

# Traumatic Brain Injury (TBI) and Family Violence



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## Current situation

More attention has been given to TBI in recent years particularly in:

- Warfare
- Professional sports (eg. NFL, NRL, etc.)
- Motor vehicle crashes
- Falls
- Shaken baby syndrome

**What about victims of Intimate Partner Violence?**

Brain Injury Association of America (BIAA)



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## Learning Objectives

Become aware of the high incidence of traumatic brain injury in victims of family violence by a review of the research on the subject.

Be able to recognise typical descriptions of women who have experienced a brain injury.

Increase your awareness of how repeated brain injury leads to greater dysfunction over time.

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## Introduction

Research suggests that intimate partner violence - especially physical violence - places victims at high risk for sustaining traumatic brain injuries (TBI).

There is a need to understand, screen, refer and counsel clients who may have cognitive, physical and/or emotional issues as a result of an IPV-related TBI.

Earlier identification and treatment of any brain injury symptoms seems to diminish their adverse impact on treatment and rehabilitation outcome.

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## Acquired Brain Injury

### TRAUMATIC

- Open
- Closed

### NON-TRAUMATIC

- Anoxia
- Aneurysms
- Brain Tumors
- Encephalitis
- Meningitis
- Metabolic Encephalopathy
- Stroke with Cognitive Disabilities



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## What is a TBI

TBI is defined as an injury to the brain that is caused by external physical force and is not present at birth or degenerative.



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## TBI – Two Stages

The definition reflects the fact that there are two stages of events following a TBI:

- *Primary event* involves the initial trauma caused by biomechanical force, directly associated with the injury, and
- *Secondary event* refers to the changes that occur gradually after the initial injury (minutes to weeks) involving an array of neurochemical and neurometabolic events.

*Brain Injury Association of America (BIAA)*

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## Latest NZ Research

Office of the Prime Minister's Chief Science Advisor  
Kaitiaki Take Kōwhiri Mātua Ki te Pirimia

What were they thinking? A discussion paper on brain and behaviour in relation to the justice system in New Zealand

Dr Ian Lambie  
Chief Science Advisor for the Justice Sector

Date: 29 January 2020

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Office of the Prime Minister's Chief Science Advisor  
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*One day down at court...*

The alleged offender fidgets and looks shifty. He's nervous, and when you explain the process and can't recall what he is supposed to do next. He's easily distracted, as if he's got better things to do.

He quickly says, "Yeah, yeah" to your questions, but that's getting him into more trouble; he's contradicting himself, changing his story. He pulls his hoodie down to cover his eyes, he seems uncooperative and sullen, moody.

He didn't arrive on time. The court documents as if he doesn't care about how much trouble he's in. From his previous court appearances, you report that he "shows no remorse" or "shows no emotion". He's pretty much a non-factor. He doesn't commit, he just wants it to be over. What on earth is he thinking?!

Dr Ian Lambie  
Chief Science Advisor for the Justice Sector

Date: 29 January 2020

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## International research

TBIs are often unreported and therefore untreated among IPV victims.

TBI is estimated to be present in anywhere between 30% and 74% of all IPV victims who seek services in battered women's shelters or emergency departments. *(Kwako et al 2011)*

Rates of physical IPV that involve head and/or neck injuries may be as high as 88 – 94%. *(Arosarena et al 2009)*

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## International research

Given the patterned nature of abuse, there is increased risk posed for victims with multiple IPV-related TBIs.

Existing in a violent relationship exacerbates the risk of cumulative and progressively serious consequences of repeated hits to the head.


The presence of TBI symptoms may increase a victim's risk for further violence, particularly because their symptoms may increase their vulnerability to their abusive partners.

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## What causes TBI

How many women:

- A blow to the head
- Shaking of the brain
- A loss of oxygen to the brain (anoxia)



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## Effects of TBI

TBI can result in mild, moderate, or severe impairments to cognition, behaviour and physical functioning.

The most common and persistent symptoms are:

- Headaches
- Fatigue
- Loss of memory
- Depression
- Communication difficulty

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## Effects of TBI

BRAIN INJURIES CAN CAUSE A WIDE RANGE OF COGNITIVE, BEHAVIOURAL AND EMOTIONAL DIFFICULTIES, INCLUDING: LOSS OF MEMORY, CONCENTRATION, CONFUSION AND INCREASED AGGRESSION.

KEY FINDINGS FROM THE STUDY:

Disabilities Trust, University of London, (2016 – 2018)

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DURING THE DELIVERY OF THE BRAIN INJURY LINKWORKER SERVICE (FROM 2016 – 2018) WE FOUND:

OF 100 WOMEN WHO REPORTED INCIDENTS OF TBI:

- 62% Of the women reported they had sustained a TBI due to domestic violence
- 29% Of TBIs were caused by road traffic accidents
- 21% Of TBIs were caused by unprovoked attacks
- 44% Had offences for violence
- 13 months Reported experiencing domestic abuse victimisation
- 75% Of women referred to BIL had a prior mental health diagnosis
- 196 Reports of severe blows to the head
- 63 Average no of days supported by the Linkworker
- 67% Reported historical sexual abuse
- 24% Had their first injury at 16 years old
- 62% At assessment
- 20% At service discharge
- 55% At assessment
- 20% At service discharge

Incidents of severe anxiety dropped from: 62% At assessment to 20% At service discharge

Severe and moderately severe depression dropped from: 55% At assessment to 20% At service discharge

"I WAS IN A (RELATIONSHIP INVOLVING) DOMESTIC ABUSE FOR FOUR YEARS. HE BEAT ME BAD, BAD, BAD. MY HEAD'S GOT IT. IT'S LIKE A HATCHWORK QUILT UNDER ALL THERE - AND I WAS JUST KNOCKED OUT UNCONSCIOUS (LOSER OF TIMES, SO MANY TIMES..." (wound?)

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## Women in Prison

- Three-quarters of women in prison have suffered family violence, rape and/or sexual assault
- 52% of women in prison have post-traumatic stress disorder (compared to 22% of male prisoners)
- 68% of women in prison have been a victim of family violence
- Three-quarters of women in prison have diagnosed mental health problems (compared with 61% of men).

Corrections launched Wahine - E re e ana ki te pae hou: Women's Strategy, in Christchurch on 28 August 2017

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## Women in Prison

Correction's new strategy focuses on making our treatment and management more women-specific to help address issues such as trauma and victimisation, mental health issues, unhealthy relationships, parenting difficulty and stress and financial pressures.

There will be a focus on giving women the treatment, encouragement, counselling, skills and support they need to shape better futures for themselves, their children and their families.

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# TBI Strategies ...

