

BRAIN INJURY & DOMESTIC ABUSE

A Practitioners' Perception





We are a charity that works alongside people with an acquired brain injury, autism, and/or learning or physical disabilities to help them live as independently as possible. Our high-quality services across the UK support people to move forward with their lives. These include: brain injury assessment and rehabilitation centres, hospitals, care homes, supported living accommodation, care in people's homes and a school.

We also campaign, conduct research and pilot new ideas to amplify the voices of people who can't access our core services.

Our dedicated teams of specialists provide the individual support people need to live as full a life as possible. They work closely with those we support, their families and friends, funding authorities, housing associations and others.

Find out more at: www.thedtgroup.org

FOREWORD



As the Chief Executive of The Disabilities Trust, I am very proud that our research is leading to increased awareness of the devastating - and often unseen and unsupported - link between domestic abuse and brain injury.

I am even more pleased that this could lead to a change in practice for survivors who may be living with the silent legacy of their trauma. This report, the third in a series which has done much to build recognition of the importance of brain injury awareness in the broader domestic abuse debate, focuses on practitioners and a drive to close gaps in their knowledge about brain injury.

'Brain Injury and Domestic Abuse - A Practitioners' Perception very clearly illustrates the need to support practitioners in spotting the signs of a brain injury, as well as to ensure that survivors receive additional support with the ongoing issues, such as behavioural changes, this might create. We are committed to working collaboratively with survivors and leading experts in domestic abuse to improve screening and change practice, in a way which meets their needs.

As well as supporting practitioners, sharing our expertise as a charity that identifies, rehabilitates and supports people with an acquired brain injury, we also influence policy and practice at the highest levels. I was delighted that following our efforts to influence the Domestic Abuse Bill, new statutory guidance within the UK will, for the first time, recognise that survivors of domestic abuse may have sustained an acquired brain injury; this is a very welcome step forward.

We are also committed to continuing our research to add to this emerging body of work. This report and future research priorities build on the foundation of our first research findings, revealed in 'Making the Link', which for the first time in the UK considered the possible links and complexities between domestic abuse and brain injury. This was a culmination of our

research and work at HMP/YOI Drake Hall, which demonstrated the high proportion of brain injuries sustained through domestic abuse, and was widely recognised as a landmark discovery. We have been extremely pleased to see how our contribution to better supporting domestic abuse survivors, with particular regard to brain injury and its consequences, has been welcomed by the sector in a fantastic spirit of collaboration. This latest report takes this further and offers practical steps we can take together.

We, in collaboration with the domestic abuse sector, as well as survivors themselves, will absolutely continue to push this agenda forward, and will not rest until the hidden consequences of brain injury experienced by survivors of domestic abuse are not just understood, but brought into the open through dedicated, local services. We urge anyone who wants to join us in this important endeavour to get in touch.



Irene Sobowale
Chief Executive, The Disabilities Trust

BRAIN INJURY AND DOMESTIC ABUSE:

A Practitioners' Perception

The Disabilities Trust, with support from domestic abuse charity SafeLives, has recently undertaken an audit of acquired brain injury knowledge in practitioners who support survivors of domestic abuse. Practitioners working in domestic abuse services were invited to answer a short online survey to ascertain their perception of the prevalence of brain injury in those they support, alongside their level of experience of, and understanding about, acquired brain injury.

The results from this audit will be discussed throughout this report and will inform the design of the next phase of The Trust's wider research programme considering brain injury among survivors of domestic abuse.

This report builds on the foundation of our previous research considering brain injury and female offenders. From 2016-2018, in the first study of its kind, The Disabilities Trust provided a dedicated service to support the identification and rehabilitation of women with a history of brain injury, in HMP/YOI Drake Hall, comprising of staff training, screening and the provision of one to one support.

From this work, we found that domestic abuse is a significant cause of brain injury amongst female offenders. As published in our ['Making the Link'](#) report, out of 100 women we worked with who sustained a brain injury, 62 attributed their injury to domestic violence. Over a third (35%) of those with a brain injury reported not having sought treatment for their injury. The women we worked with also described prolonged periods of intense violence that was often directed towards their head, whilst they were unconscious.



“I WAS DRUNK AT THE TIME. I THOUGHT I’D FALLEN OVER BUT IT WAS ACTUALLY HIM WHO’D SMACKED ME ROUND THE BACK OF HEAD AND I’D ACTUALLY FALLEN, HE’D KICKED ME ROUND THE ROOM APPARENTLY.”

[Eve* HMP/YOI Drake Hall²]

Following these stark findings, The Disabilities Trust carried out further analyses of the data collected at HMP/YOI Drake Hall through a domestic abuse ‘lens’ to further investigate any possible links between domestic abuse, brain injury, and health outcomes.

BRAIN INJURY AND DOMESTIC ABUSE

The further analyses of the data collected at HMP / YOI Drake Hall was published in 'The impact of brain injury and domestic abuse: A further analysis'. Results showed that amongst those who had sustained their injury through domestic abuse:



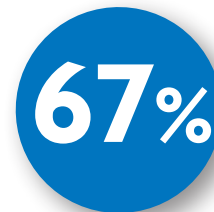
reported self-harming



reported mental health problems



reported committing violent crimes



of women who reported domestic abuse also reported higher levels of sexual abuse

These findings replicate and extend evidence from international research highlighting domestic violence as a common cause of head injury in women, both within community and forensic settings^{6,7}.

There is broad acknowledgement that women's experiences mean their pathways to and through prison are substantially different to that of men. Violence, trauma and addiction often represent life shaping events in women's pathways to prison, however, there is currently little known about the impact and cumulative effect of a brain injury.

BRAIN INJURY AND DOMESTIC ABUSE

These two previous reports from HMP/ YOI Drake Hall illustrate the complexity of needs and the vulnerability of survivors who have experienced the trauma of both domestic abuse and brain injury.

The Disabilities Trust, therefore, convened a roundtable in November 2019, where a panel of experts, including academics and representatives from leading domestic abuse charities and the NHS, came together to discuss the needs of survivors who experience domestic abuse and who may have sustained a brain injury.

Experts were also asked how survivors with a brain injury could be better supported, alongside considering the gaps in awareness, research, practice and policy. From this discussion, The Trust published its 'Brain Injury and Domestic Abuse: An Invisible Impact?' report, successfully furthering the discussion with services, professionals and policy makers.

Four key areas were highlighted at the roundtable in relation to brain injury amongst survivors of domestic abuse. In light of these highlighted areas, The Disabilities Trust developed a phased research project to gain a wider community-based understanding of the prevalence of those with a brain injury caused by domestic abuse, alongside other complexities survivors may face. The Disabilities Trust's research to date has been conducted within the criminal justice system, however, The Trust will now move our research further to consider both male and female survivors accessing services in the community. Phase 1 of this project was to understand the perceived prevalence of brain injury and level of brain injury knowledge amongst domestic abuse practitioners, as detailed in this report.



Complexity of causality



Disclosure, recognition and screening of brain injuries



Impact of brain injury on support for domestic abuse



Education and service provision

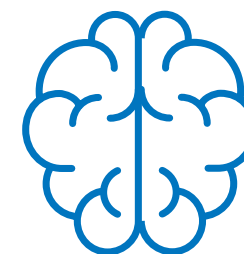
WHAT IS A BRAIN INJURY?

An acquired brain injury is an injury to the brain that is not hereditary, congenital and essentially one that has occurred after birth. Acquired brain injury is an umbrella term for all brain injuries, but there are two types: traumatic and non-traumatic.



A Traumatic Brain Injury (TBI)

...is change in brain function caused by impact from an external force; for example, an injury caused by a fall, assault, road traffic accident or a sports injury. Alongside strangulation, survivors of domestic abuse frequently report traumatic brain injuries.



A non-traumatic brain injury

...may have different causes, such as lack of oxygen or pressure from a tumour.

Examples of a non-traumatic brain injury include stroke, aneurysm and infectious diseases such as meningitis.

“I DIDN'T REALLY RECOGNISE THAT THIS MIGHT BE MORE OF AN ISSUE FOR PEOPLE WHO HAVE EXPERIENCED DOMESTIC VIOLENCE AND ABUSE.” (Survey respondent)

“ONE OF THE MAIN PROBLEMS I HAVE IS THAT I FORGET A LOT...I FORGET LIKE ONE WEEK TO THE NEXT, OR I CAN ALSO FORGET LIKE HALF OF EVERY CONVERSATION.”

[Mary* HMP/YOI Drake Hall²]

The impact of brain injuries is often referred to as a 'hidden disability', as brain injuries can result in a range of cognitive, behavioural and emotional symptoms which are not always immediately obvious and often go undiagnosed. These problems can also be misattributed to other conditions, or even personality traits. Symptoms can include (but are not limited to) poor memory, lack of concentration, slowness to process information, emotional dysregulation and lability, anxiety, depression and fatigue, all of which may hinder a survivor's ability to engage with, and benefit from, support services. Importantly, a brain injury can result in lack of insight, wherein an individual may be unaware of their symptoms, or the extent to which they are affected by them. In this case, survivors may not recognise the behavioural, cognitive and emotional symptoms they are experiencing and subsequently not report them or seek support.

Domestic abuse is a critical public health issue affecting nearly 2 million people in the UK every year. Research from The Ohio State University found 81% of survivors had experienced a blow to the head perpetrated by their partner and a similar number (83%) had experienced strangulation. This international research adds to the evidence suggesting survivors of abuse are commonly suffering blows to the head and strangulation, which could cause brain injury via force or anoxia and leaving lasting psychological and physical trauma, which is often 'unseen' and may go unrecognised by services.

“TERRIBLE HIDINGS TO MY HEAD, OH GOD, TERRIBLE HIDINGS FULL STOP...HAD BEATEN ME WITH BRUSHES, YOU KNOW, A CANE BRUSH IN THE HEAD...BANG, BANG. I WAS ON THE BED SCREWED UP, ABSOLUTELY TERRIFIED.”

[Karla* HMP/YOI Drake Hall²]

Research^{6,7} has suggested that domestic abuse is one of the leading causes of acquired brain injury in women. Our work in HMP/YOI Drake Hall also suggested those with an acquired brain injury due to domestic violence have higher mental health needs (e.g. more likely to self-harm or experience depression) than those with a brain injury due to other causes. As such, domestic violence may be both a cause of brain injury and a factor aggravating and perpetuating its sequelae. Less is known, however, about the prevalence and impact of brain injury in survivors of domestic abuse in the community.

“OFTEN SERVICE USERS AREN'T AWARE THEY COULD POTENTIALLY HAVE BRAIN INJURY. THEREFORE WE AREN'T IN A POSITION TO SUGGEST IT AS A POSSIBILITY. OFTEN THEY DISCLOSE FIBROMYALGIA /MENTAL HEALTH/PTSD. I KNOW FROM PERSONAL EXPERIENCE BRAIN INJURY IS OFTEN DISMISSED IN FAVOUR OF ANY OF THE ABOVE CONDITIONS. WE SIGNPOST TO THERAPY WHEN PEOPLE DISCLOSE COGNITIVE, FATIGUE, HEADACHE SYMPTOMS BUT NEVER EXPLORE THE POTENTIAL FOR SUSPECTED BRAIN INJURY.” (Survey Respondent)

Emerging studies internationally suggest there may be a significant population of survivors, for whom a head injury is not being adequately recognised, assessed or considered in their support. The Disabilities Trust understands there is no specialist support provided to meet the needs of women who may have sustained a brain injury through domestic abuse within the UK. In practice, the vulnerabilities associated with brain injury and domestic abuse are not always easily recognised or disclosed.

“WE WORK WITH CLIENTS THAT PRESENT WITH DISSOCIATION AS A RESULT OF TRAUMA, WITH COMPLEX MENTAL HEALTH PRESENTATION AND PTSD. WE DON'T SCREEN FOR ABI AND THIS IS CLEARLY A GAP FOR US.”

(Survey Respondent)

PRACTITIONER KNOWLEDGE AUDIT:

The Results

Following our previous findings contained in **'Making The Link'**, which in focusing on the link between brain injury and offending found substantial evidence to suggest a connection between brain injury and domestic abuse, it was clear that these results may also be applicable to survivors in the community, as much as in criminal justice settings. The following research is the continuation of this work, seeking to understand the level of awareness in practitioners about the ways in which brain injury can manifest itself in domestic abuse survivors.

In August 2020, with support from domestic abuse charity SafeLives, The Disabilities Trust launched an online domestic abuse practitioners survey to ascertain their levels of understanding considering acquired brain injury and its impacts. The results were clear, and showed a stark gap in the ability to identify the signs of brain injury as a result of domestic abuse and to provide dedicated local services to address them.

“A COMPLETE GAP, IT ISN'T SOMETHING WE CONSIDER AT ALL OR KNOW ANYTHING ABOUT.” (Survey Respondent)

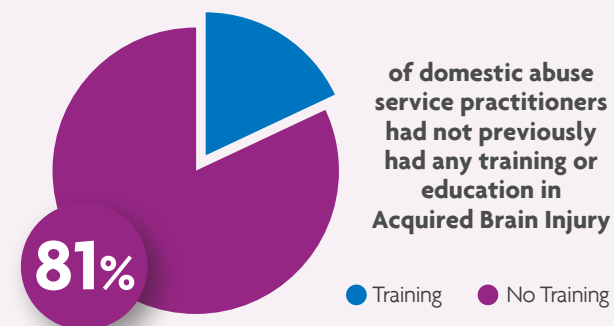
The key results from the survey were;

- 81%** of frontline staff had no previous training in Acquired Brain Injury (ABI)
- 62%** (nearly two-thirds) of respondents felt 'mostly unprepared' to identify symptoms of brain injury
- 10%** had heard of or used the Brain Injury Screening Index (BISI)¹; and there was even less knowledge of other screening tools

A total of 381 domestic abuse services were invited to take part, with a response rate of 26%, which was equivalent to 100 responses. As not all respondents answered all the questions, the valid response rate was slightly lower at 22% (82 completed surveys). Respondents reported providing a range of services, 56% were Independent Domestic Violence Advisor's (IDVA). Other services represented included outreach, helplines, refuges and services for children. The majority of respondents were frontline support staff (62%). The number of people supported per year by respondents varied significantly with some supporting an estimated 12 individuals and others reporting supporting up to 10,000 survivors of domestic abuse.

The survey highlighted a knowledge gap around brain injury across the domestic abuse sector, perpetuated by lack of training provided to services and practitioners. Training in brain injury is imperative in order to equip practitioners with the tools necessary to ask the right questions about potential brain injuries, to understand the possible impacts and adapt their provision to meet the survivor's needs.

Frontline staff that have previously had training



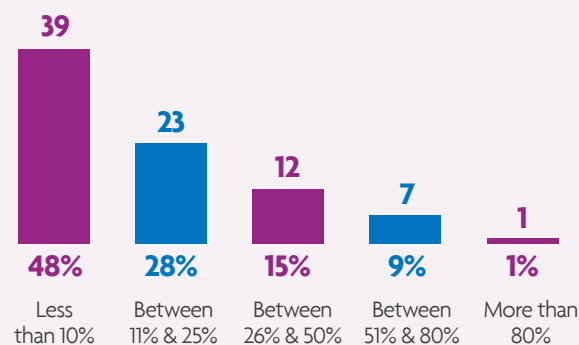
“WE HAVE NO DEDICATED PROCESS OR POLICY... AND NO TRAINING ON THIS SPECIFIC TOPIC.” (Survey Respondent)

¹ The Brain Injury Screening Index (BISI) is a free and validated screening tool developed by The Disabilities Trust, which can be used to identify a brain injury, along with its severity.

Research⁸ has indicated rates of traumatic brain injury among domestic abuse survivors of around 35% - 85%. Almost half of respondents (48%) believed that fewer than 10% of the people they support had a brain injury. Rates of traumatic brain injury amongst the general population has been identified as approximately 12%¹²; therefore the respondents perception of the prevalence of brain injury in survivors is lower than what would be expected in the general population, indicating an underestimation of the prevalence of brain injury by practitioners.

“I WOULDN'T SAY MANY PEOPLE WOULD KNOW HOW TO SPOT THE SIGNS OF BRAIN INJURY OR THE DIFFERENT SYMPTOMS THAT MIGHT PRESENT.” (Survey Respondent)

In your opinion, how common do you think acquired brain injury is within the people you support?



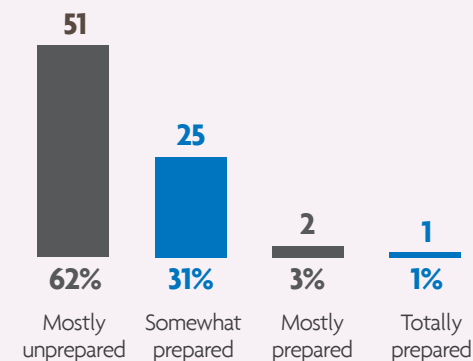
48% of domestic abuse service practitioners believe less than 10% of the people they support may have a brain injury

“NOT KNOWING WHAT WE DON'T KNOW, SO UNABLE TO SIGNPOST CLIENTS TO MEDICAL OR OTHER SPECIALISTS IN THIS AREA.”

(Survey Respondent)

Nearly two-thirds (62%) of respondents felt they were 'mostly unprepared' to identify the symptoms of ABI. The remainder felt they were 'somewhat prepared'.

How prepared do you feel to identify symptoms of acquired brain injury in the people you support?

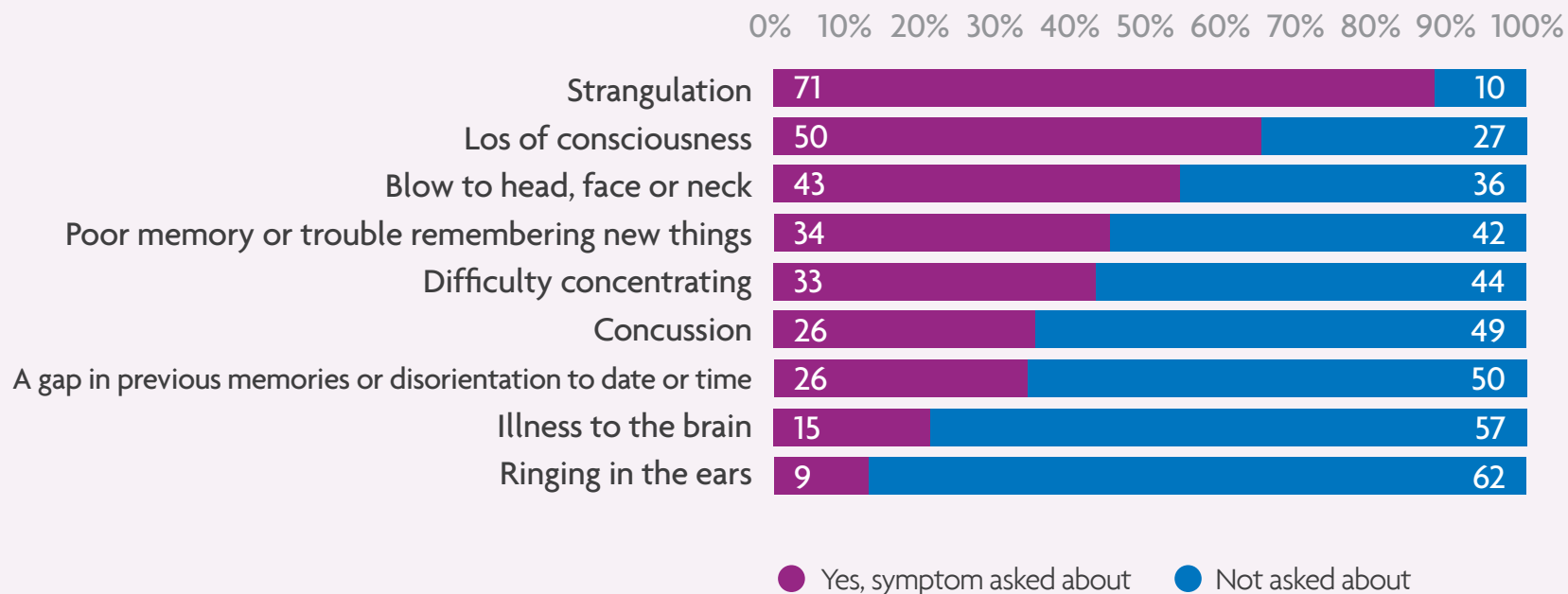


62% of domestic abuse service practitioners feel 'Mostly unprepared' to identify the symptoms of ABI in the people they support

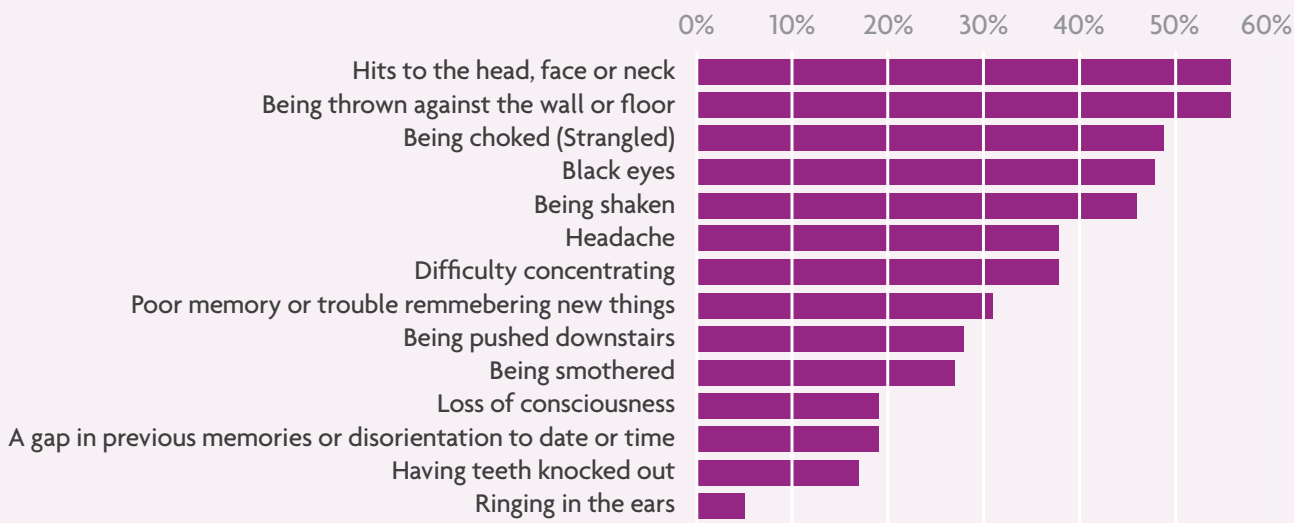
The survey also found a lot of variation in whether services ask survivors about certain symptoms or signs of brain injury; for example, whilst 88% asked about strangulation, only half (54%) reported asking about blows to the head, face or neck.

At any point during your contact with the people you support do you ask if they have experienced any of the following?

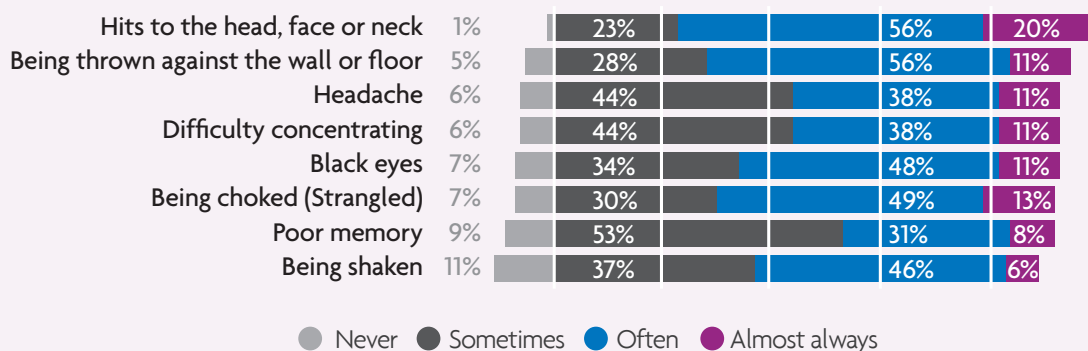
Results showed that according to respondents, survivors are reporting causes and common mechanisms of brain injury, alongside common symptoms of brain injury in large proportions.



How frequently do the people you support report any of the following signs or symptoms as 'Often'?



How frequently do the people you support report any of the following?

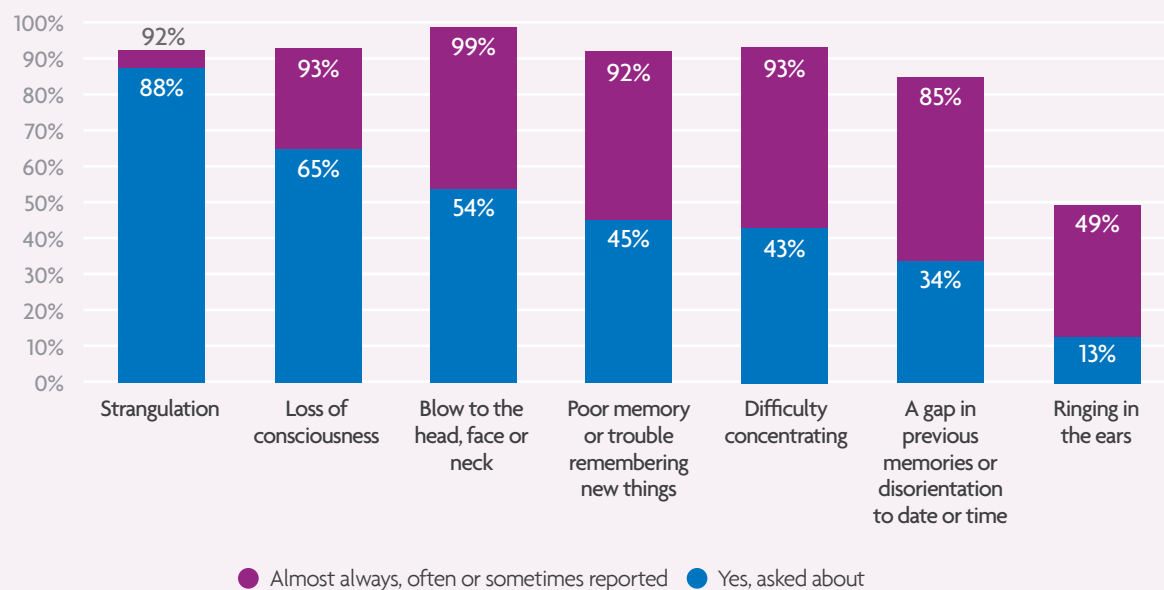


Survivors are 'often' reporting symptoms or causes of brain injury, including hits to the head, face or neck (56%) and being thrown against the wall or floor (56%). Survivors also report 'sometimes' being pushed downstairs (57%), having their teeth knocked out (66%) or loss of consciousness (66%), all of which could indicate a potential brain injury.

When we compare how often causes of brain injury are asked about by practitioners to how often they are reported by survivors, it highlights that there are commonalities in survivors reporting injuries and practitioners asking if those injuries have been sustained. For some causes of brain injury, such as strangulation, it is commonly asked about by practitioners and also reported by survivors; however, for others causes of brain injury, such as blows to the head, face or neck, whilst 99% of survivors report experiencing it, only 54% of practitioners ask.

The most widely used or known screening tool was the BISI, however just 10% of respondents were aware of it. Nearly all respondents were unaware of, or use any specific brain injury screening tool.

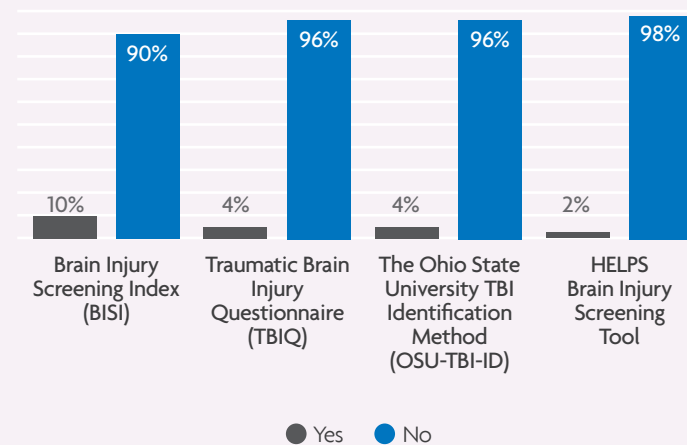
Comparison of causes of brain injury asked about and causes reported by survivors



“WE DON’T ASK ABOUT BRAIN INJURIES SO DON’T KNOW HOW TO SUPPORT THESE INDIVIDUALS.”

(Survey Respondent)

Are you aware of, or use any specific brain injury screening tools?

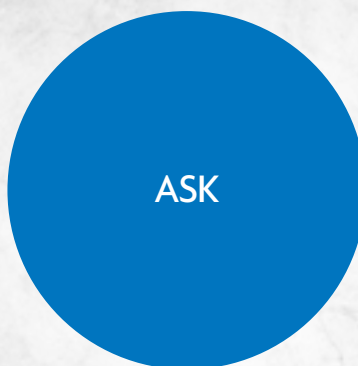


ASK UNDERSTAND ADAPT

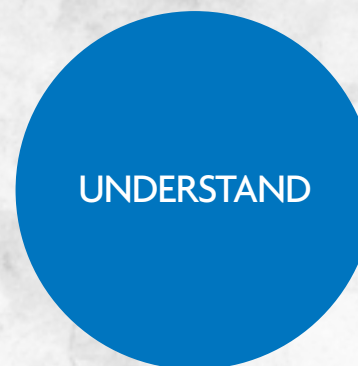
The results of this study show that questions about possible causes of brain injuries are not being asked regularly or consistently enough.

There is an apparent disconnect between what domestic abuse practitioners believe the scale of the issue (prevalence) to be, in comparison to the regularity of potential causes of injuries reported by survivors.

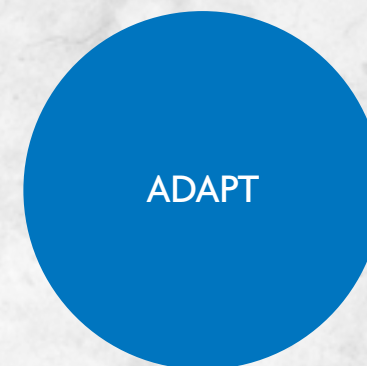
“JUST SOMEBODY TO TALK TO THAT UNDERSTANDS LIKE WHAT’S UP WITH ME.” [Daisy* HMP/YOI Drake Hall²]



Ensure that practitioners understand the importance of identifying and supporting those with neurodiverse conditions.



Support practitioners to understand the range of diverse deficits and impairments that are caused by a brain injury and their impact upon day-to-day functioning.



Provide tools to support practitioners to change their everyday approach to overcome and reduce the impact of any neuro disability on the individual’s engagement.

When asked about gaps in service provision, practitioners clearly cited a lack of training, a lack of knowledge and awareness about brain injuries and also a lack of clarity of the care pathway for a survivor with a brain injury. This illustrates a need for increased awareness of brain injury and specific training and support for domestic abuse practitioners to ensure a better understanding of the needs and difficulties a brain injury could present. This, in turn, could improve practitioner confidence on how to best support those struggling with impaired neurofunction and deficits due to a brain injury.

The present survey has shown that only 19% of respondents had previous training in brain injury with two-thirds (62%) of respondents feeling ‘mostly unprepared’ to identify symptoms of a brain injury in their clients. By increasing domestic abuse practitioners awareness of brain injury, via training, they would be better placed to identify if a survivor has a possible brain injury, able to better understand survivors needs and to adapt their interventions to support and empower survivors through recovery.

Brain injury training would provide domestic abuse practitioners with the ability to recognise and identify the link between injury to the brain and its impact upon behavioural, cognitive and emotional symptoms.

“MORE TRAINING IS NEEDED TO BETTER IDENTIFY BRAIN INJURY. FOR ALL OF US TO ASK THE RIGHT QUESTIONS TO BETTER IDENTIFY IT.”

(Survey Respondent)

Training would also equip practitioners with the skills needed to recognise a possible brain injury and improved ways of working with individuals with cognitive, behavioural and/or emotional difficulties due to impaired neurofunction sustained from a brain injury.

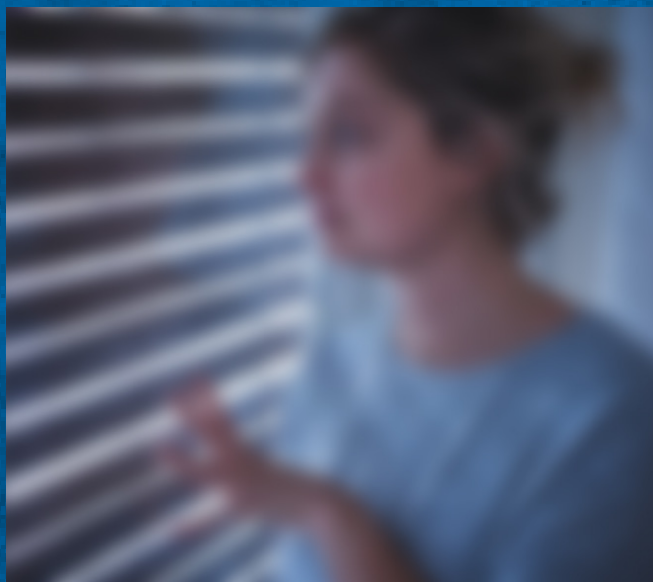
“JUST HER EXPLAINING EXACTLY WHAT MY INJURY WAS AND WHERE IT WAS, WHAT DAMAGE IT ACTUALLY DID...I CAN GET ON WITH THINGS BETTER NOW, I CAN COPE WITH THINGS BETTER. I CAN TAKE A STEP BACK AND SAY, “WELL LOOK, THIS HAS HAPPENED, BECAUSE OF THIS I NEED”, AND IF I NEED TO, YOU KNOW, VOICE MY OPINION.”

[Eve* HMP/YOI Drake Hall²]

Survivors of domestic abuse who may have added complexity of a brain injury may benefit from providers adapting their interventions, in order to better support their needs and reduce any negative impact of the brain injury that may be affecting their ability to engage.

There are many other conditions caused by domestic abuse which could produce similar symptoms to that of brain injury, such as trauma reaction, PTSD or other mental health conditions. But with many survivors of domestic abuse experiencing and reporting a multitude of injuries, including blows to the head, face and neck and non-fatal strangulation, there remains a need to understand the link between these injuries and the potential for a brain injury.

“THERE IS NO SPECIFIC TRAINING AND I IMAGINE MOST PEOPLE INCLUDING THE CLIENTS ARE PUTTING SYMPTOMS DOWN TO MENTAL ILLNESS AND TRAUMA. VERY IMPORTANT YOU ARE RESEARCHING THIS.” (Survey Respondent)



We may never fully understand the complex causal relationships between domestic abuse, psychological trauma and brain injury, but we can support practitioners to become better informed about the consequences of a brain injury, in order to identify and better support those who may have one.

Results from this knowledge audit indicate a need to identify a potential brain injury and ensure care pathways are identified and improved for those that need more specialist care.

Even mild brain injuries can result in a range of behavioural, cognitive and emotional consequences, which although “hidden” can last a lifetime. Through increased brain injury knowledge and awareness these symptoms could be significantly reduced with simple measures, thus improving outcomes and engagement levels for those affected.

From the evidence collated and presented thus far, we wholeheartedly believe that with increased awareness, improved identification and specialist training, a survivor of domestic abuse who has a brain injury can experience a holistic, person-centred and enhanced path to recovery and repair. Our research so far has shown that brain injury sustained by domestic abuse is an issue of concern and there are knowledge gaps across the sector.

“I WAS BECOMING VERY ANXIOUS ABOUT THESE PROBLEMS THAT I WAS SEEING HAPPENING BY NOT REMEMBERING THE NAMES OF THE PEOPLE I’D SPOKEN TO OR NOT BEING ABLE TO EXPRESS MYSELF PROPERLY ‘CAUSE I’M FORGETTING WHAT I’M SAYING.” [Sarah* HMP/YOI Drake Hall²]

NEXT STEPS...

Research is still lacking into the prevalence of brain injury among survivors of domestic abuse in the community, but also an understanding of how we can best screen for brain injury and support survivors.

This further research is much needed to fully appreciate the real, but often 'hidden impacts' of a brain injury; we also need to understand the prevalence of brain injuries in survivors of domestic abuse, in order to know what needs to change at both policy and practical levels.

Further research would also ensure that women experiencing significant trauma receive the most appropriate support and treatment and survivors can increase their self-awareness, identify coping strategies and be empowered to increase their wellbeing as they process, repair and recover from their traumatic experiences. Our aim is to work collaboratively with survivors of domestic abuse and the specialist practitioners who support them, to gather further evidence, to drive forwards a change in policy and

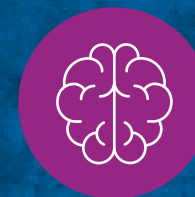
practice, bringing brain injury and its impacts to the forefront, ensuring its inclusion in training and holistic support for survivors nationally.

To work towards achieving these aims, The Disabilities Trust, with support from SafeLives is co-producing a research project working closely with domestic abuse service providers, in order to understand the severity and impact of brain injuries in survivors of domestic abuse, alongside the interaction with other complexities, such as mental health. This research will gather the evidence necessary to campaign for change and will drive the need for developing training provision and adaptive models to services. These will better equip service providers to be able to ask the right questions, understand the survivor's needs and adapt their interventions in order to enhance engagement and recovery.

RECOMMENDATIONS



Collaboration between experts in domestic abuse and brain injury to take the discussion forward



Critical need for further research on the prevalence, impact and causality of brain injuries in survivors of domestic abuse



Further research and development of sensitive, and trauma-informed brain injury screening methods, that are appropriate for use with domestic abuse survivors



Training and awareness raising initiatives for all professionals who engage with survivors about brain injury


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