


**Supporting Black Survivors of Traumatic
Brain Injury (TBI): Addressing Anti-Black
Racism and Building Survivor-Led, Trauma-
Informed, Cross-Sectoral Solutions to TBI**

Presented by Samira Omar and Gifty Asare

June 15, 2023



Learning Objectives

1. Determine how Black people with traumatic brain injury access care pathways.
 2. Understand the roles of rehabilitation professionals and peer supports in aiding survivors of intimate partner violence.
 3. Enhance cultural competence and awareness of diversity and inclusion when working with survivors affected by intimate partner violence and traumatic brain injury.
- 



How Anti-Black Racism Shapes Rehabilitation Care Pathways: Implications for Black Survivors of Traumatic Brain Injury

Samira Omar, PhD

Learning Network & Knowledge Hub Webinar Series

June 15th, 2023

ABI
ResearchLab



**BRAIN INJURY
AWARENESS MONTH**



Rehabilitation Sciences Institute
UNIVERSITY OF TORONTO



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO



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RESEARCH CHAIRS
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CANADA**



Learning Objectives

1

Learn about systemic racism with respect to care pathways for Black patients with traumatic brain injury.

2

Determine how Black people with traumatic brain injury come to access care pathways.

3

Learn about how concepts of sex and gender are positioned and applied in the scholarship.

Black people with TBI have unmet needs along the care continuum

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Unmet Service Needs of Persons With Traumatic Brain Injury

*E. Elisabeth Pickelsimer, DA; Anbesaw W. Selassie, DrPH;
Pat L. Sample, PhD; Allen W. Heinemann, PhD;
Ja K. Gu, MSPH; Linda C. Veldheer, PhD*

Objectives: Assess unmet needs of persons with traumatic brain injury (TBI) 1 year after hospital discharge; compare perceived need with needs based on deficits (unrecognized need); determine major barriers to services; evaluate association of needs with satisfaction with life. **Participants:** Representative sample of 1830 community-dwelling persons with TBI aged 15 years and older. **Measures:** Perceived and unrecognized unmet needs, barriers to receiving services, and satisfaction with life as a function of met service needs. **Results:** 35.2% of participants reported at least 1 unmet need, 51.5% had unrecognized needs, 47% reported at least 1 barrier to receiving help. Receipt of services significantly increased satisfaction with life. **Conclusions:** Many persons experiencing TBI report having unmet service needs 1 year after hospital discharge. **Keywords:** *barriers to receiving services, traumatic brain injury, unmet service needs*

1052

Measuring Unmet Needs and Services Among Persons With Traumatic Brain Injury

Allen W. Heinemann, PhD, Kara Sokol, MHSA, MPP, Lauree Garvin, MS, Rita K. Bode, PhD

Gap in Clinical Care and Research in Traumatic Brain Injury

**Lack of consideration for
racialization, racism, and
its related intersections**



No studies or reviews have exclusively focused on the clinical care journey of Black people with TBI with the specific aim of addressing racism.



Scoping Review

Review Manuscripts

Integrated Care Pathways for Black Persons With Traumatic Brain Injury: A Critical Transdisciplinary Scoping Review of the Clinical Care Journey

Samira Omar¹ , Stephanie Nixon^{1,2}, and Angela Colantonio^{1,3}

TRAUMA, VIOLENCE, & ABUSE

2021, Vol. 0(0) 1–28

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Methodology

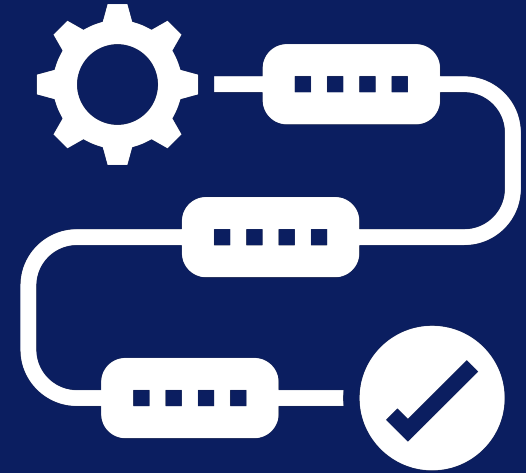
Protocol | [Open Access](#) | [Published: 01 June 2020](#)

Integrated care pathways for Black persons with traumatic brain injury: a protocol for a critical transdisciplinary scoping review

[Samira Omar](#) , [LLana James](#), [Angela Colantonio](#) & [Stephanie A. Nixon](#)

[Systematic Reviews](#) **9**, Article number: 124 (2020) | [Cite this article](#)

1741 Accesses | **3** Citations | **10** Altmetric | [Metrics](#)



Steps of a Scoping Study

Our strategy is divided into five steps: For more details please view the published protocol



1

Identify the search strategy

2

Identify relevant studies

3

Study selection

4

Data charting

5

Data analysis and synthesis

6

Stakeholder engagement

Protocol | [Open Access](#) | [Published: 01 June 2020](#)

Integrated care pathways for Black persons with traumatic brain injury: a protocol for a critical transdisciplinary scoping review

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Review Manuscripts

Integrated Care Pathways for Black Persons With Traumatic Brain Injury: A Critical Transdisciplinary Scoping Review of the Clinical Care Journey

[Samira Omar](#)¹ , [Stephanie Nixon](#)^{1,2}, and [Angela Colantonio](#)^{1,3}

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2021, Vol. 0(0) 1–28
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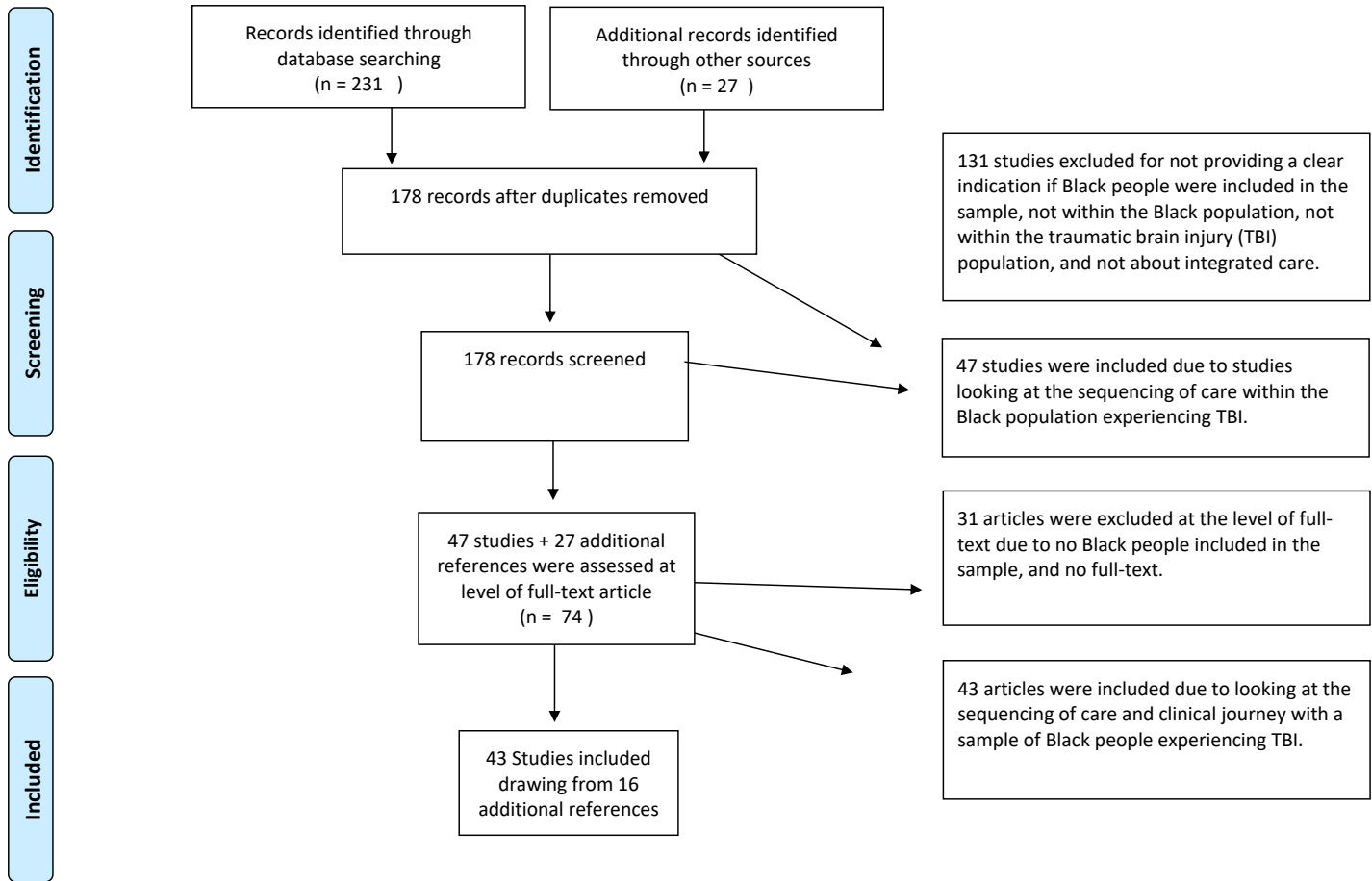


Figure 1. Preferred reporting items for systematic reviews and meta-analyses (PRISMA) diagram of the search results.



Results

Extent of the Literature

Geographical location and publication years

- All of the 43 studies included in this review were based in the United States. Dating back from 1984 to 2018.



Study design and population characteristics:

- Over 90% of the articles (n = 41) were quantitative in nature.
Most studies included a range of mild to severe (n = 18) TBI
Adults made up the most common sample of participants in the studies (n = 29, 67%)
- **In more than 70% of the studies, white participants accounted for greater than 70% of the sample.**

Three studies were found where Black people made up over 87% of the sample.

Extent of the Literature

Only two qualitative studies



Range of the Literature



Titles of articles and focus of the care pathway

60 % (n = 26) of the articles made direct reference to race and ethnicity in the title

81% of the article titles explicitly highlighted racial and ethnic disparities across TBI-related outcomes





Range of the Literature

Settings across the care continuum

Top three care settings

42% of studies were from samples in acute inpatient rehabilitation, 26% in emergency department, 23% in community settings



Racism becomes institutionalized inclusion

Framings of race, sex, gender, and Blackness

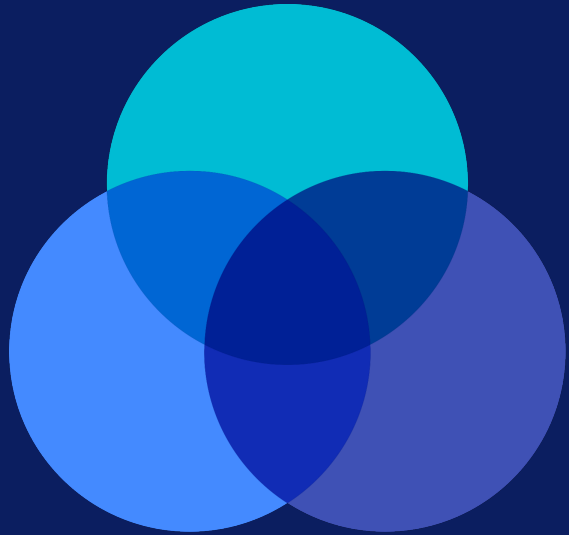
33% (n = 14) of the studies used the terms race and ethnicity interchangeably

Seven studies methodologically grouped Black people under the category of minority

Race is used as an independent variable in 80% of studies



Race, Sex, & Gender

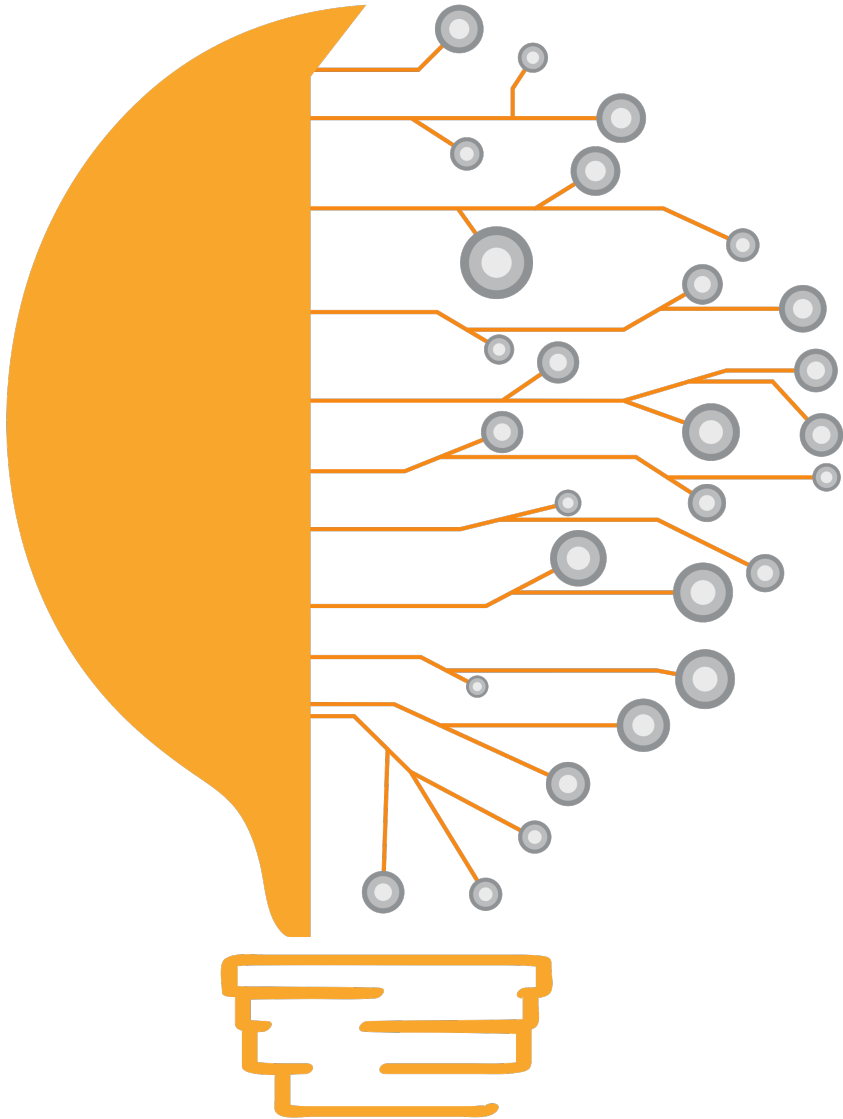


→ **Considering intersections of race, sex, and gender**

Over 40% of the studies misapplied the term gender to refer to dichotomous sex differences, such as male and female.

→ **23% of studies provided an analysis on the intersections of race and sex or gender for Black people**

For example Black females received less standard treatment procedures (Selassie et al., 2004).



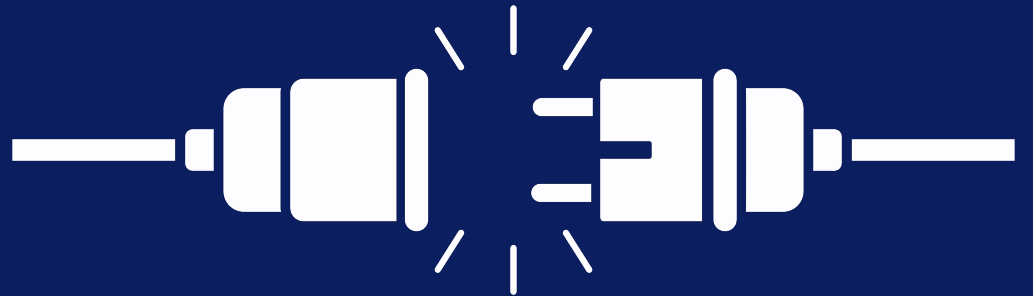
Conceptualizations of Blackness:

Narratives of being unmarried, less educated, more prone to violent mechanisms of injury, at-risk population, and unproductive.

Anti-Black racism displayed as symptoms of an unnamed problem.

Example: Socioeconomic deprivation, differential treatment, unequal access to care, notable genetic variations, systemic inequities, bias, & prejudice

**Racism remains disconnected,
unaccounted for, and a problem
without a name**



Nature of the literature on anti-Black racism in TBI care pathways: Narrative findings

Accessing clinical care pathways.

Less likely to be admitted to hospital, receive protocol treatment, denied follow-up care and access to rehab



Mechanism of injury and other factors contributing to the clinical care journey for Black people.

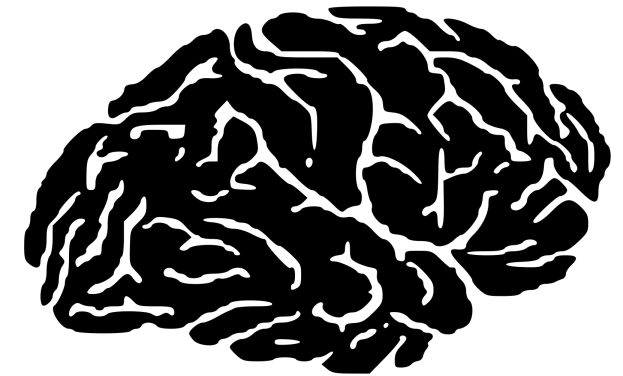
Black and were more likely to receive a TBI through violent mechanisms

Functional outcomes of anti-Black racism in the clinical care pathway.

The aftermath of rehabilitation varied for Black participants experiencing TBI, with most studies reporting poorer outcomes in cognition and motor functioning

Long-term occupational impacts of anti-Black racism in the clinical care journey.

Black persons experienced poorer outcomes in functional independence, recovery, and community integration at the one-year follow-up mark & two and five years later



Nature of the literature on anti-Black racism in TBI care pathways: Narrative findings

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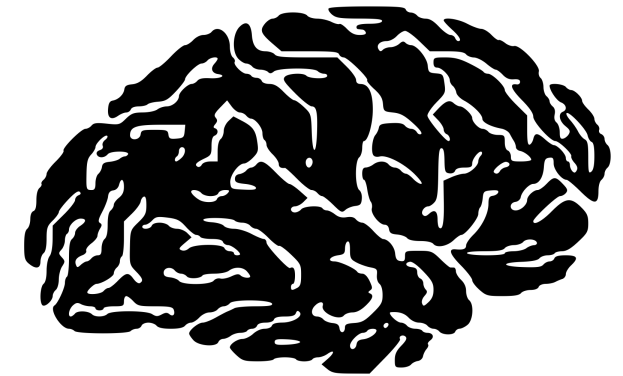
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Key takeaways


- Considerations for naming and addressing anti-Blackness
- The dangers of using and interpreting racial statistics
- Considerations for the application of race in scholarship and practice

Where does this leave us?





AMPLIFYING BLACK VOICES IN TRAUMATIC BRAIN INJURY (TBI) REHABILITATION: A CRITICAL EXAMINATION OF THE NARRATIVES OF BLACK SURVIVORS AND THEIR CAREGIVERS



Do you self-identify as **Black** or from the African diaspora?
AND Do you self-identify as someone living with a TBI and have experienced rehabilitation? **OR** Are you a family member, rehabilitation care provider, community advocate, or spiritual leader?

IF YOU ANSWERED YES TO ANY OF THE ABOVE, WE WOULD LIKE TO SPEAK WITH YOU!



- This study aims to understand the rehabilitation experiences of Black people who live with or care for someone with TBI. Specifically we hope to understand:
 - How anti-Black racism impacts participation in everyday living and determine the quality of rehabilitation care that is provided and received,
 - the effects of the COVID-19 pandemic,
 - How rehabilitation can be changed to better meet the needs of Black people
- Participation involves two **60-90 minute** virtual or phone interviews.

Compensation will be provided for your time and participation.



- All potential participants must communicate, speak, read, write in English language, be over 18 years of age, and sign legal documents on their own and provide legal consent to participate in a one-on-one interview.



If you are interested in participating, are willing to help with recruitment, or have any questions and would like more information about this research study, please contact Samira Omar, PhD Candidate at samira.omar@mail.utoronto.ca OR call 416-946-0898.



Doctoral Awards and Funding

2018-2023

- Doctoral Completion Award
- 2021 Neurological Health Charities Change Maker Award
- 2022 Honourary CAOT Membership Award
- 2022 Vetter Volunteer of the Year Award (Brain Injury Society of Toronto)
- University of Toronto Gordon Cressy Student Leadership Award 2022
- 2021 Inaugural Temerty Award for Excellence in Professional Values
- Ontario Graduate Student Scholarship – Doctoral Award
- Theresa and Miron Polatajko Graduate Award
- Dr. Bernard Lau Memorial Scholarship
- Toronto Rehabilitation Institute Student Scholarship
- International Day for the Elimination of Racial Discrimination Impact Award
- Judy Willcocks Memorial Bursary



Chaires
de recherche
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Doctoral Committee

- Dr. Angela Colantonio
- Dr. Charmaine Williams
- Dr. Laura Beth Bugg

Thank you!



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416-946-0898

SURVIVOR-LED, TRAUMA- INFORMED, CROSS-SECTORAL SOLUTIONS TO IPV-TBI

PRESENTED BY

DR. GIFTY ASARE

JUNE 15, 2023



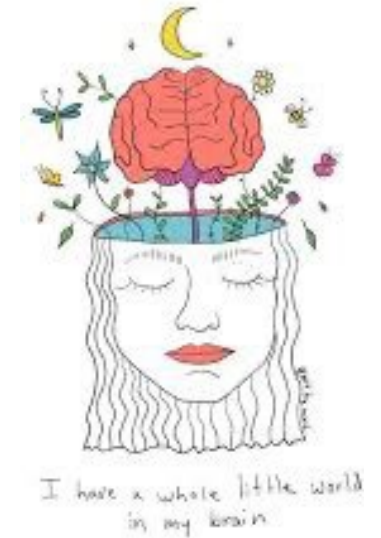


LEARNING OBJECTIVES

- 1) Acquire knowledge regarding select rehabilitation professionals and peer support providers' roles in aiding survivors of IPV
- 2) Enhance cultural competence and awareness of diversity and inclusion when working with survivors affected by IPV-TBI

WHAT IS IPV-TBI?

- Intimate partner violence (IPV) is one of the most common forms of violence against women. Its complex nature includes cognitive, physical, and psychological challenges that are further complicated by socially derived barriers to care and wellbeing.
- Traumatic Brain injury (TBI) is a brain injury acquired after birth through physical force (e.g.: hit to the head, asphyxiation). They result in cognitive, physical, emotional, or behavioral impairments that lead to permanent or temporary changes in functioning.



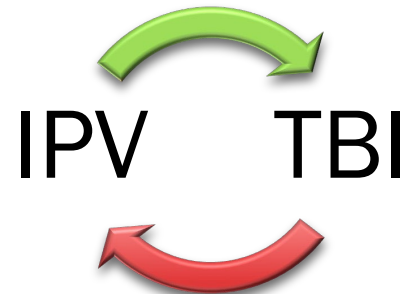
WHY DOES THE INTERSECTION OF IPV-TBI MATTER?

Because IPV occurs in a private sphere, survivors largely have to advocate themselves to get proper care.

- Survivors might be unable to seek care
- Survivors are often unaware they have sustained a brain injury.
- Care providers can mistake brain injury symptoms for the emotional distress brought about by the abuse itself.

MEDICAL ATTENTION MAY NEVER BE SOUGHT AND IF IT IS IT MIGHT BE TOO LATE FOR SIGNIFICANT HEALTH REPERCUSSIONS TO BE AVOIDED.

NOT ONLY DOES IPV FEED INTO TBI, BUT TBI FEEDS INTO IPV



REHABILITATION AMONG SURVIVORS OF INTIMATE PARTNER VIOLENCE: A SCOPING REVIEW

PHAC-funded WomenatthecentrE's ***Cross-Sectoral Solutions: Strengthening Community Capacity to Address the 'Parallel Pandemic' of IPV & TBI Through a Survivor-Led Support Intervention*** Project that aims to develop a rehabilitation program for IPV-TBI survivors across Canada.



REHABILITATION AMONG SURVIVORS OF INTIMATE PARTNER VIOLENCE

- TBI is overlooked in survivors of IPV
- Individuals living with disability at increased risk of IPV
- Are the PT, OT, SLP, Physiatry trained in brain injury an untapped resource?

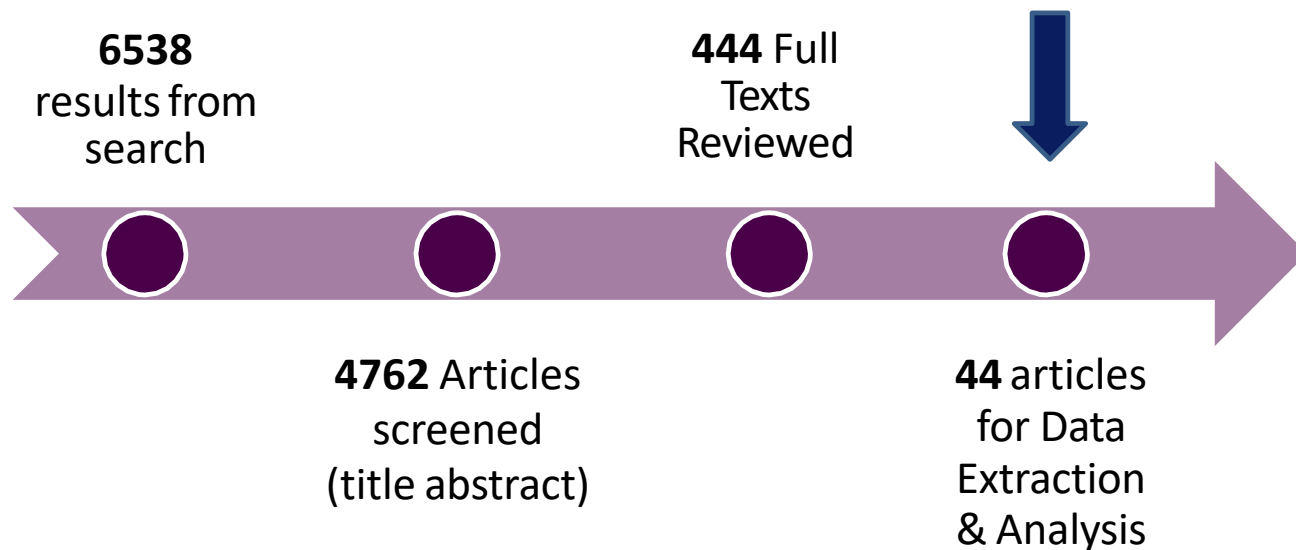


What is known in the literature about the existing use of and potential opportunities for PT, OT, SLP, Physiatry services for survivors of IPV?

REHABILITATION AMONG SURVIVORS OF INTIMATE PARTNER VIOLENCE

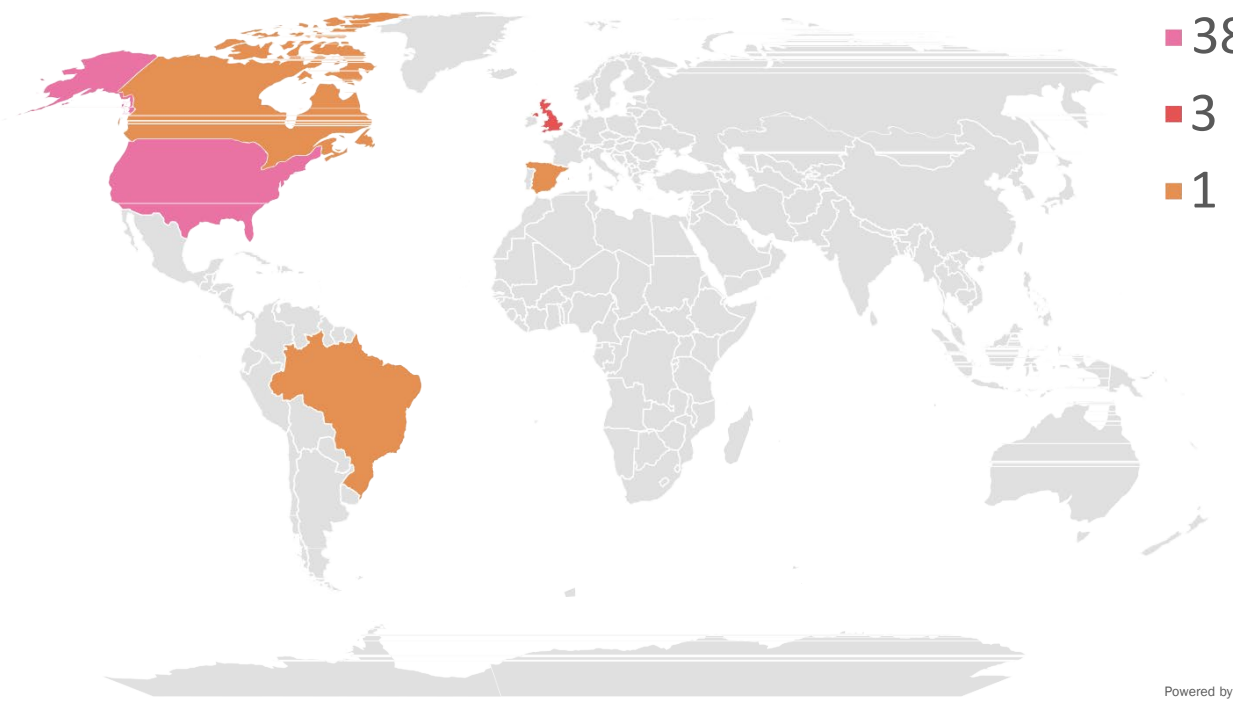
Methods

- 10 databases & grey literature searched
- 31 Peer-review articles
- No restrictions on date, language, location



REHABILITATION AMONG SURVIVORS OF INTIMATE PARTNER VIOLENCE

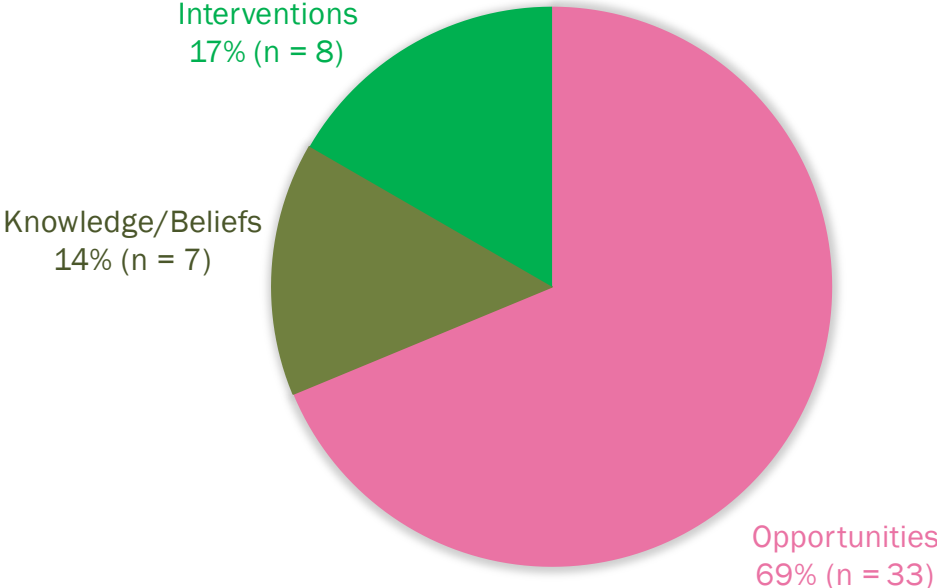
Country of Publication



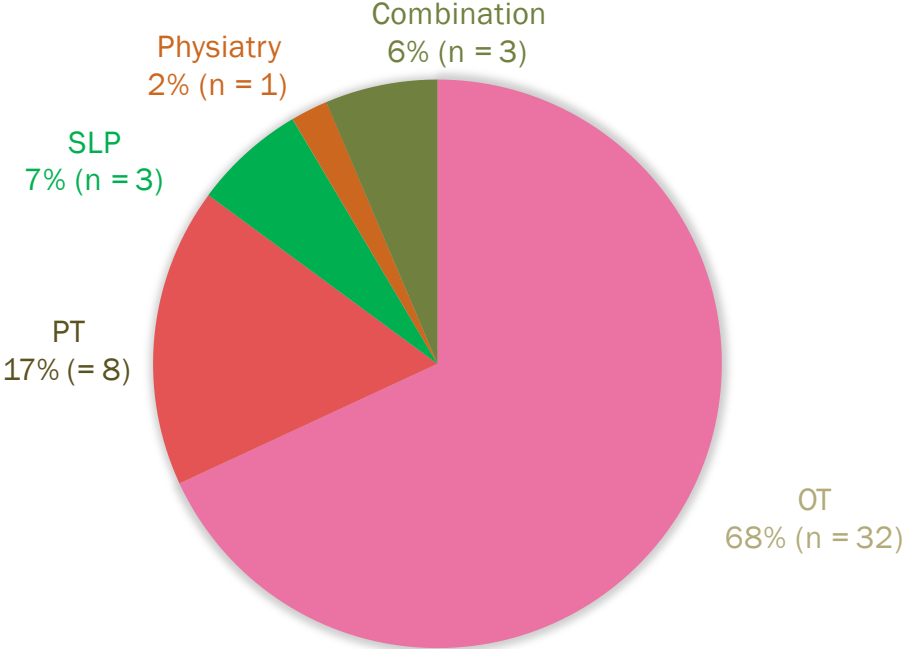
- 38 US
- 3 UK
- 1 Canada, Spain, Brazil

REHABILITATION AMONG SURVIVORS OF INTIMATE PARTNER VIOLENCE

SCOPE OF REVIEW



REHABILITATION PROFESSIONAL



REHABILITATION AMONG SURVIVORS OF INTIMATE PARTNER VIOLENCE

Results: TBI Considerations in 44 articles

6/44 articles assessed or reported TBI in their population or methods

* None of the articles made recommendations regarding TBI

REHABILITATION AMONG SURVIVORS OF INTIMATE PARTNER VIOLENCE

Results: Black Considerations in 44 articles

7/44 articles included demographic information

6/44 included black women from 1.3%, 25%, 34.6%, 44% to 56%

* None of the articles made recommendations regarding women of color

REHABILITATION AMONG SURVIVORS OF INTIMATE PARTNER VIOLENCE

1. There is a recognized need for rehabilitation professionals to support IPV survivors¹⁻²⁴
2. Rehabilitation professionals are underprepared to support IPV survivors and require **more education and training to confront biases** and be better able to **identify** and **support** survivors²⁵⁻³¹
3. Interventions for IPV survivors to support **life skills, activities of daily living, and meaningful engagement** are generally positively received and result in improvements in the areas being addressed^{26, 32-38}



PROMISING PRACTICES



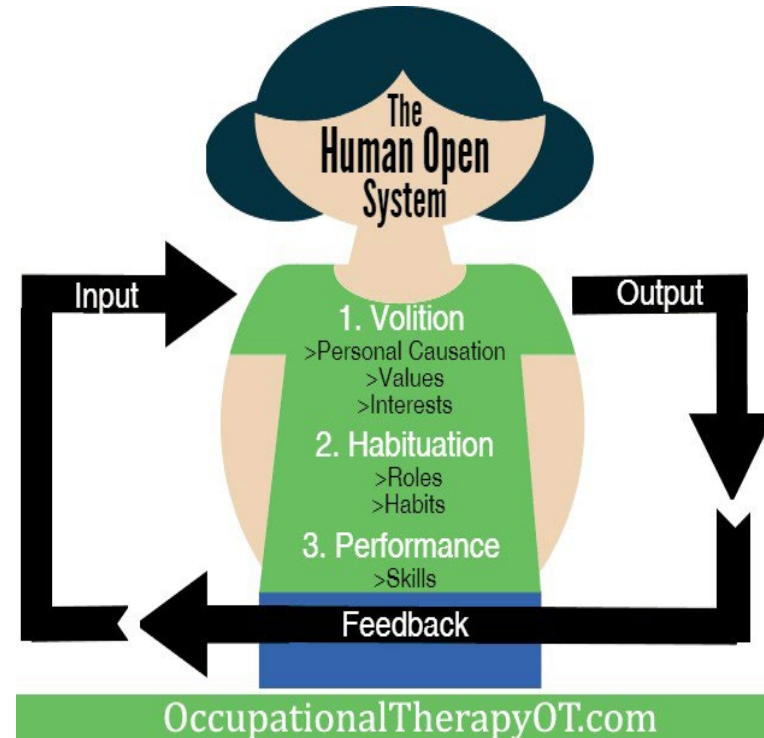
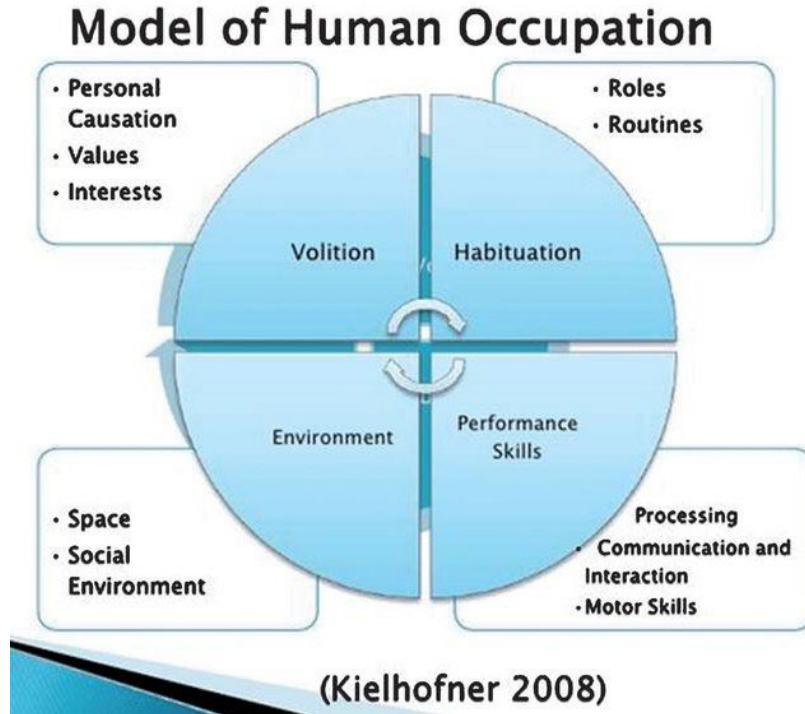
Recommendations

- Build IPV education into rehabilitation training ²⁵⁻³¹
- Develop network of local resources rehab professionals can refer to if needed^{13, 17, 20}
- Build flexibility into programming so specific survivor needs can be met ^{26, 32, 34-36}

* No recommendations regarding TBI were included but it requires specialized considerations in rehabilitation trainings of IPV survivors

Useful Tools

1. The Model of Human Occupation may be a good framework to guide program development^{32, 35, 36, 39}



Useful Tools

2. The Canadian Occupational Performance Measure may be a good measure to assess progress/outcomes^{32, 36, 37}

COPM
Canadian Occupational Performance Measure

PLACE INSTITUTIONAL STAMP HERE

The Canadian Occupational Performance Measure (COPM) supports high-quality, client-centred, occupation-based practice. The COPM is an individualized measure designed to detect change in a client's self-perception of occupational performance over time. The COPM is intended for use as an outcome measure. As such, it should be administered at the beginning of service to support the establishment of intervention goals, and again at an appropriate interval thereafter to determine progress and outcome.

The COPM is used to:

- Identify problem areas in occupational performance
- provide a rating of the client's activities in occupational performance;
- evaluate performance and satisfaction relative to these problem areas;
- provide the basis for goal setting and;
- measure changes in a client's perception of his/her performance and satisfaction over the course of intervention.

The COPM is completed in 3 steps:

- Identify occupational performance problems. The definition of a problem is: **to recognize that a person WANTS TO DO, NEEDS TO DO or IS EXPECTED TO DO, but CAN'T DO, DOESN'T DO or ISN'T SATISFIED WITH THE WAY he or she DOES it.**
- Show specific occupational performance problems have been identified, ask the client to rate each one in terms of its **IMPORTANCE** in his or her life. Importance is rated on a ten-point scale, where:
 - 1 = not important at all, 10 = extremely important
- Ask the client to describe up to five problems that seem most pressing or important, using the ratings just done.
- Rate **PERFORMANCE** (how would you rate the way you do this activity now?) and **SATISFACTION** (how satisfied are you with the way you do this activity now?)
- Establish date for re-assessment.

CLIENT INFORMATION

Client name: _____ Client date of birth: / /
 Therapist name: _____ Initial assessment: / /
 Re-assessment: / /

SCORING

PERFORMANCE (How would you rate the way you do this activity now?)
 1 = not able to do it at all → 10 = able to do it extremely well

SATISFACTION (How satisfied are you with the way you do this activity now?)
 1 = not satisfied at all → 10 = extremely satisfied

Occupational Performance Problem (OPP)	Imp.	TIME 1: / /		TIME 2: / /		Change in Performance (P ₁ , P ₂)	Change in Satisfaction (S ₁ , S ₂)
		Performance P ₁	Satisfaction S ₁	Performance P ₂	Satisfaction S ₂		
1. Driving							
2. Grocery Shopping							
3. Walking to the Toilet							
4. Getting dressed							
5. Using TV remote							

Time Score (Σ P₁ × S₁) = _____
 Re-assessment Score (Σ P₂ × S₂) = _____

OCCUPATIONAL PERFORMANCE AREAS

SELF-CARE

Self-care includes activities aimed at getting ready for the day and getting dressed in the COPM, we assess three aspects of self-care: personal care, functional mobility, and community management.

Activity	Importance
Personal care: Getting dressed	9
Functional mobility: Walking to the Toilet	9
Community management: Driving	9

PRODUCTIVITY

Productivity includes occupations aimed at earning a living, maintaining home and family, providing services to others and/or developing one's capabilities. The COPM measures three types of productive activity: paid or unpaid work, household management, and school play.

Activity	Importance
Household management: Grocery shopping	9
School and/or play: Cleaning house;	4

LEISURE

Leisure includes the occupations performed by an individual when freed from the obligation to be productive. The COPM includes quiet recreation, active recreation, and socialization.

Activity	Importance
Quiet recreation: Using the TV remote	8
Active recreation: Walking dog	4

NOTES AND OBSERVATIONS

Initial assessment: _____
 Re-assessment: _____

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**PEER SUPPORT
IN TBI, IPV, & THE ROLE OF
SOCIAL WORK IN IPV-TBI**

PEER SUPPORT IN TBI, IPV, AND THE ROLE OF SOCIAL WORK IN IPV-TBI

Objectives

- What are the effects of peer support of IPV?
- What are the effects of peer support on TBI?
- What is known in the literature about the role of social work in providing support to survivors of TBI and IPV

PEER SUPPORT IN TBI, IPV, AND THE ROLE OF SOCIAL WORK IN IPV-TBI

Methods

- Google Scholar and PubMed search engines
- Criteria:
 - IPV: ('dv', 'ipv', 'sex work', 'trafficking', 'victim', 'victimization', 'survivor')
 - TBI: ('bi', 'tbi')
 - AND ('peer support' or 'peer navigator') AND ('review')
 - AND ('social work') AND ('review')
- No restrictions on date, language, location

PEER SUPPORT IN IPV & TBI

A literature scan of 10 review articles designed to explore how peer support can help rehabilitate survivors of intimate partner violence (IPV) and/or survivors of traumatic brain injury (TBI).



WHAT ARE THE EFFECTS OF PEER SUPPORT ON IPV ?

The 4 reviews identified explored the effects of peer support on survivors of violence, injury, crime, calamities, and suicide. These reviews included at least one IPV article.

It is suggested that peer support can provide both positive^{1,2} and negative² outcomes. In some cases, it has not been found to be more or less effective than free flowing speech⁷.



WHAT ARE THE EFFECTS OF PEER SUPPORT ON TBI?

6 reviews looked at TBI acquired through medical injuries, vehicle and sport-related injuries and assault.

In the context of TBI, peer support benefits may include enhanced quality of life^{3,5,6,9} knowledge^{3,8} and coping for both TBI survivors and their caregivers^{3,6,9}.



CONCLUSION

Peer support can be helpful to both IPV and TBI survivors and caregivers however, in the case of IPV, there can be a greater risk of retraumatization (i.e.: re-living stress reactions to past events) that need to be carefully considered.



RECOMMENDATION

1. Peer support in IPV should be independently reviewed to better assess its efficacy.
2. Peer support interventions in IPV would benefit from being TBI-focused.
3. In peer support, an emphasis on quality of life, knowledge, and coping mechanisms have shown great promise thus far.



SOCIAL WORK IN IPV & TBI

A literature scan of 13 works designed to explore the role of social work in helping survivors of intimate partner violence (IPV) and traumatic brain injury (TBI).



WHAT ARE THE EFFECTS OF SOCIAL WORK IN IPV AND TBI?

Social work plays a vital role in supporting survivors of TBI and IPV by providing safety planning, referrals to community agencies and counselling services.

However, there is a lack of knowledge within the social work field in identifying and subsequently providing treatment to survivors of TBI and IPV.



CONCLUSION

There is a need for more specialized education of social workers and interconnected service providers on BI and on the intersection of BI and IPV to diagnose, treat, and care for survivors.



CONCLUSION cont.

There is also a need for BI-related standardized assessments to develop adequate interventions for the acute and lingering TBI in IPV symptoms.



RECOMMENDATIONS

1. Build BI and BI in IPV education into rehabilitation program
2. Train service providers on BI symptomatology (acute and lingering) in IPV
3. Build an interconnected network of service providers



Recommendations

- Incorporate standardized assessments to screen for TBI in survivors of IPV 2, 4, 5, 6, 8, 9 (Legal considerations)
- Train service providers on BI symptomology (acute and lingering) in IPV 2,4, 5, 8, 9, 10, 13
- Build an interconnected network of service providers and multidisciplinary team for practical guidelines on how to address TBI in IPV 4, 6-8, 12
- Build BI and BI in IPV Education into rehabilitation program^{2, 3, 6-8, 10}
- **The importance of WE SEC (WomenatthecentrE's Survivor Expert Collective)**

Black Considerations

'Strong Black Woman' Narrative	Disparities in Health Care	Education and Language
Create a safer space for a black woman to be vulnerable	Inconsistent referrals by professionals to be addressed	History and community practices matter
Displace the narrative within the Black community and outside of it	Inclusion of black populations in research works	Dismantling oppressive language

LANGUAGE MATTERS - CENTRING THE MARGINS

MISOGYNY vs, AMOURGYNY

[Ah-mor-juh-nee]

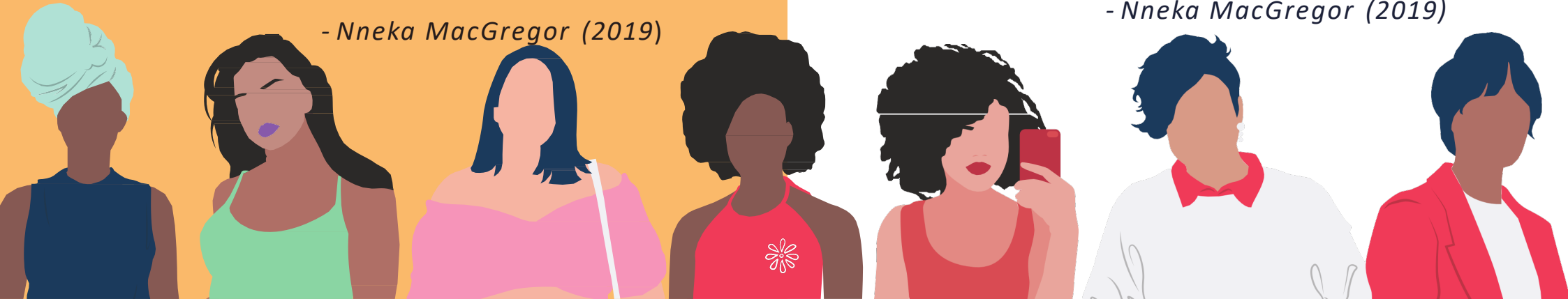
verb

to love, like, trust, have faith and belief in women and girls, manifested in various ways, such as physical, emotional affection and support, promotion, mentoring and sponsoring of etc.,

noun

A framework to ingrain and institutionalise the uplifting of women, girls & gender-diverse people; proactive, deliberate and intentional centering

- Nneka MacGregor (2019)



MISOGYNOIR vs. AMOURGYNOIR

[Ah-mor-juh-nwar]

verb

to love, like, trust, have faith and believe in Black women, Black and girls and Black gender-diverse people specifically;

noun

A framework to proactively, deliberately and intentionally centre B-WG GD people in policy & programme development

- Nneka MacGregor (2019)

References Scoping Review

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