Pink Concussions Taskforce

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'Black Women's Experience with Brain Injury and IPV/DV'

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Introduction

- A focus on cultural humility as a tool, and the importance of having open conversations and effective listening.
- There's still a lot of work to be done, both building on current work and into the future.

IPV in Black/African-American Women

- IPV affects many women across America
- Black women are disproportionately affected and a greater severity of violence (e.g. weapons are involved).
- Increased use of emergency departments
- Often receive inadequate medical care
- In individuals with darker skin tones, injuries are often masked so there's a potential

for

Diagnosis Disparities



under diagnosis. Whilst the picture below is the 'bullseye rash' for Lyme disease, it's possible that bruises may be missed too.

Theories underlying the black women's IPV experience

- Black male masculinity ('playa' or 'tough guy' personas)
- Institutionalised racism and poverty, systemic oppression, limited resources and health care
- The 'strong black women' this ideal may reduce help seeking.

IPV and Brain Injury

- 1.75 million diagnosed with TBI annually
- Estimated that 31.5 million women receive at least one IPV-related TBI in the US Lack of standardised screening and validated tools
- Ethnic minorities are disproportionately affected, less likely to be discharged to inpatient rehabilitation, some interventions may not be culturally appropriate and may have different perspectives on community reintegration
- Many black women acquire brain injuries as a result of IPV

Black Women Accessing services

- · Perceive services as unwelcoming
- The majority of Black women who do access shelters are of low socioeconomic status
- The vast majority accessing shelters and support are white
- A key point is that Black/African American staff are needed to make shelters and services more welcoming and supportive for black women
- Microaggressions exist in modern language quotes exist in 2020 illustrating this.

Cultural Humility - a key tool for working with clients from other cultures

- Culture is far more than just race or ethnicity, far more than anything visible. Communication styles, marital status, attitudes to work etc all play a role in culture. Cultural humility is about constant reflection and humility; accepting other cultures and being ok to ask questions. Self-critique and reflection. It involves a desire to fix power imbalances within dynamics.
- Institutional accountability and mutually beneficial partnerships.
- It's ok to not know better to ask questions than to automatically assume.

There's more work to be done...

- Qualitatively exploring TBI and IPV what more can we do for black women. Determining specific access needs to care
- Development of culturally-appropriate and culturally-sensitive assessments and testing; are questions normed towards the black community for use with black women?

- Evaluating screening and treatment practices constant reflection Increasing outreach services and working with community organisations in the black community
- Assessing diversity among staff and training related to cultural humility. We know that a lot of African Americans are not accessing services in a proportional manner to the amount of IPV; so now the key question is **why? What can we do about this disparity?**
- How best do we interact and provide training in cultural humility? How do we engage the community increasing knowledge about what resources are out there, how they access services, and what barriers to accessibility are there? Working with community groups can help to do this, and reaching out and forming partnerships with the community is really important.
- Fear of consequences from police is a big factor as a barrier for help seeking when considering the police structure, how can social work play more of a role in safety and ensure justice for all involved?

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