



Working with Brain Injuries and Mental Health in Domestic Violence Programs

**An Action Plan to Improve Access
and Attitude Changes in Ohio**



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About this Report

This document, *Working with Brain Injuries 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. This approach can serve as a model for other states and local programs interested in supporting accessible domestic violence program services and can provide guidance on effective responses. An additional 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. *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.

DOMESTIC VIOLENCE AND ITS IMPACT

One in three women will experience domestic violence in her life.¹⁻³ This number would be even higher if ODVN factored in estimates of those who never reported abuse. Domestic violence is a significant public health issue leading to disability and increased morbidity and mortality.^{1,4} Research funded by this project, conducted by ODVN in collaboration with The Ohio State University, suggests co-occurring health conditions (such as disruptions in mental health, traumatic brain injury and the impact of strangulation, as well as substance use) often caused by abuse and possibly resulting in disability are highly prevalent among the domestic violence survivors accessing DV program services (including shelter, community-based advocacy, and criminal justice advocacy) as well as other crime victim services.^{5,6} Our findings suggest the vast majority of survivors who access advocacy services have had experiences that clearly impact the brain's functioning. Most services currently offered make assumptions that people accessing services can remember appointments, understand conversations, concentrate and focus, set goals and follow case plans, stay motivated, and figure out next steps. Psychological and physical trauma hinder the brain's ability to do almost all of these complicated brain functions. ODVN is collecting information through this research that challenges programs to find ways to adjust services and accommodate the physical, emotional and cognitive functional limitations caused by trauma, mental illness, brain injury, and substance use.

“...the vast majority of survivors who access advocacy services have had experiences that *clearly impact the brain's functioning.*”

When talking with domestic violence survivors,

85% experienced blows to the head

of those

50% experienced it too many times to count

Over 90% said: “It is common for someone accessing this agency to struggle with mental health.”⁷

83% experienced strangulation

of those

88% experienced it multiple times

PROBLEM TO BE ADDRESSED

The alarming statistics speak for themselves. Domestic violence victims are likely to struggle with mental health challenges and have been hurt in ways that could cause a brain injury. This could be a traumatic brain injury due to blows to the head, neck, or face and/or an anoxic-hypoxic brain injury as a result of strangulation. The impact of the functional limitations and possible disabilities caused by these assaults creates additional difficulty for victims when trying to access and effectively use life-saving domestic violence and other crime victim services.

While most domestic violence advocates have some knowledge or training on mental illness, translating that knowledge into effectively accommodating needs in service provision has been elusive and difficult. In regards to partner inflicted brain injury (defined as disrupted brain function caused by a blows to the head or strangulation inflicted by a partner), this project has uncovered a serious public health crisis that has yet to receive the attention it deserves. It has identified the critical need for survivor and advocate education on brain injury, mental illness, and its intersection with domestic violence.

The lack of knowledge on brain injury and lack of access to trauma-informed mental health services often leads advocates to misunderstand the physical, emotional, and cognitive challenges caused by brain injury and mental illness. When domestic violence program staff don't recognize or accommodate for these functional limitations, it hinders a survivor's ability to access, effectively engage in, remain connected to, and benefit from services. This leaves the most vulnerable survivors without the lifesaving shelter, safety, and supports provided by domestic violence programs.

Head injuries, like all injuries, are better addressed, treated, and accommodated when they are identified and acknowledged. The field needs practical and accessible education, training, resources, and best practice responses to address the often interrelated struggles of mental health and brain injury in the lives of domestic violence victims. ODVN's project provides the tools to improve advocacy and service provision, better meet the needs of survivors, and address the invisible injuries that can last a lifetime.

...leads advocates to
**misunderstand the
physical, emotional,
and cognitive
challenges** caused by
brain injury and mental
illness.

AN APPROPRIATELY NAMED FUNDING SOURCE YIELDS TRANSFORMATIVE RESULTS: TRANSFORMING VICTIM 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 for 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).

The program was designed to help DV programs improve services by accommodating the needs of survivors who may have a brain injury or struggle with their mental health by:

Equipping Local Program Staff

...through training, program support, development of resources and materials, policies and procedures, and best practices. To meet this goal, ODVN partnered with five diverse domestic violence member agencies as funded partners in this grant to pilot strategies developed in this project.

Building Collaboration

...with agencies and organizations that work with mental health and brain injury to increase access to services. To meet this goal, ODVN created a Community of Practice made up of diverse organizations and individuals who work with mental health, brain injury, health care, victim services, and/or domestic violence.



STRATEGY ONE: EQUIPPING LOCAL PROGRAM STAFF

Building Connection through Needs Assessment and Identifying Challenges

Recognizing the expertise of DV program staff and domestic violence survivors, ODVN began by seeking to better understand the needs and experiences of local programs on working with mental health and brain injury disability, and any barriers or challenges to effective services. ODVN went to local domestic violence program project partners and asked staff at agencies about their experiences. As building connections is a key strategy of this project, ODVN intentionally cultivated relationships with agency staff at member programs, to assist in the development of agency champions for this project. ODVN also conducted face to face interviews with survivors of domestic violence accessing agency services, to learn their perspective and experiences, and make sure their voices were central to our planning process.

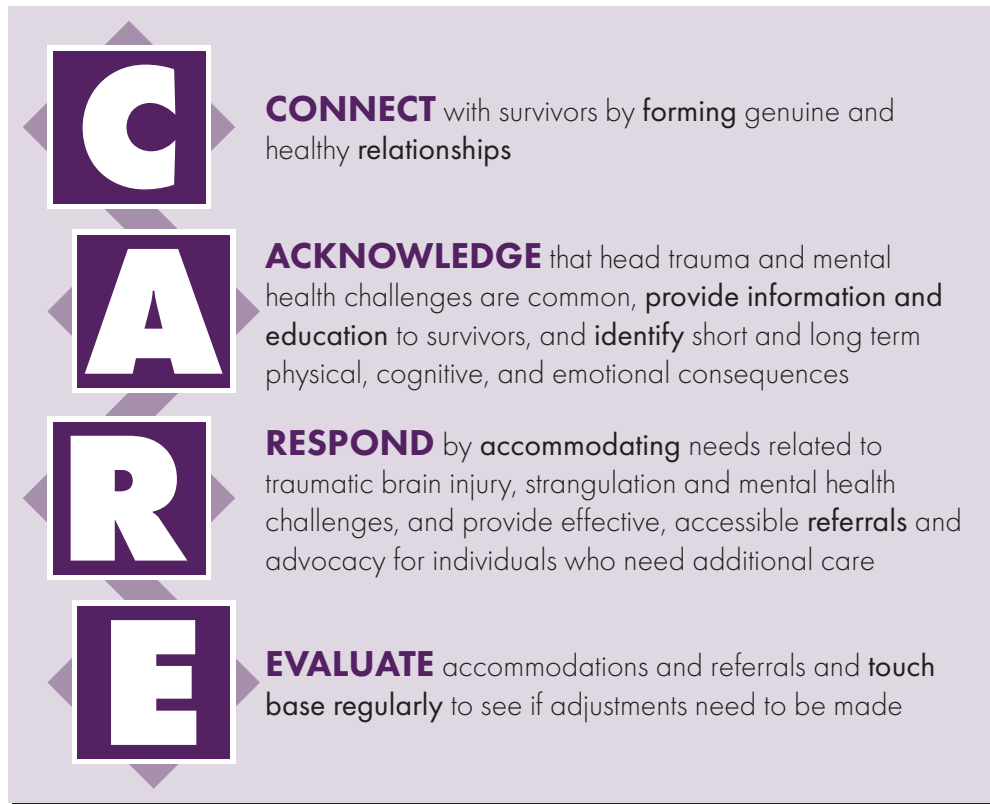
Activities Included:

- Secured Institutional Review Board (IRB) approval through The Ohio State University to oversee project.
- Developed research documents including protocol, interview guides for survivors and staff, and a needs assessment focus group guide.
- Facilitated 11 IRB approved focus groups at 5 domestic violence partner agencies, which addressed knowledge and attitudes, policies and procedures, and barriers and challenges related to brain injury and mental health.
- Interviewed 49 survivors in person at partner agencies, asking questions about experiences with DV services, head injuries, mental health and substance use.
- Performed a detailed data analysis on interviews and focus groups resulted in:
 - Components of a framework (called CARE)
 - Guidance and recommendations for training, technical assistance, and program support
 - Recommendations for development of resources, materials, and tools for survivors and staff to support project implementation

The results of the needs assessment directly informed the next phase of the project. As no programs had written materials to use with survivors on these topics, ODVN focused on meeting this clearly identified gap, as well as many others.

Acknowledging and Responding to Advocate and Survivor Identity Field Needs

- Design project framework, training, technical assistance, and materials based off of information and recommendations from local domestic violence program staff and survivors accessing programs
- Developed CARE as a framework for the project



- Designed two day training outline on using a CARE framework to address mental health and brain injury in domestic violence services. To best meet the needs of local programs, some trainings were two consecutive days and others were done on two separate days.
 - Day one focused on understanding the CARE framework, developing and building strong connections with survivors, and understanding and responding to traumatic brain injury and strangulation.
 - Day two focused on evaluating current services and identifying opportunities for changes and accommodations, and understanding and responding to mental health challenges.

Design and printing of several survivor materials, including:

Please see included copies at the end of this document.

HAS YOUR HEAD BEEN HURT?

It can affect your life in many different ways. Rest and time help, but you might need additional care, especially if your head has been hurt more than once.

Has your partner...

- Hit you in the face or head?
- Tried to choke or strangle you?
- Made you fall and you hit your head?
- Shaken you severely?
- Done something that made you have trouble breathing or pass out?

Are you having physical problems..

- Headaches?
- Fatigue, feeling dazed, confused, or in a fog?
- Changes in your vision?
- Ringing in your ears?
- Dizziness or having problems with balance?
- Pain in your head, face or neck?

Are you having trouble...

- Concentrating or paying attention?
- Making plans?
- Remembering things or keeping things organized?
- Getting things done?
- Finding words or following conversations?

IF YOU SAID YES, YOU MIGHT HAVE A HEAD INJURY.
Talk to a domestic violence advocate

AFTER A HEAD INJURY

☒ See a doctor and tell them you have been hurt in the head or choked, especially if you have ANY symptoms that worry you or someone else.

☒ Stay with someone safe for 24-72 hours to watch for the red flags below.

Danger Signs/Red Flags
These don't happen often, but if they do it's really important to see a doctor.

- ☒ A headache that does not go away or gets worse
- ☒ One pupil (eye) is larger than the other
- ☒ No memory of what happened
- ☒ Extreme drowsiness or having a hard time waking up
- ☒ Slurred speech, vision problems, numbness, or decreased coordination
- ☒ Repeated vomiting or nausea, or shaking or twitching
- ☒ Unusual behavior, confusion, restlessness or agitation
- ☒ You peed or pooped unintentionally
- ☒ You were knocked out, passed out, or lost consciousness

If you were choked or strangled:

It can be a terrifying experience and very dangerous. Even if you don't have any marks, serious injuries can happen under the skin. It can get worse over the next few days, cause long term damage and even death.

SEE YOUR DOCTOR IMMEDIATELY IF:

- YOU HAVE A HARD TIME BREATHING
- IT'S PAINFUL TO BREATHE
- YOU HAVE TROUBLE SWALLOWING
- YOUR VOICE CHANGES
- YOU HAVE PROBLEMS SPEAKING

We care about your safety.
People who put their hands around their partner's neck are very dangerous and are much more likely to seriously harm or kill you. Talk to a domestic violence advocate about safety planning.

DV NUMBER: _____

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care

¿HA SUFRIDO UNA LESIÓN EN LA CABEZA?

Esto puede afectar su vida de muchas maneras diferentes. El descanso y el tiempo ayudan, pero es posible que necesite ayuda adicional, especialmente si ha sufrido una lesión en la cabeza más de una vez.

Su pareja...

- Le ha golpeado en la cara o en la cabeza?
- Le ha tratado de asfixiarla o estrangularla?
- Le hizo caer y usted se golpeó la cabeza?
- Le ha sacudido bruscamente?
- Le ha hecho algo que le haya causado problemas para respirar o desmayarse?

¿Tiene problemas físicos?

- ¿Fatiga?
- ¿Aturrida, confundida o desorientada?
- ¿Cambios en su visión?
- ¿Zumbido en sus oídos?
- ¿Mareada o tiene problemas de equilibrio?
- ¿Dolor en su cabeza, cara o cuello?

¿Tiene problemas...?

- ¿Para poner atención?
- ¿Para hacer planes?
- ¿Para recordar cosas o mantenerse organizada?
- ¿Para terminar de hacer las cosas?
- ¿Para seguir las conversaciones?
- ¿Para sentirse motivada?
- ¿Para controlar sus emociones?

SI CONTESTÓ SÍ A CUALQUIERA DE LAS OPCIONES MENCIONADAS, USTED PUEDE HABER SUFRIDO UNA LESIÓN GRAVE EN SU CABEZA
Hable con un defensor de violencia doméstica o visite www.odvn.org

DESPUÉS DE UNA LESIÓN EN LA CABEZA

☒ Visite a un médico y dígame que le han lesionado la cabeza o le han asfixiado, especialmente si tiene ALGUN síntoma que le preocupa a usted o a alguien más.

☒ Quédesse con alguien con quien se sienta segura por 24 a 72 horas y preste atención a las siguientes señales de alarma.

Señales de alarma
Estos no suceden a menudo, pero si suceden, es muy importante que visite a un médico.

- ☒ Un dolor de cabeza que no se quita o empeora
- ☒ Una de las pupilas (de los ojos) es más grande que la otra
- ☒ No se acuerda de lo que sucedió
- ☒ Mareo intenso o dificultad para levantarse
- ☒ Lenguaje incoherente, problemas de visión, adormecimiento o menos coordinación
- ☒ Vomitar varias veces o náusea o temblor o espasmo.
- ☒ Conducta inusual, confusión, inquietud o agitación.
- ☒ Hacer pipí o pupú accidentalmente.
- ☒ Quedar inconsciente, desmayada o perder el sentido.

Si le asfixiaron o estrangularon

Puede ser una experiencia aterrizante y muy peligrosa. Aún si no tiene ninguna marca, heridas graves pueden suceder bajo la piel, empeorarse en unos pocos días, causar daño permanente e incluso la muerte.

VISITE A SU MÉDICO INMEDIATAMENTE SI:

- TIENE DIFICULTAD PARA RESPIRAR
- SIENTE DOLOR AL RESPIRAR
- TIENE DIFICULTAD PARA TRAGAR
- SU VOZ CAMBIA
- TIENE PROBLEMAS PARA HABLAR

Nos preocupa su seguridad.
Personas que ponen sus manos alrededor del cuello de sus parejas son muy peligrosas y más propensas a herirle gravemente o matarle. Hable con un defensor de violencia doméstica sobre cómo planificar su seguridad. Número de teléfono de la Agencia de violencia doméstica: _____

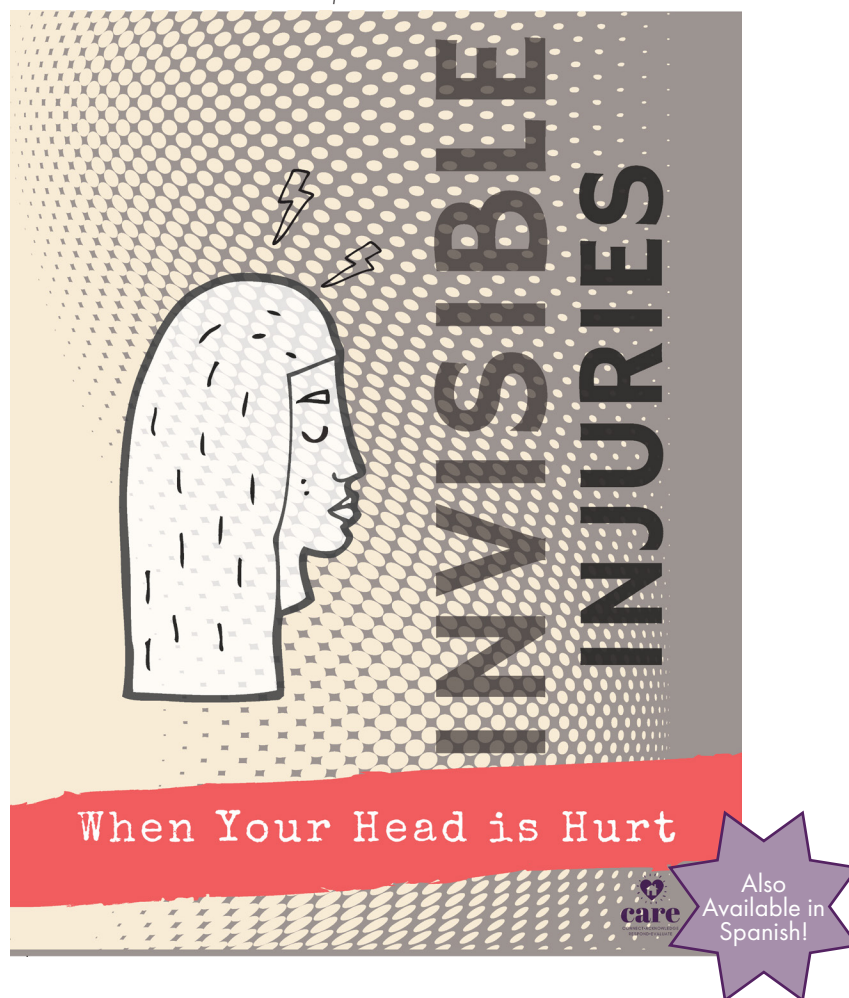
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The Has Your Head Been Hurt educational card is a connection tool around issues of traumatic brain injury and strangulation. It helps those working with domestic violence survivors to:

- 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

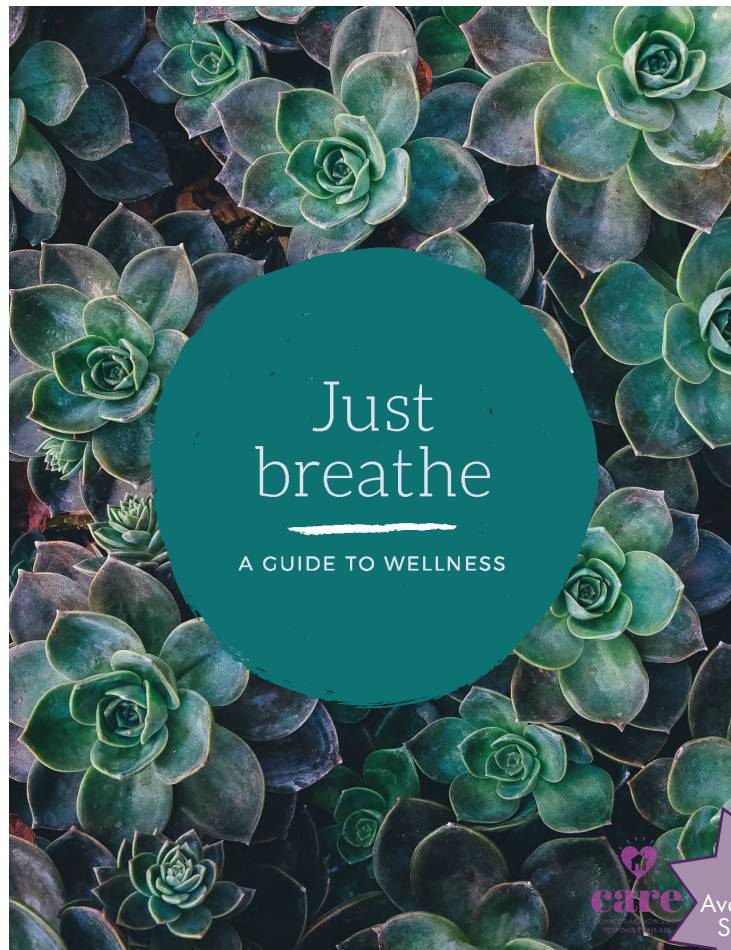
Please see included copies at the end of this document.



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

Please see included copies at the end of this document.



Also
Available in
Spanish!

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

Responding by DV Agency Pilot Project Implementation

Activities Included:

- Facilitated two days of on-site trainings at five domestic violence project partners
- Provided hard copies of Just Breathe, Invisible Injuries and the Head Injury Education Card for programs to begin pilot testing with survivors
- Provided on-site follow up technical assistance visits focusing on the use of tools
 - These connection building visits involved presenting and discussing some of the tools available in the ODVN materials, as well as developing possible strategies to address issues with survivors
- Provided technical assistance on a variety of issues related to mental health and brain injury (including collaborating with medical professionals, law enforcement and others to better understand these issues, brainstorming accommodations for a specific situation, and general troubleshooting)

Evaluating needs, materials, training, and technical assistance provided:

- Reviewed training evaluations for possible adjustments to training to enhance learning and skill based practice.
- Began development of online training modules based off of feedback from in-person trainings and conversations with DV program staff.
- Periodic scheduled check ins with agencies to identify emerging issues, additional training or technical assistance needs, or other supports that need to be created as next steps of the project.
- In collaboration with research partner The Ohio State University, ODVN staff co-authored two peer reviewed journal articles on the needs assessment findings on mental health and brain injury.

Nemeth JM, Mengo C, Ramirez R, Kulow E, Brown A. Provider perceptions and domestic violence (DV) survivor experiences of traumatic and anoxic-hypoxic brain injury: implications for DV advocacy service provision. *Journal of Aggression, Maltreatment & Trauma*. 2019.

Mengo C, Beaujolais B, Ramirez R, Kulow E, Brown A, Nemeth JM. Knowledge and Perspectives of Domestic Violence Service Providers about Survivors with Mental Health Disability. *Journal of Family Violence*. 2019

Strategy Two: Build collaboration with Agencies and Organizations that Work with Mental Health and Brain Injury to Increase Access to Services

- Development of a community of practice, including current grant partners. (Original partners included five local domestic violence programs, The Brain Injury Association of Ohio, Ohio Department of Mental Health and Addiction Services, and the National Center on Domestic Violence, Trauma and Mental Health)
- Outreach into brain injury services in Ohio—a space where ODVN and DV has not been present—through attending the statewide Brain Injury Advisory Committee meetings held quarterly. Also introduced to the Ohio Brain Injury Program (who joined ODVN’s community of practice) and The Ohio Valley Center for Brain Injury Prevention and Research
- Relationship and collaboration building to other new and existing partners, including The Ohio Suicide Prevention Foundation, The National Association on Mental Illness, (NAMI), OhioHealth, Standing Courageous (a non-profit dedicated to first responder training on strangulation) and individuals working with brain injury and mental health
- Held quarterly community of practice meetings. Topics included:
 - Project introduction, orientation, and project goals and outcomes
 - Research design, IRB approval, and findings from needs assessment
 - Mental health and domestic violence—intersections and opportunities, and services available
 - Brain injury and domestic violence—intersections and opportunities, and services available
 - How project connects with health care, other systems, and with the issues of suicide and substance use
 - Innovative partnerships among brain injury and domestic violence service providers, featuring the Barrow Institute in Arizona
 - Children, trauma, mental health, and brain injuries
 - Using CARE tools in practice
 - Next steps, future goals, and direction of the project
- Began outreach to national and international organizations, technical assistance providers, researchers, and practitioners working at the intersection of brain injury, mental health and domestic violence
 - The National Center on Domestic Violence, Trauma, and Mental Health
 - Futures Without Violence
 - The Training Institute on Strangulation Prevention / Alliance For Hope
 - PINK Concussions

- Brain Injury Associations/Alliances across the state
- The National Center on PTSD

As the Community of Practice relationships deepened and local implementation proceeded, ODVN focused on dissemination of the CARE model and developing tools for replication and adoption nationally for DV programs.

Dissemination through training, technical assistance and collaboration:

- Training at National Conferences:
 - The National Coalition Against Domestic Violence Biannual Conference, Rhode Island
 - The International Family Violence and Child Victimization Research Conference, New Hampshire
 - Keynote Panel on Domestic Violence and Traumatic Brain Injury at the International Violence, Abuse and Trauma Conference, California
 - Oral Presentation at the American Public Health Association, Pennsylvania
- Training at Mental Health Conferences
 - The Ohio Department of Mental Health and Addiction Services Sixth Annual Statewide Trauma-Informed Care Conference
 - The Ohio Department of Mental Health and Addiction Services Peer Recovery Conference
 - The Ohio Department of Mental Health and Addiction Services Housing University Conference
- Training at Brain Injury Conferences:
 - The Brain Injury Association of Ohio Annual Concussion Summit
 - The Ohio State University Wexner Medical Center Brain Performance and Health Summit
 - The Ohio Valley Center for Brain Injury Prevention and Rehabilitation Multi-State Advisory Council
 - The Statewide Brain Injury Advisory Committee
 - The Ohio Occupational Therapist Association Annual Conference
- Training at statewide multidisciplinary conferences:
 - The Ohio Attorney General Two Days in May Annual Victim Services Conference
 - The Ohio Alliance to End Sexual Violence Annual Conference
- Assisted local domestic violence programs with building local relationships
 - Co-presented with a local DV program on brain injury and domestic violence for a local hospital's brain injury rehabilitation center

- Provided local, statewide, national, and international technical assistance and consultation to both practitioners and researchers on partner inflicted brain injury
- Continued collaboration and reaching out to new partners, including partners in the suicide prevention and substance abuse field

Dissemination through language translation, resource development and electronic means:

- Building a web page to house online materials available for download and develop free online learning courses
 - Online courses to include partner inflicted brain injury, strangulation, mental health, and specific courses on ODVN tools developed through project
- Translated materials into Spanish and made them available on the website

TOP 5 RECOMMENDATIONS

1

Developing connections and building relationships is your most important strategy! Build trust and mutually beneficial relationships with project partners and create an inclusive and welcoming circle.

2

Begin by listening to domestic violence survivors and project partners and ask questions that help shape your project. Ask advocates and service providers for input on what training, materials, and resources should include, and how to design them in a way that organizations can use them. Ask survivors what they need from programs, what is working for them, and what isn't.

3

Use ODVN tools developed as a part of this project to get the conversation started. ODVN has created easily accessible print materials, e-learning courses, and other resources. If your state has additional needs, create training, materials and resources that are accessible and easy to understand for both survivors and advocates. Reach out to ODVN for any help.

4

Expect feedback, corrections, and course adjustments as part of the project plan. Because a successful project depends on input and collaboration with other organizations and survivors, you can only plan so far in advance. Feedback from each step informs and shapes the next steps on the project.

5

Develop implementation strategies that work for a field with limited resources and high turnover. Domestic violence agencies are stretched thin, operate in a crisis environment, and constantly have new staff. Build connections with programs, identify champions within programs to help develop a strategy that works for the individual program, and provide direct access to easy to implement tools (available at www.odvn.org).

RESULTS

The results of this project have the opportunity to change the victim services advocacy landscape and create crime victim programming that effectively meets victims of crime where they are. Programs can provide services in a manner that acknowledges and responds to the impact of domestic violence, trauma, mental health and brain injury. ODVN accomplishments include:

1. **A new trauma-informed advocacy framework** for crime victims called CARE, focusing on building positive relationships with DV survivors and acknowledging and responding to the individualized needs of each person accessing services.
2. **A shift in attitude of DV program staff that increased access to DV program services.** This also includes a marked increase in staff knowledge of the interrelations between DV, mental health and brain injury, and a significant increase in comfort and confidence in addressing hits to the head, strangulation, mental health, and suicide with survivors.
3. **Accessible, easy to use advocacy and educational materials** for programs and survivors in English and Spanish, available for free download at www.odvn.org and designed for widespread use. ODVN created these versatile, user friendly tools on mental health and brain injury in the context of domestic violence for domestic violence partners, health care, criminal justice services, and other crime victim service providers. Free online learning courses are in development and will be available by early 2020.
4. **A multidisciplinary community of practice** with representatives from brain injury, mental health, suicide prevention, health care, statewide coalitions, and advocacy organizations resulting in increased collaboration between domestic violence, mental health and brain injury organizations. This group continues to break down silos and facilitates a more comprehensive response to domestic violence survivors.
5. **The identification of a previously unidentified public health crisis named partner inflicted brain injury** and the provision of national and international leadership to better understand and respond to this issue. This has resulted in increasing national collaboration and outreach in the research and practice arenas on addressing strangulation and traumatic brain injury in the context of domestic violence. ODVN, as an advocacy organization with an extensive and sophisticated understanding of domestic violence, has played a critical role in establishing and leading this collaboration.
6. **A practice based research partnership**, furthering our understanding of these overlapping issues that need to inform best practice responses. ODVN and OSU are leading the nation with a community based partnership research agenda to better understand translational research and on the ground strategies.

NEXT STEPS

This project better equipped domestic violence programs to respond to mental health concerns of survivors—a reality that DV programs have been struggling with since the creation of this field. There is still much work to be done, but the needle has moved in the right direction.

In addition ODVN identified a significant unmet need in the domestic violence services field related to acknowledging and responding to traumatic brain injury and strangulation-- a need that many of us doing this work didn't know existed before this grant. This grant has put this issue on the map, and began a conversation that will continue for years and decades to come.

This grant also shaped ODVN's thinking around access to program services, and what it looks like to be physically, emotionally, and cognitively accessible to all survivors of domestic violence. To create meaningful access to services for survivors with disabilities requires us to respond to the unique needs of survivors by providing services in a different way that works for them through accommodations, support, and effective linkages to other resources, systems, and people.

This grant helped develop the foundation and framework of the CARE model, which now will be widely disseminated related to mental health and brain injury and will be used with other issues (such as substance use and suicide). ODVN staff funded by this project will be directing and implementing two new statewide initiatives for domestic violence programs and other crime victim services in Ohio. ODVN is applying for federal, statewide, and foundation funding to support the next steps of the project, which include:

The establishment of the **Center on Partner Inflicted Brain Injury**, a systems advocacy initiative providing statewide, national, and international leadership on research and practice initiatives related to the emerging issue of brain injury caused by domestic violence. The Center will focus on building collaboration between health care, victim services, and the criminal justice system. It will also focus on raising awareness and education, as well as offer training, technical assistance, consultation, and resource development for service providers and researchers working at the intersection of abuse and brain injury.

The Development of a **Meaningful Access Project**, which will assist programs in implementing meaningful access policies and procedures into their agencies. Meaningful access plans outline the assistance that will be provided by organizations receiving federal funding that documents compliance and provides a framework for the provision of timely and reasonable, nondiscriminatory assistance. This project will help programs provide accessible services to all survivors of domestic violence, including survivors of marginalized populations, LGBTQI individuals, individuals with Limited English Proficiency, and survivors with varying disabilities and cognitive delays (including survivors who struggle with their mental health, and possible head injuries).

CONCLUSION

Transforming victim services (the new name of the program that funded this initiative) is exactly what this project has the potential to do, and has been transformational for our project partners and us at ODVN. Thanks to the Office for Victims of Crime, the domestic violence field and many other systems that work with, domestic violence programs now have tools, training, and strategies to make our programs work better for survivors with functional limitations and disabilities related to mental health or brain injury. While domestic violence program staff are often overworked, underpaid, and tackling multiple challenging problems at a time, the CARE framework and resources provide staff and survivors with what they need to meet the unique and individual needs of survivors and make services work for them. As this project continues to evolve, ODVN looks forward to continuing work initiated by this grant for years and decades to come.

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