

APPG Inquiry into Domestic Abuse and Mental Health: Call for Evidence The Disabilities Trust's Response

The Disabilities Trust

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.

Introduction:

It is estimated that in 2019, 1.6 million women (aged 16 to 74 years) experienced domestic abuse¹, with research indicating heightened risks of mental health issues such as depression, anxiety, post-traumatic stress disorder (PTSD) and substance misuse amongst those who report domestic abuse^{2,3}.

In the first study of its kind in the UK, The Disabilities Trust provided a Brain Injury Linkworker in HMP/YOI Drake Hall, which highlighted an emerging link between domestic abuse, mental health, but also Acquired Brain Injury (ABI)⁴. This complex vulnerability, including the potentially 'hidden' behavioural, cognitive and emotional consequences could affect survivors' everyday functioning, their ability to engage with support services and increase their vulnerability to further abuse and victimisation.

As such, we call for:

- Acknowledgment of the complexity of causality; for example, symptoms of brain injury can be similar in presentation to the impact of trauma, mental health or substance misuse.
- Disclosure, recognition and screening of brain injury, which is important to ensure sessions and discussions are focused on their trauma, history and disclosure of abuse
- The impact of brain injury in support, including recognition that cognitive functioning and how well someone's brain is working, directly impacts their ability to process the complexities within their life positively or adaptively.
- Education and service provision, with a recommendation for all approaches to utilise a '*TBI lens*' to maximise success⁵

What is brain injury and why is it important?

Caused by either sustaining a blow to the head, also known as a traumatic brain injury or TBI (e.g. due to domestic violence, road traffic accidents or a fall) or through an illness which affects the brain (e.g. a stroke or meningitis), brain injuries can be considered a 'hidden

epidemic' as many of its symptoms can be overlooked, but nevertheless be potentially life changing, adding to the complex vulnerabilities experienced by survivors. Symptoms can include, but are not limited to:

- poor memory,
- lack of concentration or inability to multitask,
- slowness to process information,
- poor impulse control
- risk taking behaviour
- co-morbid anxiety and depression
- fatigue or difficulty falling asleep
- lack of insight (i.e. where a person might not realise they have a problem).

As part of our brain injury provision at HMP/YOI Drake Hall, we found that 64% of women reported histories indicative of brain injury and distressingly the leading cause of brain injury was domestic abuse (62%). Moreover:

- 33% sustained their first brain injury before committing their first offence
- 75% of women had a prior mental health diagnosis and,
- 96% of women at HMP/YOI Drake Hall reported they had experienced domestic abuse victimisation⁴

Following the publication of these shocking findings, to further understand the complex vulnerabilities faced by women in the criminal justice system (CJS), The Trust conducted additional analyses looking at our results through a domestic abuse 'lens'. Results showed:

- 75% of women referred to our Linkworker service had a prior mental health diagnosis
- Of those with a TBI, 40% had a mental health diagnosis, and women with a brain injury were seven times more likely to have a mental health diagnosis compared to those without
- 61% of those with a brain injury caused by domestic violence reported having self-harmed, compared to women who reported other causes of brain injury (29%)⁶

The above research supports international research highlighting the co-morbid complexities experienced by survivors of domestic abuse, including the potentially heightened risk of mental health *and* brain injury amongst survivors of domestic abuse^{7,8}.

There are several ways in which the presence of a brain injury may impact survivors' ability to engage with support services; for example, lack of insight after brain injury can leave individuals unaware of their symptoms or the extent to which they are affected by them. Therefore, survivors may not seek support because they may be convinced they do not need it, despite difficulty functioning on a day-to-day basis.

Behavioural, cognitive and emotional symptoms, such as poor memory, problems with initiation and lack of concentration could also affect a survivor's ability to remember appointments, follow-up with referrals and follow advice given to them. Those with a brain injury may also be at increased risk of further abuse and victimisation due to brain injury symptoms including emotional dysregulation, and behaviours such as risk-taking could further increase the chances of contact with the CJS.

Brain Injury Knowledge amongst Domestic Abuse Practitioners

Whilst The Trust has examined the link between domestic abuse and brain injury within the CJS, in 2020, alongside SafeLives, we undertook an audit of brain injury knowledge in practitioners who support survivors of domestic abuse across the country. Results of the survey, which included 100 responses found the causes and consequences of brain injuries are frequently reported, including:

- 76% of practitioners reported people they support often or almost always report hits to the head, face or neck
- 67% of practitioners reported people they support often or almost always report being thrown against the wall or floor
- 62% of practitioners reported people they support often or almost always reports being choked (strangled)*

Despite this, practitioners had little knowledge of brain injury or its symptoms:

- 81% of frontline staff had no previous training in ABI
- 62% (nearly two-thirds) of respondents felt 'mostly prepared' to identify symptoms of brain injury
- 48% of domestic abuse practitioners believe less than 10% of the people they support may have a brain injury
- 10% had heard of or used our Brain Injury Screening Index (BISI) and there was even less knowledge of other screening tools.⁵

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.

Conclusion:

Research both from The Disabilities Trust, but also internationally has illustrated the complex vulnerabilities experienced by survivors of domestic abuse, including mental illness and brain injury.

Despite this, the needs of survivors of domestic abuse tend to be treated separately by distinct mental health, substance use, criminal justice and housing or homelessness services. Support services, in addition, often lack the awareness, capacity or appropriate skills to work with women with a brain injury. Women who have experienced both a brain injury and domestic abuse may require additional, uniquely tailored support, which addresses both the trauma they have experienced, their mental health and the symptoms of their brain injury.

As such, we urge the All-Party Parliamentary Group (APPG) for Domestic Violence and Abuse to consider brain injury amongst survivors who have also experienced domestic

* Strangulation can cause a TBI as it can quickly lead to asphyxia and unconsciousness, which impedes blood and oxygen from reaching the brain.

abuse as it may exacerbate the risk of comorbid mental illness and affect their enhanced with support services. A holistic, person-centred and enhanced path of support, which includes recognition of brain injury would ensure the needs of survivors are fully recognised and met and we will continue to call for the following recommendations:

Recommendations

- Acknowledgment of the complexity of causality; for example, symptoms of brain injury can be similar in presentation to the impact of trauma, mental health or substance misuse.
- Disclosure, recognition and screening of brain injury, which is important to ensure sessions and discussions are focused on their trauma, history and disclosure of abuse
- The impact of brain injury in support, including recognition that cognitive functioning and how well someone's brain is working, directly impacts their ability to process the complexities within their life positively or adaptively.
- Education and service provision, with a recommendation for all approaches to utilise a 'TBI lens' to maximise success

References:

- ¹ Office of National Statistic. (2020). *Domestic abuse in England and Wales overview: November 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenlandandwalesoverview/november2020#main-points>
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- ⁴ The Disabilities Trust. (2019). *Making the Link: Female Offending and Brain Injury*. Available at: <https://www.thedgroup.org/media/163462/making-the-link-female-offending-and-brain-injury-final.pdf>
- ⁵ The Disabilities Trust. (2021). *A Practitioners' Perception: Domestic Abuse and Brain Injury*. Available at: <https://www.thedgroup.org/media/164262/a-practitioners-perception-domestic-abuse-and-brain-injury-the-disabilities-trust.pdf>
- ⁶ The Disabilities Trust. (2019). *The Impact of Brain Injury and Domestic Abuse: A Further Analysis*. Available at: <https://www.thedgroup.org/media/163732/the-impact-of-brain-injury-and-domestic-abuse-a-further-analysis.pdf>
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- ⁸ Haag, H., Jones, D., Joseph, T., & Colantonio, A. (2019). Battered and brain injured: Traumatic brain injury among women survivors of intimate partner violence—A scoping review. *Trauma, Violence, & Abuse*, 1524838019850623.