

Professional Guidance on Intimate Partner Violence and...

TRAUMATIC BRAIN INJURY

Traumatic brain injuries (TBI) and concussions are often thought of as injuries related to sports and not necessarily domestic violence. However, research demonstrates that the most common place of injury in intimate partner assaults is the head, face and neck (Sheridan and Nash, 2007). These assaults increase the potential for individuals being abused to have mild to severe TBI which can cause irreversible psychological and physical harm (Corrigan, Wolfe, Mysiw, Jackson, & Bogner, 2015). Direct blows to the head, shaking, and strangulation may all cause TBI, and, unlike bruises, cuts and broken bones, may go undetected. According to the Centers for Disease Control, 1.7 million people suffer from TBI each year, 10% of which are victims of assault, although numbers are expected to be much higher as many individuals do not report abuse (CDC, 2016). Unfortunately, individuals experiencing intimate partner violence (IPV) are often misdiagnosed as having mental health issues or being uncooperative rather than having a TBI.

DEFINITION

<u>TBI:</u> an acquired injury to the brain that is caused by sudden external physical force (Brain Injury Association of America, 2015). TBI can be caused by a forceful blow to the head, (e.g. a hit with a fist or an object), severe shaking of the brain (e.g. whip-lash), or anoxia, a loss of oxygen to the brain (e.g. strangulation).

PREVALENCE

- 92% of women in shelters have been hit in the head by their current or former partners
- 83% have been both hit in the head and severely shaken
- Nearly 8%had been hit in the head 20+ times in the past year (Jackson, Philp, Nuttal, & Diller, 2002).

EFFECTS

- Recovery may be compromised due to multiple assaults occurring over a short time.
- Symptoms include headaches, double vision, imbalance, decreased motor ability, confusion, disorientation, aggression, irritability and depression. Symptoms range in severity, depending on where injury occurs in the brain and how much damage has occurred over time.
- Individuals may appear as if they are looking into space or not listening due to a loss of the ability to focus.
- Limited ability to maintain employment or manage financial needs, resulting in less likelihood of leaving abusive relationship.
- Difficulty seeking assistance through the justice system due to memory loss and irritability, making them appear uncooperative or unreliable (Jackson et al., 2002).

INTERVENTIONS

- Early diagnosis is crucial to ensure appropriate testing and treatment.
- Routine confidential screening for IPV should be completed, including questions about head injuries, to help identify and provide assistance to individuals as soon as possible.



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REFERENCES

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- Jackson, H., Philp, E., Nuttal, R.L. & Diller, L. (2002). Traumatic Brain Injury: A Hidden Consequence for Battered Women. *Professional Psychology: Research & Practice*, 33, 1, pp. 39-45.

Sheridan D, Nash K. (2007). Acute injury patterns of intimate partner violence victims. Trauma, Violence & Abuse, 8(3), 281-9.

RESOURCES

HELPS Brain Injury Screening Tool http://www.nashia.org/pdf/hotopics/pa-helpsscreening-tool.pdf National Rehabilitation Information Center (NARIC) http://www.naric.com Phone: 301-459-5900; 800-346-2742

TTY: 301-459-5984

National Institutes of Neurological Disorders and Stroke (NINDS) TBI Information Page

https://www.ninds.nih.gov/Disorders/All-Disorders/ Traumatic-Brain-Injury-Information-Page

Brain Injury Association of America, Inc. http://www.biausa.org Phone: 703-761-0750; 800-444-6443 http://www.biamd.org/ Phone: 410-448-2924; 800-221-6443

Brain Injury Association of Maryland

National Association of State Head Injury Administrators

http://www.nashia.org/

Phone: 802-498-3349