

NC Department of Health and Human Services

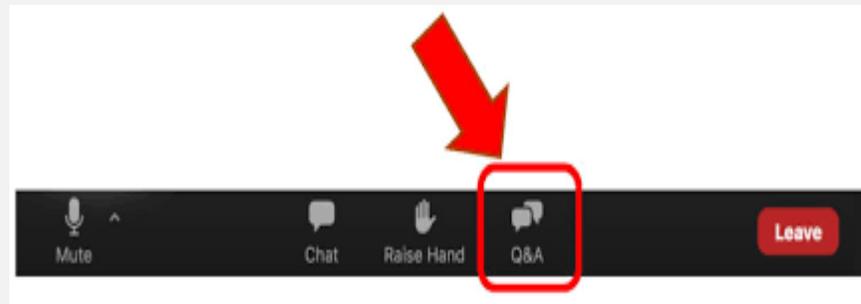
Division of Mental Health, Developmental Disabilities, and Substance Use Services

Intersection of Interpersonal Violence: Supporting People with I/DD and TBI

March 11, 2026

Housekeeping

- Reminders about the webinar technology:
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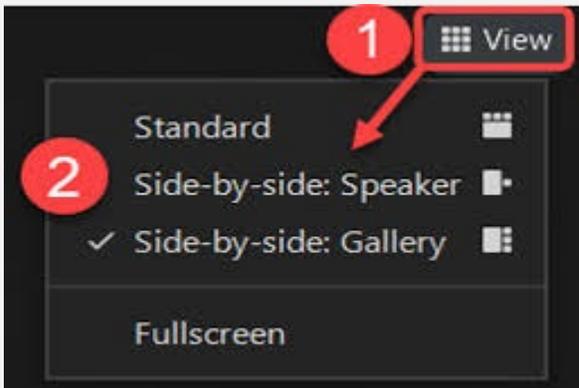
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- Adjusting Video Layout and Screen View
 - Select the "View" feature located in the top-right hand corner of your screen.

Jeff Kearney

I/DD Consultant

IDD, TBI & Olmstead Section, DMH/DD/SUS



- UNC-Chapel Hill graduate
- Approximately 15 years of experience providing services to people with IDD/TBI
- DHHS since 2011
- DMH/DD/SUS since 2023

Guest Speakers

Olivia Bass

Director of Survivor Access to Services
North Carolina Coalition Against Domestic Violence



Jamila Martineau-Lopez

Prevention Capacity Building Manager
North Carolina Coalition Against Sexual Assault



Agenda

- **Terminology**
- **Sexual Violence**
- **Domestic Violence**
- **Intersections & Considerations**
- **Prevention of IPV**
- **Resources**
- **Q&A**

Content Warning

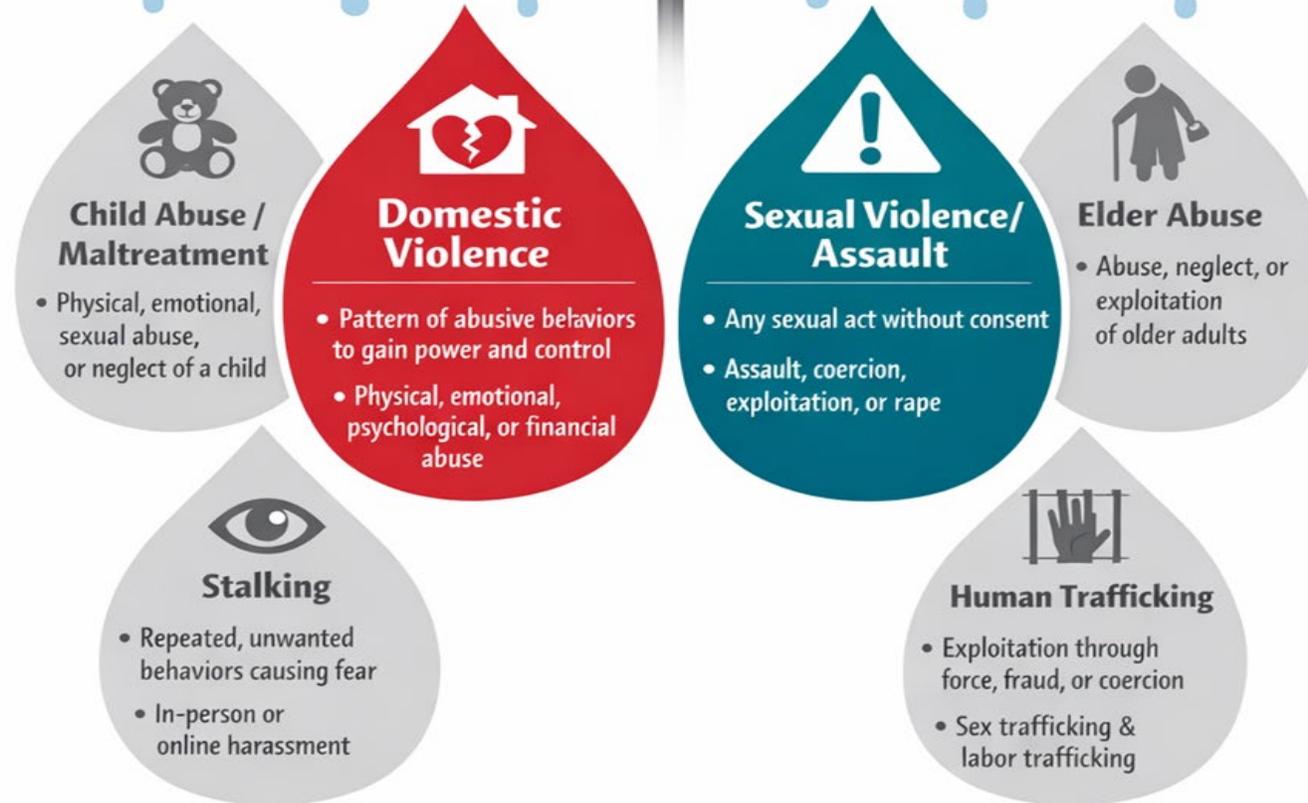
Today's webinar includes discussion of discrimination, abuse, and violence.

Please take care of yourself in whatever you need. You are welcome to step away, pause, or return at any time



Important Terminology

INTERPERSONAL VIOLENCE (IPV)



These forms of violence often overlap. One individual may experience multiple types simultaneously.

Ableism

Discrimination of and social prejudice against people with disabilities based on the belief that typical abilities are superior.

Institutional

- Inaccessible education system
- Harmful medical bias
- Unfair hiring practices
- Inequitable government/social systems

Interpersonal

- Use of slurs for disabled people
- Mocking, teasing, and violence because of disability
- Belief in stereotypes about disabled people
- Fixating on 'curing' someone's disability

Internal

- Consciously or unconsciously believing harmful messages about yourself/your disability
- Judging other disabled people for how they navigate the world

Developmental Disability

Impairment in physical, learning, language, or behavior areas.

These conditions begin during the developmental period (before age 22). They may impact day-to-day functioning and usually last throughout a person's lifetime.

Characterized by **limitations in three or more** of the following areas:

- Self-care
- Language
- Movement
- Self-direction
- Capacity for independent living
- Economic self-sufficiency

Intellectual Disability

Is a subset of Developmental Disabilities characterized by significant limitations in both intellectual functioning and adaptive behavior.

Intellectual functioning: refers to general mental capacity, such as learning, reasoning, problem solving, etc.

Adaptive behavior: the collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives

Traumatic Brain Injury

A **Traumatic Brain Injury (TBI)** is caused by an external force such as hitting your head or other types of blunt force trauma.

An **Acquired Brain Injury (ABI)** is caused by internal factors such as lack of oxygen (i.e. strangulation, overdose, stroke), exposure to toxins, pressure from a tumor, infections, etc.

Both types of brain injury can:

- Occur due to IPV
- Lead to short term and/or permanent disability
- In North Carolina, Developmental Disability can include a disability caused by a brain injury before age 22

Sexual Violence

Domestic Violence

Domestic Violence (DV)

Domestic Violence is a relationship **pattern** in which one partner becomes an object to the needs, emotions, and desires of another partner.

- ❖ The DV movement often talks about one partner having **power** and **control** over another.
- ❖ It can be current or former partners.



Why Don't Survivors of IPV Leave?

- Love
- Fear of more violence
- Disrupting Family
- Children/pets/dependents
- Shame
- Housing
- Abusers prevent it
- Negative experience with resources/services
- CPS involvement
- Finances
- Immigration Status
- Religion
- Severe and Persistent Mental Illness
- Substance Use
- Normalized Violence
- Unaware of resources
- Lack of culturally competent services

IPV Specific to I/DD & TBI Communities



4x Higher Violence Rate

People with disabilities are hurt much more often than people without disabilities.



7x Higher Sexual Assault Rate

People with IDD are more likely to be sexually assaulted.



Children at 3x Higher Risk

Children with disabilities are more likely to be sexually abused.



Sexual Abuse by Gender

More than 8 out of 10 women with IDD have been sexually abused. Around 3 out of 10 men with IDD have been sexually abused.



70-85% of Cases Unreported

Most abuse against adults with disabilities is never reported.

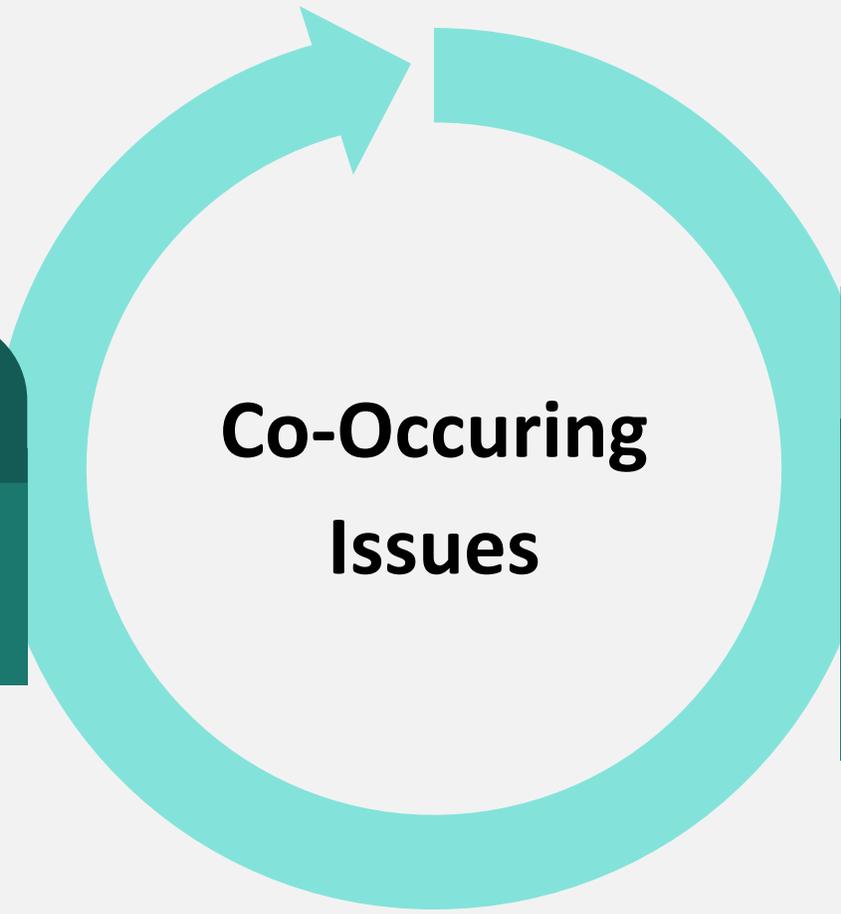


60% to 90% of Women

Many women who are hurt by their partners also have brain injuries from the abuse.

Disabled People

Increased vulnerability
to IPV



**Co-Occuring
Issues**

IPV Survivors

Increased risk of
becoming disabled
by trauma

Intersection

People with I/DD and TBI/ABIs have increased risk for both victimization and perpetration of IPV

Being left out of or inaccessible sexual health and relationship education

Ableism leading to:

- Social isolation
- Financial dependence
- Lack of bodily autonomy, privacy, and consent in daily life

Symptoms such as: sexually disinhibited or impulsive behavior, mood issues, etc.

Difficulty understanding:

- non-verbal communication
- complex social behavioral cues
- implicit boundaries

Intersections

Survivors of IPV have a **higher likelihood of becoming disabled** due to the physical and mental trauma of the event(s).

- A birthing parent experiencing IPV during pregnancy is associated with preterm births and low birth weight, both of which increase the risk of I/DD
- Adverse Childhood Experiences (ACEs), such as witnessing or surviving violence, increase the risk of physical and developmental disability through a person's lifetime
- Anywhere from *19% - over 90% of people who experience IPV sustain at least one TBI/ABI

How Can IPV Look Different with I/DD?

- Withholding medication, medical care, mobility aids, etc.
- Controlling communication devices or transportation
- Threats about services (“You’ll lose your caregiver/home”)
- Exploiting communication differences or health literacy
- Controlling food, bathing, toileting, or phone access

Brain Injury Considerations

Common Brain Injury Symptoms

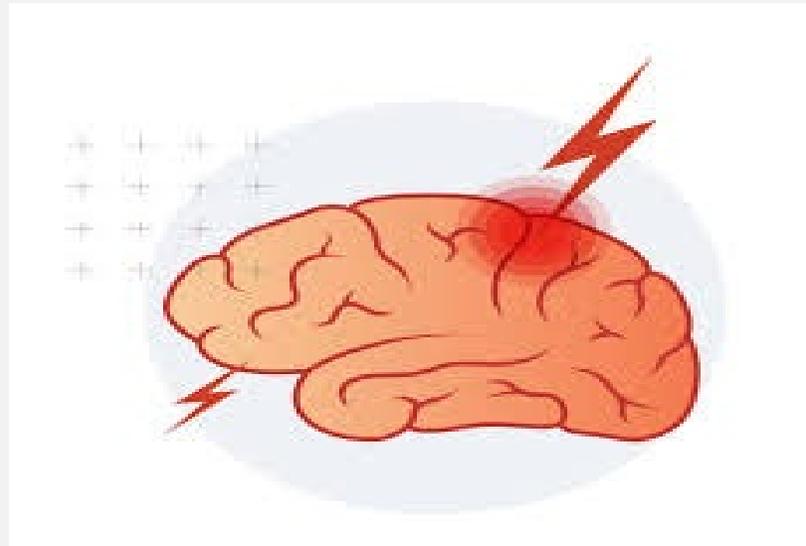
- Cognitive Effects (brain fog, memory loss, difficulty concentrating, etc.)
- Physical/Neurological Effects (fatigue, insomnia, etc.)
- Emotional Effects (mood swings, irritability, depression, etc.)

Brain Injury Symptoms Affect IPV Resources

- Mistaken for non-cooperation
- Mistaken for substance use or mental health issues
- Survivors with Brain Injuries are blamed instead of supported

Brain Injury from IPV

- Repeated head impacts
- Strangulation/Lack of oxygen to the brain
- Cognitive and emotional effects add up over time



System & Reporting Barriers for Survivors with I/DD and Brain Injuries

- Navigating ableist systems to access care
- Perpetrator often known/trusted (partner, caregiver, support person)
- Reporting may risk losing needed services
- Disclosures misread due to stigma about credibility
- Under-response from systems

Prevention of IPV in I/DD & TBI Communities

Prevention



Primary

Aims to prevent violence before it occurs



Secondary

Immediate response after violence occurs addressing short term consequences and decrease likelihood of repeated harm



Tertiary

Ongoing treatment, and support after violence occurs to address long-term consequences and disrupt cycles of harm

These three **work together** to create holistic prevention of IPV

1

Primary Prevention: Stopping IPV Before it Happens

Addresses **risk factors** & promotes **protective environments** and behaviors.
Interventions specific to I/DD & Brain Injury could include:

- Centering & engaging disabled community
- Disability justice advocacy & policy
- Accessible and medically accurate sexual health and healthy relationship education
- Teaching and practicing healthy relationship skills like bodily autonomy, consent, and supported decision making
- Encouraging social connection and community
- Workforce training & financial education

2

Secondary Prevention: Early Identification & Support

Routine Screening Accommodations

- Private, routine IPV screening
- Extra time for processing
- Interpreter or communication supports
- Yes/No and open-ended questions
- Brain-injury informed questions related to:
 - Hits to the head
 - choking /strangulation
 - Loss or alteration of consciousness

Warm Handoffs & Collaboration

- Direct connection to DV advocates
- Coordination with disability services
- Health care provider collaboration
- Cross-training across systems
- Awareness of local survivor resources

3

Tertiary Prevention: Accessible Safety & Recovery

Accessible Safety Planning

- Visual safety plans
- Step-by-step instruction cards
- Rehearsals or “practice runs”
- Multi-format information (written, verbal, visual)

Brain Injury-Specific Accommodations

- Written reminders
- Simplified choices
- Appointment reminders/support
- Quiet, private spaces
- Symptom tracking tools

Coordinated Medical Care

- Evaluation for concussion or TBI/ABI
- Screening and response for strangulation
- Clear referral pathway or flow chart
- Interdisciplinary follow-up

Key Takeaways

- IPV and Disability are **co-occurring** and **intersectional** issues
- People with I/DD & Brain Injuries need to be centered in **interventions** and **screening** for IPV
- **Prevention & response** to IPV must be cognitively accessible, trauma-informed, and coordinated across systems
- **Survivors** may need simplified, repeated, multi-format safety planning and structured follow-up



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[Resources for Disability Justice & IPV](#)

Question and Answer Session

Jeff Kearney, IDD Consultant, DMH/DD/SUS

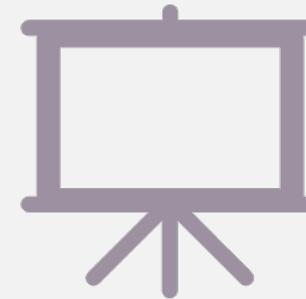
With support from:

Mikaila Mills, Community Engagement Manager, Impact Health

Scott Pokorny, Traumatic Brain Injury Team Lead, DMH/DD/SUS



Questions and feedback are welcome at
BHIDD.HelpCenter@dhhs.nc.gov.



The recording and presentation slides for this webinar will be posted to the [Inclusion Connects Updates](#) webpage.

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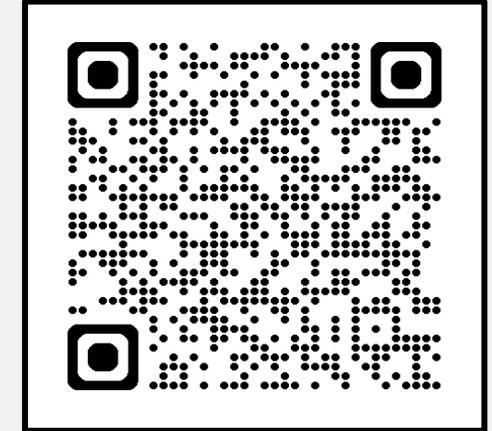
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