Women's Interval Home of
Sarnia-Lambton

Traumatic Brain Injury and Intimate Partner Violence

Advocacy Brief
August 2023

1. Introduction

Intimate Partner Violence (IPV) can result in acquired brain injury (ABI), the ABI-IPV nexus. Women's Interval Home-Sarnia and Lambton (WIHSL) aspires to develop new research capacity to build a body of knowledge on the relationship between Acquired Brain Injury and Intimate Partner Violence, the TBI-IPV nexus, and become a leader in Canada on innovative ways to address this issue as a shelter and outreach centre. WIHSL commissioned research into the TBI-IPV nexus as a first step in realizing this goal. The results of that research, documented in the *Acquired Brain Injury and Intimate Partner Violence Report,* forms the basis of this Advocacy Brief.

2. TBI-IPV: The silent public health pandemic

2.1 What is the TBI-IPV nexus?

Acquired brain injury (ABI) causes a change in the neuronal activity, affecting the physical integrity, metabolic activity, or functional ability of nerve cells in the brain. Two types of ABI are traumatic brain injury (TBI) or hypoxic-ischemic brain injury (HIBI). TBI is caused by external forces such as blunt force trauma (a hit, blow, bump or other impact to the head, neck, face, or body); forceful and repeated shaking; or penetration of the skull (shooting or stabbing). HIBI, for example, strangulation, suffocation, choking, and near drowning, reduces blood flow to the head and deprives the brain of oxygen. An HIBI lasting 15 seconds can cause the person to lose consciousness and brain injury occurs after four minutes.

TBI is common amongst survivors of IPV[1] and strangulation is the most dangerous form of IPV. The most common forms of physical violence during IPV are strangulation or hits to the head, face, or neck. Others are shaking and being pushed down the stairs.[2]

2.2 What do we know about the scale and nature of ABI and IPV?

Two in five women (approx. 7.5 million) and one in three men (approx. 6 million) had experienced IPV in Canada and women disproportionately experience the most severe forms of IPV[3]. Thirty-five to eighty percent of women affected by IPV experience symptoms of TBI and up to 92% of IPV incidents involve hits to the head and face, and strangulation.[4] There are indications that 60–92% of women with a history of IPV experience IPV-related head and facial injuries.[5]

The full extent of the ABI crisis becomes visible when compared to some health conditions that receive extensive funding and public education: more Canadians will experience TBI (165,000)

[1] St. Ivany and Schminkey, 2016

[2] Weidner, 2022.

[3] Cotter, 2021; Burczycka 2016.

[4] Cotter. 2021; Brain Injury Canada. Undated; and Kwako et al. 2011.

[5] Esopenko et al. 2021.

than, for example, breast cancer (26,900), new cases of spinal cord injury (4,300), or multiple sclerosis (4,015).[6]
The available data indicate that there are subsets of women whose risk to IPV, and by implication IPV related brain injury, are higher and these are Indigenous women, women living with disabilities, immigrant and refugee women, older women, younger women, sex workers, and members of the LGBTQ2IA community.

3. What kind of ABI-IPV services are possible and available?

A review of available services in communities is one way of establishing what kind of services are possible. In addition to direct health services, health professionals, non-profit organisations, and academic researchers within the public and private sectors are conducting research, developing a knowledge bank, and creating awareness on the ABI-IPV nexus.

Database and contact number

One of the services provided by Brain Injury Canada is an online database of service providers and their contact details, costs, and funding sources[7]. This alphabetical service directory is particularly useful as it includes services across Canada. Such an online database is an important TBI resource for clients, patients, and researchers. One of the challenges may be updating the information on a regular basis. A localized version of this kind of database could be useful since prospective clients and carers would start their search for services in their local communities.

Research and Education

The Centre for Research and Education on Violence against Women and Children (CREVAWC), Research and the knowledge hub[8] has extensive information and resources on IPV and includes information on TBI. While this knowledge hub is available to anyone in Canada, the Center's programming targets London and surrounding areas. The hub is an example of knowledge mobilization and public education for the benefit of local communities.

SOAR is one of the oldest TBI-IPV organizations and like the CREVAWC, has an extensive knowledge bank covering a wide range of topics related to TBI and TBI-IPV. The Survivor's Guide to Brain Injury in Intimate Partner Violence[9] is only one example of ways to synthesize and distribute key messages. And while brochures and other kinds of information/ Fact Sheets can draw on general information, it is possible to add localized information, such as contact details of service providers.

[6] www.braininjurycanada.ca
[7] https://braininjurycanada.ca
[8] www.learningtoendabuse.ca/index/html
[9] https://soarproject.ca/wp-content/uploads/2020/04/20-02-SOAR-SurvivorBrochure-prf05.pdf

Specialized TBI services for IPV survivors

The short- or long-term impacts of the cognitive and psychological impacts of TBI may present the TBI-IPV survivor challenges as they navigate post-injury life. Specialized services are designed to assist TBI-IPV survivors deal with some of those challenges including, meeting their family responsibilities, accessing social services, or participating in legal proceedings.

The Cridge Centre for the Family[10] in Victoria, BC., operates a unique client-informed program assisting with housing needs, navigating community resources, parenting and other daily activities. This programming is structured solely around clients' needs and the goal is to allow TBI-IPV survivors to adapt to continue living a full, dignified and safe life. In 2022, 20 women participated in the programme, some of whom transitioned to becoming volunteers helping others who enter the programme.

Of all the TBI-IPV services reviewed, this certainly stands out as a valuable and much needed programme. The major challenge is the scalability and thus, funding.

The brain injury identity card is another example of specialized service that, if adopted by TBI-IPV service providers, has the potential of serving TBI-IPV survivors' needs.

Headway UK designs and distributes the *Headway Brain Injury Identity Card* and in Canada, Nanaimo, BC[11] and Medic-Alert, in partnership with Brain Injury Canada[12] provides a similar service. BrainLine[13] provides a downloadable pdf version of a brain injury ID. While service providers have their own requirements, the objectives of the ID is the same: the ID card serves as an objective tool to help the card holder explain their condition and thus request accommodation or assistance; prevents misdiagnosis when individual is unable to communicate with first responders or health care workers; assists with misinterpreting brain injury symptoms as being under the influence of drugs or alcohol; provides card carrier with confidence and agency to navigate social settings.

4. The complexity of diagnosing ABI in IPV survivors

ABI can have long-term impacts on the survivors' quality of daily life.[14] IPV-related brain injury can cause severe mental health impacts, and cognitive, physical, and behavioural changes including difficulty communicating, memory problems, reduced judgement and problem-solving skills, shortened attention, inability to initiate tasks or activities, headaches, and fatigue. If one in three Canadian women experience IPV and up to 90% experience brain injury, and the mild TBIs

[10]https://vancouverisland.ctvnews.ca/you-re-not-alone-victoria-group-supports-women-with-brain-injuries-caused-by-domestic-violence-1.6171697

[11] https://nbis.ca/brain-injury-id-cards/

[12] https://braininjurycanada.ca/en/living-brain-injury/medicalert/

[13] https://www.brainline.org/article/brain-injury-id-card

[14] Anto-Ocrah et al. 2022.

are severely under-reported or undiagnosed, about 200,000 women are TBI-IPV survivors each year.

An official ABI diagnosis from a medical professional for IPV survivors is not straightforward, a situation that is not unique to ABI survivors. Symptoms of ABI can be mistaken by both survivors and medical professionals for emotional distress. A misdiagnosis can also be the result[15] of a variety of physical, social, and mental health conditions. Symptoms of mild TBI especially can be present as feeling dazed, disorientated, or confused.

Accurate and timely diagnosis of brain injury can be deemed as "resource heavy"[16] involving financial investment and training. In smaller or under-resourced communities, the diagnostic tools typically used for a diagnosis through neuroimaging may not be available. In such cases, there are non-clinical diagnostic methods, such as observing signs and symptoms. These non-clinical methods may also play a role in under-diagnosis of ABI.

The ABI-IPV diagnosis conundrum

When and in what circumstances should a disability diagnosis because of an IPV-related brain injury be declared? A disability label may unnecessarily pathologize adaptive responses employed by the survivor[17] If a survivor receiving assistance with daily living is also involved in custody proceedings, the help-seeking behaviour should not jeopardize those proceedings. Hence, such a diagnosis should only be used for an ABI-IPV survivor to access mental health care.[18] The use of mental health care services, in turn, should also not be prejudicial especially since ABI-IPV can have severe mental health impacts such as PTSD, anxiety or depression.

5. Designing a response to the ABI-IPV nexus for WIHSL

5.1 A bio-psycho-socio-ecological diagnostic lens

Informed by the ABI-IPV research, WIHSL is advocating for a bio-psycho-socio-ecological lens through which to understand the causes of brain injury and recovery pathways. This expansive and multi-faceted diagnostic mechanism considers the physical and medical, psychological, and behavioural, and social and economic elements. Considering how these factors influence the diagnosis, causes, treatments, and available resources for ABI, this diagnostic lens lends sufficient justification for the inclusion of IPV as one of the causes of ABI during diagnosis and the ABI-IPV's survivor's social and economic realities for post-brain injury choices and help-seeking practices.

5.2. An enhanced rights-based response

[15] https://vancouverisland.ctvnews.ca/you-re-not-alone-victoria-group-supports-women-with-brain-injuries-caused-by-domestic-violence-1.6171697

[16] Cohen 2008.

[17] Ibid.

[18] Ibid.

Informed by the ABI-IPV nexus research, WIHSL is promoting a rights-based approach grounded in the Ontario Human Rights Code (OHRC) albeit enhanced by principles of intersectionality, equity, diversity, and inclusion to follow the contours of the expansive brain injury diagnostic lens to respond to the ABI-IPV nexus. An enhanced and enriched rights-based approach endorses the fact that ABI-IPV survivors are not one dimensional and while they are predominantly women, they have intersecting social identities. The promotion and protection of individual rights is a framework that supports ABI-IPV survivors' access to services and care without regard for age, race or ancestry, citizenship, ethnic origin, place of origin, creed, disability, family status, marital status, gender identity, sex, and sexual orientation. The principles of equity, diversity and inclusion enhances the right to health care by promoting health equity thus facilitating the recognition of ABI-IPV as a public health issue deserving of equitable resources, health research and health care. Public health Ontario recognizes that health inequities involving social and environmental factors can present barriers to expertise and resources in health promotion programmes and policies. Finally, a rights-based response enhanced with an intersectional feminist understanding of power and inequality, recognizes that a lack of resources and public awareness of the ABI-IPV nexus is also the result of other social inequalities where women and certain subsets of women continue to face discrimination and exclusion.

6. Conclusion: WIHSL as Trauma Informed Healing Center and Shelter

This work on ABI-IPV and the Concurrent Mental Health and Addiction pilot program implemented between February 2021 and February 2022 highlighted the need for WIHSL to review its programming and resources with a view of incorporating mental health, addiction and brain injury.

The expansive brain injury diagnostic lens and rights-based approach explored in this Brief will allow WIHSL to expand its current ABI-IPV services. To date, WIHSL's intake assessment collects data on the awareness and extent of ABI-IPV among clients, and renovations are underway to improve lighting and noise. Next steps in the WIHSL programming include continuing community consultation to determine gaps in local brain injury and ABI-IPV services; cost of those services; opportunities for WIHSL to partner with other agencies to improve ABI-IPV resources; opportunities for WIHSL to advocate for disability coverage for ABI-IPV survivors; developing or sourcing a suitable training program for DV Counsellors; and continued partnerships with researchers and other ABI-IPV experts.

In the medium term, WIHSL will explore how, as a shelter and outreach centre, it can integrate post-brain injury services and programs with existing healing modalities as well as implementing specialised ABI-IPV services informed by the multi-faceted brain injury diagnostic lens and an enhanced rights-based approach to this complex issue.

Bibliography

Anto-Ocrah, Martina, Richard Gyan Aboagye, Linda Hasman, Ali Ghanem, Seth Owusu-Agyei, and Rachel Buranonsky. Sept. 6, 2022. The elephant in the room: intimate partner violence, women, and traumatic brain injury in sub-Saharan Africa. *Frontiers in Neurology,* 13.917967

Brain Injury Canada. Undated A. *Intimate Partner Violence.* Available at https://braininjurycanada.ca/en/issues-advocacy/intimate-partner-violence/

Burczycka, M., S. Conroy, and L. Savage. (2018). Family violence in Canada: A statistical profile, 2017. Juristat: Canadian Centre for Justice Statistics, 1.

Cohen, Jacqueline, N. 2008. Using feminist, emotion-focused, and developmental approaches to enhance a cognitive-behavioural therapies for posttraumatic stress disorder related to childhood sexual abuse. *Psychotherapy: Theory, Research, Practice, Training,* 45(2): 227-246.

Costello, Kellianne and Brian D. Greenwald. 2022. Update on Domestic Violence and Traumatic Brain Injury: A narrative Review. *Brain Science,* 12(1): 122

Cotter, Adam. 2021. *Intimate partner violence in Canada, 2018: An Overview.* Canadian Centre for Justice and Community Safety Statistics, Statistics Canada. Available at https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00003-eng.htm#r2

CTV News Vancouver Island. Nov. 28, 2022. 'You're not alone' : Victoria group supports women with brain injuries caused by domestic violence. Available at www.vancouverisland.ctvnews.ca/mobile/you-re-not-alone-victoria-group-supports-women-with-brain-injuries-caused-by-domestic-violence-1.6171697?cache=yes?clipid=1691853/power-play-video-highlights/7.640623

Haag, Halina Lin, Dayna Jones, Tracey Joseph, and Angela Colantonio. June 2019. Battered and Brain injured: Traumatic Brain Injury Among Survivors of Intimate Partner Violence-A Scoping Review. *Trauma, Violence and Abuse,* 23(4).

Esopenko, Carrie, Jessica Meyer, Elisabeth A. Wilde, Amy D. Marshall, et. al. January 6, 2021. A global collaboration to study intimate partner violence-related head trauma: The ENIGMA consortium IPV working group. *Brian Imaging and Behaviour,* 15: 475-503

Kwako, L.E., N. Glass, J. Campbell, K.C. Melvin, T. Barr, and J.M. Gill. 2011. Traumatic brain injury in IPV: A critical review of outcomes and mechanisms. *Trauma Violence Abuse,* 12: 115-126.

SOAR. Undated. Moving Ahead. Survivor's Guide to Brain Injury in intimate Partner Violence. Available at 20-02-SOAR-SurvivorBrochure-prf05.pdf

St. Ivany, Amanda and Donna Schminkey. 2016. Intimate Partner Violence and Traumatic Brain Injury: State of the Science and Next Steps. *Family and Community Health,* 39(2): 129-37.

Weidner, Johanna. Jan 20, 2022. Brain injury overlooked danger of domestic violence: Waterloo researcher. The Record. Available at www.therecord.com/news/waterloo-regioin/2022/01/19/brain-injury-overlooked-danger-of-domestic-violence-waterloo-researcher.html)

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