

Traumatic Brain Injury and Intimate Partner Violence: Challenges for Survivors Involved in the Family Court System

Michael Ellis M.D. & Ashley Stewart MSN

Objectives

- Provide a brief overview of intimate partner violence and intimate partner violence traumatic brain injury
- Discuss the role of frontline service providers play in recognizing and responding to those with suspected IPV-related head trauma
- Discuss how intimate partner violence traumatic brain injury can present challenges for survivors involved with the family court system

Intimate Partner Violence

- Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours (WHO, 2021).
- It is estimated that nearly **one in three** women globally have experienced physical and/or sexual IPV or non-partner sexual violence in their lifetime (WHO, 2021)

Intimate Partner Violence

Risk factors for IPV:

- Female sex
- Younger age
- Lower socioeconomic status
- Lower education
- Previous exposure to child abuse or IPV

Intimate Partner Violence

- Marginalized populations such as those who are Indigenous, have physical or cognitive disabilities, identify as 2SLGBTQQIA+, are vulnerably housed, or work in the sex trade industry can also experience IPV and face unique barriers to accessing care

Intimate Partner Violence

- Manitoba has the second highest rate of police-reported IPV per capita among the Canadian provinces (607 victims per 100,000 population; Statistics Canada, 2019)

Intimate Partner Violence

Intimate partner violence can have significant short- and long-term consequences for survivors and their families

Intimate Partner Violence

The most common physical injuries sustained by individuals exposed to IPV are those to the head, face and neck (Sheridan & Nash, 2007; Wu et al., 2010)

Intimate Partner Violence Traumatic Brain Injury

- Traumatic brain injury is caused by the transmission of forces to the brain that leads to abnormalities in brain structure or function
- Includes: concussion, structural brain injuries (e.g intracranial hemorrhage, contusions)

Intimate Partner Violence Traumatic Brain Injury

Research studies using different samples suggest that among IPV survivors:

- Up to 92% sustain blows to the face or head (Jackson, 2002)
- Up to 75% sustain TBIs (Haag et al., 2019)
- A significant proportion of those with IPV TBI experience multiple TBIs (Valera and Berenbaum, 2003) with some reporting having sustained injuries that were “too many to quantify” (Zeiman et al., 2017)

Intimate Partner Violence Traumatic Brain Injury

- In addition to injuries resulting from blunt or penetrating head trauma, IPV can result in brain injuries secondary to non-fatal strangulation (Monahan et al., 2020)
- Attempted strangulation has been reported in up to 68% of women in abusive relationships (Wilbur et al., 2001)
- Non-fatal strangulation is an important risk factor for intimate partner homicide (Glass et al., 2008)

Intimate Partner Violence Traumatic Brain Injury

Those presenting with IPV-related head trauma can also sustain injuries to the:

- Face
- Eyes
- Neck

Intimate Partner Violence Traumatic Brain Injury

- Facial trauma can result in contusions, lacerations, facial fractures and dental injuries
- These injuries can result in localized pain, bruising, swelling or deformity, as well as deficits in sensory or motor functioning

Intimate Partner Violence Traumatic Brain Injury

- Trauma to the orbit can result in a spectrum of injuries including periorbital contusion, sub-conjunctival hemorrhage, corneal abrasion, retinal detachment, orbital fractures, injuries to muscles that control the eye and rupture of the globe (eye ball)
- Orbital injuries can result in localized pain and swelling, blurred vision, double vision, visual field defects or complete vision loss

Intimate Partner Violence Traumatic Brain Injury

Strangulation can result in injuries to:

- Cervical spine
- Airway
- Esophagus
- Blood vessels
- Injuries to the brain due to disruption of oxygen or blood delivery
- Other soft tissue structures (e.g lymph nodes)

The injuries can result in:

- Hoarseness or voice changes
- Difficulty swallowing or talking
- Stroke or stroke-like symptoms

Intimate Partner Violence Traumatic Brain Injury

Common presenting symptoms of concussion:

Physical	Cognitive	Sleep	Emotional
Headache	Difficulty concentrating	Difficulty falling asleep	Feeling more sad than normal
Nausea	Difficulty remembering	Difficulty staying asleep	Feeling more anxious than normal
Dizziness	Fogginess		Irritability
Sensitivity to light and sound	Fatigue		Feeling more emotional
Blurred vision			
Imbalance			

Intimate Partner Violence Traumatic Brain Injury

Red flags (indicate more than a concussion or presence of other injuries):

- Seizure
- Neck pain
- Repeated vomiting
- Confusion or altered level of consciousness
- Weakness or numbness in the extremities or face
- Double vision
- Blurred vision or loss of vision in one eye
- Significant facial bruising or swelling
- Slurred speech
- Difficulty swallowing or breathing

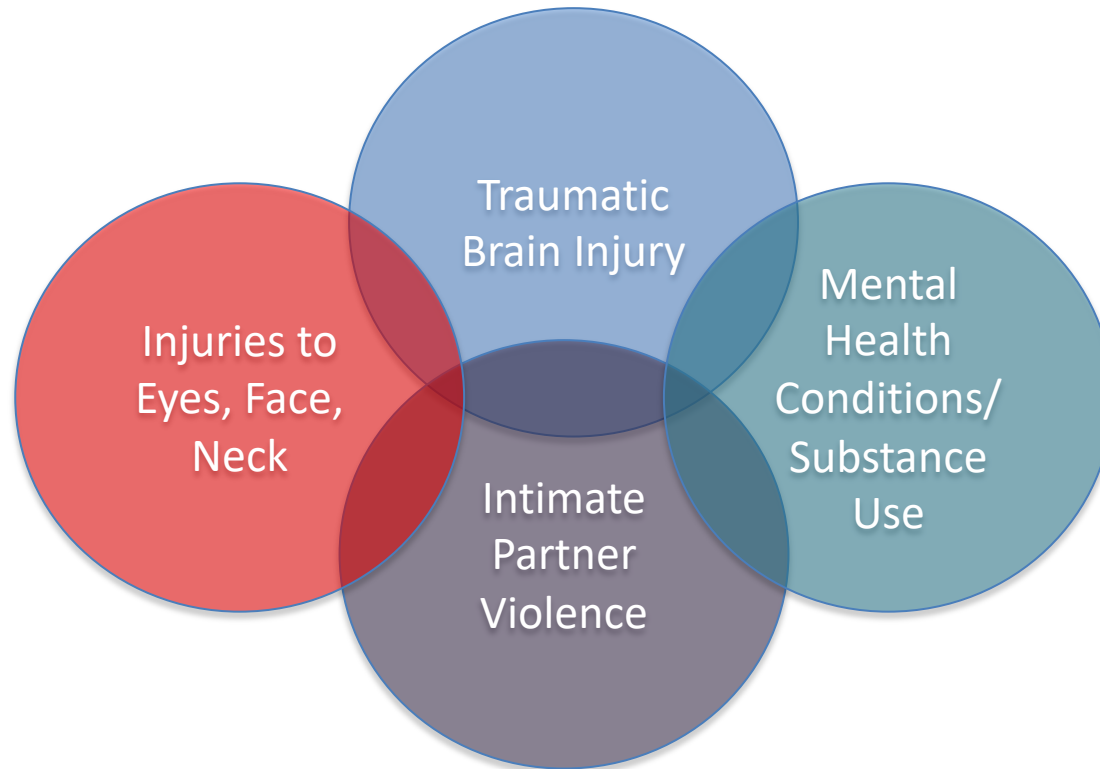
Intimate Partner Violence Traumatic Brain Injury

In addition to acute physical injuries, survivors of IPV are at an elevated risk of developing mental health conditions:

- Depression
- Anxiety
- Post-traumatic stress disorder
- Substance use disorders

Intimate Partner Violence Traumatic Brain Injury

When working with survivors of IPV TBI it is important to recognize that several intersecting factors may impact survivor symptoms and functioning



Intimate Partner Violence

Individuals exposed to escalating and more severe forms of IPV can be at risk of intimate partner homicide

Intimate Partner Violence

Children who are exposed to IPV are at an elevated risk of adverse health outcomes including:

- Mood disorders
- Anxiety disorder
- Post-traumatic stress disorder
- Substance abuse
- School-related problems
- Physical, emotional, and sexual abuse

Frontline Service Providers

All frontline service providers, including those working within the family court system, play an important role in recognizing and responding to clients with suspected IPV. To do so, frontline service providers should:

- Become educated on the signs and symptoms of IPV TBI
- Understand the intersecting factors that lead to IPV and impact the lives of survivors
- Develop procedures and resources that direct clients to appropriate medical and supportive services

More Information

- For more information on how family violence shelter service providers can learn more about the intersection between intimate partner violence, mental health, substance use and traumatic brain injury please visit the following link to access a new training course:
- <https://maws.mb.ca/courses/mental-health-and-substance-use/>

More Information



CONCUSSION AWARENESS
TRAINING TOOL

[Audience](#) [Learn](#) [Concussions](#) [Resources](#) [News](#) [About](#)

SCAT5

Women's Support Worker

[Click here](#) to navigate away from this page quickly.

E-Learning Course



Course includes:

- Introduction
- Overview
- Recognize
- Screening
- Manage
- Educate

[START COURSE](#)

CATT for Women's Support Workers is available in both English and French.

Relevant Resources

Quick access to relevant resources.

Concussion Information Package for Women's Support Workers

Concussion Awareness Training Tool (CA...)

Driving After Concussion: Is it Safe to Get Behind the Wheel?

Department of Kinesiology, University of ...

Moving Ahead Brochure For Workers – SOAR

Supporting Survivors of Abuse and Brain...

Moving Ahead Brochure For Survivors – SOAR

<https://cattonline.com/womens-support-workers/>

More Information

For more information on intimate partner violence traumatic brain injury please visit the following links:

ABI Toolkit: www.abitoolkit.ca

SOAR Project: www.soarproject.ca

Pauktuttit: <https://www.pauktuutit.ca/abuse-prevention/gender-based-violence/intimate-partner-violence-traumatic-brain-injury/>

Intimate Partner Violence

Although intimate partner violence is common, many survivors do not receive the medical care and support they need

Intimate Partner Violence

- Some survivors choose not to seek medical care following IPV
- Some survivors seek medical care but do not disclose the cause of their injuries
 - Guilt, shame, fear of future abuse or impact of reporting on their family or children
- Some survivors want to disclose their injuries but frontline or healthcare providers don't ask the right questions or make them feel comfortable talking about their injuries
- Some survivors disclose their injuries but don't have access to the medical and supportive services they need within their home communities

Intimate Partner Violence

- Some survivors do not report instances of IPV to police
- Some survivors do not wish to press charges against their partner
- Some survivors have had negative experiences interacting with police and justice services following previous exposure to IPV
- Some survivors want to seek legal guidance but have difficulty accessing services or do not know where to go for help

Forensic Nursing Assessment of TBI & Strangulation

- Patients can present with a history of blunt trauma to the head/face or disclosure of strangulation.
- Sometimes patients may present with a vague history, keeping in mind they may have limited recollection of what happened.
- Have a high index of suspicion with patients who have no recollection of the assault, report a loss of consciousness or present with injuries to the head, face or neck.
- Patients can present with a wide range of symptoms from complaint of headache or unstable with an SDH or acute anoxic brain injury.

Forensic Nursing Assessment of TBI & Strangulation

Assessing for TBI after IPV

- Was the patient struck in the head, hit their head or strangled?
- When did it occur?
- What were they struck with? Did they fall and hit their head? Was their head banged against an object? Struck with weapon? If so, what?
- Did they lose consciousness, experience any focal neurological deficits or seizures?
- Loss of bladder or bowel control?
- What symptoms are they currently experiencing, or have they experienced since the assault?

Forensic Nursing Assessment of TBI & Strangulation

History of Past TBI

- Does the patient have a past history of IPV? If so, have they been hit in the head or strangled before?
- Have they experienced any symptoms since previous head injuries?
 - Headaches
 - Fatigue
 - Difficulty with attention span
 - Mood changes/anxiety/depression
 - Difficulty in daily functioning, returning to work
 - Problems with memory
 - Poor balance/dizziness
 - Vision disturbances
- Did they seek medical attention for any previous instances of suspected IPV TBI?

Acute Impacts of Traumatic Brain Injury

- Loss of consciousness
- Memory problems
- Visual disturbances
- Tinnitus, ringing in ears
- Confusion and/or disorientation
- Light-headedness/dizziness
- Headaches
- Emotional changes

Adhikari, Shambhu Prasad, et al.
(2023); Corrigan & Wolfe et al. (2003);

Impacts in the Family Court

- Memory impairment
- Lack of documentation & medical records
- Impact of neurobiology of trauma and inability to sequence events
- Lack of police reports or involvement
- Impacts to the survivor's statement

What Have We Learned?

- Patients may not attend follow up or seek medical attention because of how visible their injuries may still be. This can also be impacted by difficulties with transportation, childcare, work, safety reasons, etc
- Patients may not give a clear history in the ED or able to recall all their symptoms, but may be able to give a much more thorough history at their follow up appointments due to the immediate impacts of a TBI
- Patients may disclose a history of being hit to the head or strangled, but often may not disclose who injured them when they seek medical attention, unless asked
- We often find patients have had a long history of violence including hits to the head and strangulation but often have not involved law enforcement or sought medical care for multiple reasons
- Often patients report histories of increasing headaches, poor concentration, visual difficulties and increases in mental health symptoms due to repeated injuries to the head

Thanks

Questions:

Dr. Michael Ellis
Email: mellis3@panamclinic.com

Ashley Stewart
Email: ashleynstewartconsulting@gmail.com