TRAUMATIC BRAIN INJURY (TBI) AND INTIMATE PARTNER VIOLENCE (IPV)

Intimate partner violence (IPV) refers to physical, sexual, and psychological aggression (including coercive acts and stalking) by a current or former intimate partner, and affects millions in the U.S.

1 in 3 women and 1 in 4 men have experienced some form of physical IPV in their lifetime, which can include blows to the head, neck, or face.

Traumatic brain injury (TBI) is defined as a bump, blow, or jolt to the head caused by an external force that results in loss of consciousness or feelings of being dazed or confused. Brain injuries can produce cognitive, emotional, psychological, and behavioral challenges.

IPV survivors can also experience a brain injury from oxygen deprivation following attempted strangulation. Non-fatal strangulation can also cause cognitive, physical and mood problems, and is a particularly lethal form of IPV.

It is estimated that perpetrators of IPV are twice as likely to have sustained a TBI in their lifetime compared to community samples.

SCOPE OF THE PROBLEM

The majority of IPV survivors do not receive medical care for their injuries. Some estimates suggest that, of those seek protective orders for family violence, less than 5% seek urgent medical care.

2 -12% injuries treated in women in the emergency department are related to IPV. Even in the hospital, diagnoses of brain injury in IPV victims are often missed.

Rates of TBI are much higher (35-80%) among IPV survivors compared to the general population:

- 50% of IPV survivors report multiple blows to the head
- 60% have sustained at least one TBI with loss of consciousness
- 75% with moderate-severe IPV histories report being strangled

CONSEQUENCES OF TBI

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
<th>Emotional &amp; Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Attention, memory, or concentration difficulties</td>
<td>Depression</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Reduced problem solving or decision-making skills</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Sleep disturbances</td>
<td>Word finding difficulty</td>
<td>Irritability</td>
</tr>
<tr>
<td>Impaired vision/ hearing</td>
<td></td>
<td>Impulsability</td>
</tr>
<tr>
<td>Seizures</td>
<td></td>
<td>Anger</td>
</tr>
<tr>
<td>Balance problems</td>
<td></td>
<td>PTSD</td>
</tr>
</tbody>
</table>
WHAT TO DO AFTER A SUSPECTED TBI

Call a healthcare provider right away or go to the emergency room if you or someone you know experiences any of the following symptoms following a head injury:

- Headache that gets worse and does not go away,
- Weakness, numbness or decreased coordination,
- Nausea or vomiting,
- Slurred speech,
- Feeling very confused,
- Feeling very drowsy,
- Convulsions or seizures,
- Fluid dripping from the nose or ear.

These could be signs of a serious condition that needs treatment right away.

While many of the physical, cognitive, and emotional/behavioral symptoms following TBI resolve on their own, some individuals experience persistent symptoms which make it difficult for them to function day-to-day. Notify a health care provider or your primary care provider of your symptoms, as they can refer you to a TBI specialist (e.g., physiatrist, neurologist, neuropsychologist) that can help evaluate and treat your symptoms.

Symptoms may not be present initially, and screening is recommended to document the number and severity of possible brain injuries. Researchers are still investigating the possible long-term effects of TBI.

Living with IPV can make it harder to recover from a brain injury and can make it harder to escape the cycle of IPV. When possible, seek a safe space for rest and recovery.

RESOURCES AND REFERRALS FOR TBI SERVICES

- TBI Central
  http://www.tbicentral.com/
- NYS Guide: IPV and TBI
  http://www.opdv.ny.gov/professionals/tbi/dvandtbi_infoguide.html
- Brain Injury Association of America
  http://usbiausa.org/
- National Domestic Violence Hotline
  www.ndvh.org
  1-800-799-SAFE (7233)

FOR PROVIDERS

- TBI Clinician Fact Sheet from the Centers for Disease Control and Prevention
- Brain Injury Screening Questionnaire (BISQ)
  https://icahn.mssm.edu/research/brain-injury/resources/screening

For more information, please contact us at:

Brain Injury Research Center of Mount Sinai
Icahn School of Medicine at Mount Sinai
5 East 98th Street, B-15
New York, NY 10029
Tel: 212-241-5152
Fax: 212-241-0137
birc@mountsinai.org
For clinical services, call 212-241-2221