STUDY DAY SUMMARY

INTIMATE PARTNER VIOLENCE AND TRAUMATIC BRAIN INJURY: LEGAL ISSUES AND PSYCHOSOCIAL IMPACTS

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ALLIANCE DES MAISONS D'HÉBERGEMENT DE 2E ÉTAPE POUR FEMMES ET ENFANTS VICTIMES DE VIOLENCE CONJUGALE

Alliance MH2

Protocole UQAM Relais-femmes

UQÀM | Département des sciences juridiques
FACULTÉ DE SCIENCE POLITIQUE ET DE DROIT
Université du Québec à Montréal

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The summary can also be consulted on the following websites:

- Alliance MH2's website: https://alliancemh2.org/publications-et-ressources/memoires/
- Service aux collectivités de l'UQAM's website: https://sac.uqam.ca/liste-de-publications.html

The Alliance MH2's shelters are spread across 11 Quebec indigenous nations' territories: Kanien'keha:ka, Anishinabeg, Atikamekw, Eeyou/Eenou Istchee, Wendats, Innus, Inuits, Mi'gmaq, Naskapi, W8banaki and Wolastoqiyik. The Alliance's office, as well as UQAM's and UdeM's grounds, are situated at Tio'tia:ke/Montréal, an unceded territory inhabited by the Kanien'keha:ka and Anishinabeg nations. The territory was and continues to be an exchange and meeting ground for various communities.

We want to highlight colonialism's impacts on indigenous nations' communities, be it in the past or at present time. We are dedicated to educating ourselves on these impacts and to act as allies to indigenous people affected by intimate partner violence. To know more about the territory where you live, see the interactive map: https://native-land.ca/

Keywords: gender; women; law; social work; feminist studies; justice; intimate partner violence; traumatic brain injury

Acknowledgments: The team warmly thanks all participants of the Study Day (19th of January 2023). They have, with their rich perspectives and generosity, made possible the writing of this paper, as well as all the initiatives that resulted from the exchanges.

The Alliance MH2

This project has been initiated by the *Alliance des maisons d'hébergement de 2e étape pour femmes et enfants victimes de violence conjugale* (Alliance MH2 is what follows).

The Alliance MH2 is a provincial group of 38 shelters spread across 15 administrative regions of the province of Quebec. Its mandate is to link and represent Quebec's *2e étape* (2nd step) shelters, which offer women (with or without children) specialized services regarding post-separation intimate partner violence (IPV). This is done through secure, transitory housing.

The Alliance's objectives are to:

1. help circulate information, facilitate exchanges, and encourage reflection regarding post-separation IPV,
2. offer help to the member shelters in accomplishing their mission,
3. raise awareness regarding the specific issues around post-separation IPV,
4. advocate for the specific needs of the member shelters to relevant organizations,
5. advocate for women and children victim of IPV's interests and rights.

The Alliance MH2's member shelters work with **women** and **children individually** or **in group** settings and give support regarding **work-related matters**, **socio-judicial matters**, and **post-shelter life**.

Alliance MH2

Intimate partner violence and traumatic brain injury

Recent work has highlighted that IPV victims are at high risk of suffering from traumatic brain injuries (TBI). **Between 80 and 92% of victims might suffer from a mild, moderate, or severe TBI** (Hagg *et al.*, 2022). A TBI can happen following blows in the head area, or because of strangulation or suffocation (Brown *et al.*, 2018). Lack of oxygen or blood to the brain during strangulation can, in a short period of time, cause significant brain injury.

In Quebec, TBI has mostly been understood and dealt with under the lens of sports (see, for example, Gouvernement du Québec, 2019). Experts evaluate that for 1 hockey player of the National League suffering from a TBI, 7 000 women victims of IPV might suffer from one (SOAR project, 2016). This issue is understudied in Quebec, and **the problems that come from it are numerous, both on an individual level (for women and the support workers who help them), as well as on an institutional level.**

You want to learn more?

Consult the research report, available on Alliance MH2 and Service aux collectivités de l'UQAM's websites!

Lamontagne, Amélie, in collaboration with Dominique Bernier, Catherine Chesnay and the Alliance des maisons d'hébergement de 2e étape pour femmes et enfants victimes de violence conjugale (2023). *Violence conjugale et traumatismes crâniaux-cérébraux : enjeux juridiques et impacts psychosociaux. Rapport de recherche.* Montreal : Service aux collectivités de l'Université du Québec à Montréal/Alliance des maisons d'hébergement de 2e étape pour femmes et enfants victimes de violence conjugale.

This project was built in partnership between the Alliance MH2 (Hayfa Ben Miloud, Maud Pontel) and researchers from both UQAM's Legal sciences department (Dominique Bernier, Amélie Lamontagne) and School of social work (Catherine Chesnay). It aims to 1) document how women affected by both IPV and a TBI interact with various institutions, including the legal system, 2) identify courses of action tailored to victims' needs. The team has also worked closely with Professor Carolina Bottari (Readaptation School, University of Montreal).

The intersection of TBI, IPV, and the law

One of the Alliance MH2's aims, in their work relating to TBI and IPV, is to understand how these elements interact with women's experiences of the justice system. It is with this in mind that the Alliance has started a research project studying Quebec's Tribunals' jurisprudence. From the start, it was startingly clear that the intersection TBI/IPV was barely raised in legal decisions. When a woman had been victim of a physical assault likely to cause a TBI (head wounds, strangulation), the possibility of her suffering from a TBI was rarely invoked. When a TBI was discussed, the presence of a medical diagnostic was essential to obtain a favorable outcome for the victim.

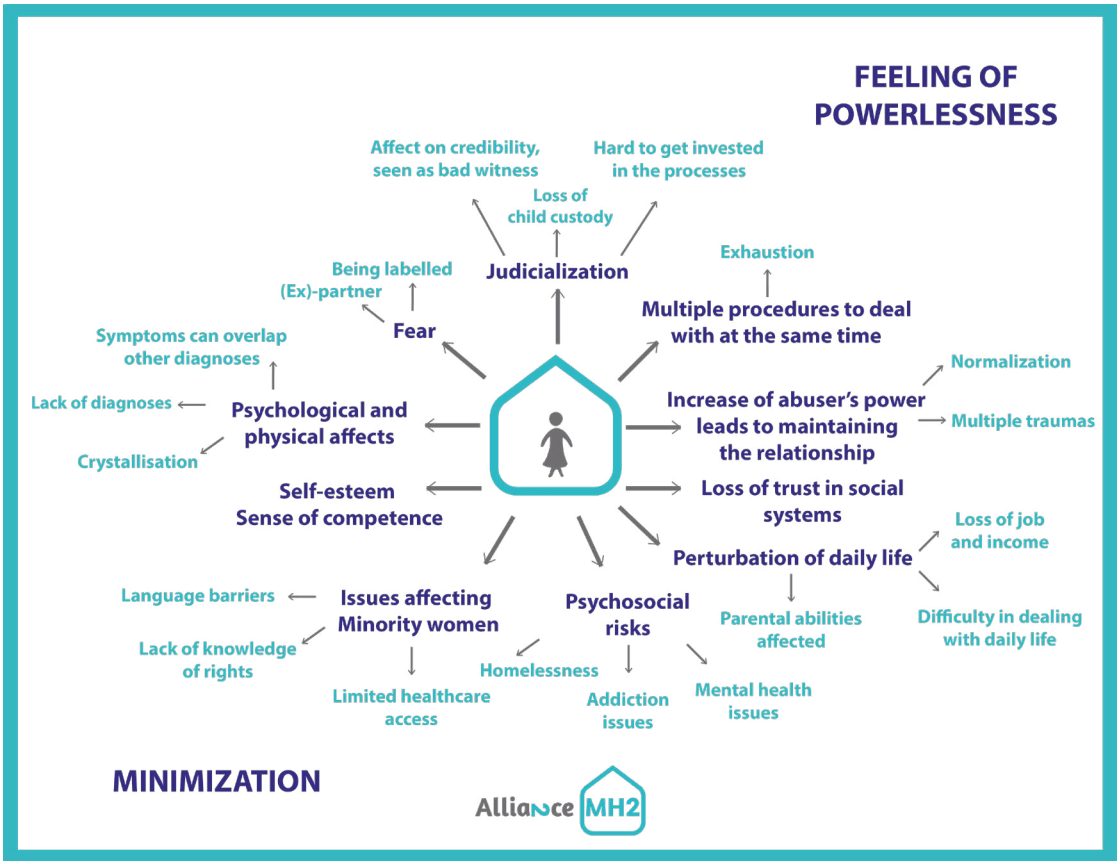
If this initial work made it possible to better understand the problem, a question remained:

what is the impact of TBI on all aspects of women's socio-judicial journey?

Study Day

To answer this question, on the 19th of January 2023, an interdisciplinary Study Day was organized, with the aim to analyze the global interaction between TBI and IPV. Around 60 representatives from several fields (university, government, healthcare, law, community sector) participated. The event was organized in a hybrid format (both in person and virtually). The chosen formula was a World Café. There were three specific aims:

1. to discuss the issue through different professional lenses
2. to start formulating solutions
3. to give a networking opportunity to professionals from various fields to help develop a support system for victims of IPV/TBI.



The image, created through the rich discussions from the Study Day, underlines several points where TBI and IPV interact. There are many, as both IPV and TBI can affect all spheres of a person's life.

For example:

Post-traumatic stress disorder (PTSD) manifests in many symptoms that are also present in TBI.
Because of this, a diagnosis of the first might mask the second.

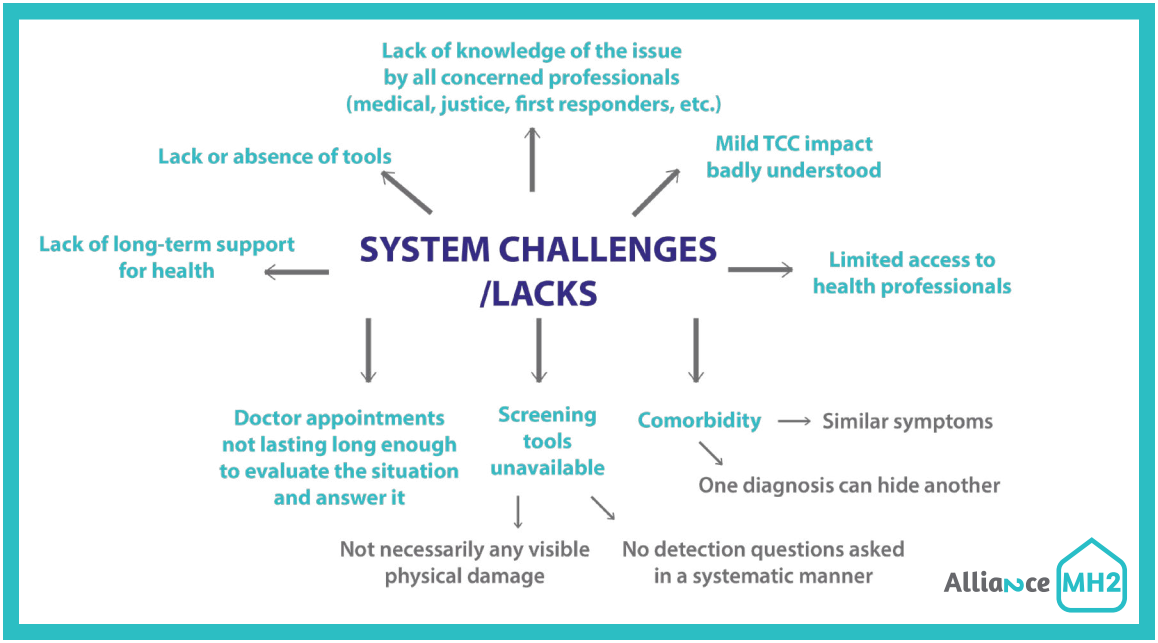
TBI can affect a person's cognitive functions
(memory, capacity to plan, emotional control, etc.)
Because of this, a IPV victim suffering from a TBI might find it difficult to organize her leaving an abusive relationship.

People affected by a TBI can have a limited ability to work or be entirely unable to do so.
If this happens in an abusive relationship, the risk of the victim being subjected to economical control is increased.

Particularly, the risk of TBI and IPV combined to cause a victim to feel powerless was highlighted. This is because of the numerous barriers the woman is likely to encounter.

Study Day results

Participants in the Study Day helped bring to light the places where current systems fail to answer IPV/TBI victims' support needs.



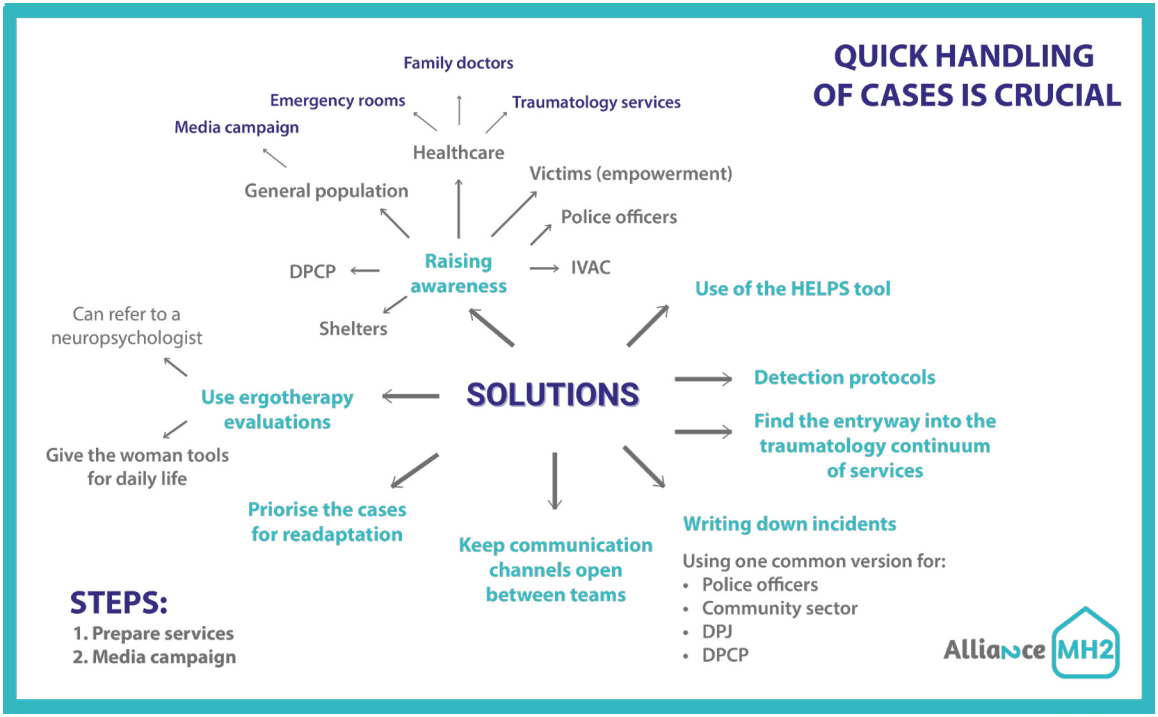
Barriers to access to healthcare and social support were pointed out:

1. IPV victims might have difficulty accessing the healthcare continuum for TBI victims.
2. Professionals supporting IPV victims are not equipped adequately to detect TBI and to act when the TBI is known.

Detection at the earliest opportunity of the TBI, followed by immediate access to the healthcare continuum, were highlighted as crucial to better support IPV victims. This would help them have a better chance of healing from the trauma, lessen the consequences from it and favorize future autonomy. The question of an official diagnosis brought some interrogations: could a woman see her diagnosis play against her, in family court, for example? In other circumstances, like getting monetary compensation following a criminal act, a diagnosis is essential to legal procedures. All this is to say, an official diagnosis might be a double-edged sword.

What happens now?

A large part of the Study Day was aimed at finding solutions for IPV victims and the people who support them. Knowing that a large proportion of IPV victims might suffer from a TBI, what are the next steps?



Several elements were established:

1. medical, legal, and community sector professionals (as well as any others who might encounter IPV victims) have to learn about the issue,
2. these professionals must work as a team to offer support to victims,
3. services need to put into place protocols and develop tools to be ready to support victims.

This initial preparation of services is important: detection of TBI without following services does not answer adequately the problem at hand. Structures must be put into place, including within healthcare systems.

Following this preparation, a mediatic campaign should be organized, to make the general population aware of the issue. This would also make it possible for victims to be better aware of what they are going through, and better equipped to deal with it.

ACTIONS WERE TAKEN FOLLOWING THE STUDY DAY:

- Professionals committed to find ways to ensure a better response to IPV/TBI victims, notably on the medical level, to guarantee women access to healthcare.
- Meetings took place between the Alliance MH2 and the traumatology department at the *Montreal General Hospital*. An agreement was made so women housed in MH2 shelters could have a direct access to traumatology services, in order to facilitate access to a diagnosis and further medical support.
- The MH2 support workers committed to systematically use the tool HELPS (which is used to help detect women at risk of suffering from a TBI) when a woman is being admitted into a shelter.
- A Facebook group was created to facilitate long-term collaboration between participants of the Study Day.

The Alliance MH2 continues to explore the intersection of IPV/TBI through field and partnership projects. A research report regarding Quebecois courts and their treatment of IPV/TBI is available since June 2023 (Lamontagne *et al.*, 2023). More initiatives exploring the potential role of ergotherapy with dealing with this issue are ongoing.

Work on IPV/TBI is still in its beginnings. However, to date, we have witnessed a great will from people in all concerned fields to respond to the issue and to find ways to create a support system tailored to victim's actual needs.

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Annex: People implicated in victims of IPV/TBI's support

Intimate partner violence support workers: be it through the *Alliance des maisons d'hébergement de 2e étape pour femmes et enfants victimes de violence conjugale* or other such services, IPV specialized support workers from the community sector are central to the support and safety of IPV victims. The services they offer go from giving access to shelters to psychosocial support. They also work to advocate for victims' rights and do research on the matter. They are well-positioned to support IPV/TBI victims and develop knowledge regarding the problem.

Healthcare workers: TBI victims are likely to encounter several cells of the continuum of services from Quebec's traumatology services. These are specialized unities at the hospitals, readaptation hospitals, readaptation centers, as well as support in the community. Specialized interdisciplinary teams work to care for people victims of TBI. They can include neuropsychologists, physiotherapists, ergotherapists, kinesiologists, psychologists, specialized educators, social workers, etc.

Justice system workers: women victim of IPV often finds themselves confronted to the justice system, be it because of crimes committed against them or because of other types of litigations (divorce, custody, compensation, etc.) Many people can interact with them: police officers, Crown prosecutors, defense lawyers, judges. Workers at IVAC (crime victims' compensation), CAVACs (support centers for crime victims), and DPJ social workers (Youth protection director) can also be involved.