



**BRAIN INJURY**  
CANADA

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**LÉSION CÉRÉBRALE**  
CANADA

# **THE INTERSECTION OF INTIMATE PARTNER VIOLENCE (IPV) AND BRAIN INJURY**

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# INTRODUCTION

According to the World Health Organization, “1 in 3 women will experience intimate partner violence (IPV) [...] in her lifetime” [1]. This is a prominent issue in our society, and the intersection between intimate partner violence and brain injury (BI) is one that is chronically under-explored and under-discussed. Statistically:

- In Canada, intimate partner violence is a leading cause of physical injury to Canadian women aged 15-44 years [2].
- Up to 92% of intimate partner violence survivors sustain blows to the face or head [3], thus often triggering a traumatic brain injury (TBI).
- 19-75% of women affected by intimate partner violence experience symptoms of traumatic brain injury [2].
- A significant proportion of those with intimate partner violence experience multiple traumatic brain injuries [4].

Brain injury is not only caused by blows to the head: attempted strangulation reduces or eliminates the flow of oxygen to the brain, which can also result in brain injury. Attempted strangulation is common in intimate partner violence cases, having been reported in up to 6% of women in abusive relationships [5].

Gaining a deeper understanding of the intersection of brain injury and intimate partner violence is difficult as it requires survivors to report incidences of violence, which can often be dangerous or stigmatizing. They may also face obstacles while leaving a violent situation (for example, finding housing, negotiating childcare, or navigating the justice system). Often their own health and wellbeing is placed at the bottom of the list—and they may refrain from seeing a doctor if they are worried that reporting symptoms will affect their situation (for example, custody arrangements). This being the case, the responsibility falls on service providers on the front lines to raise the possibility of a brain injury and urge survivors to get checked. Unfortunately, Canadian frontline service providers are not often provided with training or information about brain injury. Research shows a distinct lack of awareness among health care providers, social workers, and lawyers alike on the correlation between brain injury and intimate partner violence [2]. Incomprehension can lead to a lack of screening for brain injury in intimate partner violence survivors, and, subsequently, a lack of appropriate care.

Addressing this gap in knowledge can lead to both increased awareness and increased access to

supports for survivors. Brain Injury Canada recommends the following systemic changes to relevant policymakers and relevant institutions to bridge that gap:

- Increased accessible education and awareness materials for frontline workers about the risks, symptoms, prevalence and lasting effects of brain injury among intimate partner violence survivors, including in the court system; and the empowerment of voices of lived experience throughout the process of building awareness.
- The addition of national standardized strategy for brain injury screening of all intimate partner violence survivors by frontline workers, and for subsequent treatment and social support.

# INTIMATE PARTNER VIOLENCE

Intimate partner violence (IPV) is defined as physical, emotional, and/or verbal abuse by a significant other or intimate partner [6]. Our position is solely related to physical instances of intimate partner violence, as that is the direct cause of brain injury, but we recognize the harm of psychological and emotional abuse and that it may happen in conjunction with physical abuse. Women are the most common victims of intimate partner violence, which is most often perpetrated by men [6]. Women are also overrepresented as victims of intimate partner homicides. Intimate partner violence is thus considered a form of gender-based violence – recognizing that intimate partner violence can be perpetuated and experienced regardless of biological sex or gender identity. While all survivors of intimate partner violence are deserving of support, this paper will remain within the scope of the literature on this issue, indicating that the majority of survivors are women.

Despite its severity and lasting impacts, most cases of intimate partner violence are not reported. According to the Government of Canada:

- “In 2019, 80% of people who had experienced intimate partner violence did not report it to the police” [7].
- “Violence was more likely to come to the attention of the police in situations where there was a higher frequency of abuse, such as on a monthly basis or more (13%), compared with those who had experienced intimate partner violence once (2%) or a few times (5%)” [8].

Reasons for lack of reporting might include:

- Concern for personal safety and the safety of loved ones.
- A desire to avoid their partner being arrested.

- Social stigma (not wishing to be designated a victim or believing that relationships are solely a private matter).
- The assumption that the incident/abuse is not severe enough to report.
- Child custody concerns.
- Lack of support/lack of awareness of existing support systems.
- Lack of trust in the judicial or court system.

These reasons are exacerbated by a lack of awareness about the potential consequences of intimate partner violence, including brain injury, among the public, and a lack of training on this issue among frontline workers.

It is important to note that the Canadian government has a National Action Plan to End Gender-Based Violence (hereafter referred to as the National Plan). However, this plan is concentrated more on preventive and social measures than post-incident treatment. The National Plan does not mention brain injury nor health care despite the health consequences of intimate partner violence [6]. It is important for this plan to address not only prevention, but the many different results of gender-based violence and support survivors who have sustained physical injury.

## BRAIN INJURY AND AWARENESS

Brain injury refers to any harm to the brain that disrupts its normal functions. It occurs after birth and is unrelated to congenital or degenerative disorders. Brain injuries can be categorized into two types: traumatic brain injuries (TBI) (like those caused by blows to the head and face) and non-traumatic brain injuries (nTBI) (such as those resulting from stroke, tumors or hypoxia). These injuries can cause a variety of physical, cognitive, and emotional difficulties that may persist indefinitely. Brain injuries are not necessarily isolated incidents but can go hand in hand with other physical ailments or mental illnesses [9].

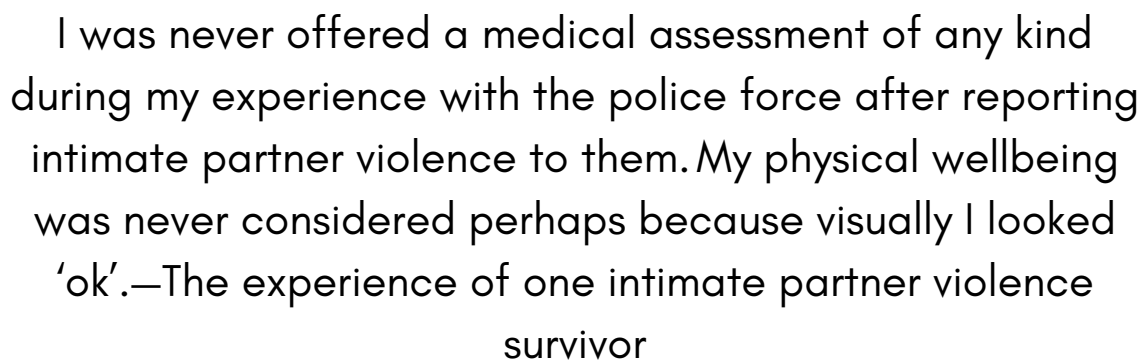
The most prevalent causes of brain injuries in situations of intimate partner violence come from blows to the head or face, causing a TBI (like concussion), and attempted strangulation, which can result in hypoxic-ischemic injury (limited access of oxygen and blood flow to the brain). This can have serious, lasting cognitive, psychological and/or physical effects.

These effects often go unnoticed, misunderstood, undiagnosed and untreated, generating additional barriers for survivors navigating systems in the social, economic and justice spaces.

**Awareness among survivors:** Brain injury in survivors of intimate partner violence frequently

goes undiagnosed. One reason for this is that survivors themselves are unaware of the risks they are facing – or simply do not seek medical attention, despite having sustained an injury. They may also not realize the severity of the physical abuse they are experiencing. If survivors do suspect they have experienced an injury, the assumption that frontline workers will not make much note of it could be another deterrent. According to research conducted at Wilfrid Laurier University, this lack of knowledge/ awareness about brain injury makes survivors reluctant to bring it up to service providers out of fear of experiencing shame or stigma [2]. Not only should survivors be made aware of the signs and symptoms of brain injury, but frontline workers should be trained on the severity of the issue and treat these complaints with the highest degree of attention.

**Awareness in health care/social services:** Pilot research was conducted across Toronto in 2019 to investigate lack of awareness about brain injury among health care and social service professionals. 68 agencies providing support services to intimate partner violence survivors were surveyed, and the results revealed a general lack of awareness and understanding of brain injury among frontline workers. Service providers were equally unable to identify the signs and symptoms of traumatic brain injury (TBI) – as were the survivors themselves [2]. In the study, service providers identified themselves as being completely unprepared to identify the signs and symptoms of TBI in clients. Frontline workers also admitted that they were not asking crucial questions that would help to discern whether a brain injury had taken place, nor were they always providing the needed referrals that would enable treatment. Checking for brain injury was revealed not to be standard practice among service providers for survivors of intimate partner violence.



I was never offered a medical assessment of any kind during my experience with the police force after reporting intimate partner violence to them. My physical wellbeing was never considered perhaps because visually I looked 'ok'.—The experience of one intimate partner violence survivor

The study concluded that there is a substantial need for a widespread education campaign addressing this lack of understanding among frontline workers, survivors, and the general public at large. The study also noted that a great deal more research into best practices for TBI-sensitive intervention needs to be conducted. The authors of this study suggested a national strategy addressing this issue, which would push for a standardized screening process and training amongst all health care and social service providers on the risks, signs and symptoms of brain injury [2]. This could be added as an amendment to the pre-existing National Plan or disseminated at the provincial/territorial level.

**“Brain injury [is] highly prevalent among IPV survivors; however, little research discusses the implication for healthcare. Future research should explore healthcare-related needs and experiences to inform policy and practice and better represent the diversity of IPV survivors.” [10]**

Similar results were found in Indigenous regions of Canada [11]. Health care and direct service providers as well as legal professionals were found to have a woeful lack of education about the seriousness of traumatic brain injury (TBI) among Indigenous women who have been exposed to intimate partner violence. A 2019 study recommended a widespread educational campaign as well as future research to develop culturally sensitive, community-based supports for intimate partner violence survivors with TBI in these areas.

Important to note: Intersectional factors, like race, ethnicity and gender, can contribute to higher rates of IPV and, concurrently, higher rates of brain injury. For example, “ethnic minority and immigrant women are more likely to have lower levels of education, live in poverty, and have less access to healthcare and other resources, further exacerbating the health consequences of IPV” [12]. People of colour are also twice as likely to die following a traumatic brain injury than white people [13], and there is evidence of disparity between racialized and non-racialized populations in prevalence of brain injury as well [14]. It is crucial to keep these imbalances in mind when considering the impacts of intimate partner violence on brain injury in various populations.


**Awareness in the court system:** The lack of screening for brain injury in the health care system bleeds into issues in the court system, if survivors choose to press charges or find themselves in custody battles. Without adequate documentation from health care providers, there is little evidence to present indicating that a survivor has endured a brain injury. This is especially an issue with injuries that do not leave visible marks – the attorney is relying solely on the notes of the health care worker to prove that a brain injury has been sustained [15].



Attorneys and judges alike are also not trained on the signs and symptoms of brain injury, or on the nuances that come with representing survivors with brain injury. Survivors might have trouble focusing in the courtroom, or even more detrimentally, experience memory lapses. Survivors often do not recall sustaining brain injuries at all, especially when they lose consciousness. In a webinar hosted by Western University, experts discussed several cases of survivors who had experienced severe brain injuries and lost consciousness for several minutes, then had zero memory of the incident. When building a case against an abuser, attorneys should be advised to do their own investigating, rather than relying on the survivor’s memory or testimony alone, to determine if a brain injury has taken place [15].

Furthermore, the perpetrator’s representation may use a survivor’s confused and amnesiac state to their advantage. Survivors who are recovering from brain injury might be buried with paperwork, asked purposefully misleading questions, or shouted at during cross-examination to exacerbate their symptoms and incite a plea deal – or even to incentivize a victim to drop their case altogether. In custody cases, if an individual has been diagnosed with a brain injury, this could also be used against them by suggesting that their injury has made them unfit to be an active parent: “[legal professionals] expect counsel for an abuser to use IPV–BI as a way to minimize a mother’s capacity to parent” [16]. Finally, a brain injury may cause a survivor to forget court dates or otherwise struggle with completing tasks associated with the judicial process.

Attorneys should be trained not only in understanding brain injury, but in protecting survivors from the opposition who might try to use their brain injury as a weakness to exploit. This was confirmed in a 2022 study based in British Columbia and Ontario:



Given that the understanding of IPV-BI is in its infancy, women who experience IPV-BI are susceptible to uncertainty and stigma as were women with mental health disorders in the recent past. In addition, the lack of validated diagnostic tools and treatment plans means women are at greater risk of opposing counsel gaining traction with judges who prefer to rely on expert opinion and medical evidence of capacity, and can only be reassured with validated treatments and interventions when health status is called to question. Without an improved and gendered understanding of IPV-BI by those in the legal system, sexist, patriarchal ideologies may continue to perpetuate violence against women through discrepancies in what society considers a capable mother [16].

# CALLS TO ACTION

It should be a priority to address the knowledge gaps that have been established in every sector of service provision – law, health care and social work. To mitigate this lack of awareness, Brain Injury Canada urges relevant policymakers and institutions to implement the following systemic changes:

- Increased accessible education and awareness materials for frontline workers about the risks, symptoms, prevalence and lasting effects of brain injury among intimate partner violence survivors, including in the court system; and the empowerment of voices of lived experience throughout the process of building awareness.
- The addition of national standardized screening for brain injury of all intimate partner violence survivors by frontline workers to the National Action Plan, and for subsequent treatment and social support.

## WHAT CAN I DO TO HELP?

In your community, taking the following steps will make a substantial difference:

- Urge your local representatives to investigate this issue further and implement the suggested policies above.
- Share resources on intimate partner violence supports, as well as information on the connection between intimate partner violence and brain injury, among your network and community.
- Continue to educate yourself and those around you about the risk of brain injury in intimate partner violence survivors and lend support to any survivors who may be in your orbit.

# CONCLUSION

The intersection of intimate partner violence and brain injury represents a critical, yet dangerously overlooked, public health and social justice issue in Canada. Despite the overwhelming prevalence of intimate partner violence (IPV) and its well-documented capacity to cause brain injury, awareness of this connection remains strikingly low among survivors, health care providers, legal professionals, and the public at large. This systemic knowledge gap leads to underdiagnosis, inadequate support, and legal injustices that further entrench the harms experienced by survivors.

To move forward, a coordinated national strategy is urgently needed – one that integrates standardized screening for brain injury into intimate partner violence protocols; trains frontline workers on identifying and responding to brain injury; and ensures sensitive, trauma-informed care. These measures should be embedded into health care systems and justice systems alike. Education can play an important role in informing those who are the most impacted – educating survivors can help them become more aware of their potential health risks, their rights, and the supports that are available to them. Survivors of intimate partner violence deserve more than safety; they deserve recognition, diagnosis, and healing.

# TOOLS AND RESOURCES FOR FURTHER LEARNING

- [Abused and Brain Injured Toolkit](#)
- [The Canadian Centre for IPV-BI](#)
- [Concussion Awareness Training Tool for Women's Support Workers](#)
- [Supporting Survivors of Abuse and Brain Injury Through Research \(SOAR\)](#)

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# MORE FROM BRAIN INJURY CANADA

Brain Injury Canada's mission is to empower and connect the brain injury community through education, advocacy and collaboration, creating lasting positive impacts. Our vision is for a better quality of life for all people affected by brain injury. Check out our wide variety of accessible resources and practical tools, all informed by lived experience and evidence-based.

- [www.braininjurycanada.ca](http://www.braininjurycanada.ca), our living resource website
- [Brain Injury Canada Connect](#), our service directory that connects Canadians with supports in their area
- [Brain Injury and Teens \(BRITE\)](#), our ever-growing youth resource website
- [Brain Injury Online Education](#), our library of e-courses for health care professionals and caregivers
- [Stories of Brain Injury](#), featuring first-person stories from across the country
- [Brain Injury Canada's advocacy](#)