Building Awareness and Service Provider Capacity for IPV-BI in Canada

$1,686,150 to develop resources and training opportunities to equip health care and social service providers across Canada with the knowledge and skills to safely support, and provide comprehensive, multi-sectoral care of clients with a brain injury as a result of intimate partner violence.

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Financial contribution:

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

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Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

Community Partners

CANADIAN ROYAL PURPLE

ENIGMA

Parachute
PREVENTING INJURIES. SAVING LIVES.

Mount Sinai

Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres

BRAIN INJURY CANADA
LÉSION CÉRÉBRALE CANADA

SAVIS of Halton

Victim Services aux victimes
TM/MD

Neurotrauma Care Pathways

The Cridge Centre for the Family

Survivor VOICES

WCHRI

fraserhealth

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Umingmak Centre

COMPASSIONATE JUSTICE FUND

OBIA
ONTARIO BRAIN INJURY ASSOCIATION
education • awareness • support

Victim Services
Dept. of Justice
Government of Nunavut

Rebecca Kudloo
Nadia Noor
Barbara Sevingny
Elisapee Sheutiapik
Danielle Toccalino
Anna Maria Tremonti
Lauren Zarnett

BC Society of Transition Houses

Women's Crisis Services OF WATERLOO REGION

MOVING BEYOND VIOLENCE

The Children's Hospital Research Institute of Manitoba

WOMEN'S SHELTERS CANADA | HÉBERGEMENT FEMMES CANADA

McMaster University

CATT® | CONCUSSION AWARENESS TRAINING TOOL

Université de Montréal

UNIVERSITY OF WATERLOO | SCHOOL OF OPTOMETRY & VISION SCIENCE | WATERLOO EYE INSTITUTE

Background

01

Intimate partner violence is an important public health concern.

02

Most survivors report blows to head, face, and neck, and strangulation, which can cause brain injury.

03

Frontline workers have limited knowledge and training, and there’s no comprehensive system of care.

How to clear your internet history | Get help now

THE CANADIAN CENTRE FOR IPV·BI

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:

Public Health Agency of Canada | Agence de la santé publique du Canada

ipvbicentre.ca
centrevctcc.ca

The Beacon



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

Sign up for here for our mailing list!

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The Beacon

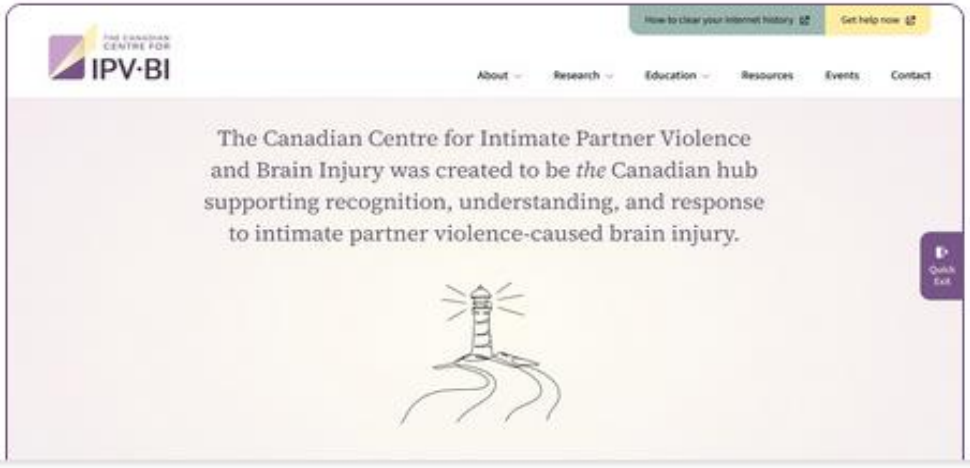
Shining the Way Forward January 2026



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

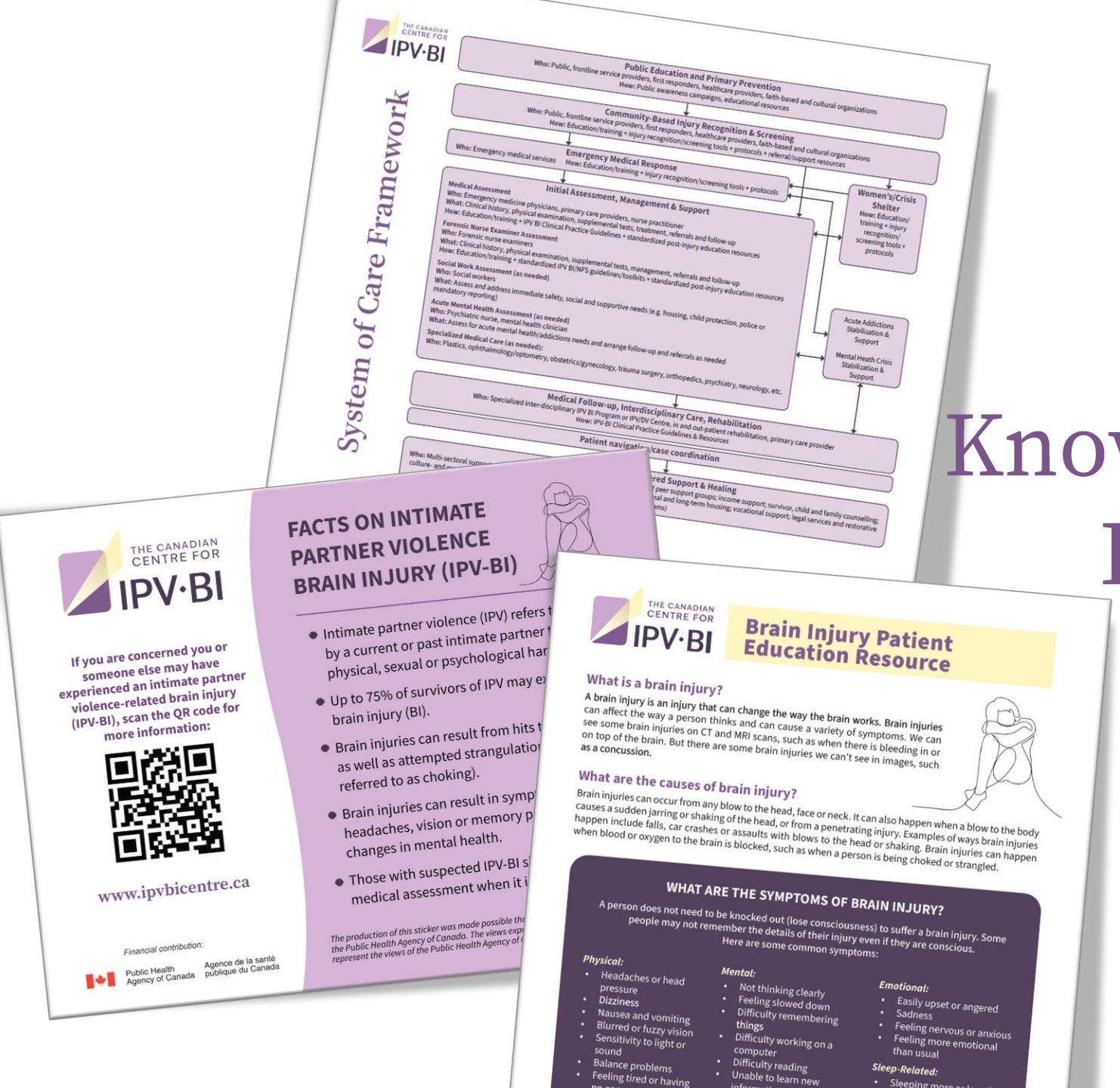
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Join the KIT Network:

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

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Knowledge Mobilization: IPV-BI Resources



Abused & Brain Injured
brought to you by ABIResearchLab

SOAR
SUPPORTING SURVIVORS OF ABUSE AND BRAIN INJURY THROUGH RESEARCH

CATT
CONCUSSION AWARENESS TRAINING TOOL

Intimate Partner Violence Traumatic Brain Injury Medical Provider Resource

Version: 1.0

February 2023



THE CANADIAN CENTRE FOR IPV·BI

Intimate Partner Violence Brain Injury

Medical Provider Resource

Financial contribution:

Public Health Agency of Canada | Agence de la santé publique du Canada

Version: 2.0
2026

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.

2a. Medical sub-specialists

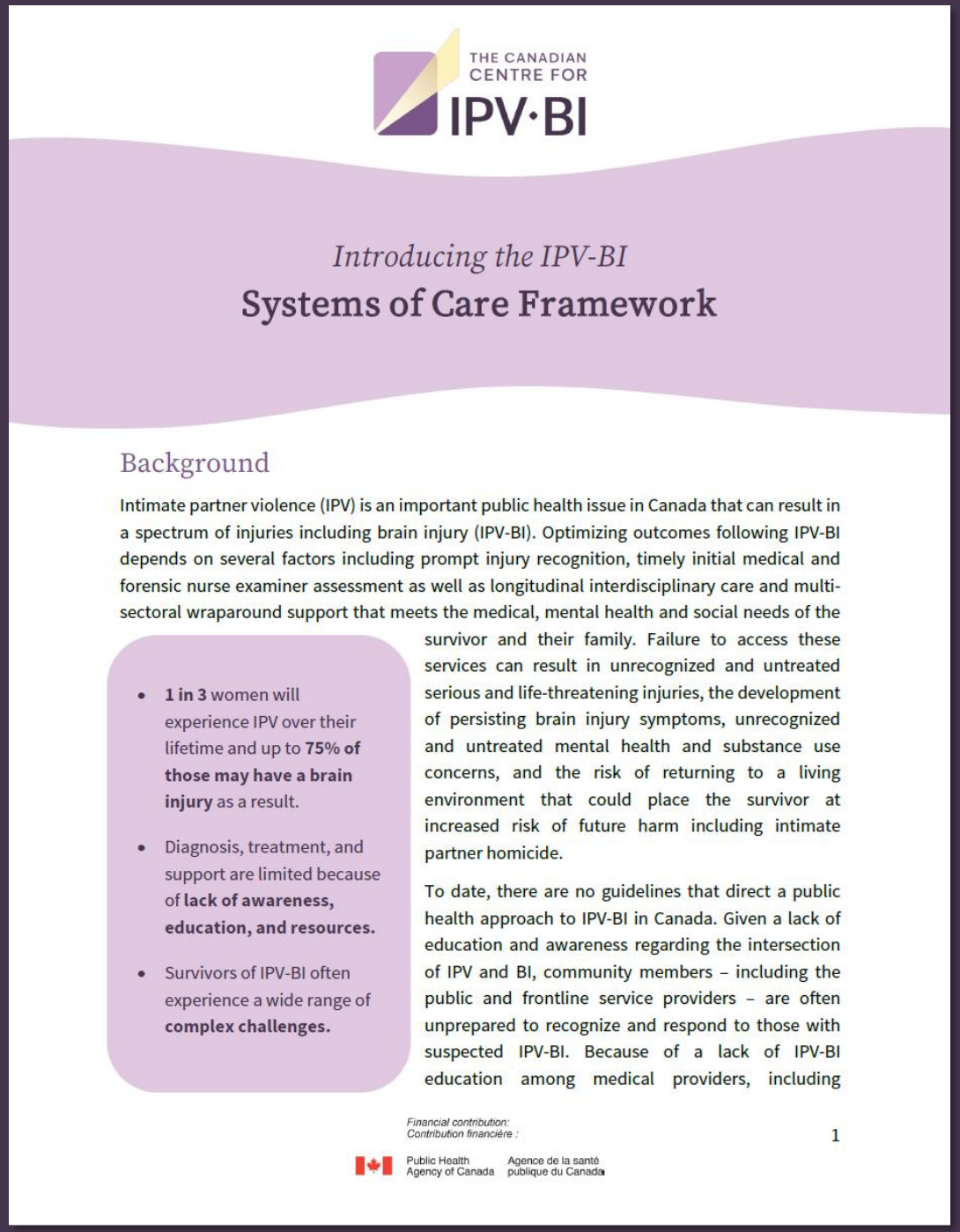
Clinician	Indication for Referral/area of expertise
Emergency medicine physician	Cranial or extra-cranial injuries requiring urgent assessment in the emergency department
Radiologist	Diagnostic imaging
Neurosurgeon	Structural brain or spine injury
Maxillofacial/plastic surgeon	Facial fractures and injuries
Ophthalmologist	Suspected or diagnosed structural eye injury
Orthopedic surgeon	Traumatic orthopedic injuries
ENT surgeon	Suspected or diagnosed injuries to ears, nose, or throat including hearing deficits and temporal bone pathology
Otolaryngologist	Persistent vertigo, voice changes, swallowing difficulty
Oral surgeon/dentist	Oral or dental injuries
Psychiatrist	Suspected or diagnosed mental health conditions, addictions, sleep disorders or suicidal ideation
Neuro-ophthalmologist	Suspected or diagnosed cranial neuropathy or visual field defect
Primary care provider (physician/ Nurse practitioner)	General medical care and follow-up, assist with coordination of referrals and care
Neurologist	Persistent post-traumatic headaches, migraine, facial pain, cerebrovascular injury, seizures or stroke
Obstetrician/gynecologist	Pregnancy or gynecological-related concerns

2b. Allied health professionals

Clinician	Indication for Referral
Social worker	Assistance with social needs, safety, housing, victim and legal services, crisis support
Patient advocate/navigator	Assistance with accessing and coordinating patient care and support
Forensic nurse examiner	Assessment after sexual assault and/or intimate partner violence, including evidence collection if warranted
Clinical psychologist	Suspected or diagnosed mental health conditions, addictions, sleep disorders or suicidal ideation
Neuropsychologist	Persistent mood or cognitive symptoms
Vestibular physiotherapist	Suspected or diagnosed vestibular disorders
Neuro-physiotherapist	Neurological deficits requiring rehabilitation
Musculoskeletal physiotherapist	Diagnosed whiplash and other musculoskeletal injuries requiring rehabilitation
Occupational therapist	Neurological and cognitive challenges or mental health needs requiring rehabilitation, or environmental modifications and support
Speech language pathologist	Deficits in speech, language or swallowing
Chiropractor	Diagnosed whiplash-type injury
Registered massage therapist	Soft-tissue and musculoskeletal conditions
Traditional healer	Patients who wish to receive culturally-based traditional healing and support
Clinical child protection service	Children impacted by family violence

Source: Canadian Centre for IPV-BI: Intimate Partner Violence-Brain Injury Medical Provider Resource (Version 2.0), 2026

Systems of Care Framework



THE CANADIAN CENTRE FOR IPV·BI

Introducing the IPV-BI

Systems of Care Framework

Background

Intimate partner violence (IPV) is an important public health issue in Canada that can result in a spectrum of injuries including brain injury (IPV-BI). Optimizing outcomes following IPV-BI depends on several factors including prompt injury recognition, timely initial medical and forensic nurse examiner assessment as well as longitudinal interdisciplinary care and multi-sectoral wraparound support that meets the medical, mental health and social needs of the survivor and their family. Failure to access these services can result in unrecognized and untreated serious and life-threatening injuries, the development of persisting brain injury symptoms, unrecognized and untreated mental health and substance use concerns, and the risk of returning to a living environment that could place the survivor at increased risk of future harm including intimate partner homicide.

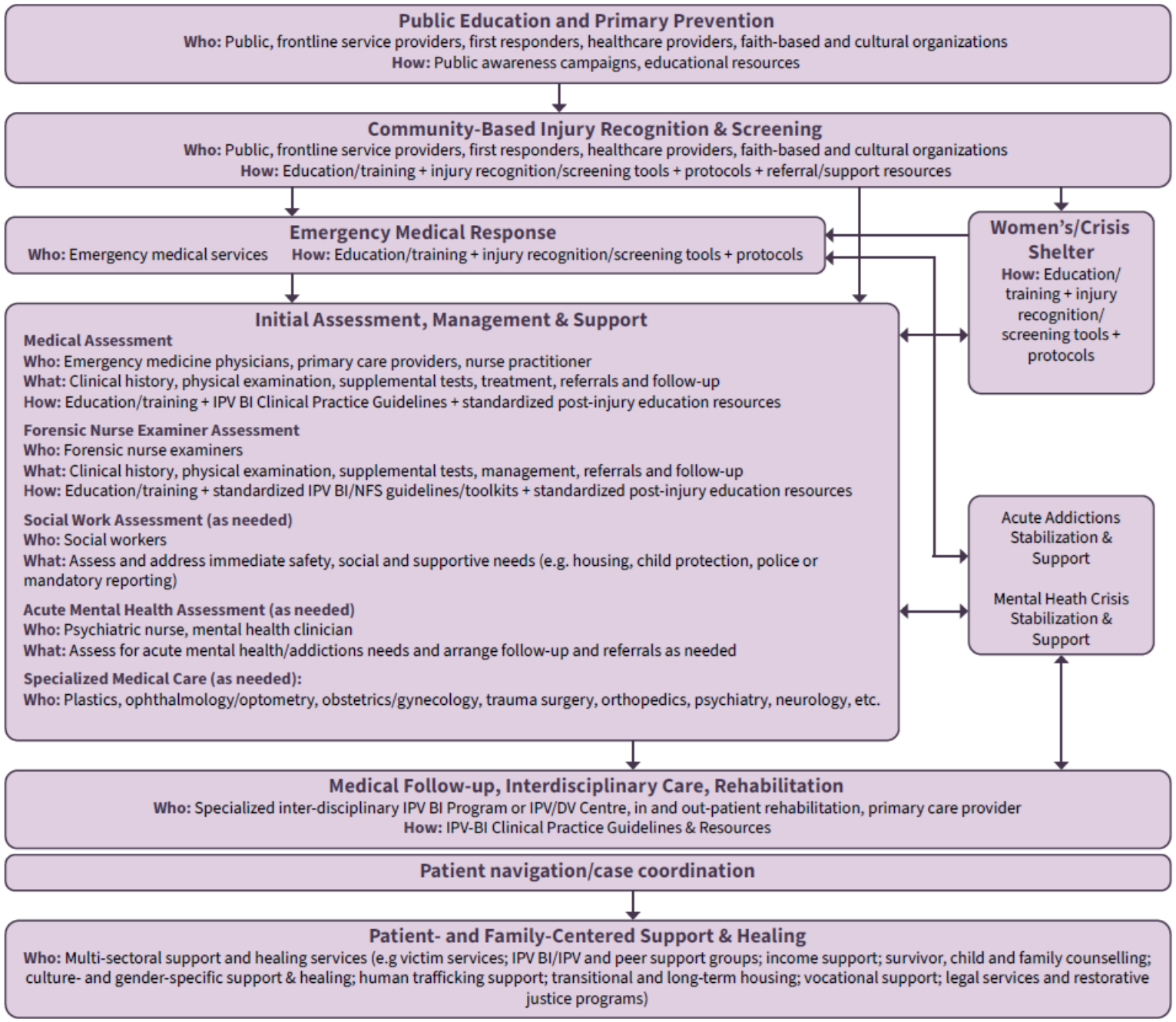
- **1 in 3** women will experience IPV over their lifetime and up to **75% of those may have a brain injury** as a result.
- Diagnosis, treatment, and support are limited because of **lack of awareness, education, and resources.**
- Survivors of IPV-BI often experience a wide range of **complex challenges.**

To date, there are no guidelines that direct a public health approach to IPV-BI in Canada. Given a lack of education and awareness regarding the intersection of IPV and BI, community members – including the public and frontline service providers – are often unprepared to recognize and respond to those with suspected IPV-BI. Because of a lack of IPV-BI education among medical providers, including

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System of Care Framework



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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Canada



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IPV-BI Stickers

THE CANADIAN CENTRE FOR IPV·BI

COMING SOON

Sector specific Recognition and Response Toolkits

EDUCATION > E-COURSE

IPV-BI Direct Services Training

MODULE 1

Understanding the Connection Between Intimate Partner Violence and Brain Injury (IPV-BI)

Learning Objectives:

1. Learn about the intersection between IPV and BI
2. Understand the challenges and barriers in IPV-BI research, resources, and support
3. Learn how the knowledge can be helpful when providing support

MODULE 2

About IPV, BI, and IPV + BI

Learning Objectives:

1. Improve your IPV knowledge
2. Improve your BI knowledge
3. Gain a deeper understanding of barriers to access care and support for both of these groups and those experiencing both

MODULE 3

Addictions and Mental Health in IPV-BI Survivors

Learning Objectives:

1. Understand the link between IPV-BI and possible mental health and substance use concerns
2. Understand the triple intersection of IPV-BI-MH
3. Understand why there is a lack of support for this intersection
4. Connect symptoms to a holistic approach to care
5. Discuss practice focused recommendations

MODULE 4

Translating Your Knowledge Into Practice

Learning Objectives:

1. Feel confident in identifying, referring, and supporting those affected by IPV-BI
2. Become familiar with screening protocols for possible BI

MODULE 5

TBD (sector-specific info)

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COMING SOON



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Check out the Canadian Centre's webpage and sign up for the newsletter!