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# Barriers in brain injury diagnosis/awareness for people with histories of intimate partner violence

**The victim**

- Unable to seek medical help because abusing spouse won't allow
- Unwilling to seek help or call police for fear of retribution from her partner
- Doesn't know that IPV causes permanent brain injury
- Not seeking medical help because she diminishes the impact of what just happened to her
- Not seeking medical help because of time commitments, not having a doctor or NP, no transportation, can't get off work, etc
- Unwilling to seek medical help for fear of triggering child protection measures or getting her spouse (who may be financially necessary to the family) "in trouble" and risking that person's job or ability to live in the same household
- Unaware that recurring brain injuries are causing accumulated damage, or are responsible for her current state (self-blame: can't get my act together, can't remember anything anymore, etc)
- Because of the undiagnosed brain injury, she may be living a chaotic, impoverished life in which finding the financial and organizational resources to get help feels impossible
- People who live chaotic, impoverished lives are at risk for increased mental health problems and harmful drug use, but neither the community-based nor medical-based services for those issues (when available) are adapted for people with brain injuries
- Services for brain injury and services for intimate partner violence exist in separate "bins" in most of BC and are not adapted to serve clients who have both: e.g. scarce trauma- and violence-informed brain injury services; scarce brain-injury-informed IPV services
- No services in the community

**The police officer**

- Many incidents of domestic violence are never reported to police in the first place
- When they are, police who respond may not know to ask about possible brain injury as result of domestic violence
- Even when they do know to ask, they don't ask the right questions (e.g. "Have you experienced a concussion?", as opposed to "Have you ever seen stars when your partner hits you?")
- Domestic violence remains significantly unreported in the first place and stigmatized, with victim-blaming a reality at all levels of intervention
- With IPV a stigmatized condition, there may be an unconscious prioritizing of people into "deserving" and "less deserving" categories for attention

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- Doesn't see their role as following up/supporting someone who may have experienced a brain injury

**Community social service worker**

- Doesn't know to ask about possible brain injury
- Even when they do know to ask, they may not be asking the right questions (e.g. "Have you experienced a concussion?", as opposed to "Have you ever seen stars when your partner hits you?" or "Does your partner strangle you?" as opposed to "Has he ever put his hands around your neck and squeezed to the point that you couldn't breathe?"
- Doesn't know signs/symptoms of brain injury and so ascribes behaviour of person to other factors – unorganized, doesn't care, forgetful, on drugs/medication, etc
- Doesn't know how best to proceed even when brain injury is suspected
- Victim minimizes impact of her injury to the worker in order to not trigger child protection measures, put her housing situation at risk, or lose services
- Worker is not able to advocate for the woman to a medical professional because woman doesn't have a doctor and relies on walk-in clinics
- Scarce services available even when worker is clear that a brain injury has occurred, and supports are "siloed" – e.g. transition houses are not equipped/trained for women with brain injury; brain injury services are not equipped/trained for trauma-based injuries

**The emergency room visit**

- Triage nature of emergency rooms means victim's "mild" symptoms may not be taken seriously or will lead to very long waits as other people are deemed to be in more critical need – increasing the woman's reluctance to go to emergency the next time
- Nature of injury not disclosed by victim, or if it's a repeat injury, previous history of injury is not revealed
- Even when they do know to ask, they don't ask the right questions (e.g. "Have you experienced a concussion?", as opposed to "Have you ever seen stars when your partner hits you?")
- Attending physician and emergency room personnel have no familiarity with the link between IPV and BI and attend only to superficial symptoms
- Attending physician and emergency room personnel do not ask questions to ascertain whether there's a history of IPV and thus the possibility that this is one of many brain injuries and its seriousness needs to be viewed in the context of repeat injury/impact
- No services or support staff to refer the victim to even when brain injury is suspected

**The doctor**

- Does not know to consider brain injury after report of abuse
- Patient covers up that the injury was from domestic abuse, which hides the fact that the injury could be a repeat injury

- With IPV a stigmatized condition, there could be an unconscious prioritizing of people into "deserving" and "less deserving" categories for attention
- Even when the doctor does know to ask, they don't ask the right questions (e.g. "Have you experienced a concussion?", as opposed to "Have you ever seen stars when your partner hits you?")
- MRI wait – the time it takes from when a doctor approves you to go to a specialist can be many months, during which time the woman may lose heart, lose track, or sustain other brain injuries
- No familiarity with community support options or who to refer woman to for additional support
- Factors in the wait are variable and wildly different depending on region of BC:
    - a patient's priority is determined by a patient's medical status;
    - the specialist your physician refers you to may have longer wait times because they receive more referrals from family physicians or share operating time in a hospital with a greater demand for operating room resources, or perform fewer procedures or choose to work fewer hours in a period of time;
    - the capacity of hospitals or regions to do the procedure;
    - how fast your community and region are growing; and,
    - how busy specialists are overall in your community.
- Services for brain injury and services for intimate partner violence exist in separate "bins" in most of BC and are not adapted to serve clients who have both: e.g. scarce trauma- and violence-informed brain injury services; scarce brain-injury-informed IPV services

**The specialist**

- A specialist's training is the opposite of "multi-disciplinary" and they are not trained to take a holistic approach when assessing the person
- The nature of brain injury impact can make it more challenging for a victim without support to manage the many steps and long delays in seeing a specialist
- With IPV a stigmatized condition, there could be an unconscious prioritizing of people into "deserving" and "less deserving" categories for attention
- There's a significant wait time to get an MRI even once the specialist makes the referral. Half of people in BC referred by a specialist will wait 2 months or more after their specialist appointment to get their MRI
- Some communities don't even have specialists or MRI equipment, entailing extensive travel out of the victim's region and increasing her difficulty in following through
- Privatized MRI clinics are available but charge $1000 a scan and are not an option for people with low incomes

**The courts and justice system**

- Don't know correlation between IPV and brain injury
- Woman's past criminal history clouds what just happened to her: Victim-blaming
- Problematic behaviours that result in bail breaches are attributed to wilful behaviour rather than brain injury

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- With poverty a likely outcome for an unsupported victim of IPV/BI, legal counsel is available only through a harried public defence office unable to provide more than the bare minimum support
- No familiarity, guidance or thought to sentencing differently for people who have experienced brain injury
- No specialty correctional services or alternative measures for referring women with brain injuries even if courts are aware of the need for specialized services

**The brain injury community**

- IPV is not yet on the radar as a cause of brain injury for many of the regional brain injury support groups
- IPV is stigmatized and may be viewed differently than a sports or accident-related cause
- With IPV so newly understood as a major factor in brain injury, a woman may not find a "community" to connect with through the brain injury group
- The community supports that are funded in BC are not available unless someone has an MRI demonstrating a brain injury has occurred
- Few community services available to refer people to even when IPV/BI is recognized and MRI confirms it
- Services for brain injury and services for intimate partner violence exist in separate "bins" in most of BC and are not adapted to serve clients who have both: e.g. scarce trauma- and violence-informed brain injury services; scarce brain-injury-informed IPV services

**The state of data and research**

- Largest body of research is out of the US and can potentially be discounted by policy-makers as "not applying" in Canada
- Majority of brain injury research still focused on sports/accident-related brain injury, and the male brain
- Data on brain injury as a result of IPV is not being asked about or correlated in provincial statistics
- Extensive lack of awareness of the correlation between IPV and BI raises the issue of the right questions not being asked, or information not being gathered/shared in a form that helps support shifts in policy or development/funding of services

**The abusive partner**

- Research has established that half of those who commit intimate partner violence have a brain injury themselves, highlighting that addressing difficulties in getting a diagnosis and accessing brain-injury-informed services is critical in the work of prevention.

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