WASHINGTON COUNCIL FOR BEHAVIORAL HEALTH

Pánfila Domestic Violence HOPE Foundation

Unrecognized Domestic Violence-TBI Epidemic: Implications & Opportunities

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Content Warning

- The content in this workshop may be disturbing.
- This workshop will discuss domestic violence (DV) content including traumatic brain injury (TBI), nonconcussive head impacts, and progressive neurodegenerative diseases like chronic traumatic encephalopathy (CTE) as they impact women, men, children, and youth.
- Please practice self-care.
- Please give yourself space.

Objectives

- Summarize the DV-TBI epidemic.
- Identify DV-TBI/CTE symptoms.
- Analyze intersectionality, disproportionality, and disparities among marginalized DV-TBI/CTE victims.
- Explain how the DV-TBI/CTE epidemic can be addressed by an inclusive integrated community-based behavioral healthcare strategy.

Domestic Violence: Terminology

Domestic violence also known as domestic violence abuse, marital assault, women battery, wife beating, intimate partner violence, family violence, women abuse, wife abuse, battered women, partner abuse, and other terms.

I use domestic violence as it involves a pattern of abusive behavior by a current or former intimate partner against another person including adults and children as opposed to intimate partner violence which refers to violence between two current or former people involved in an intimate relationship.

About María Pánfila Garay

- My mother.
- A Mexican immigrant woman.
- Born in El Niño Jesus, rural town in Zacatecas, Mexico.
- Passed on July 22, 2015.
- She is the inspiration for *This Hits Home,* Pánfila Domestic Violence Hope Foundation, and other DV-TBI and DV-CTE brain science and research and system-based strategies to reach health equity as we work to address the DV-TBI unrecognized and silent pandemic.

To Date:

Globally, my mother’s case is the first public DV-CTE case.

Global Domestic Violence Prevalence

- An estimated 736 million women—almost one in three – experience DV
- Most violence against women is perpetrated by current or former husband or intimate partner
- 275 million, or 1 in 8, children worldwide are exposed to DV

United States (US): Domestic Violence Prevalence

- 1 in 3, 35.6%, or over 61 million women
- 1 in 4, 28.5%, or 53 million men
- Teens: 1 in 11 females and 1 in 15 males
- 1 in 6 women are first abused during pregnancy
- 29% to 61% of LGBTQ+
- 10% to 30% of children
- 49% to 71% of pets

DV and Washington State

- 41% of women and 32% of men experience domestic violence throughout their lifetimes in Washington State
- DV is significantly high in Washington State ranking 9th nationally.

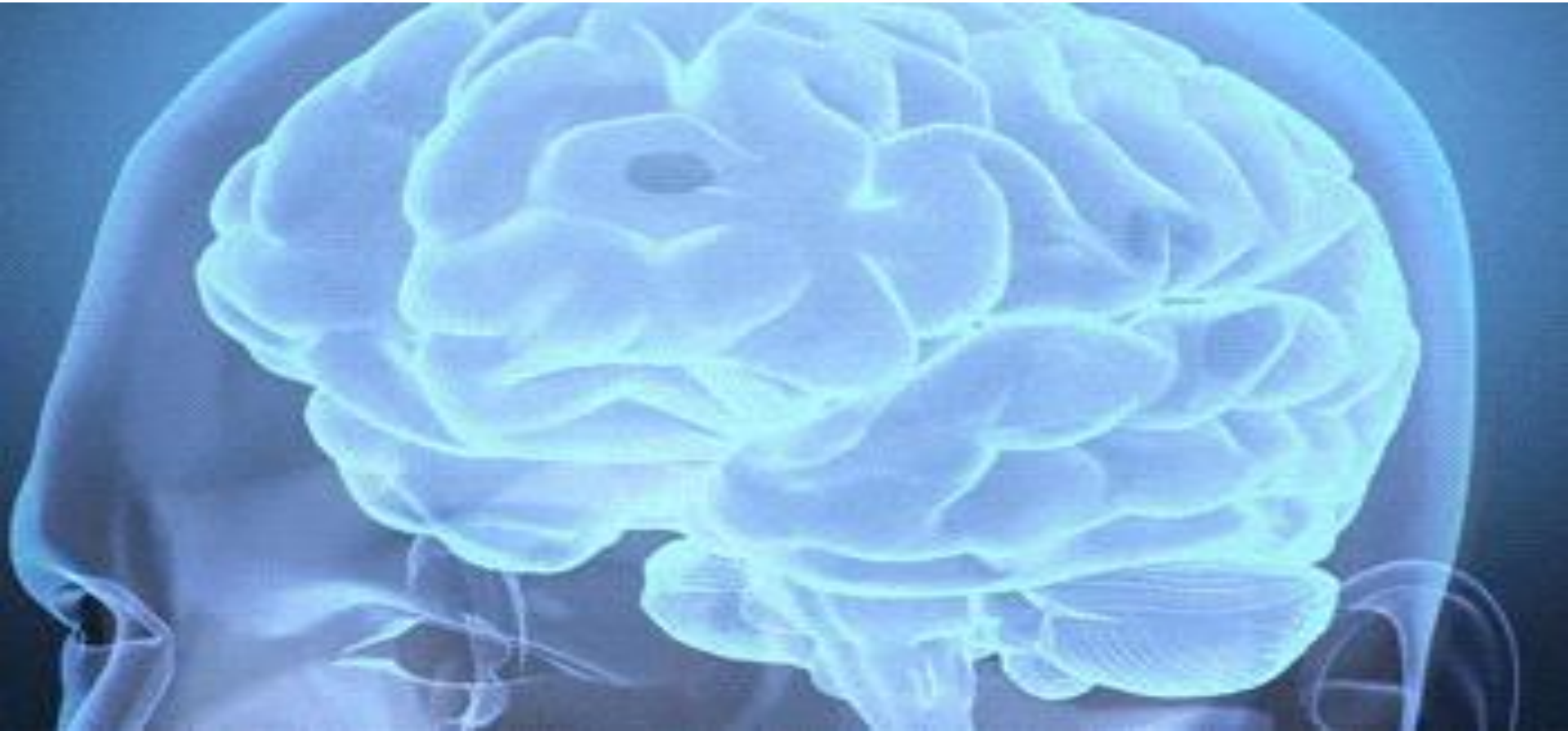
Domestic Violence and Disproportionality

Percentage of total Females in the US Population	Percentage of DV Female Prevalence
59.2% non-Latina white	37.3% non-Latina white
18.5% Latina	29%-37% Latina
14% Immigrant	13.9%-93% Immigrant
13.9% African-American/Black	45.1% African-American/Black
7.7% Asian and Pacific Islander	16–55% Asian and Pacific Islander
2.2% American-Indian/Alaskan Native	84.3% American-Indian/Alaskan Native

Overturn of Roe v. Wade

- Reports of abuse involving reproductive coercion — actions that prevent someone from making crucial decisions about their body and reproductive health — nearly doubled
- Increase in DV homicides – pregnancy itself is a risk factor for lethal abuse
- Increase in DV incidence

Domestic Violence – Traumatic Brain Injury Epidemic



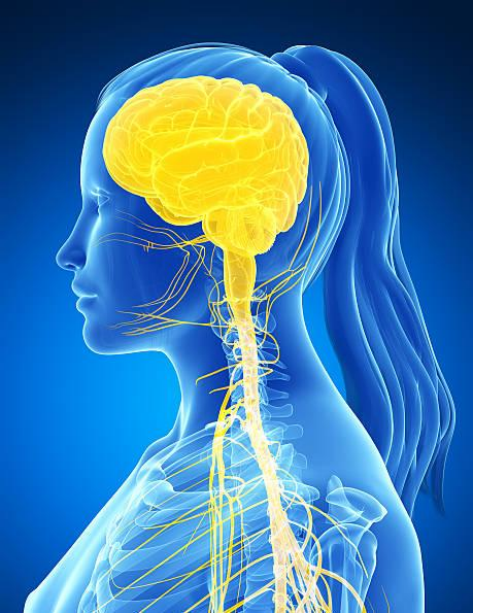
Global Prevalence: Traumatic Brain Injury

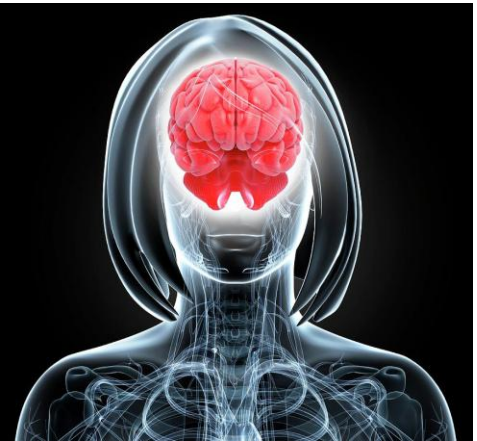
- TBI is the leading cause of death and disability
- 55 million people are living with TBI

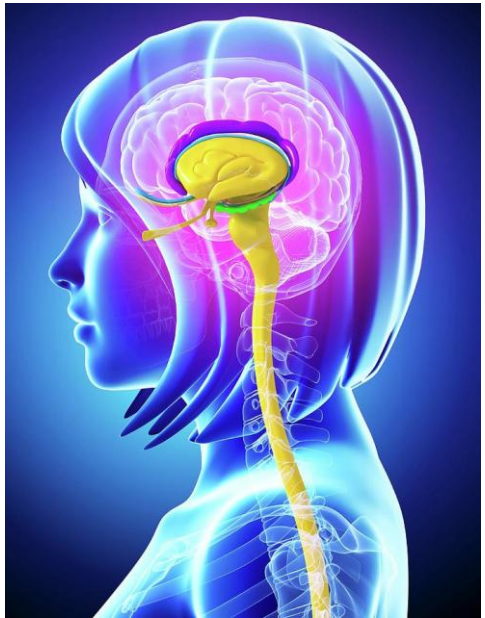
US TBI Prevalence

- 2.8 million head injuries are reported annually
- 5.3 million Americans live with TBI-related impairments.
- TBI is a leading cause of death and disability
- TBI is the leading cause of disability and death in children ages 0–5 years and adolescents ages 15–19 years.
- One-third of all child maltreatment deaths are due to TBI.
- Children have the highest rate of emergency department visits for TBI.

The Incidence of TBI is Only Increasing







TBI is Largely Ignored

- 81% of adults in the US do not recognize concussion is TBI.
- Fewer than one in four (23%) adults reported being screened for a history of brain injury during medical visits, despite its potential long-term impacts.
- 50% of individuals who sustain a concussion, do not seek medical care.

Traumatic Brain Injury Medical Cost

- Globally, $400 billion annually
- US -$76.5 billion (in 2010 dollars)

DV-Traumatic Brain Injury Prevalence

2001 to Present: Women Victims	1989 to Present: Men w/Abusive Histories
• 75% - 90% report being hit in the head by their partners, most more than once • 83% have been both hit in the head and severely shaken • 8% of them had been hit in the head over 20 times in the past year	• 60%-90% have histories of TBI • 93% were injured prior to the first occurrence of marital abuse • 74% experienced TBI before the age of 16

DV-TBI and Children

- 31%-65% of children experience DV-TBI.
- DV-TBI impacts the developing brain throughout the lifespan.

TBI Disproportionality

The following individuals and groups are at higher risk for experiencing TBI:

- Children and youth,
- Domestic violence victims and survivors,
- Ethnic and racial minorities,
- Military service members and veterans,
- Older adults,
- The unhoused, and
- Individuals in correctional or detention facilities.

TBI Susceptibility

Studies have shown that individuals with a history of TBI are more susceptible to future head injuries.

What is Traumatic Brain Injury?

- TBI is an external injury that affects how the brain works.
- Not all blows or jolts to the head result in TBI.
- Most brain research based among men in contact sports and military.

TBI Types

Mild TBI – The focus of this workshop

- 80%-90% of TBIs are mild.

Moderate TBI

- 9%-10% of TBI are moderate
- Ex: external forces, including falls, motor vehicle crashes, assaults, sports-related injuries, assaults, etc.

Severe TBI

- 6% of TBI are severe
- Ex: a penetrating injury to the head, such as from a gunshot, or significant impacts like severe motor vehicle crashes or falls, etc.

TBI and Sex Differences

- Research has shown that women sustain more brain injury than men in similar sports and may take longer to recover.
- Neck strength-
  - Most women are not as muscular in the shoulder girdle and neck area as their male counterparts.
  - Female athletes' necks are 47% weaker than men’s.
- Smaller, more breakable nerve fibers in the brain
- May have thinner skulls

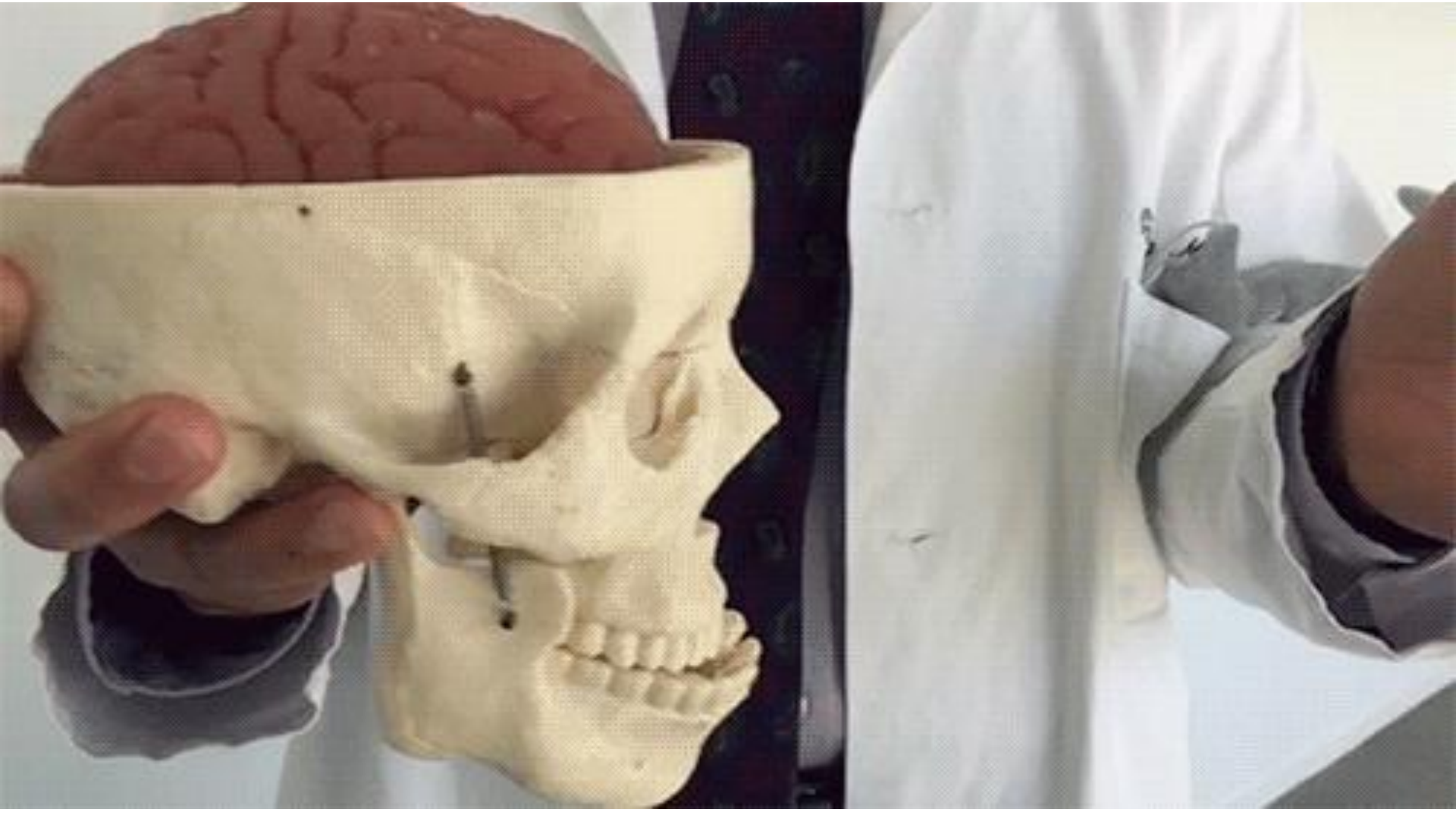
DV-Mild Traumatic Brain Injury

Caused by an external bump, hit, blow, or jolt to the head or body during DV episodes that cause the head and brain to move rapidly back and forth like:

- Shoving,
- Slamming,
- Pushing,
- Shaking,
- Slapping,
- Punching, etc.

What happens to the brain when it is bumped and jolted?

Coup-contrecoup



Mild TBI: Symptoms v. Asymptomatic

- Concussions often show through symptoms or signs
- Non-concussive head impacts *do not* cause the person to feel symptoms after an injury to the brain.

Mild Traumatic Brain Injury: Symptoms and Treatments

Symptoms can appear:

- Immediately,
- Within 24 hours,
- Within days, or
- Within weeks after the injury.

Mild TBI Primary or Acute Symptoms

- Headache/s
- Dizziness
- Balance
- Fatigue
- Nausea
- Temporary loss of consciousness

TBI: Long-term Symptoms and Comorbidities

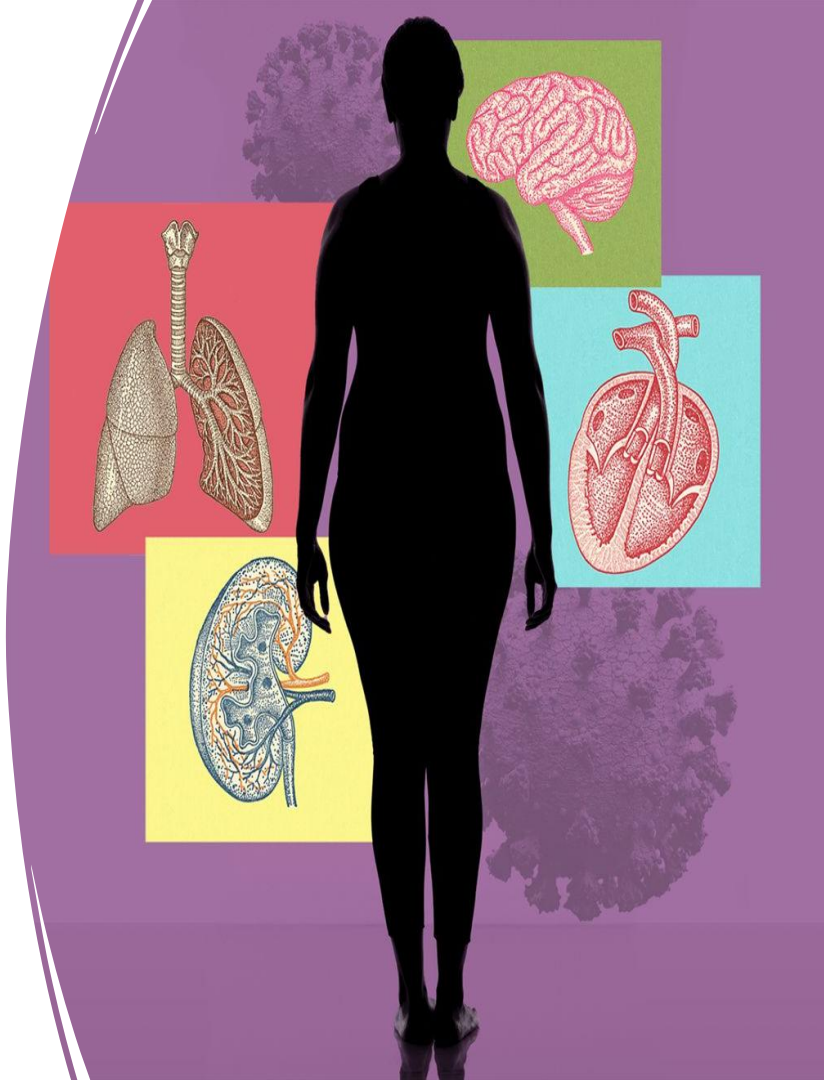
- TBI survivors can experience both comorbidities (co-occurring conditions) and long-term symptoms, and while related, they have distinct characteristics.
- Comorbidities are separate conditions that develop alongside or after a TBI, including mental health conditions, chronic pain, and cardiovascular issues.
- Long-term symptoms are the persistent effects of the injury itself.

Mild Traumatic Brain Injury Long-term Symptoms

Physical	Cognitive	Social or Emotional	Sleep
Light and/or noise sensitivity	Attention or concentration problems	Anxiety or nervousness	Sleeping less than usual
Dizziness or balance problems	Feeling slowed down	Irritability or easily angered	Sleeping more than usual
Feeling tired or fatigue	Foggy or groggy	Feeling more emotional	Trouble falling asleep
Nausea	Short and/or long-term memory problems	Sadness	
Headaches or migraines	Trouble thinking clearly		
Vision problems			

TBI and Comorbidities

- Severity of TBI, sex/gender, age, health disparities, and other issues, are important factors in the correlation with comorbidities.
- Cardiovascular Diseases– hypertension, coronary artery disease, and heart-related problems
- Endocrine Disorders: Diabetes and thyroid problems
- Chronic Pain
- Neurological Disorders: Seizures, post-traumatic epilepsy, stroke, etc.
- Others



Treatment Recommendation for One Mild TBI

- No DV-TBI standards of care
- Nothing currently available can detect a TBI
- Avoid getting second TBI
- ***Rest for 2-3 days or longer***
- ***Recovery time for a TBI may vary from a few weeks to six or more months.***
- Return to normal activities
- Monitor and get care for long-term effects and comorbidities

Multiple Mild TBI: Recovery and Treatment

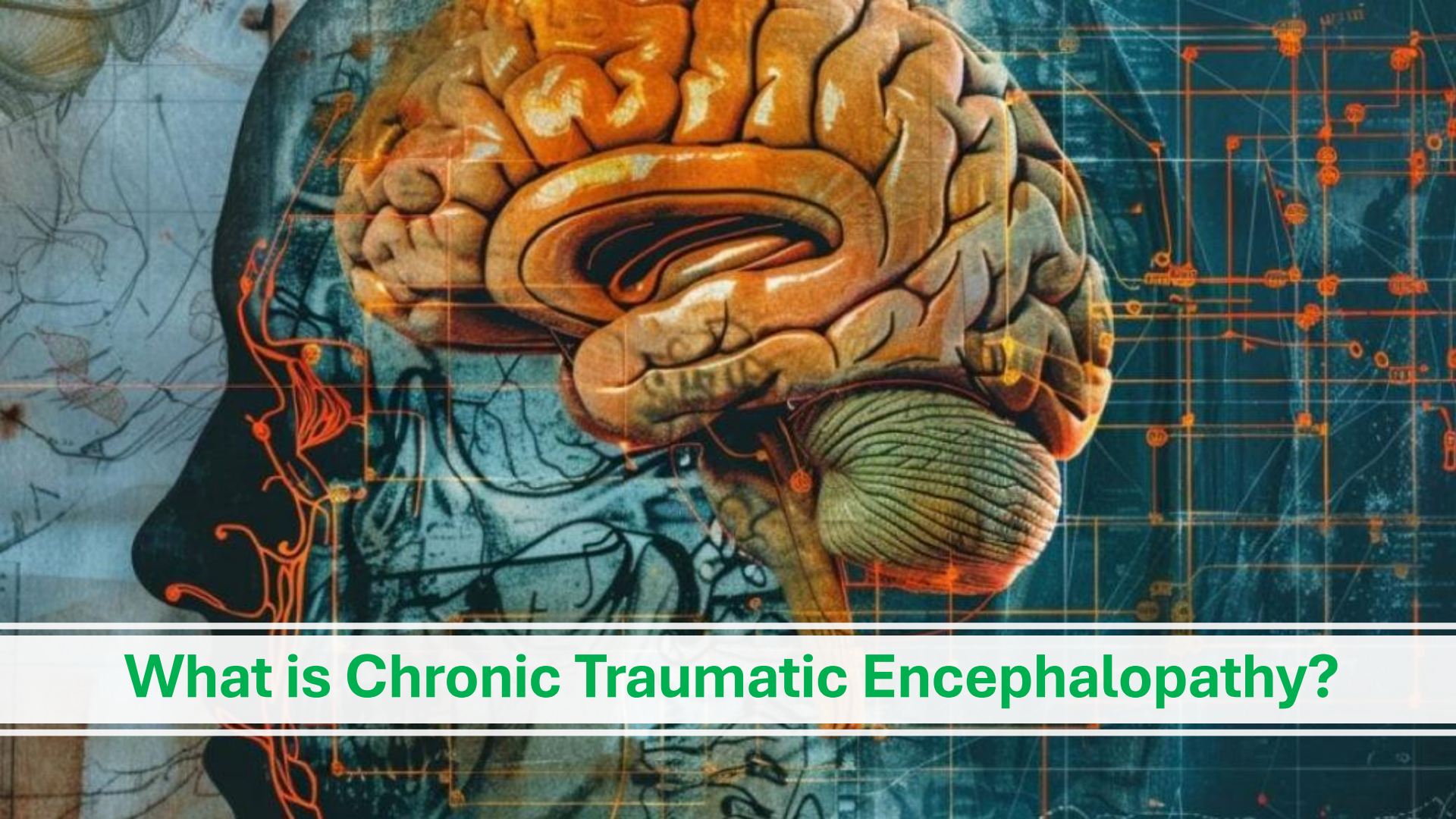
- The brain's recovery from multiple TBIs can be a complex and varied process, with recovery timelines ranging from weeks to years.
- The more frequent and closer together the injuries, the more likely long-term impairments are to develop.
- When an individual experiences repetitive TBI, the brain may not have enough time to fully heal and return to normal state after each injury.
- Access to care and support systems can significantly impact the recovery process.

Mother's DV-TBI: History and Symptoms

- TBI: nonconcussive head impacts, concussions, and strangulation
- Migraine headaches
- Visual difficulties
- Light Sensitivity
- Sleepiness
- Nausea
- Sadness
- After Every DV-TBI Episode
- ***No recovery period***
- No medical care

Father's DV-TBI History

- Concussions, nonconcussive head impacts, etc. from DV in his childhood home.
- Irritability
- Concentration challenges
- Nervousness
- Noise sensitivity
- Others
- No recovery
- No care of any type



What is Chronic Traumatic Encephalopathy?

CTE History Evolution

CTE is often referred to as the disease of professional boxers and National Football League retired football players.

CTE History: Sports, Military, and DV

Professional Boxing – 1928	1990 –Domestic Violence
• 1928 – Punch-drunk syndrome • 1937 – Dementia pugilistica • 1949 – Chronic traumatic encephalopathy • 2005 – National Football League • 2022 – National Institute of Health recognized repeated head trauma causes CTE • 2008 - UNITE Brain Bank • 2011 - Military War Veteran with CTE • 2012 - Military brain bank	• 1990 – DV & CTE First case • 2023 – DV & CTE – First public case • No DV Brain Banks • No treatments • No clinical studies • No biomarker studies • No education and awareness campaigns

Chronic Traumatic Encephalopathy: A Brain Disorder

- CTE is a brain disorder that is not yet well understood by brain scientists.
- Brain scientists do not fully understand all the causes of CTE.
- Brain science found that CTE has a unique pattern of abnormal tau buildup entailing tau misfolding and tau tangles.

CTE and Repetitive Non-concussive Head Impacts

Repetitive head impacts or non-concussive head impacts are linked to CTE

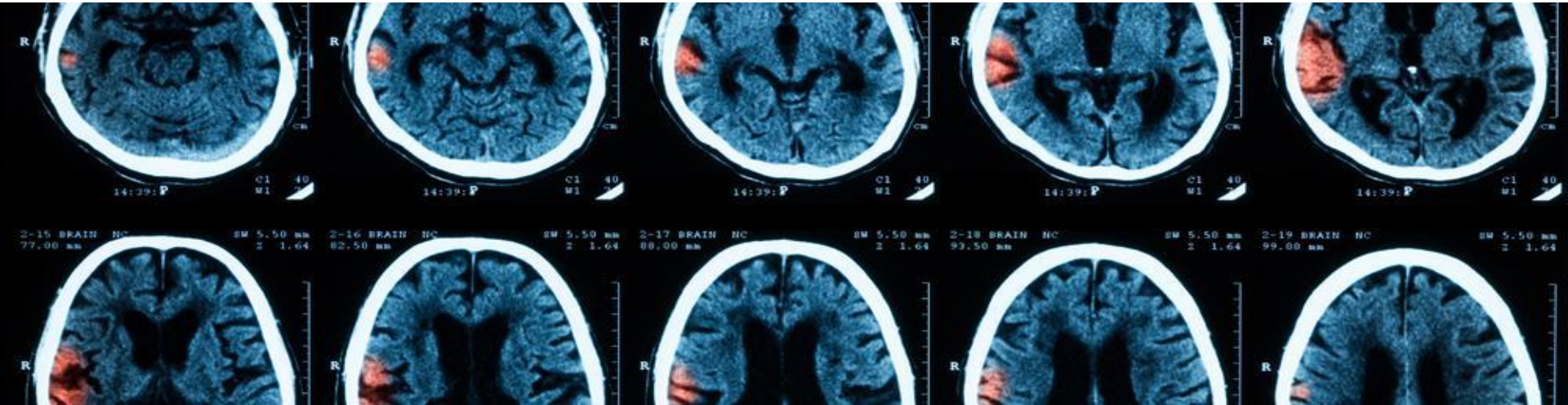
- Under the threshold of concussion.
- There are no immediate acute or primary symptoms unlike concussions.

Potential causes of non-concussive head impacts

- head acceleration events such as being pushed, slapped, pulled, or shoved unexpectedly, minor jolts, etc. during DV episodes,
- bump into something or someone,
- most tackles in football, headers in soccer, body checks in hockey, collisions in basketball, and
- bumps to the head during falls, etc.

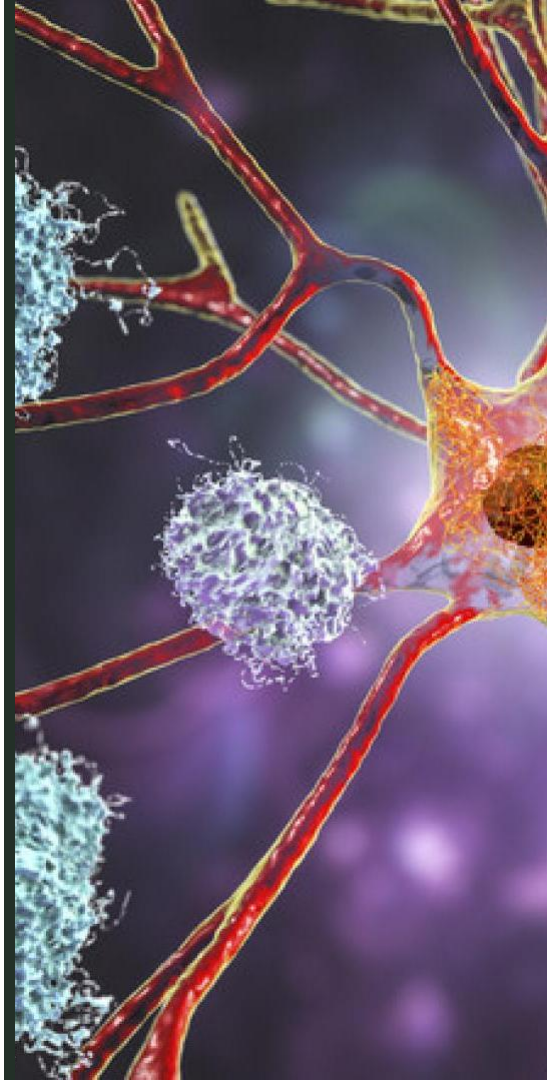
Repetitive Head Impacts and Non-concussions

- Not everyone who has non-concussive repetitive head impacts and/or concussions develops CTE.
- Changes in the brain can begin months, years, or even decades after the last head impact.



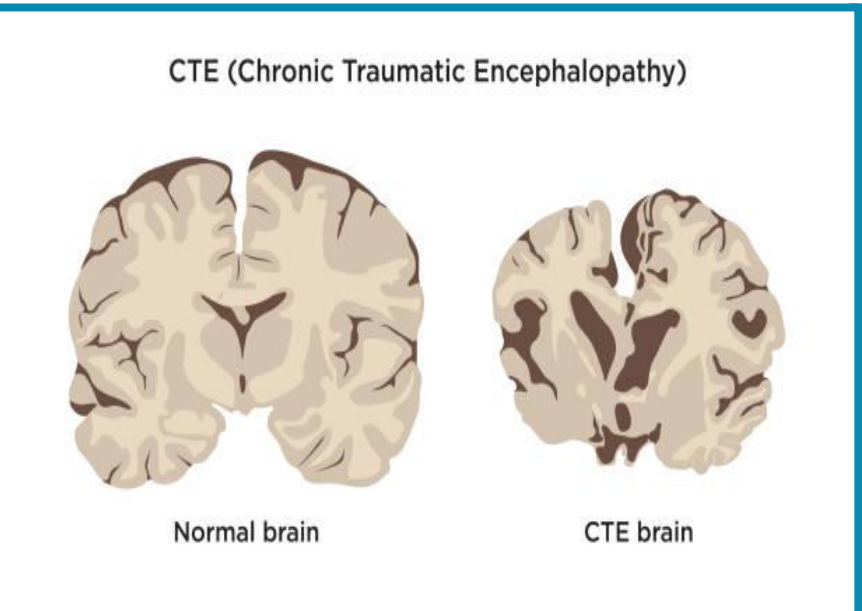
CTE often Confused for Alzheimer's Disease

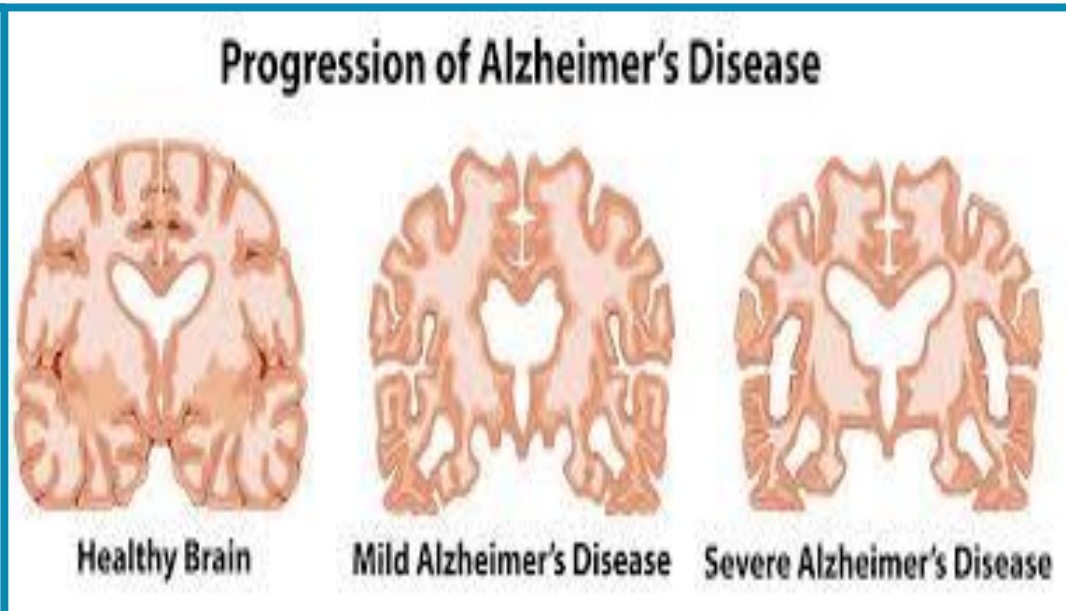
- Historically, it was believed that CTE and Alzheimer's disease (AD) tau tangles were made in the same way.
- It is important to understand the difference as DV-CTE victims and survivors are routinely misdiagnosed.
- Providers can help advocate and support DV-CTE victims and survivors in their quest to seek proper and needed care.



Brief and Basic Differences: CTE and Alzheimer's Disease

- CTE symptoms usually appear in a person's 40s.
- AD symptoms usually appear in a person's 60s.
- Early symptoms of CTE are often related to judgment, reasoning, impulse control, and aggression.
- AD typically begins with memory problems.



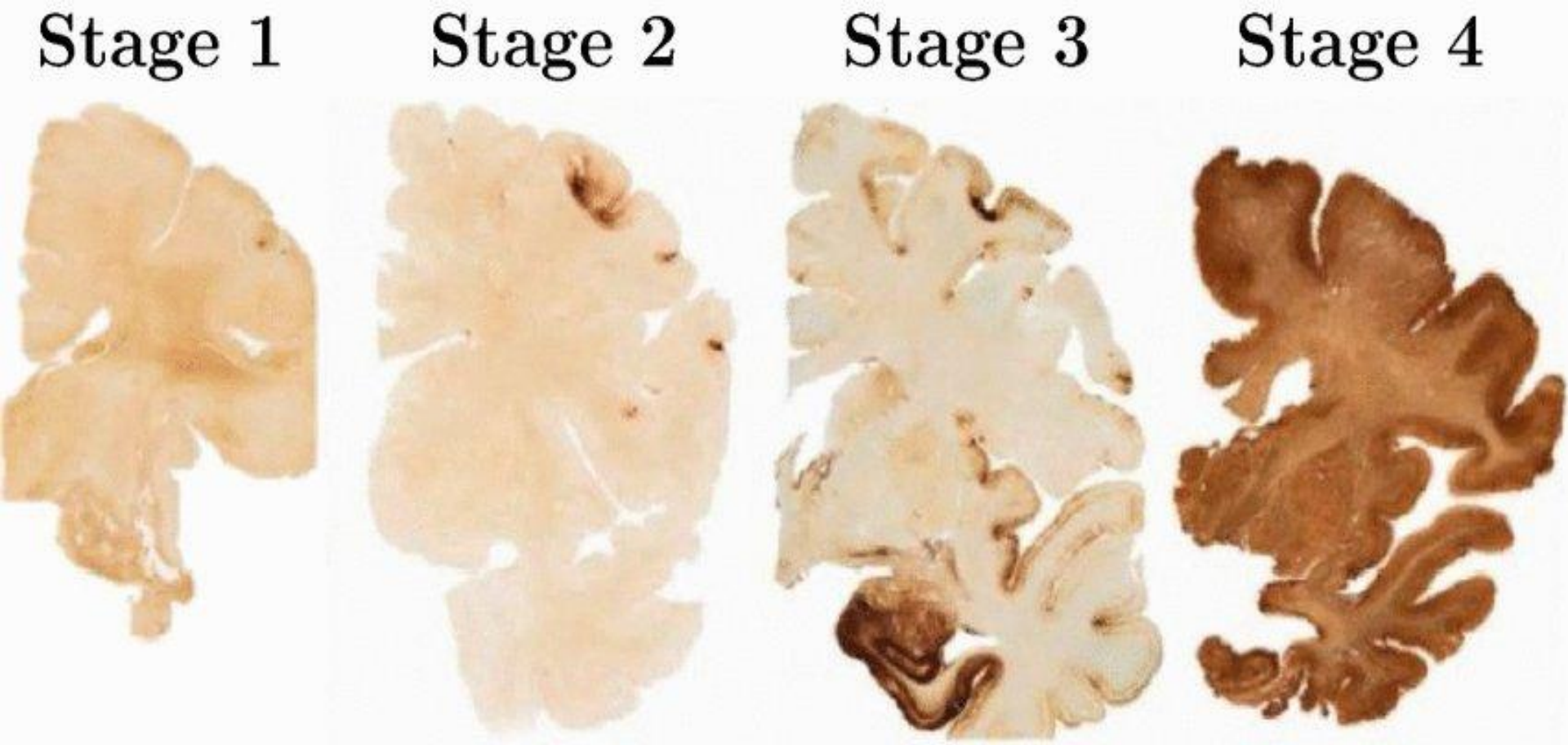


Normal Brain v. a CTE Impacted Brain

CTE Pathological Stages and Symptoms

- CTE pathology stages are in addition to the symptoms of traumatic brain injury.
- CTE has its own unique disease sequelae.

Four CTE Pathology Stages



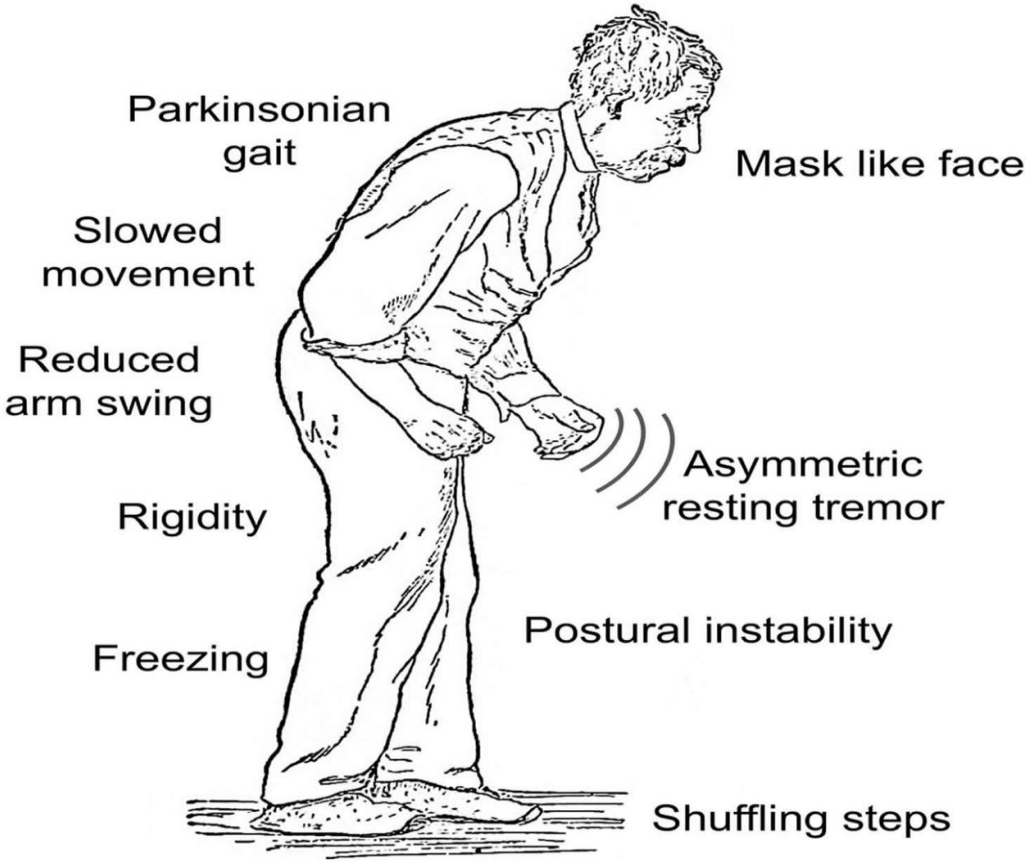
Chronic Traumatic Encephalopathy: Stages 1-3 and Symptoms

Stage 1	Stage 2	Stage 3
Asymptomatic	Stage 1 Symptoms	Stage 1 & 2 Symptoms
Headaches and/or Migraines	Short-term memory	Cognitive deficits begin
Difficulty concentrating	Mood and behavioral challenges appear	Memory impairments
Difficulty with attention	Behavioral outburst or explosive moods	Executive function decline
Nausea	Severe depression	Visuospatial dysfunction
Mild short-term memory deficits		Apathy
Mild depression		

Chronic Traumatic Encephalopathy Stage 4 Symptoms

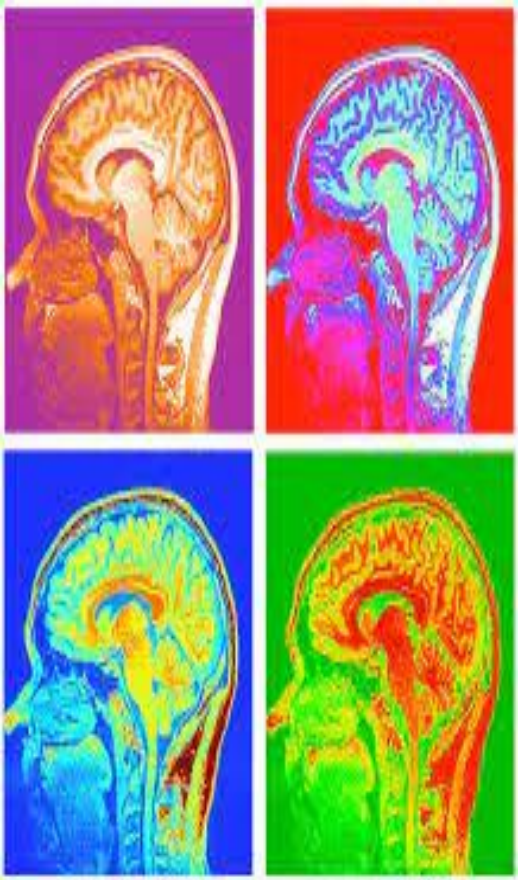
Stages 1, 2, and 3 Symptoms	**Severe executive function problems**
Profound memory loss	Severe language difficulties
Severe vestibular system dysfunction	Uncontrollable rage
Suicidality	Paranoia
Profound memory loss	Substance use disorder
Psychotic symptom including paranoia	Motor deficits

Stage 4- Parkinsonism Symptoms



Parkinsonism is an umbrella term that refers to brain conditions that cause slowed movements, rigidity (stiffness), and tremors

Chronic Traumatic Encephalopathy and Comorbidities



- Comorbid pathology is common in CTE which can be influenced by age, severity and type of exposure to repetitive head trauma, and underlying genetic predisposition and includes depression, PTSD, anxiety, substance use disorder, and others.
- Progressive neurodegenerative diseases including:
  - Alzheimer's disease;
  - Lewy body disease;
  - Frontotemporal lobar degeneration-also known as frontotemporal dementia; and
  - Parkinson's disease.
- Motor Neuron (MNDs) diseases including amyotrophic Lateral Sclerosis (ALS), Progressive Muscular Atrophy (PMA), Primary Lateral Sclerosis (PLS), and Progressive Bulbar Palsy (PBP).

My Mother's CTE Symptoms:

Long-Term Symptoms

- Migraine headaches
- Significant memory loss
- Crying spells
- Language difficulties
- Aggressive tendencies
- Gait and visuospatial difficulties
- Severe loss of attention and concentration
- Profound executive dysfunction
- Apathy
- Dementia
- Anxiety
- Depression
- Parkinsonism
- Paranoia
- Others

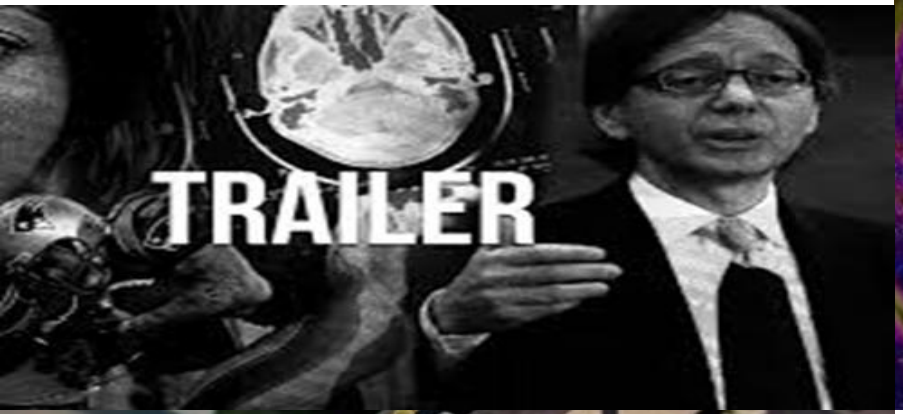
Comorbidities

- Alzheimer's Disease

DV Victims Are High Risk for CTE

- Victims of domestic violence often suffer months, years, and decades of sustaining repetitive brain injuries during DV episodes.
- Brain injuries sustained during DV episodes include non-concussive repetitive head impacts, concussions, and other types of mild TBI as well as moderate to severe TBI.

Feature DV-TBI and DV-CTE Documentary



Available to view on several streaming services.


THIS
HITS
HOME

Why my mother's brain?

- State of CTE Field – Have we ignored a significant sector of society?
- Establish DV, Brain Injury, and CTE correlation
- Historian - Witness
- Expertise
- Decades of head trauma
- Implications for society
- Implications for brain science
- Implications for understanding of DV-TBI, DV-CTE and CTE.

Fourth and Final Neuropathology Exam

- Dr. Ann McKee –Director, Boston University School of Medicine, CTE Center and UNITE Brain Bank, Chief Neuropathology, Veterans Affairs Boston Healthcare System
- Dr. Ann McKee is the world's leader in brain trauma and CTE
- *Time's* – Named the 50 most influential people in health care
- Post-mortem has examined over 1000 brains of military, contact sports, and other individuals

Boston University
School of Medicine

Findings:

“[Alzheimer’s and CTE] were both very severe by the time of death, and then compounding that is just this incredible loss of nerve cells and white matter fibers, ***the likes of which I’ve never seen in CTE or in Alzheimer’s disease****.”*

“I don’t know how your mom was functioning.”

My Father –
Suspect he too had CTE

- Uncontrollable rage
- Lack of impulse control
- Memory loss
- Anxiety
- Mood swings
- Inability to focus
- Others

CTE Treatment

- No treatments are currently available that slow, treat, or cure CTE.
- CTE can only be diagnosed postmortem
- Current CTE treatment is aimed at:
  - Alleviating symptoms,
  - Rehabilitation,
  - Long-term care,
  - Psychiatric counseling,
  - Antidepressant and antipsychotic medications,
  - Pain medications,
  - Alternative therapies like acupuncture, biofeedback, and massages,
  - Speech therapy,
  - Memory exercises, and
  - And others

How might DV-TBI and DV-CTE symptoms present to providers?

- Illegible handwriting
- Slurred speech
- Speaking too slowly, quickly, loudly, or softly
- Difficulty hearing and/or seeing
- Distracted or bothered by light and noise
- Paranoid
- Withdrawn
- Intolerant
- Tired
- Confused
- Inability to understand words
- Inability to use a hand
- Difficulty reading, finding words, expressing ideas, or getting to the point
- Poor listening
- Short attention span
- Overreactive
- Impulsive
- Defensive
- Anxious
- Nervous
- Unable to focus

Why do we have a Silent and Unrecognized DV-TBI Epidemic?

No DV-TBI or DV-CTE standards of practice or care.	Intersectionality and health disparities further alienate disenfranchised communities.
Brain injuries are often invisible, especially non-concussive head impacts so they are routinely ignored.	Symptoms routinely dismissed, ignored, or unknown by healthcare, law enforcement, system of care, etc.
No routine DV-TBI and DV-CTE screening in healthcare or system of care.	Symptoms confused for other issues like depression, PTSD, stress, etc.
No brain science focused on DV-TBI an DV-CTE	DV-TBI and DV-CTE victims routinely terminated for “non-compliance” or “resistance” in shelters and other programming.
Minimal to no DV-TBI and DV-CTE policy or legislation to allocate resources to address service gaps.	No global or national tracking of DV-TBI and DV-CTE cases for allocation of resources.
No DV-TBI or DV-CTE Brain Banks.	No inclusive and comprehensive DV-TBI and DV-CTE education and awareness campaigns.
	Other gaps.

Health Disparities among the DV-TBI and DV-CTE Population

Women and racial and ethnic minorities are at a great risk for TBI due to domestic violence.	Racial and ethnic minorities are more likely to sustain TBI from acts of violence.
Children are at a great risk for TBI due to domestic violence.	Racial and ethnic minorities have an increased risk for inpatient mortality.
Racial and ethnic minorities have longer hospital stays.	Uninsured individuals have fewer procedures during hospitalization.
Individuals with public insurance have longer hospital stays compared to those with private insurance.	Racial and ethnic minorities have lower rates of referrals to rehabilitation.
Racial and ethnic minorities are less likely to receive follow-up services after hospitalization.	Racial and ethnic minorities experience longer wait times in the emergency department.

Did you know?

- Only 15% of DV victims seek help from doctors and the police.
- Less than 40% of women actively seek help in domestic violence situations.
- 70%-75% of DV victims never speak about DV or seek help.
- More than 80% of DV victims do not receive assistance from victim service agencies.
- DV is not recognized in many countries.
- Men with abusive histories tend to be alienated.
- Child DV victims and survivors are often ignored.

Most DV Victims Seek Informal Support

- Research has generally found that
  - ethnic and racial minority DV victims tend to show higher levels of seeking help from informal networks especially other women who become the facilitators to leaving, with mothers, sisters, friends and those with lived DV experience predominantly providing the lifeline needed as well as clergy, friends, family, online resources, and neighbors
  - women cope with DV through informal means instead of formal networks
  - adults are significantly more likely to disclose instances of abuse to informal rather than formal sources of support
- Informal support networks are not screening for DV-TBI or DV-CTE.

DV Shelters Today: Challenges and Opportunities

Length of stay

- 30, 60, 90, or 180 days
- Transitional housing - a few months to up to two years, depending on individual needs and program guidelines.
- Rapid rehousing -within 30 days get permanent housing with limited case management assistance typically lasting 4-6 months but may extend up to 18 months

- Shelter stay is not long enough to recover and heal from TBI.
- Most DV victims are not being routinely screened for TBI or CTE.
- Some are not being served at all.

DV-TBI, DV-CTE, and Homelessness

80% of women with children who are experiencing homelessness were previously DV victims

57% of all women experiencing homelessness state DV is the primary cause of their homelessness

Homelessness Increases TBI Risks

Homelessness places DV-TBI and DV-CTE victims and survivors at even greater risk of experiencing further head trauma due to the level violence on the streets, including victimizations by assault and substance abuse-related injuries.

Domestic Violence Practice Models

Many do not factor TBI or CTE

Programs for Individuals with Abusive Histories

Many individuals with abusive histories have been helped.

Do not factor DV-TBI and DV-CTE.

One-size fits all model and mentality.

Minimal oversight, evaluation, etc.

Minimal impact in reducing DV.

Most participants do not complete the program.

Violations are not reported to the court.

No significant escalating consequences for violations.

Promising model: Colorado Differential Treatment Model.

DV-TBI and DV-CTE Victims: Self-Advocacy

- DV-TBI and DV-CTE victims and survivors need to self-advocate for care but they themselves are unaware of TBI or progressive neurodegenerative disease symptoms they might be experiencing.
- They often do not seek care
- Up to 75% of DV female survivors have unrecognized TBI and multiple health problems
- TBI as a result of DV is often overlooked and misdiagnosed

Limited DV-TBI and DV-CTE Services

- Primary focus - professional athletes and military
  - Boston University CTE Center
  - Concussion Legacy Foundation
- Focus on women
  - Ohio
  - New York
  - Arizona
  - Virginia
  - Canada
  - Australia
- Focus on women in professional sports
  - Pink Concussions
- Focus on all potential TBI population
  - Nevada

What does this mean for DV-TBI and DV-CTE Victims and Survivors?

- Unaware
- Undiagnosed
- Untreated
- Isolated
- Unable to participate or complete services sought including behavioral health, legal proceedings, mental health support, shelter, work, etc.
- Many end up being chronically homeless.

What are the implications for the system of care?

- From the microcosm of my family's story, I ask myself if TBI and CTE are critical underlying factors perpetuating cycles of DV?
- How does DV-TBI and DV-CTE shift how we develop future intervention and prevention strategies?
- What do first responders, health, and other providers advocating for DV victims and survivors need to know about the connection between TBI, CTE, and domestic violence?
- How do we identify this silent population to get them needed care?

We can work together to address the DV-TBI Pandemic

Micro Level: Care for the Individual and Their Family

Brain Trauma Informed Care Model Foundation:

- Traumatic Brain Injury Model
- Behavioral Healthcare Model
- Collaborative, Multidisciplinary, & Community-based Model
- Trauma Informed and Healing-Centered Care Approach
- Intersectionality Care Model

Breakout Session

- What are 3-5 TBI and/or CTE symptoms you have noticed in the current DV population you serve?
- How can you distinguish DV-TBI and DV-CTE symptoms from mental health symptoms among the DV population you serve?
- What office decor or office design features are possibly exacerbating the symptoms of the potential DV-TBI and DV-CTE population you are serving?
- What is one thing your department can do to begin educating and serving DV-TBI and DV-CTE victims and survivors and their families?

Macro Level: Collaborative Community-Based Model

Multidisciplinary Partnerships

Collaborative, Multidisciplinary, and Community-based Care Model

- Multidisciplinary, collaborative, and community-based approach involves neurologists, psychologists, behavioral health, mental health, social work, and other specialties necessary to address comorbidities and long-term symptoms that manifest themselves throughout the lifespan requiring specialized care and rehabilitation of the diverse needs of the DV-TBI and DV-CTE population.
- It aims to improve rehabilitation, reduce long-term complications, and enhance quality of life.

Strategic Pillars

- Education and Awareness
- Inclusive and Equitable Strategies
- Discipline Specific Trainings
- Multi-disciplinary and multi-faceted Care across the Lifespan
- Brain Science, Clinical Studies, DV-TBI Brain Banks, etc.
- Coordinated and Integrated Care across the Lifespan
- Policy, Legislation, and Allocation of Resources
- Standards of Practice Screening, Assessment, etc..
- Deeper and Courageous DV-TBI Conversations
- Community-based
- Research Data: Trends, Lessons Learned, etc.
- Other

Breakout Session

Given the macro-level strategy presented:

- What can you do within your organization or in your current role to address the silent DV-TBI epidemic?
- What concrete steps can you take?
- Please choose one recommendation to report out to the entire group.

Washington State: DV-TBI Strategy

Core Group:

- The Latino Center for Health
- Pánfila Domestic Violence HOPE Foundation
- Casey Family Programs

- Two Convenings with Key Stakeholders
- Community-based and inclusive
- Multidisciplinary
- TBI care throughout the lifespan
- Address disproportionality of DV-TBI
- Legislation
- Other strategies
- Please join our efforts: contact@panfila.com

Q&A

contact@panfila.org

Pánfila
Domestic Violence
HOPE Foundation


YOU ARE
not alone
AND THERE IS HOPE FOR HEALING