The Impact of COVID-19 on Domestic Violence-Related Traumatic Brain Injury (TBI)

How does COVID-19 impact domestic violence?
“Sheltering in place” rules relating to the novel coronavirus (COVID-19) placed many individuals who were at risk for violence to be alone with their spouse or significant other, who may be the abuser, yet were separated from families and friends who would normally be around to check on the individual. The perpetrator may believe that he or she was immune from any oversight, thus free to engage in abuse. Anxiety and stress due to loss of job, alcohol, and isolation may contribute to the abusive situation.

While hotlines may be operational, potential victims may not be alone to make the call. And, they may not be able to leave their homes to go to shelters or access other resources, which may be closed or limited during the pandemic. The potential increase in the number of battered victims also impacts the number who sustain a traumatic brain injury (TBI) due to the injuries associated with violence.

How prevalent is TBI due to domestic violence?
Determining numbers during the pandemic is difficult with so many limited resources, plus victims not being able to report abuse. Many individuals who sustain a mild TBI -- a concussion -- do not seek medical assistance normally nor do physicians report those who do seek treatment, making it difficult to know the exact number of TBIs related to domestic violence in normal circumstances.

Another complicating factor is that individuals with TBI may be the initiator of aggressive behavior due to cognitive and behavioral problems or a lack of insight and judgment, in addition to being a victim.

A 2017 retrospective study of 115 patient files, reviewed by the Barrow Neurological Institute, and reported in the Journal of Neurotrauma, indicated that 88% self-reported more than one injury and 81% reported a history of loss of consciousness associated with their injuries. Only 21% sought medical help at the time of injury.

What is a traumatic brain injury (TBI)?
A TBI occurs as the result of a sudden physical insult to the brain. The injury may be caused by the head forcefully hitting an object such as a wall, after being shoved (closed head injury) or an object hitting the head or by something passing through the skull and piercing the brain, such as a gunshot wound (penetrating head injury).

The person may or may not lose consciousness at the time of injury. Often the term "concussion" is used to refer to a mild TBI. Domestic violence victims are often shaken or are hit in the head or face and may sustain these hits multiple times, resulting in a TBI.

What are the symptoms of TBI?
Symptoms vary, depending largely on the severity of the injury and where the brain is injured. Symptoms may range from headaches to cognitive issues impacting memory, communication, and poor judgment; behavioral problems; emotional; and co-occurring conditions such as mental health and substance use issues.
How does a TBI impact daily living?
Depending on injury severity, individuals may have trouble with organization, memory, and initiation -- impacting their ability to carry out activities of daily living such as shopping, cooking, adhering to rules and schedules, paying bills, working, and driving.

How can domestic violence providers address TBI?
Domestic violence providers are encouraged to screen for a TBI. This will help to understand behaviors and cognitive issues that may be contributing to poor social and communication skills; inappropriate behavior; personality problems; lack of initiation organization; and poor judgment. Recognizing the cause of these symptoms will help with obtaining appropriate treatment, accommodations and management of symptoms; and preventing further injuries.

How can health care professionals help?
Individuals seeking medical care due to violence and assaults often have sustained bruises, broken bones, lacerations and burns. Other injuries may not be as apparent, such as a concussion or mild TBI. Physicians and health care providers suspecting abuse should be trained in how to ascertain information relating to domestic violence and resulting injury to the brain in order to treat appropriately. Health care providers may also provide information and educational materials in their offices and community to help educate the public about domestic violence and TBI-related symptoms.

NASHIA recommends:

- Better reporting and identification of individuals with TBI as the result of domestic violence by physicians and health care providers during this pandemic.
- Training for domestic violence providers to better identify victims who have sustained a TBI and to provide accommodations and strategies to address identified symptoms.
- Collaboration and coordination of resources among domestic violence providers/organizations and TBI programs, resources and professionals.
- Public education regarding domestic violence and TBI-related injuries, symptoms, treatment and resources.
- Education and training among healthcare providers and physicians to identify and treat TBI as the result of domestic violence.

Further Reading:

- Why the Increase in Domestic Violence During COVID-19?:
- What We Know About Crises And Domestic Violence — And What That Could Mean For COVID-19:
- Intimate Partner Violence and Child Abuse Considerations During COVID-19:
- COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence:
  https://www.thelancet.com/journals/clinm/article/PIIS2589-5370(20)30092-4/fulltext
- How COVID-19 may increase domestic violence and child abuse:
  https://www.apa.org/topics/covid-19/domestic-violence-child-abuse

For further information about the National Association of State Head Injury Administrators (NASHIA) contact Rebeccah Wolfkiel, Executive Director, at execdirector@nashia.org or Susan L. Vaughn, Director of Public Policy, with regard to state and federal programs at publicpolicy@nashia.org. Visit NASHIA’s website for additional information on TBI and public services: www.nashia.org.

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