

Mental Health

Mental Health, Intimate Partner Violence and Traumatic Brain Injury



Definitions

Mental Health	A person's emotional, psychological, and social well-being, including how they think, feel, function, and relate to others.
Post-Traumatic Stress Disorder (PTSD)	A mental health condition that can develop after exposure to traumatic events such as violence or repeated injury, and symptoms may include flashbacks, nightmares, severe anxiety, and intrusive thoughts.
Polytrauma Clinical Triad (PCT)	A highly co-occurring combination of TBI, PTSD, and chronic pain. This intersection is critical because IPV-related TBIs frequently interact with these conditions to create compounded neurobehavioural, emotional, and physical health challenges.

Overview

The relationship between mental health, TBI, and IPV is significant and underexplored. Integrated, trauma-informed approaches are needed to address longstanding gaps in survivors' experiences including diagnosis, care, and policy. The mental health impacts of IPV-related TBI are also closely linked to disability and long-term functional impairment; please refer to the one-pager on disability for more information.

Themes and Issues

- **High Rates of Co-Occurrence:** Repetitive head trauma and strangulation in IPV are strongly associated with undiagnosed TBI, which commonly co-occurs with depression, anxiety, and PTSD. When TBI and mental health concerns occur together, survivors often experience more severe and complex symptoms, underscoring the need for integrated, trauma-informed supports.
- **Unique PTSD Presentations:** PTSD is common in IPV–TBI contexts, where symptoms such as memory problems, irritability, mood changes, and sleep difficulties can overlap with the effects of brain injury. This can make it hard to tell whether symptoms are related to trauma, brain injury, or both, increasing the risk of missed or incorrect diagnoses. These challenges are made worse by screening tools and supports that often do not account for co-occurring brain injury.
- **Multiple, Overlapping Health Issues:** Survivors with IPV-related TBI are more likely to experience polytrauma clinical triad (PCT), which often leads to worsened mental health, including increased suicidal ideation and violent impulses. These three components often occur together and can intensify one another, making diagnosis and treatment more challenging and requiring complex and coordinated care that addresses physical, cognitive, and mental health needs.
- **Barriers to Diagnosis and System Navigation:** Diagnosis and system navigation can be difficult because symptoms of IPV-related TBI, PTSD, depression, anxiety, and chronic pain often overlap, increasing the risk of missed or incomplete diagnoses. These challenges are worsened by fragmented service systems and limited screening for IPV-related head injury and strangulation, which can leave brain injuries unrecognized. As a result, survivors are often left navigating multiple disconnected services without coordinated care for their physical, cognitive, and mental health needs.
- **Recommendations:** Routine trauma-informed screening for IPV-related head injury, strangulation, and mental health concerns across health, mental health, and IPV services, supported by training so providers can better recognize and respond. Policies should focus on integrated, coordinated care so survivors are not moved between fragmented services and can access the supports they need through a connected system.



