Traumatic Brain Injury (TBI) and **Intimate Partner Violence (IPV):** Supporting Survivors in Shelters



Women who live with an abusive partner may be subject to frequent unreported and untreated physical violence involving the head.1 Such violence may lead to traumatic brain injury (TBI).

TBI IS ASSOCIATED WITH:

- ✓ Memory Problems
- ✓ Physical symptoms (nausea, dizziness, pain, ringing in ears, vision problems, headaches)
- ✓ Mood changes (anger, depression)
- ✓ Difficulty sleeping



Women are more likely to seek shelter than medical attention after a violent incident due to safety concerns²

Shelter teams understand that women who have experienced intimate partner violence related traumatic brain injury may have trouble:

- ♦ Assessing danger
- Making decisions related to safety
- Remembering and getting to appointments
- ♦ Learning new information
- Managing substance use
- Adapting to living in a shelter

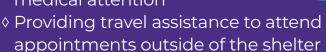


Repeated TBIs may lead to longer recovery times and have more serious consequences

WOMEN WITH TRAUMATIC BRAIN INJURIES ARE BEST SUPPORTED BY:

- Allowing time for rest in a quiet dark place
- Keeping meetings brief and to a minimum





- Offering to accompany her to appointments
- Reviewing safety plans often and in detail
- Providing notebooks, calendars, agendas to support her efforts to be organized
- Deing realistic about her abilities and limitations. Everything may take longer and she may be easily frustrated.
- ♦ Seeking support from local brain injury association

In Ontario call 1-800-263-5404 · Obia.ca



LEARNING NETWORK

¹ Campbell, J.C., Anderson, J.C., McFadgion, A., Gill, J., Zink, E., Patch, M., Callwood, G., Campbell, D. (2018). The effects of intimate partner violence and probable traumatic brain injury on central nervous system symptoms. Journal of Women's Health, 27 (6)

² St. Ivany, A., Bullock, L., Schminkey, D., Wells, K., Sharps, P., Kools, S. (2018). Living in fear and prioritizing safety: Exploring women's lives after traumatic brain injury from intimate partner violence. Qualitative Health Research, 28 (11) 1708-1718.