Intimate partner abuse and brain injuries: Implications for supporting survivors

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Today:
Background
Colorado-based research
Practice Implications

Brain injury can have consequences that overlap with what trauma researchers study through a psychological trauma lens...

• Attention and memory;
• Affect;
• Awareness of self and environment;
• Daily activities (e.g., sound and light sensitivity can trigger headaches and cognitive fatigue).


How common are TBIs after intimate partner abuse?

<table>
<thead>
<tr>
<th>Group</th>
<th>% of women</th>
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</thead>
<tbody>
<tr>
<td>General adult population</td>
<td>5%</td>
</tr>
<tr>
<td>Psychiatric inpatient</td>
<td>29%</td>
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<tr>
<td>Psychiatric outpatient</td>
<td>19%</td>
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</table>
Women's Health Project:
Extending research beyond emergency settings to women seeking services after intimate partner abuse.

Collaborators: Rose Andom Center, Drs. Kim Gorgens and Julia Dmitrieva, and graduate students.
REVICTIMIZATION (TIME 2, 3 MONTHS)

Exploring factors that might make risk detection and response more difficult and/or that perpetrators target.

10% of women reported a new head injury with AOC.
Co-Occurring Psychological Distress

- PTSD: 14.4 (Exceeds cutoff for probable PTSD)
- Depression: 11.6 (Moderate-severe)

Co-Occurring Health and Service Needs

- Health Problems: Average of 8 over the year prior to T1
- General Service Needs: Average of 8 needs at T1
- Health Service Needs: 1 in 5 said that they did not get care right away when needed

Health Literacy and Trust in Physicians

- Spot of good news: High trust and literacy

Other sources of potential brain injuries

- At Time 1, 68.6% of respondents had been strangled by the target intimate partner
Considering these findings in larger research context:

Female Brains are Unique

Special Risks to Women

- Women report significantly more postconcussive symptoms and have a higher rate of long term disability
  (Bauer et al., 2010; Gottgen et al., 2010)
- Poorer physical health after injury (e.g., more inflammation)
  (Bonomi et al., 2006; Kwako et al., 2011)
- More cognitive difficulties, including executive dysfunction and memory deficits after injury
  (Teas et al., 2010; Parn et al., 2005)
- More affective problems, particularly suicidality after injury
  (Posa, 2005; Wasserman et al., 2006)
- Higher risk of early onset dementia disease
  (Mollayeva et al., 2015)
- 50% women with TBI reported not receiving needed care, particularly for mental health symptoms
  - More structural and financial barriers than women without TBI
  - (Shiroma et al., 2010)

Violence-Related TBI

- Violence-related TBI is associated with poorer outcomes
  - Poorer community integration
  - Poorer social productivity
  - Higher rates of public sector income sources compared with survivors of nonviolent TBI
  - (Bruns & Hauser, 2003; Schopp et al., 2006)
- At 1-year post-injury, unemployment and divorce rate increased more in violently injured group
  than any other group with TBI
  - (Bushnik et al., 2003)

Criminal Justice

- Gender differences disappear completely in the justice-involved population
  - Rate of TBI is 5 to 7 percentage points higher among incarcerated women compared
    with incarcerated men
  - (Fishbein et al., 2014; Shiroma et al., 2010)
- Women with a TBI history have a 144% higher rate of violent infections
  - (Shiroma et al., 2010)
- CHICKEN-EGGS
  - Relationship between violence and criminality in women after TBI
  - Women with histories of TBI are more likely to have sustained their TBI prior to their first criminal offense
  - (Colantonio et al., 2014)
- TBIs with loss of consciousness (LOC), suicide attempts, recent physical abuse, and low cortisol levels,
  are correlated with conviction for violent crimes (number of TBIs with LOC was the strongest predictor)
  - (Shiroma et al., 2010)

Victim/Offender Overlap

Prison wardens and health care workers estimate that 75% to 50% of incarcerated women have experienced intimate partner violence (Zust, 2009)
**Women in the System**


- Women were twice as likely as men to incur multiple TBIs of any kind and six times more likely to have multiple TBIs related to violence.
- Violence-related TBIs were associated with more reports of physical illness.
- Violently-injured women had longer total incarceration times.
- Women were overwhelmingly more likely to have two or more violence-related injuries within close proximity to each other.
- This may increase their risk of developing neuropsychological conditions as they age.

**Implications for Practice**

- **Basic Accommodations**
  - Make a point to minimize distractions.
  - Incorporate short breaks.
  - Check understanding.
- **Multiple reminders**
  - Write information down.
  - Balance with safety: What if the abuser intercepts reminders or finds written information?
  - **Self-Advocacy**

**Never underestimate the transformative power of Self-Advocacy**

**The Criminal Justice Issue Nobody Talks About: Brain Injuries**

> A foundation that’s able to recognize the criminal justice system with a brain injury caused by domestic violence. It also aims to assert that neuropathic damage can turn a victim into a property.
Implications for Practice

• Screening

**Screening Considerations**

**Bill Summary**

This summary applies to the bill as introduced and may not reflect amendments that may subsequently be adopted to the bill prior to its final passage. The text of the final version of the bill will be available at [http://leg.colorado.gov/](http://leg.colorado.gov/).

The bill concerns the victims of a violent crime. Please review your notes from last session. The purpose of the bill is to clarify the definition of victim and to provide for a process for victims to provide input.

Implications for Practice

• Public education

The Invisible Version of Traumatic Brain Injury

Every 90 Seconds

Thank you.

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**Partners:**
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**Participants**

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