Exploring the lived experience of survivors with intimate partner violence-related traumatic brain injury

What you need to know:
According to Valera and Berenbaum’s 2003 study of 99 women who have a history of intimate partner violence (IPV), 75% have experienced one IPV-related traumatic brain injury (TBI) and 50% have sustained multiple IPV-related TBIs. This research examined the experiences of women survivors of IPV-related TBI including; identifying characteristics of abuse, disclosure of IPV to professionals, invisible barriers in everyday living and stigma of invisibility of a TBI, and suggestions for new and improved services.

What is this research about?
The available statistics and emerging literature on IPV-related TBI led program staff at The Cridge Centre for the Family to question whether some of their clients might be survivors of IPV-related TBI. The Cridge Centre, one of Canada’s oldest registered non-profit societies (since 1873), operates a transition house and supportive housing for women and their children fleeing abuse as well as programs that focus on life skills and vocational support for brain injury survivors.

The Cridge Centre, partnered with University of Victoria (UVic) researchers to examine the lived experiences of women survivors of IPV-related TBI and to test a screening tool for suitability of use with this population.

What did the researchers do?
The researchers pre-screened women from The Cridge Centre for possible TBIs and invited those who screened positive to participate in the study. The researchers then interviewed six Cridge Centre clients between the ages of 35-64 to investigate their experiences with IPV-related TBI. Semi-structured interview questions developed in collaboration with The Cridge Centre guided the interviews with the women sharing their experiences.

The researchers also tested the Valera Brain Injury Assessment Interview, for suitability as a TBI screening tool for women who have an IPV-related TBI. Each of the participants in the research project were compensated for their time and directed toward IPV and TBI resources if so needed.
What did the researcher find?

All women in the research project reported multiple TBIs, sometimes once per week for many years, with varying severity ranging from ‘no black outs’ to ‘hours of black outs’. The recency of TBIs (how long ago since the most recent brain injury) varied as well, with all TBIs occurring over 12 months prior to the interview.

The researcher identified reoccurring themes from the interviews with the women including:

- Characteristics of abuse
- Invisible barriers in everyday living with abuse
- Stigma of invisibility of TBI
- Experiences with services used including most helpful and least helpful
- Abuse beginning or escalating during pregnancy
- Abuser’s having sustained previous brain injuries themselves
- Recommendations for services and improvements and what professionals should know

Services women survivors would like to receive:

- Trauma-informed care/counseling
- First responders with lived experience who will understand them and believe what they are saying
- More visibility of services for IPV and TBI
- School programs for kids that teach them about family violence so they have a space to talk about it if it is occurring at home
- A support group for women with children, specifically, so that there is less isolation and the kids have each other
- Fewer delays in services

How can you use this research?

This research is relevant to anyone serving women survivors of IPV with suspected TBIs including frontline workers, program planners and managers, first responders (paramedics, ER doctors and nurses, and police), and legal professionals (lawyers and judges).

This research enriches our understanding of the lived experience of women with IPV-related TBIs and how many services and supports meant to help women survivors, re-traumatize them.

Future research should investigate the type of challenges that survivors face and what services can be matched to these challenges. Further investigation is needed around women’s feelings of isolation to see if it is related to IPV, or whether the TBI further perpetuates feelings of isolation, and how feelings of isolation can be identified and supported in practice. Further research should also look at abusers’ experience of TBI and how these individuals could receive services as a preventative measure to future IPV.

About the researchers

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Keywords

Intimate partner violence; domestic violence; battered women; brain injury; traumatic brain injury; Valera Brain Injury Assessment Interview.

Citation