Traumatic Brain Injury and Intimate Partner Violence: A Need for Greater Awareness, Understanding, and Training for Mental Health Professionals

By Jerrod Brown, Ph.D.

Traumatic brain injury (TBI) occurs when the brain is damaged by a blow or penetration from an external force. This could be the result of a range of events including a car crash, fall, or being violently shaken or punched. As such, it is unsurprising that intimate partner violence (IPV) is a common cause of TBI in the United States and around the world. Unfortunately, IPV often persists across time with multiple incidents, which only exacerbates TBIs. For instance, exposure to multiple TBIs prior to proper healing can result in worse symptoms and lengthier recovery times. These symptoms can include cognitive deficits (e.g., executive functioning and memory), mental health issues (e.g., mood and anxiety disorders), self-harm and suicide, substance abuse, education and employment issues, and a host of other challenges. To make matters worse, victims of IPV with TBI often go undiagnosed and do not receive adequate treatment. Even when properly diagnosed, research remains unclear on how treatment should be modified to account for the needs of these individuals. These shortcomings can likely be attributed, at least in part, to the fact that IPV-related TBI is not commonly addressed by advanced education and training programs.

To address this need, education and training programs should introduce mental health professionals to the links between intimate partner violence (IPV) and traumatic brain injury (TBI) by focusing on six key training objectives. First, education and training programs should systematically define the constructs of IPV and TBI with a thorough review of their symptoms and red flag indicators.
Second, mental health professionals should learn about how IPV can result in TBI along with the short- and long-term consequences of these issues. Third, education and training should highlight screening and assessment techniques that have the potential to improve the identification of victims of IPV who may be suffering from TBI. For example, to prevent inaccurate diagnoses, any approaches must account for the individual needs of clients, which can often include memory issues when TBI is present. Fourth, mental health professionals should learn about techniques and strategies that are most suitable for treating clients with IPV- and TBI-related issues. This may include incorporating a TBI-informed approach to treatment in domestic violence shelters. Fifth, education and training programs should explore the potential consequences of IPV and TBI across different professional settings (e.g., human services, mental health, and criminal justice) when not properly identified and treated. Sixth, education and training programs should include a discussion of the existing research in the area and the identification of future directions for research. In combination, advanced education and training in these areas has the potential to break the cycle of violence for these victims of IPV and improve their short- and long-term outcomes.

Biography

Jerrod Brown, Ph.D., is an assistant professor and program director for the Master of Arts degree in human services with an emphasis in forensic behavioral health for Concordia University, St. Paul, Minnesota. Jerrod has also been employed with Pathways Counseling Center in St. Paul, Minnesota for the past fifteen years. Pathways provides programs and services benefiting individuals impacted by mental illness and addictions. Jerrod is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS), and the editor-in-chief of Forensic Scholars Today (FST) and the Journal of Special Populations (JSP). Jerrod has completed four separate master’s degree programs and holds graduate certificates in autism spectrum disorder (ASD), other health disabilities (OHD), and traumatic-brain injuries (TBI). Email address: Jerrod01234Brown@live.com