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Working with Brain Injuries and Mental Health in Domestic Violence Programs

Project Evaluation

Ohio Domestic Violence Network
ODVN

About this Report

This document, ***Working with Brain Injuries and Mental Health in Domestic Violence Programs: Project Evaluation*** provides more detailed information on project approach, research design, and results. It provides detailed information on the personal and organizational impact of the training, technical assistance, and use of resources developed by the project. It also shows strong evidence of increased confidence, comfort in addressing these issues in domestic violence programs, and doing it much more frequently. An additional document, ***Working with Brain Injury and Mental Health in Domestic Violence Programs: An Action Plan to Improve Access and Attitude Changes in Ohio*** discusses the activities, results, recommendations, and next steps of the three year project. ***Working with Brain Injuries and Mental Health in Domestic Violence Programs: Findings From the Field*** details lessons learned through the needs assessment and over the course of the project that can help inform others interested in doing this work.

About ODVN

The Ohio Domestic Violence Network (ODVN) is a 501(c)3 not-for-profit agency located in Columbus Ohio. ODVN is a statewide domestic violence agency that supports and strengthens Ohio's response to domestic violence through training, public awareness and technical assistance and promotes social change through the implementation of public policy. ODVN's primary audience for trainings and technical assistance are local domestic violence and crime victim service agencies throughout Ohio.

Acknowledgement of Programs

ODVN is forever indebted to the heroes of domestic violence advocacy—staff at domestic violence programs. Deepest thanks for their genuine partnership on this endeavor. The Founding CARE Programs include:

Artemis Center (Dayton) • Eve, Inc. (Marietta) • Harbor House (New Philadelphia)
House of Ruth (Defiance) • Turning Point (Marion and Delaware)

ODVN would also like to thank our Community of Practice partners that so generously dedicated their time, energy, expertise, and passion to this work.

INTRODUCTION

A staggering one in three women will experience domestic violence in her life.[1] This number would be even higher if we factored in estimates on those who never report the abuse. On one day in Ohio in 2018, "1,392 domestic violence victims found refuge in emergency shelters or transitional housing provided by local domestic violence programs. 910 adults and children received non-residential assistance and services, including counseling, legal advocacy, and children's support groups."[2]

Domestic violence programs provide safety, support, and life-saving services. It is critically important that all domestic violence survivors, including those with disabilities, can access and benefit from program services. In recognition of the importance of addressing mental health and brain injury disabilities, the Office on Victims of Crime Vision 21 Initiative selected ODVN as one of two coalitions in the United States to implement this work through OVC FY 2016 Enhancing Access and Attitudinal Changes in Domestic Violence Shelters for Individuals with Disabilities (2016-XV-GX-K012). For a more detailed layout of the three-year plan that would emerge out of this opportunity, please see the attached ***logic model***.

ODVN started this project by establishing a Community of Practice to help guide the phases of the project. This collaboration included the five local domestic violence (DV) programs that agreed to participate as pilot agencies, and statewide community partners in the areas of mental health, addiction, and brain injury. More information on this collaboration can be found in an additional document known as ***Working with Brain Injury and Mental Health in Domestic Violence Programs: An Action Plan to Improve Access and Attitude Changes in Ohio***.

Due to the requirements of the project, ODVN, in collaboration with research partner The Ohio State University, pursued Institutional Review Board (IRB) approval from the Ohio State University to oversee the research and evaluation of this grant. This allows ODVN to share these findings from the field that has the potential to transform crime victim services.

DOMESTIC VIOLENCE AGENCY SAMPLE

ODVN wanted to begin this project by first determining the needs of staff at local domestic violence agencies and the needs of survivors accessing services within these programs. With the help of researchers in the areas of Public Health and Social Work at The Ohio State University (OSU), ODVN embarked on a needs assessment with five local domestic violence agencies. The five agencies were chosen due to location within the five regions of Ohio (Northeast, Northwest, Southwest, Southeast and Central). We also selected agencies from both rural and urban counties. Ohio has a unique dichotomy in that it is technically an urban state with close to 12 million residents. However, many of the counties are very rural with limited access to public transportation, adequate medical and mental health care, and 14% of individuals live in poverty.[3] Ohio also has a large population of people living in Appalachia. Thirty-two counties in Ohio are Appalachian counties and this area ranks as the poorest in the state, according to Ohio Job and Family Services.[4]

ODVN also selected programs based on willingness to participate in the activities developed by the project, services available through the program, and program structure. Programs ranged from independent shelter programs to nonresidential programs to programs that were housed under larger mental health or community agencies.

YEAR ONE: NEEDS ASSESSMENT

First, The Ohio State University conducted 11 focus groups among the five agencies, including six staff and administration groups. The goal of these groups was to understand the comfort and confidence of staff working with survivors who may struggle with mental health disabilities, possible brain injuries or other cognitive challenges, and substance use. Second, all staff at the five local programs were invited to participate in an online survey to gain quantitative data on the knowledge and experience of staff working with this population. In total, 54 staff members completed the voluntary baseline survey. The third and final step of the needs assessment was interviewing survivors of domestic violence who were accessing, or had accessed the services of the local domestic violence agencies participating in this project. In total, 49 survivors agreed to participate in hour long, one on one interviews with ODVN staff. These interviews consisted of both quantitative and qualitative questions in order to attempt to identify the number of survivors who struggle with issues related to mental health and head injury.

Based on the results of these three efforts, ODVN identified multiple needs of both staff and survivors. The largest take away was that staff found themselves ill equipped to provide adequate support to individuals experiencing issues related to brain injury and/or mental health disabilities, and were therefore in need of guidance from ODVN.

> "...staff found themselves **ill-equipped to provide adequate support** to individuals experiencing issues related to brain injury and/or mental health disabilities..."

MENTAL HEALTH FINDINGS

Overall, staff recognized that struggles with mental health were very common with the population they were serving, and many felt comfortable working with survivors with daily mental health challenges. However, programs expressed specific concerns around a lack of training, out of date resources, and a lack of comfort responding when survivors were experiencing symptoms related to severe mental illness. Specific requests from staff included specialized resources and trainings in the areas of mental health, brain injury, substance use and suicidality.

Mental Health Training Gaps:

- General and uniform training on mental health across agencies
- Children's mental health
- Suicide

- De-escalation techniques
- Dual Diagnosis around mental health and substance use

Requests for Mental Health Resources/Materials:

- Easy to Understand/Written at an appropriate reading level
- Materials for Advocates
- Materials that Normalize mental health challenges within DV population (de-stigmatize)
- Substance Use Information and Referrals

> "Survivors that had possible brain injuries could have, and probably were, misdiagnosed as being mentally ill, having substance use disorders or suffering from common effects of trauma."

Brain Injury Findings

Specific to brain injury, staff at the local programs identified that they had little to no knowledge of brain injury, especially as it related to domestic violence. ***Survivors that had possible brain injuries could have, and probably were, misdiagnosed as being mentally ill, having substance use disorders or suffering from common effects of trauma.*** Overall, there was a lack of response to brain injuries, which created a likelihood that survivors were slipping through the cracks of the programs.

Agencies specified a need for:

- A change to the hotline process to better screen for possible brain injury
- A change to the current injury/history of violence questions on intakes
- A new screening tool
- Better communication between staff on challenges and diagnoses of survivors

Programs also identified that there were no current resources on brain injuries and domestic violence and very little training on the subject.

Overall, survivors felt that staff in local domestic violence programs respected them and did the best with the tools and support they were given within the agencies. However, survivors report that the majority of staff in programs did not talk to survivors about possible head injuries as a result of domestic violence and that staff did not always know how to respond when survivors struggled with serious mental health challenges.

DEVELOPMENT OF DISABILITY ACTION PLAN

This needs assessment resulted in ODVN developing a Disability Action Plan for program staff to use with survivors with mental health challenges, issues related to possible head injury, as well as survivors of various and co-occurring traumas. The Disability Action Plan consists of an advocacy framework known as CARE. More specific information about this plan can be found in an additional document known as ***The Disability Action Plan: Improving Access and Attitude Changes to Domestic Violence Services in Ohio***.

ODVN developed the **CARE** (connect, acknowledge, respond, and evaluate) framework, a relationship based, individualized, proactive model of providing services that better meet the needs of program participants and intentionally and purposefully address head injuries and mental health. **CARE** is a framework that focuses on developing connections with survivors to better identify, understand, and accommodate the unique needs each survivors has. While the **CARE** framework can be used to address a wide variety of issues, in this project it was developed to:

CONNECT with survivors by **forming** genuine and healthy **relationships**

ACKNOWLEDGE that head trauma and mental health challenges are common, **provide information and education** to survivors, and **identify** short and long term physical, cognitive, and emotional consequences

RESPOND by **accommodating** needs related to traumatic brain injury, strangulation and mental health challenges, and provide effective, accessible **referrals** and advocacy for individuals who need additional care

EVALUATE accommodations and referrals and **touch base regularly** to see if adjustments need to be made

YEAR TWO: SATURATION

During the development of this project, it was determined that year two would focus on immersing the five project partners with training, resources and support. This would allow program staff to gain substantial knowledge of the subject matter and would then allow ODVN and OSU to evaluate whether this framework was effective.

TWO-DAY CARE TRAINING

The first step in implementing the CARE framework was to provide a two-day training to the local program staff and administrators on head injuries in the context of domestic violence and the co-

occurring issues of trauma and severe mental health challenges. The training walks the advocate through the CARE framework, by first, helping advocates identify ways to build stronger connections with survivors. ODVN provided in depth information on brain injuries, strangulation, and significant mental health challenges. ODVN then asked advocates to identify ways to accommodate the needs of survivors, in their advocacy and within the physical locations of programs, with the goal being to provide more accessibility. These accommodations could include:

- Utilizing mindfulness and grounding techniques for survivors suffering from anxiety and/or panic attacks
- Helping survivors identify triggers that could incite fear, panic, stress or anger and what to do when someone becomes triggered
- Providing earplugs/sleep masks for survivors who are having trouble sleeping
- Empowering survivors to engage in community mental health programs or seeking medical treatment for the physical effects of any of these issues
- Putting a survivor in a ground floor room if they have mobility issues or are prone to seizures

EVALUATION OF TWO-DAY CARE TRAINING

Our first step in evaluating whether the CARE framework worked was the evaluation of the two-day training. ODVN distributed anonymous evaluations to all participants of the two-day trainings and received 66 responses.

Of those that responded to each individual question:

- **98%** agreed with the statement "I have learned new information about head injury and mental health in this training"
- **100%** agreed with the statement "I plan to use things I have learned in this training in my work"

Overall, staff that attended the training were very satisfied with the training and felt they had a better understanding of the many issues affecting survivors accessing their programs.

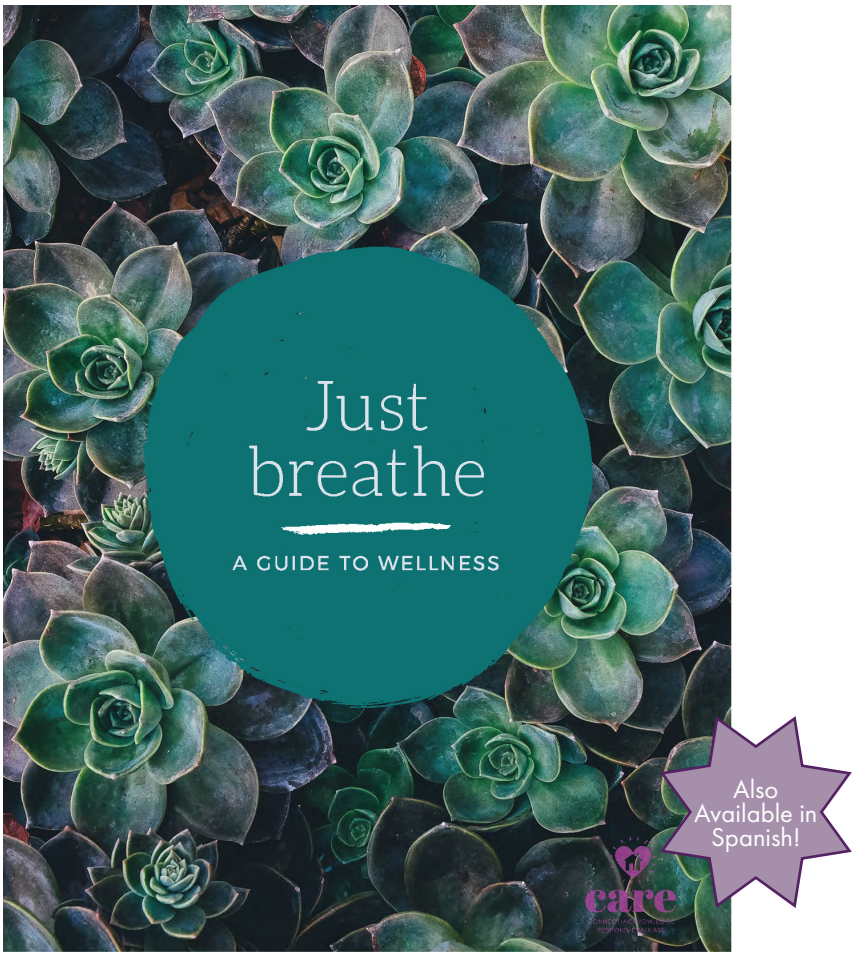
> "Great training! One of the best I have been to. THANK YOU!"

> "I will remember to form relationships to get to know our clients as more info from their story will come out due to trust"

> "I love how simple and easy the materials are to process and understand- it means I'll be more likely to implement things!"

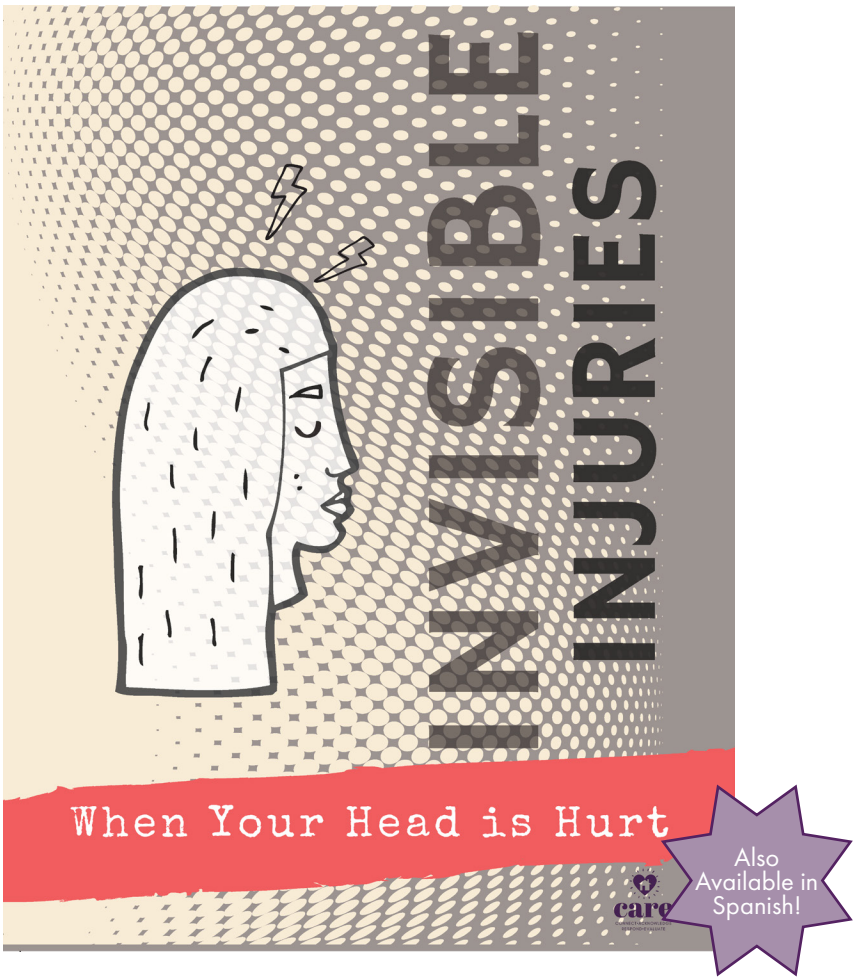
RESOURCES

ODVN developed materials for both advocates and survivors. Some of these were introduced during the two-day CARE trainings and some were developed throughout the course of the three-year project and were introduced to programs on individual technical assistance (TA) visits to programs.



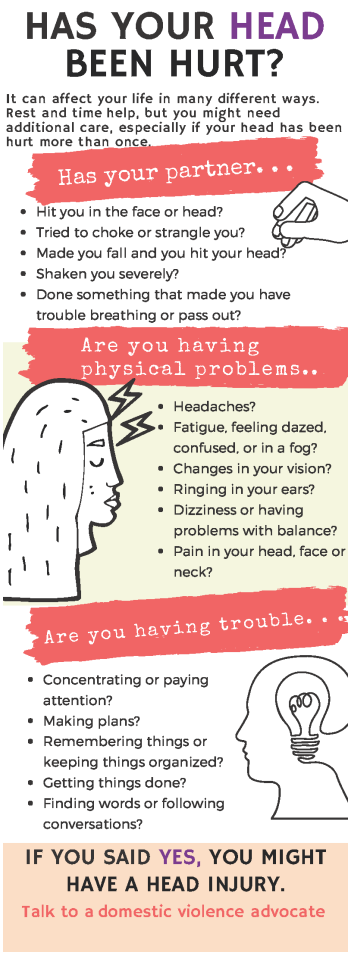
Just Breathe: A Guide to Wellness is a present-focused resource that helps survivors attain mastery and safety after experiencing trauma (including symptoms of PTSD) and emotional distress by emphasizing coping skills, grounding techniques, and education. It was designed for anyone who has experienced trauma, and for advocates to use with survivors. This highly usable, research-based resource has several key objectives:

- Help survivors of trauma develop safety in thinking, emotions, behaviors, and relationships
- Provide survivors information regarding traumatic stress, its triggers, and coping
- Counteract loss of ideals and self-efficacy experienced as a result of trauma
- Provide information on shelters and other domestic violence services
- Affirm the value of each and every individual



The Invisible Injuries Booklet is a companion tool for the **Has Your Head Been Hurt** card to assist domestic violence programs in accommodating the needs of survivors who have experienced head injuries and identifying possible follow-up care or evaluation. It provides additional and more in depth information on:

- What is a head injury and what can happen after a head injury
- A chart to track symptoms of head trauma, including warning signs that could signify the need for medical care
- A focus on strangulation, its risks, and its role as a red flag for danger
- Tips for healing and possible ways to address common challenges related to head injuries, and
- Worksheets related to safety planning and organizing daily life tasks



The **Has Your Head Been Hurt** educational card is a connection tool around issues of traumatic brain injury and strangulation. It helps those working with domestic violence survivors to:

- Provide education on possible head injuries related to traumatic brain injury and/or strangulation
- Identify current and past head injuries and possible physical, emotional, and cognitive symptoms
- Highlight warning signs of a dangerous or life threatening injury, with special guidance related to strangulation

YEAR THREE: EVALUATION AND DISSEMINATION

Our third, and final year, focused on the broad dissemination of the CARE framework and resources. Members of the ODVN and OSU teams presented findings and provided trainings at local, state and national conferences. More specific information about the dissemination can be found in an additional document known as ***Working with Brain Injury and Mental Health in Domestic Violence Programs: An Action Plan to Improve Access and Attitude Changes in Ohio***.

EVALUATION

ODVN, in collaboration with the research team at OSU, developed a three-step evaluation plan that mimicked the first year needs assessment. The evaluation plan included staff and administrative focus groups at the five local DV programs, an online survey distributed to all staff at the five local domestic violence programs, and one-on-one interviews with survivors accessing or who had accessed services at the five local domestic violence agencies. Specific questions and scales were developed to be able to identify the areas of improvement in staff response to these issues. 60 staff at the five local domestic violence agencies completed the online staff survey. 62 total individuals participated in 11 focus groups; this included 45 staff and 17 administrators from the five local DV agencies. ODVN and OSU hoped to identify staff at programs were using CARE materials and whether staff felt the CARE framework had increased their knowledge around the issues of brain injury and domestic violence and significant mental health challenges. More importantly, we wanted to determine if staff felt more comfortable addressing these issues with survivors and whether this changed the way that a staff person advocated for the individual.

FINDINGS

When asked whether program staff was using the developed CARE materials:

- **73%** use the Head Injuries Education Card
- **58%** use the Invisible Injuries Book
- **71%** use Just Breathe

Head Injury Findings

- **86%** of staff agreed with the statement "It is common for survivors who use the services of this agency to have been hit in the head."
- **98%** of staff expressed comfort in talking with survivors about the potential impact of being hit in the head by an abuse.
- **75%** of staff expressed more comfort and **94%** reported more confidence in having conversations about the impact of being hit in the head since participating in CARE.
- **76%** of staff have had a conversation with a survivor about the potential impact of being hit in the head by an abuser.
- Since participating in CARE, **67%** of staff are having conversations with survivors more often about the potential impact of being hit in the head.

90% of staff agreed with the statement:

"I know how to help survivors who have been hit in the head."

Strangulation Findings

- **91.5%** of staff agreed with the statement "It is common for survivors who use the services of this agency to have been choked or strangled."
- **93.5%** of staff expressed comfort in talking with survivors about the potential impact of being choked or strangled by an abuser.
- **70%** of staff expressed more comfort and **68%** reported more confidence in having conversations about the impact of being choked or strangled since participating in CARE.
- **80%** of staff have had a conversation with a survivor about the potential impact of being choked or strangled by an abuser.
- Since participating in CARE, **58.5%** of staff are having conversations more often with survivors about the potential impact of being choked or strangled.

92% of staff agreed with the statement:

"I know how to help survivors who have been choked or strangled."

A CASE STUDY

During the focus group one program told facilitators about a particular survivor who was helped by using the CARE framework and materials. The survivor had been so injured by her abuser she had to be revived and was in a coma for three days.

> It affected her decision-making process...[and required] some serious safety planning.
>
> Staff, Process Evaluation Focus Group

> I don't think we would have known how to properly advocate for her for her to get her disability. [...] Because we had that education and we had these tools, we were able to say, 'You know what, let's not take this for an answer, lets push this.' I feel like we advocated for her better and she was able to get the services she needed through that and I feel like that will just continue with the rest of our clients.
>
> Administrator, Process EvaluationFocus Group

> With the [CARE] information, it helped her qualify for social security disability, because they did do a confirmed brain injury assessment and it helped her to receive disability because she could not work because of the situation that she went through [...] This is why she doesn't remember her appointments [...] ODVN played a major role when it came to letting us know about brain injury, strangulation.
>
> Administrator, Process Evaluation Focus Group

Mental Health Findings

- **100%** of staff agreed with the statement "It is common for survivors who use the services of this agency to struggle with their mental health."
- **98%** of staff expressed comfort in talking with survivors about their mental health.
- **41%** of staff expressed more comfort and **43%** reported more confidence in having conversations with survivors about mental health since participating in CARE.
- **97%** of staff have had a conversation with a survivor who was struggling with mental health.
- Since participating in CARE, **31%** of staff are having conversations "more often."
- **93%** of staff agreed with the statement "I know how to help survivors who are struggling with their mental health."

CONCLUSION

Through this process, we were able to determine that staff felt more knowledgeable about the issues related to brain injury and mental health as it relates to survivors of domestic violence. They received better and more thorough education around common symptoms and problems associated with these disabilities. They felt more comfortable providing necessary advocacy, accommodations, and referrals for individuals who have experienced trauma, had potential head injuries, or those who struggle with issues related to their mental health.

Staff recalled specific incidents with survivors in which the CARE framework and materials directly influenced the services they were able to offer. Programs have reported taking survivors to medical appointments with the Head Injuries Education card and having doctors report the efficacy of the resource. Staff felt better connections were being made with survivors which allowed them to feel more comfortable having difficult conversations.

This project created tools and resources that domestic violence programs and others working with domestic violence victims can use to address these invisible disabilities. It also created the CARE advocacy framework that can transform services to be accessible, accommodating, and welcoming to all survivors.

Building a Community of Practice to Enhance Access and Shift Attitudes toward Working with Individuals with Mental Health Disabilities and Traumatic Brain Injuries – Logic Model

Background: Mental health vulnerability and traumatic brain injury are highly prevalent among domestic violence survivors. Domestic violence service agencies are not uniformly equipped to handle the service needs of survivors with mental health disability and traumatic brain injury.

Evaluation Research Question:
Does saturation of several local partner agencies with intensive training and technical assistance while sprinkling training and technical assistance across local domestic violence agencies in the state cause a positive shift in attitudes of shelter staff and thus a positive shift in service delivery in working with survivors of domestic violence who have mental health and traumatic brain injuries disabilities?

Inputs:
Expert Coalition Staff
Evaluator Consultant
Advisory Board
Local Partner Agency Staff Members
Local CCR/ Advisory Committees
Training/ Technical Assistance & OVC Guidance

Goal: Getting Ready (Year 1)

Process Objective 1.1a-d: By December 2017, ODVN will develop a Disability Action Plan re: serving survivors with varying MH ability & TBI that includes training, recommended policies and procedures, technical assistance menu, and resources for domestic violence project partners.

Process Objective 1.2: By October 2017, formalized collaboration with steering committee (5 project partner agencies, ODVN & statewide subject experts) is established.

Goal: Saturation of 5 Project Partner agencies & Establishment of Community of Practice from Steering Committee (Year 2)

Process Objective 2.1: By October 2018, ODVN guides the full implementation of the Disability Action Plan in domestic violence project partner agencies.

Short-term Outcome Objective 2.1: Knowledge & attitudes of project partner staff re: MH & TBI shift from baseline positively by 25%.

Process Objective 2.2: By October 2018, a community of practice exists to provide modeling and support for domestic violence programs and allied professionals in serving survivors with varying MH abilities & TBI.

Short-term Outcome Objective: Community of practice's confidence in peer support modeling regarding MH & TBI service delivery shift positively from baseline by 25%.

Goal: Sprinkling to other local DV agencies and allied Professionals with help of Community of Practice (Year 3)

Process Objective 3.1: The Community of practice in collaboration with ODVN sprinkles Disability Action Plan implementation to other DV agencies and allied professional across Ohio.

Short-term Outcome Objective 2.1: Knowledge re: MH & TBI service delivery for dv survivors shifts by 25% as a result of receipt of Disability Action Plan.

Outputs, bi-annually:
Of training/technical assistance materials developed
Of technical assistance requests completed
Of hours of training delivered
Of online training modules completed
of improvement initiatives completed
Of training/technical assistance visits requested
Of training modules/curricula developed
Of individuals trained (in person, live webinar)
Of training evaluation surveys collected

Project-term Outcome Objective: Survivors report higher degree of confidence in advocacy service by 25% when compared to baseline.
Ultimate Outcome Objective: Survivors are better served and have increased access to services for mental health and traumatic brain injury disabilities.

RESOURCES

1. National Coalition Against Domestic Violence; Statistics https://ncadv.org/statistics
2. National Network to End Domestic Violence; 13th Annual Domestic Violence Counts: Ohio Summary
3. The United States Census Bureau; Ohio www.census.gov
4. Ohio Department of Job and Family Services; 2013 Appalachian Counties Profile

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