



NATIONAL ASSOCIATION OF STATE HEAD INJURY ADMINISTRATORS

The Impact of COVID-19 on Domestic Violence and Brain Injury

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 an abuser, yet were separated from families and friends who would normally be around to check on the individual. In many cities and towns, children ended the 2020 school year with remote learning and some students continued online learning when school resumed also placing children at risk. Separated by their school friends, teachers, social workers and the safe space and services that schools provide, children may go unrecognized as being subject to abuse.

As the perpetrator may believe that he or she is immune from any oversight, he or she may feel free to engage in abuse of his/her spouse or significant other and the children residing in the home. 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 able 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 brain injury due to violence.

What is the relationship between domestic violence and brain injury?

Many people survive domestic violence, but have permanent physical and emotional scars as the result. Violence against an individual can range from one episode to episodes over multiple years that have lasting effects. Domestic violence may be physical resulting in a traumatic brain injury (TBI) caused by the head forcefully hitting an

object, such as a wall, or from an object used to strike the head or by something passing through the skull and piercing the brain, such as a gunshot wound. Often the term "concussion" is used to refer to a mild TBI. Strangulation, sometimes referred to as choking, is defined as pressure placed externally on the person's neck constricting blood flow to the brain and/or airway, causing the inability to breathe resulting in impairments of memory, attention and other cognitive functioning. A victim may or may not lose consciousness at the time of injury. And, he or she may not seek medical attention for the abuse.

What is the impact of brain injury?

Symptoms from a brain injury 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. Depending on injury severity, individuals may have trouble with organization, memory, and initiation which impact the ability to carry out activities of daily living such as shopping, cooking, adhering to rules and schedules, paying bills, working, and driving. The brain injury may impede a person's ability to assess danger, to make and remember safety plans, and to leave the abusive situation. Children may demonstrate poor academic performance and problem-solving skills and may exhibit behavioral problems such as aggression, phobias, insomnia, low self-esteem, and depression.

How prevalent is brain injury 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 concussion do not seek medical assistance normally nor do physicians

always report those who do seek treatment, making it difficult to know the exact number of brain injuries related to domestic violence. 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.

How can domestic violence providers address brain injury?

Domestic violence providers are encouraged to screen for a brain injury. 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 and organization; and poor judgment. Recognizing the cause of these symptoms will help with obtaining appropriate treatment, accommodations and management of symptoms.

How can health care professionals and educators help?

Individuals seeking medical care often have sustained bruises, broken bones, lacerations and burns. Other injuries may not be as apparent, such as a concussion or mild brain injury. Physicians and health care providers suspecting abuse should be trained in how to ascertain information relating to domestic violence and resulting brain injury in order to treat appropriately. Educators should trust their instincts if they suspect abuse and report in accordance with school and state laws.

NASHIA recommends:

- Better reporting and identification of individuals with brain injury as the result of domestic violence by physicians and health care providers during this pandemic.
- Training to better identify victims who have sustained a brain injury and to provide

accommodations and strategies to address identified symptoms.

- Collaboration and coordination among domestic violence providers and organizations and brain injury programs with regard to reporting and resources relating to brain injury.
- Public education regarding domestic violence and brain injury-related injuries, symptoms, treatment and resources.
- Education and training among healthcare providers, physicians, and educators to identify, treat, and provide needed accommodations to assist with education and activities of daily living.

Further Reading

- Why the Increase in Domestic Violence During COVID-19?: <https://www.psychologytoday.com/us/blog/making-sense-chaos/202005/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: <https://fivethirtyeight.com/features/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: <https://www.samhsa.gov/sites/default/files/social-distancing-domestic-violence.pdf>
- COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30092-4/fulltext](https://www.thelancet.com/journals/eclinm/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 brain injury and public services: www.nashia.org.