



**The Law
Foundation
of Ontario**

BIST
Brain Injury Society of Toronto

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THANKS TO
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SPEAKERS: MELISSA VIGAR

- Melissa Vigar is the Executive Director of the Brain Injury Society. Melissa is a Registered Social Worker who has worked in the field of brain injury for almost twenty years, supporting individuals and families in both the non-profit and private sector. Melissa has overseen the design and implementation of several ABI community-based programs, including Community Head Injury Resource Services' (CHIRS) Aging at Home Initiative and BIST's Transitional Support Program, Homelessness Prevention Program and Violence Impact Program. She currently sits on the Toronto Police Disabilities Consultative Committee, the ABI Network Advisory Committee and is the co-chair of the Ontario Brain Injury Association's Advisory Committee.

SPEAKERS: KATIE MANIKAS

Over 18 years in ABI services, providing support to families and individuals in both residential and community service settings. Katie has worked in front line service delivery and manager roles to provide community advocacy, client support ,program development, and poverty reduction and homelessness prevention for ABI services. Currently, working as a Private Consultant through ACCESSolve for program development/proposal writing in addressing service gaps for non-profit agencies across the province

FURTHER
ADDRESSING A
PREVIOUSLY
IDENTIFIED NEED

Working
Towards
Consistency

Cathy
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Central LHIN
ABI Navigator

A presentation
for the
Ontario
Provincial
HSJCC

January 21,
2020

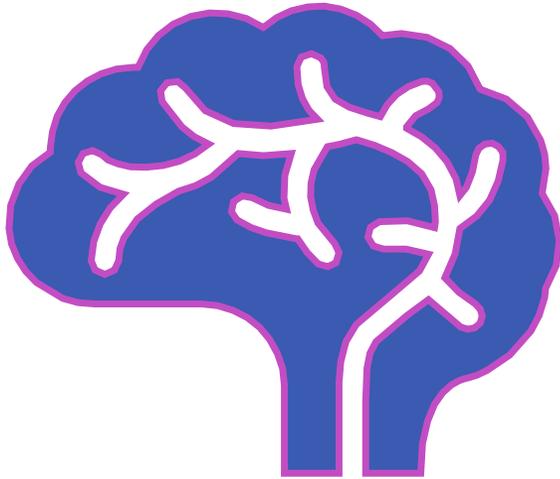
WHY ARE WE DOING THIS TRAINING?

- Traumatic brain injury (TBI) is highly prevalent among jail and prison inmates and those who have come into contact with the criminal justice system.
- Clinicians, researchers and people with lived experience of Traumatic Brain Injury (TBI) recognize that Brain Injury and the Criminal Justice System is an important public health issue.
- Some do know they've had a brain injury but may not make the connection between their injury and some of the challenges they're experiencing.
- Brain Injury can be **invisible**: it might not be identified through screening or in any justice system documents.
- Brain Injury can affect all aspects of a person's involvement with the justice system and community reintegration
- We know this can pose unique challenges for lawyers, caregivers and brain injury survivors. The aim of this toolkit and training is to help.

TRAINING AIMS:



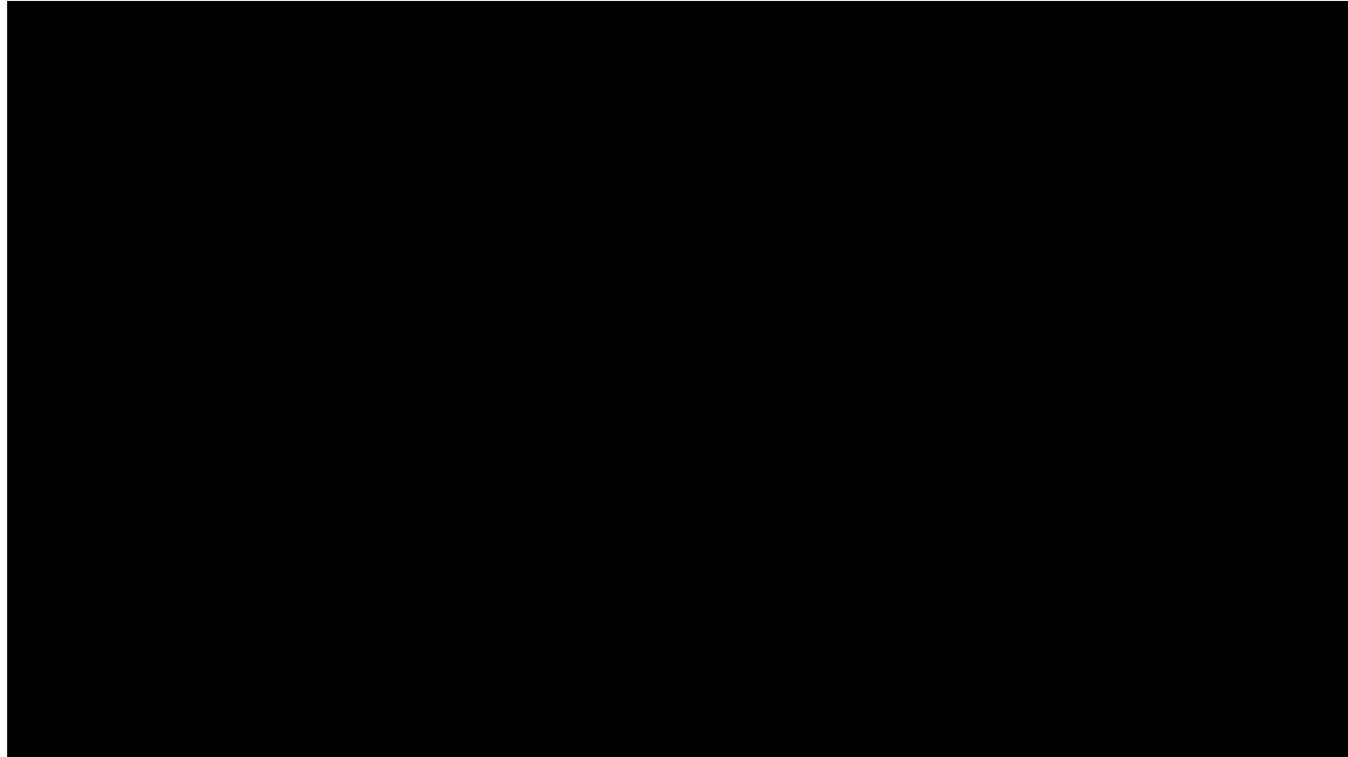
BRAIN INJURY SOCIETY OF TORONTO: WE ARE HERE TO SUPPORT YOU AND YOUR CLIENTS WITH BRAIN INJURY



- BIST provides programs and services to people living with an acquired brain injury (ABI), their families and caregivers
- We are a charitable non-profit organization funded by donations, money raised by events, and sponsorship programs
- Our mission is to enhance the quality of life of people living in the City of Toronto with an ABI, through advocacy, awareness, education and support

ABI – AS EXPRESSED BY OUR MEMBERS

[HTTPS://BIST.CA/AREYOUAWARE/](https://bist.ca/areyouaware/)



PREVALENCE OF TRAUMATIC BRAIN INJURY: A GLOBAL PUBLIC HEALTH PROBLEM



- TBI is the number one cause of death and disability in Canadians under the age of 40.
- Over 500,000 Canadian sustain a TBI each year and incidence rates are rising.
- While the research states that men experience TBI twice as often as women..... BUT... this is not necessarily the true!
- Leading causes of TBI are falls (50% acute care admissions), MV crash (20%) Bicycle crashes and sport-related.

WHAT IS ACQUIRED BRAIN INJURY?

Traumatic Brain Injury (TBI)

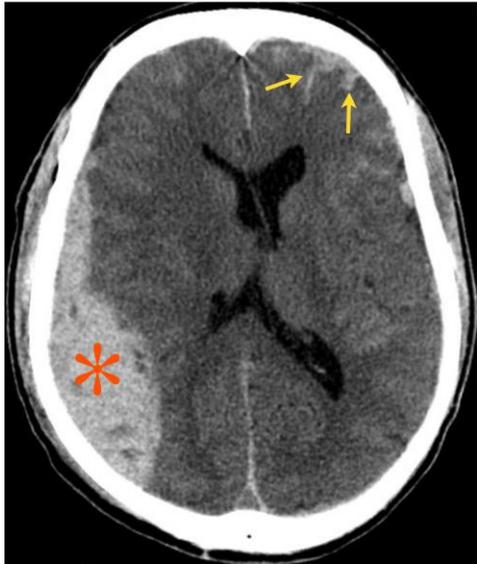
- Defined as “an alteration in brain function or other evidence of brain pathology caused by an external force” (Menon et al 2010)
- Falls
- Motor Vehicle Accidents
- Assault
- Struck By/Against
- Industrial Accidents

Non-Traumatic Brain Injury

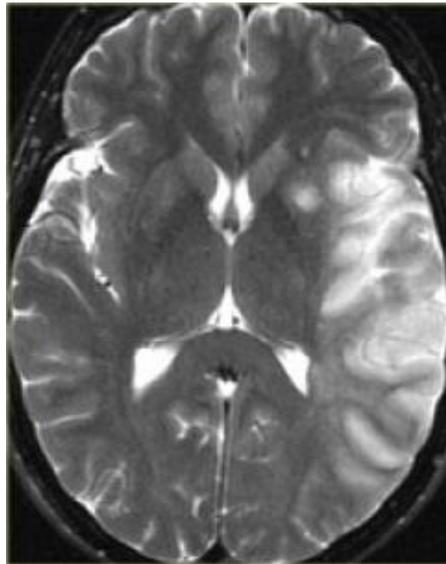
- Anoxia
- Brain tumours
- Encephalitis
- Metabolic encephalopathy
- Toxic effects
- Vascular insults
- Other brain disorders & infections
- Developmental Brain Injury e.g. Fetal Alcohol Spectrum Disorder

BRAIN INJURY

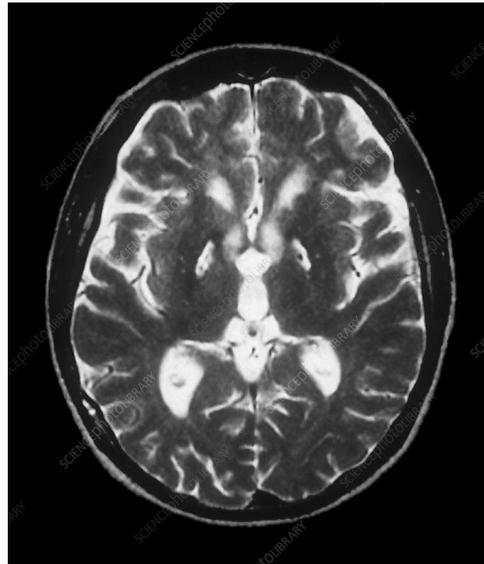
ACQUIRED BRAIN INJURY



Traumatic
Brain Injury

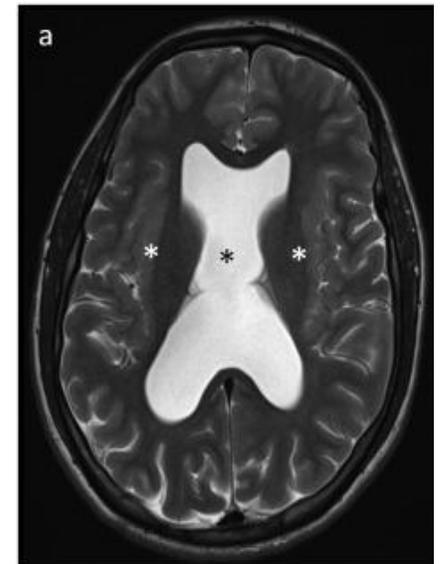


Stroke



Anoxia

DEVELOPMENTAL BRAIN INJURY



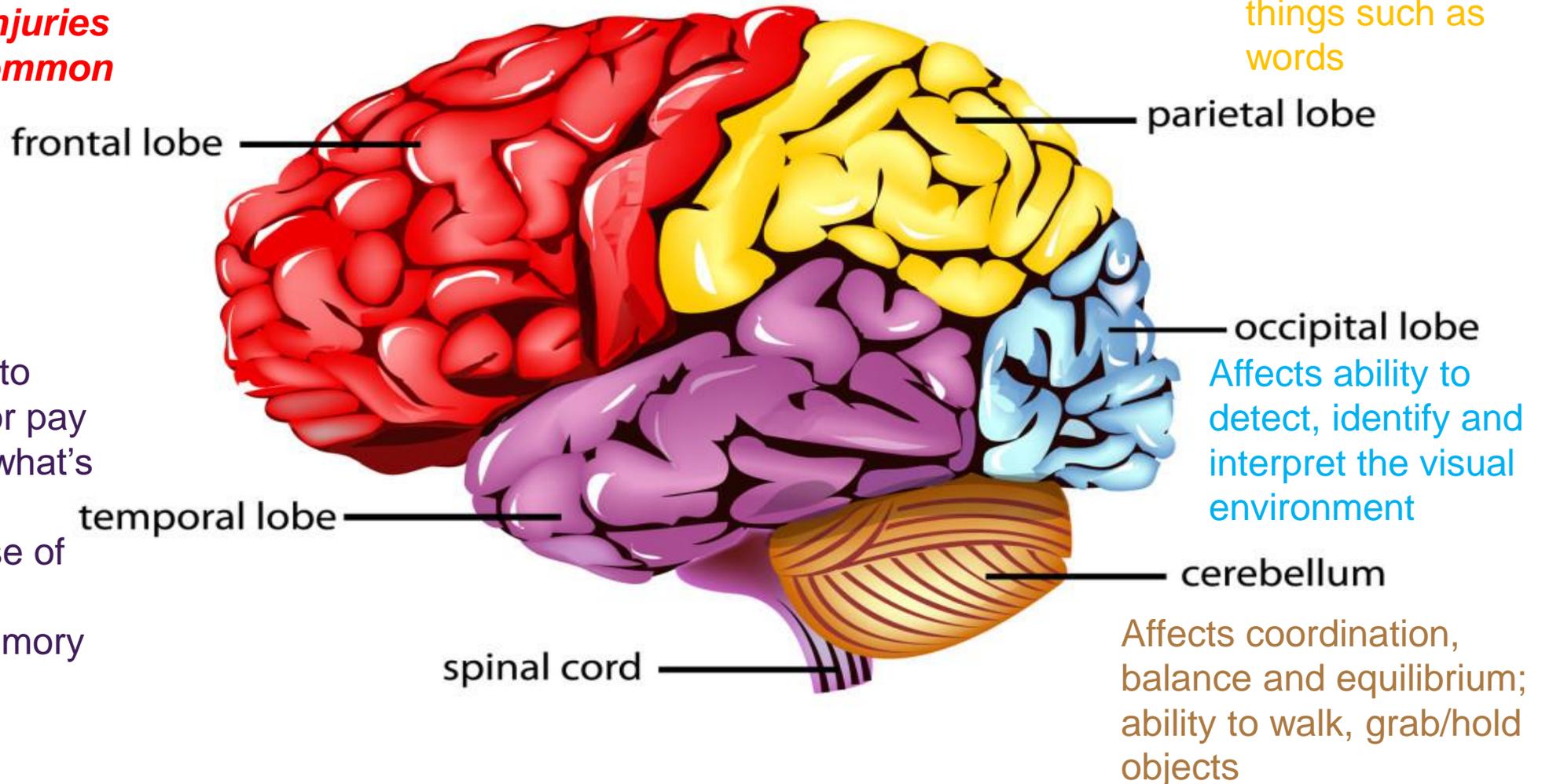
FASD

Affects awareness, initiation, personality, emotions, planning and judgement, impulse control, and reason
***Frontal Lobe Injuries are the most common type of injuries**

Affects sensory recognition, as well as remembering things such as words

Parts of the Human Brain

Affects auditory cortex, communication, ability to understand language or pay attention to sounds of what's going on around them, affects behaviour, sense of humour, likely to have seizures, long-term memory loss



ISSUES THAT CAN ACCOMPANY A BRAIN INJURY – HOW CAN THESE PRESENT THEMSELVES? HOW DO WE ADDRESS THEM?

Sleep Disorders & Fatigue

Pain

Processing Deficits & Communication Impairments

Over stimulation
Light, sound, conversation

Attention,
Memory,
Executive Functions

Vision and Hearing Changes or Loss

Depression, Anxiety,
Social Isolation

Substance use,
Mental Health Challenges

Loss of employment/
Financial Stress

Physical Impairments/
Coordination
/Balance

Traumatic Brain Injury: A Disease Process; Not an Event

- Has chronic and evolving neurological consequences. (Wilson et al., 2017)
- Should be viewed as and thus managed as a chronic disease and defined as such by policy makers, health care and insurance providers. (Masel, 2010)
- After one brain injury, you are at three times greater risk for a second brain injury and eight times greater for other bodily injuries.
- Neurotrauma injuries (brain injury, spinal cord injury) impact over half a million Ontarians and create a cost burden to the province in the order of 2 to 3 billion annually.
- New symptoms can appear months after an injury occurs due to a cascade type effect from neuron deterioration/death.

SOCIAL DETERMINANTS OF HEALTH AND TRAUMATIC BRAIN INJURY



- While TBI occurs across all levels of sociodemographic status, evidence suggests a strong socio-economic gradient with individuals from disadvantaged backgrounds being at greater risk. (Colantonio et al., 2014; Hwang et al., 2008; Williams et al., 2006)
- We also know that the sequelae of TBI are most often superimposed on pre-existing language and literacy impairments as well as mental health, substance use and addictions challenges.

(Hughes et al., 2012; Snow et al., 2012; Snow et al., 2016).

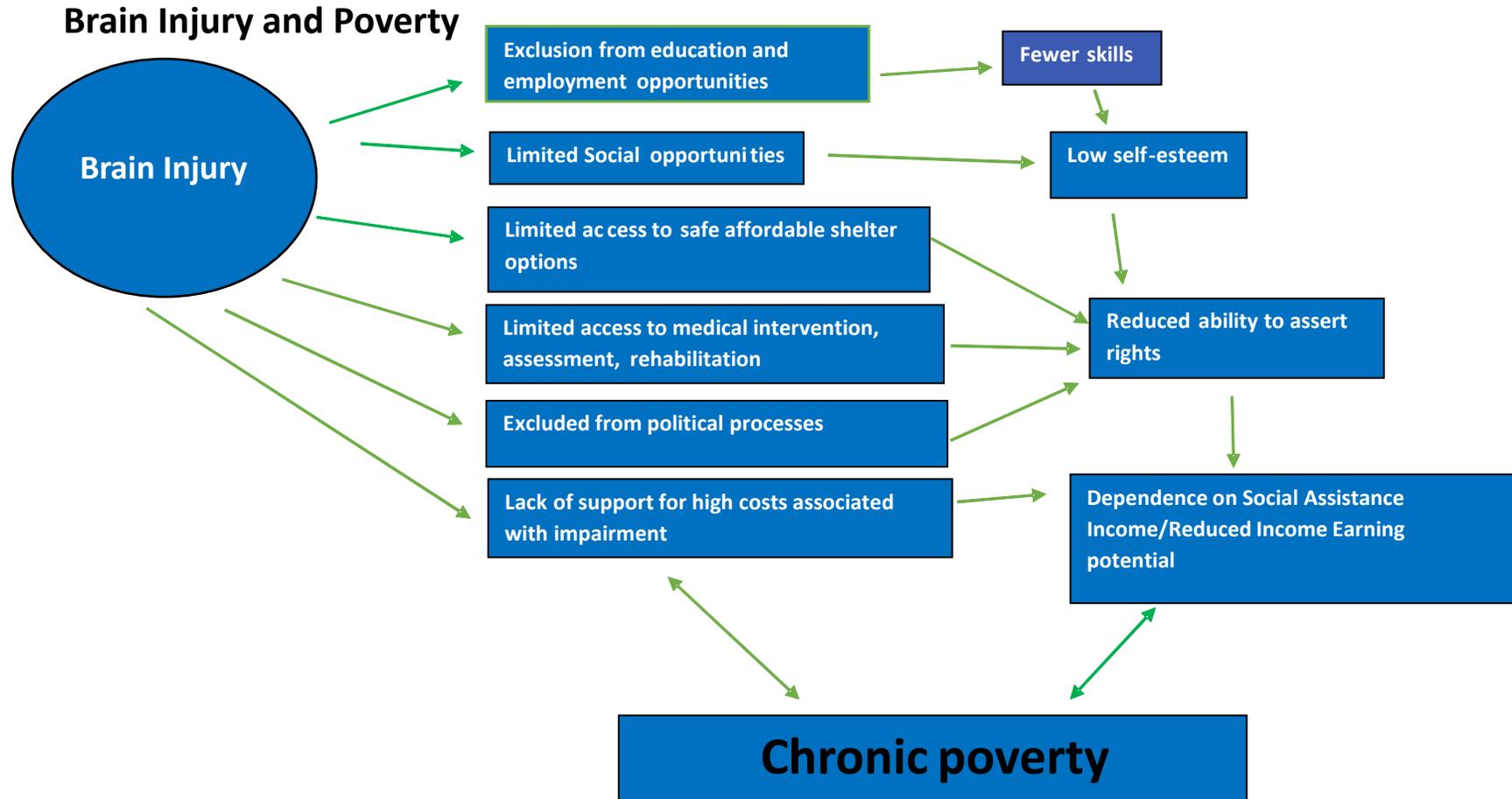


Chart adopted from The Vicious cycle of Poverty in Developing nations, reprinted from "Including Disability in Poverty Reduction Work, "Nothing about us, Without us," by R. Yeo and K. Moore, 2003 World Development, 31 (3), pp 572-573

WHERE YOU MIGHT ENCOUNTER INDIVIDUALS WITH BRAIN INJURIES... HIGHLY PREVALENT IN VULNERABLE POPULATIONS

- A Toronto Study (from St Michael's Hospital) found that 58% of homeless men and 42% of homeless women in Toronto have a brain injury, and the average age of first brain injury was 17 years old. 87% of those injuries occurred before they became homeless.
- This population is at risk for experiencing seizures, mental health problems and poorer physical health.

WHERE YOU MIGHT ENCOUNTER INDIVIDUALS WITH BRAIN INJURIES... HIGHLY PREVALENT IN VULNERABLE POPULATIONS

- Living with brain injury and being homeless harms a person's wellbeing, and as such this population is:
 - **5 times more likely** to have visited an emergency room in the past year
 - **Twice as likely** to have been arrested in the previous year
 - **Three times as likely** to have been victim of a physical assault in the past year

WOMEN SURVIVORS OF INTIMATE PARTNER VIOLENCE

- There is an increasing awareness of traumatic brain injury among women survivors of intimate partner violence from repeated hits to the head, face, neck and attempted strangulation.
- This also includes women in the sex trade, many of whom are Indigenous.
- In a recent study of women in the sex trade, 95% had sustained head injuries, either by being hit in the head with objects and/or having their heads slammed into objects. 61% had sustained head injuries in prostitution.
- Abused and Brain Injured Toolkit <https://www.abitoolkit.ca/>



WOMEN SURVIVORS OF INTIMATE PARTNER VIOLENCE

- Many of these women (and those who identify as female) are unaware that they have sustained a TBI and have not gone to a hospital unless they were bleeding.
- Screening for TBI is crucial to the care of women survivors of IPV as well as women, trans women and men in the sex trade.



BRAIN INJURY: CRIMINAL JUSTICE POPULATIONS

- As many as 80% of incarcerated adults have a reported history of TBI. (Williams et al., 2010; Schofield et al., 2006; Mclsaac et al., 2016; Schofield et al., 2016)
- Approximately 50% of youth who have been charged with an offence have a documented history of TBI (Wszalek & Turkstra 2015, Snow et al 2011)
- Adverse early life experiences are common for persons with a history of TBI and incarceration particularly for criminalized women. (Colantonio et al., 2014)
- In Ontario, men and women who sustained a TBI were about 2.5 times more likely to be incarcerated than men and women who had not sustained a TBI. (Mclsaac, Matheson et al., 2016)
- Recent findings indicate that people with TBI are more likely to incur a serious charge and less likely to achieve discretionary release.

FACTORS TO CONSIDER FOR CLIENTS WITH BRAIN INJURIES DURING THE LEGAL PROCESS:



TBI is associated with many cognitive, communication, emotional and behavioral challenges that complicate management prior to and during incarceration and create barriers to successful community reintegration.



Cognitive challenges include alterations in; attention, memory, multi-tasking, self-monitoring, planning and organizing, problems solving and reasoning.



Emotional challenges may include increased lability, or reduced affect and initiation, alexithymia, aggression, depression and anxiety are also prevalent.



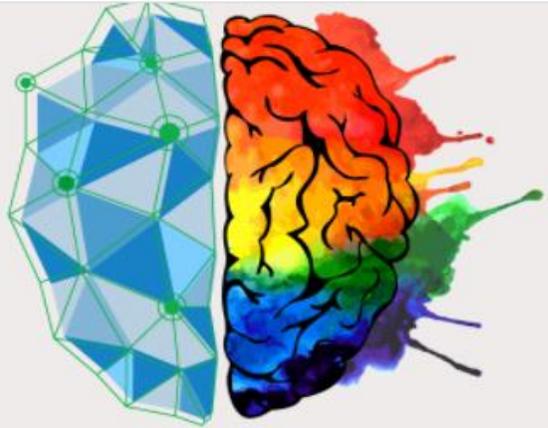
Cognitive-communication refers to difficulties with any aspect of communication; listening, understanding, speaking, reading, writing and thinking, due to underlying cognitive impairments. This also includes challenges with behavioral self regulation that impact social communication.

WE ARE GOING TO TOUR THE WEBSITE TOGETHER AND SHOW YOU HOW TO BEST USE IT

The BIST Legal Educational Awareness Project (LEAP) is working to develop, organize and deliver in person and web based resources and education sessions for people with Acquired Brain Injury (ABI) involved in the criminal justice system.

An innovative concept that will utilize technology to enhance supportive legal services and programming for people with Acquired Brain Injury (ABI) in both the City of Toronto and across Ontario.

The program aims to incorporate technologies, web-based teaching tools and community outreach sessions into our legal system, enhancing the capacity for accessible services within the justice system.



BRAIN INJURY COMMUNITY

LEGAL COMMUNITY

PROJECT PARTNERS



WHERE DO WE GO FROM HERE?



Ontario Neurotrauma Foundation
Fondation ontarienne de neurotraumatologie



BIST has received funding from the Ontario Neurotrauma Foundation in partnership with **BIANBA** to create a program whereby we can provide YOU with support with your clients, including problem solving and functional support



Email us at info@bist.ca or call us at 416-840-1485 if you would like to be on our mailing list to receive notice when this program is launched



Email us at info@bist.ca if you would like to be included in our database of Legal Professionals trained in the ABI justice toolkit



www.bist.ca

BIST
Brain Injury Society of Toronto



“People love to say, “Give a man a fish, and he’ll eat for a day. Teach a man to fish, and he’ll eat for a lifetime.” What they don’t say is, **“And it would be nice if you gave him a fishing rod.”** That’s the part of the analogy that’s missing.”

TREVOR NOAH

FOUNDER & CHAIR OF THE
TREVOR NOAH FOUNDATION