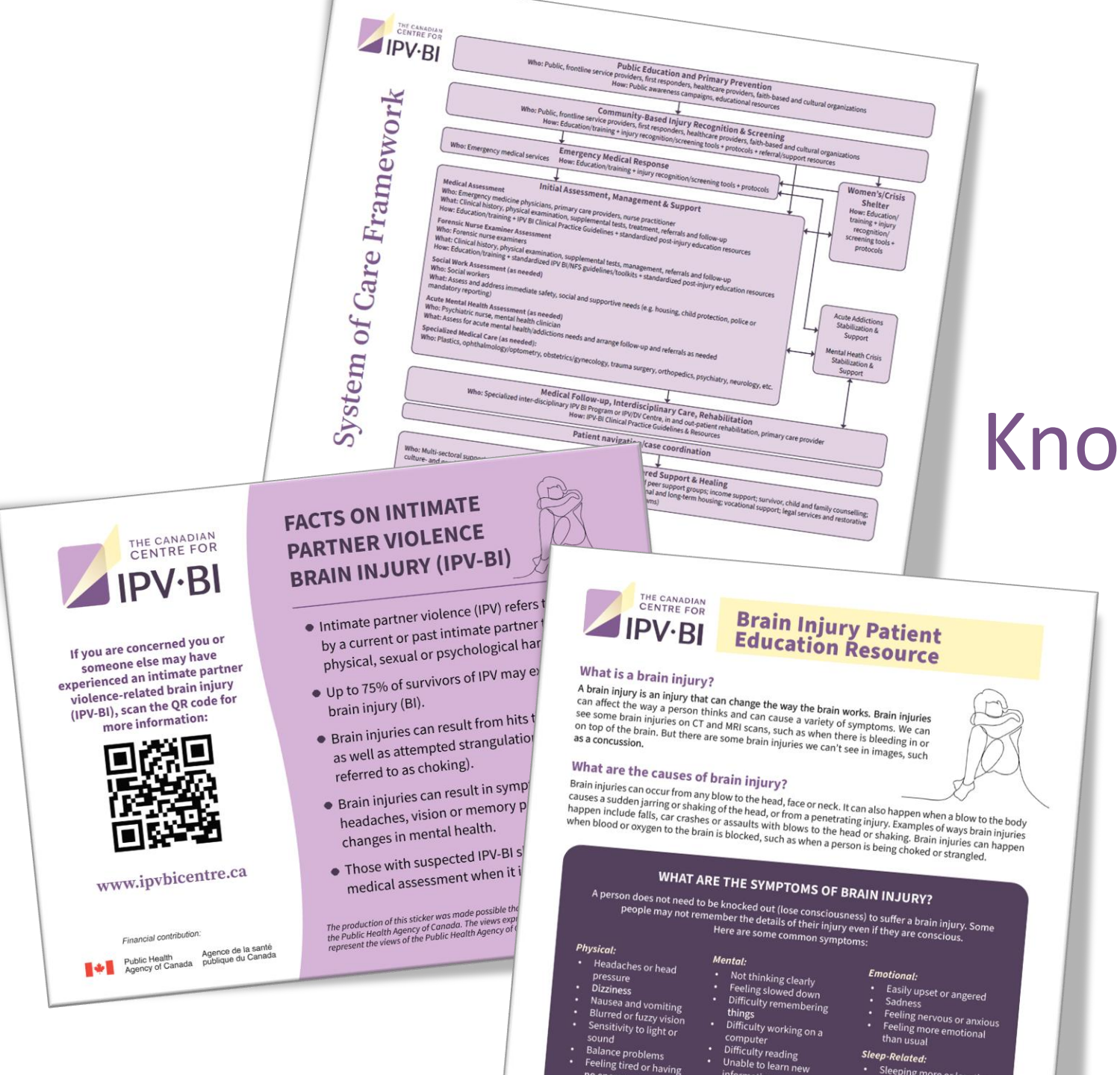
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ipvbicentre.ca

centrevctcc.ca

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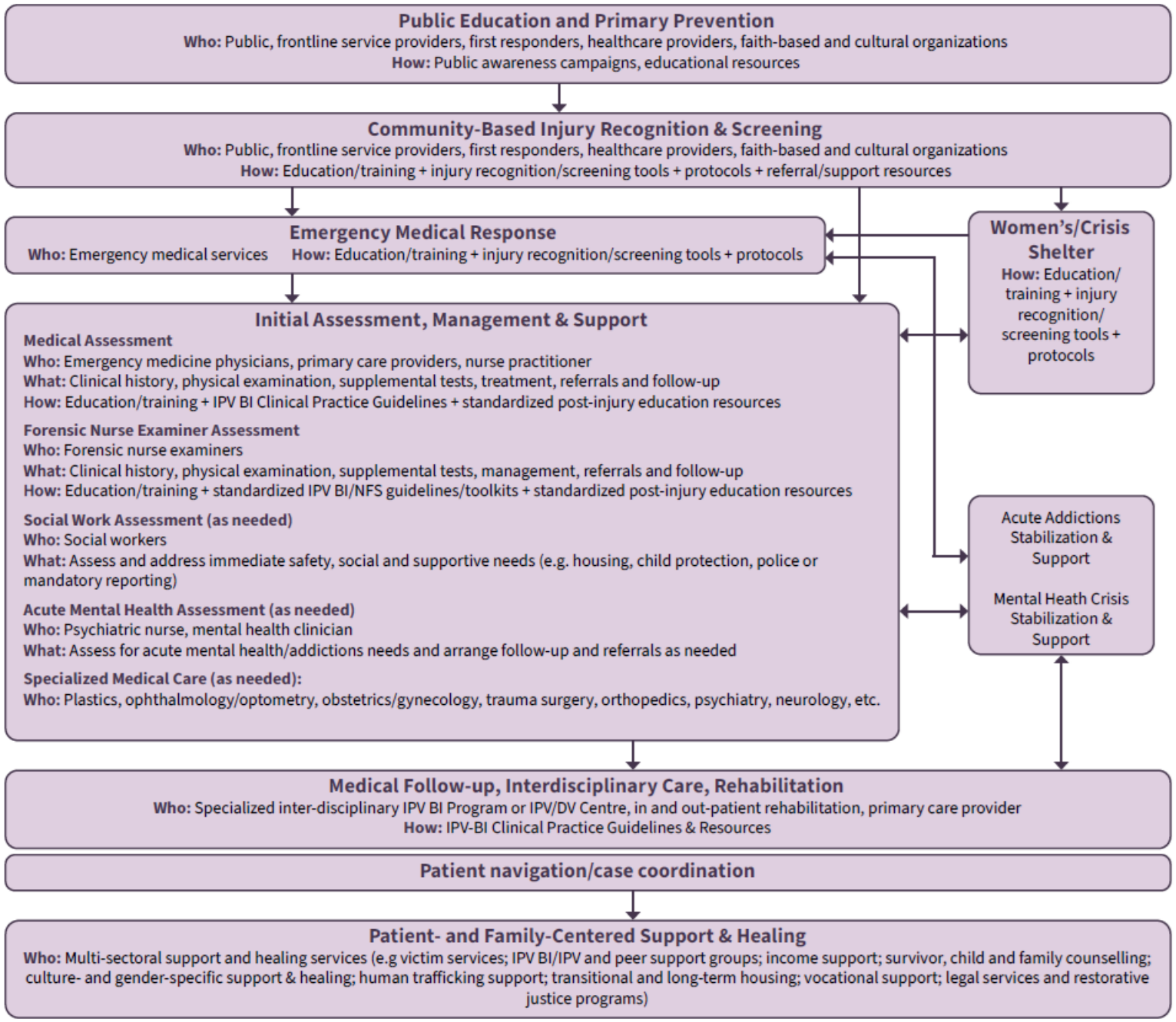
Knowledge Mobilization: IPV-BI Resources



www.ipvcentre.ca/resources

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System of Care Framework



Initial Medical Assessment
(physician/nurse practitioner)

Objectives:

1.) Identify, classify, and diagnose existing brain injuries
2.) Identify and diagnose co-existing cranial or extracranial traumatic injuries and/or medical conditions
3.) Develop an individually tailored management plan

Components: Informed consent, clinical history, physical examination, supplemental tests as needed

Management Plan:

- Provide verbal and written information on IPV-BI.
- Provide return to school, work or sport documentation as needed.
- Provide information and guidance about how to develop a safety plan.
- Provide information on mental health crisis, IPV and TBI support resources, family counseling, victim and legal services and organizations that can provide culture- and gender-specific support and healing.
- Consider additional tests or referrals as needed.
- Consider referral to an inter-disciplinary IPV-BI, BI, or domestic violence clinic or program.
- Arrange medical follow-up with patient in 1-4 weeks.
- Assess need for mandatory reporting to police or child protective services.

Medical Follow-Up
(physician/nurse practitioner)

- Reassess housing status, safety and new injuries.
- Reassess clinical symptoms and return to activity status (work, school, sport).
- Screen for features of mental health conditions or sleep disorders.
- Screen for substance use disorders
- Perform focused physical examination as needed.
- Provide return to school, work or sport documentation as needed.
- Provide information on mental health crisis, IPV and BI support resources, family counseling, victim and legal services and organizations that can provide culture- and gender-specific support and healing.
- Consider additional tests or referrals as needed.
- Arrange medical follow-up as needed or consider discharge based on individual patient needs.

Healthcare Provider & Survivor Resources from a National Summit on IPV-BI



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Brain Injury Patient Education Resource

What is a brain injury?

A brain injury is an injury that can change the way the brain works. Brain injuries can affect the way a person thinks and can cause a variety of symptoms. We can see some brain injuries on CT and MRI scans, such as when there is bleeding in or on top of the brain. But there are some brain injuries we can't see in images, such **as a concussion.**

What are the causes of brain injury?

Brain injuries can occur from any blow to the head, face or neck. It can also happen when a blow to the body causes a sudden jarring or shaking of the head, or from a penetrating injury. Examples of ways brain injuries happen include falls, car crashes or assaults with blows to the head or shaking. Brain injuries can happen when blood or oxygen to the brain is blocked, such as when a person is being choked or strangled.

WHAT ARE THE SYMPTOMS OF BRAIN INJURY?

A person does not need to be knocked out (lose consciousness) to suffer a brain injury. Some people may not remember the details of their injury even if they are conscious.

Here are some common symptoms:

Physical:
- Headaches or head pressure
- Dizziness
- Nausea and vomiting
- Blurred or fuzzy vision
- Sensitivity to light or sound
- Balance problems
- Feeling tired or having no energy

Mental:
- Not thinking clearly
- Feeling slowed down
- Difficulty remembering things
- Difficulty working on a computer
- Difficulty reading
- Unable to learn new information
- Difficulty organizing and completing tasks

Emotional:
- Easily upset or angered
- Sadness
- Feeling nervous or anxious
- Feeling more emotional than usual

Sleep-Related:
- Sleeping more or less than usual
- Having a hard time falling asleep

Some people with more severe injuries can feel weakness or numbness in their arms or legs or can have seizures. They can have troubles with their vision, hearing, walking or speech. Some people with BI can be at a higher risk of violence or abuse. Some people with BI after events such as a car crash or an assault can have flashbacks or nightmares about their injuries.

This resource is for information purposes only and does not replace medical advice.

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"The experience that I've had with someone who have come to recognize that they may have a brain injury...overall sense that it is very transformational for them, and it's very empowering for them."

WHAT SHOULD I DO IF I SUSPECT IPV-BI?

It is recommended that if a person might have a BI, they should see a medical doctor or nurse practitioner as soon as it is safe. If you think you might have an IPV-BI, consider going to an emergency department or making an appointment with your primary care provider. They can help you get the care you need and find other services, such as shelters, safety plans, victim services and brain injury support groups.

In Canada, doctors and healthcare providers do not have to report incidents of intimate partner violence to police. But, they do need to contact Child Protective Services if they feel children are at risk of harm.

It is also recommended that you seek help from your local brain injury association. These associations often do not need you to have a formal diagnosis in order for you to use their services. Find your local Community Resources through the Abused & Brain Injured Toolkit: www.abitoolkit.ca

HOW LONG WILL IT TAKE TO HEAL?

The time it takes to heal following IPV-BI depends on many factors. It can depend on the person's age, sex and gender. It can also depend on any medical conditions they had before the injury (e.g., depression, migraine headaches or a previous brain injury). The severity of the injury, stress, sleep and access to psychological and emotional support and medical care can also affect healing time. No two injuries are the same. Some survivors will recover within weeks or months. Others may experience permanent symptoms or disability that need ongoing care and support. There are ways to improve a person's health and wellbeing after IPV-BI, even many years after the injury.

"It should be up to women to have the information and it is up to her what she does with it."

WHAT CAN HAPPEN IF SURVIVORS OF SUSPECTED IPV-BI DON'T SEEK MEDICAL CARE?

Waiting to get medical care may have some risks. It can result in symptoms that last longer, permanent disability, or death. If a person is still healing from a BI and they get another injury to their head, it can be very dangerous. They can have more severe symptoms, symptoms that last a long time or a deadly brain injury.

FOR MORE INFORMATION

Speak to your healthcare provider, or visit these websites and/or your local brain injury association:

The Canadian Centre for IPV-BI: www.ipvbicentre.ca

The Abused & Brain Injured Toolkit: www.abitoolkit.ca

Supporting Survivors of Abuse and Brain Injury Through Research (SOAR): www.soarproject.ca

Scan this QR code to visit the Canadian Centre for IPV-BI:

This resource was produced by the Canadian Centre for Intimate Partner Violence and Brain Injury based on an original resource by Parachute & University of Toronto Department of Occupational Therapy.

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Financial contribution: Public Health Agency of Canada / Agence de la santé publique du Canada

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IPV-BI Stickers

The Beacon



- Stay in the loop with the newsletter from the Canadian Centre for IPV-BI

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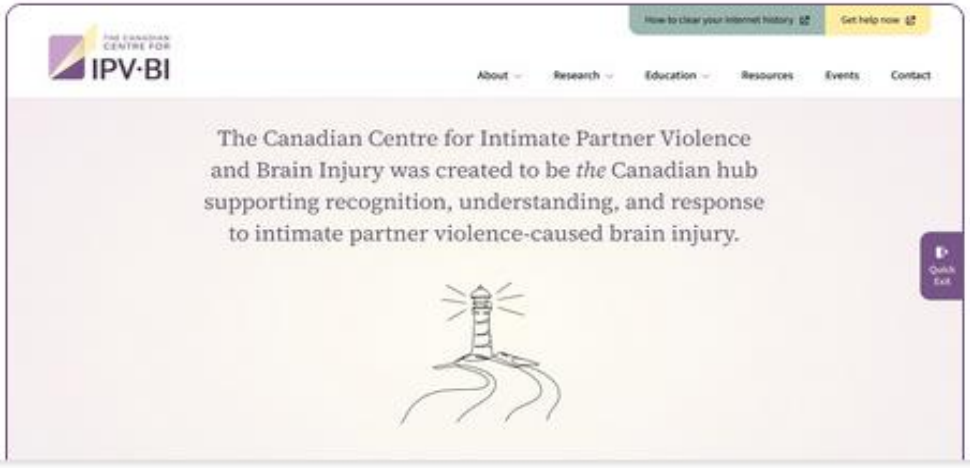
Shining the Way Forward January 2026



Big News for 2026

Kicking off 2026, the Canadian Centre for Intimate Partner Violence-Brain Injury (IPV-BI) will launch their website! The Centre is your one-stop shop for evidence-based education, training, resources and tips and tools on recognizing and responding to IPV-BI. We are also building community capacity by bringing together folks working in the healthcare, gender-based violence, and law enforcement sectors, researchers, survivors, policymakers, and anyone else who works with, supports, or cares about survivors of IPV-BI to build connections and learn from each other.

Beat those February Blues by checking out the website by the end of the month.



Knowledge Implementation and Translation (KIT) Network

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Join the KIT Network:

- *KIT Collective*
- *Research Round Table*
- *Spotlight Session*
- *IPV-BI Research Lab*
- *The Beacon*

Acknowledgements

Thank you to the hundreds of people who have collaborated on this Important work:

Neurotrauma Care Pathways Initiative

Living Guideline teams and the expert panel members

The Canadian Centre for IPV-BI

Contact information

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Discussion



Questions for you

- Who is in the room – what sectors/areas of expertise are represented
- How knowledgeable are you about IPV-BI?
- Have you received any training on IPV-BI?
- What are your organizations' current approach to supporting IPV-BI survivors?
- What would you like to see in terms of supports or resources?

- QR code for PHAC service provider survey