

# FACT SHEET 6

## Acquired brain injury and family violence

### Men and Family Violence

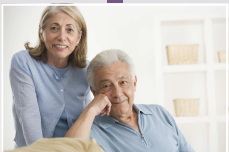
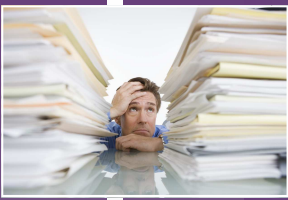
- When a person in a relationship sustains an ABI there is a high chance that the relationship will be strained by the intense frustration with personality changes caused by the brain injury <sup>1</sup>.
- Acquired brain injury is prevalent amongst many batterers, although a brain injury is not the sole basis for family violence.
- Studies have found that in a relationship in which one partner has an acquired brain injury the chances of marital aggression are increased almost sixfold <sup>2</sup>.
- The correlation between acquired brain injury and a propensity for domestic violence has important implications for therapy interventions. The identification of acquired brain injury in men who commit domestic violence, would allow behavioural and cognitive strategies to be taught and thereby assist with inhibiting aggressive behaviours.

### Women and Family Violence

- Although little research has been conducted, there is evidence that a significant number of women incur brain injuries from abusive partners.
- The head, face and trunk are the primary targets in intimate partner violence<sup>3</sup>.
- In the USA, the American National Justice Department estimates that intimate partner violence accounts for about 21% of violence against women. Of these assaults, the head and face are targeted half the time <sup>4</sup>.
- A descriptive study found a 35% prevalence rate of battered women who had experienced head injury during a battering incident with their intimate partner <sup>5</sup>.
- Subtle head injury may result in diffuse injury to the brain that may not be observable through the use of CT scan or MRI <sup>6</sup>. This can therefore be harder to assess during emergency hospitalisation and cognitive, emotional, or motor symptomatology, which may appear weeks or months later, and may not be readily associated with the initial insult <sup>7</sup>.
- In order to respond adequately to the needs of battered women with acquired brain injuries, clinicians, social workers and domestic violence shelters etc must be aware of and trained to deal with the consequences of acquired brain injury <sup>8</sup>.

### Acquired Brain Injury and Child Abuse

- Acquired brain injuries are common in abused children <sup>9</sup>.
- A direct link between the experience of child abuse and later violence in adults is now generally accepted <sup>10</sup>.
- Recent research suggests that criminal violence is not produced simply on the basis of learned behaviour but is often the result of a combination of neurological deficits, including brain damage, a history of child abuse and sometimes the presence of a mental illness <sup>11</sup>.
- Brain injury caused from child abuse particularly affects children under three years of age <sup>12</sup>.
- Brain injury caused by childhood abuse is the leading cause of death of infants and is the most common cause of serious head injury in children less than 1 year old <sup>13</sup>.



Lobbying to represent the needs, wishes and aspirations of people living with an acquired brain injury since 1991

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## Acquired brain injury and family violence

- When brain damaged children behave badly, parents who are ill-equipped with dealing with such behaviour may be more prone to abusing the child <sup>14</sup>.

“Several studies have demonstrated that children who have sustained an acquired brain injury are likely to present with a psychiatric disorder, particularly ADHD (attention deficit disorder) or ODD (oppositional defiant disorder)”<sup>15</sup>.

### (Footnotes)

<sup>1</sup> Traumatic Brain Injury Resource Directory.

<sup>2</sup> Rosenbaum, A. et al (1994) Head injury in partner-abusive men. *Journal of Consulting and Clinical Psychology*, 62(6), 1187-1193.

<sup>3</sup> Includes Muelleman, R.L., Lenaghan, P.A., Pakieser, R.A. (1996) Battered women: injury locations and types. *Annals of Emergency Medicine*, 28, 486-492; Fanslow, J.L., Norton, R.N., Spinola, C.G. (1998) Indicators of assault-related injuries among women presenting to the emergency department. *Annals of Emergency Medicine*, Volume 32, Issue 3, 341- 348 etc.

<sup>4</sup> Greenfield, L. et al, Violence by Inmates, NCJ-167237, US Dept of Justice Bureau of Justice statistics, March 1998.

<sup>5</sup> Monahan, K., O’Leary, D. (1999) Head injury and battered women: An initial inquiry. *Health and Social Work*, 24, 269-278.

<sup>6</sup> Mahon, D., Elger, C. (1989) Analysis of post-traumatic syndrome following a mild head injury. *Journal of Neuroscience Nursing*, 21, 382-384.

<sup>7</sup> Monahan, K., O’Leary, D. (1999) Head injury and battered women: An initial inquiry. *Health and Social Work*, 24, 269-278.

<sup>8</sup> Monahan, K., O’Leary, D. (1999) Head injury and battered women: An initial inquiry. *Health and Social Work*, 24, 269-278.

<sup>9</sup> Pincus, J.H. (2001)

<sup>10</sup> Freedman, D., Hemenway, D. (2000) ‘Precursors of Lethal Violence: A Death Row Sample’, *Social Science Medicine* 50; Rivera, B., Widom, C.S., (1990) Childhood Victimization and Violent Offending, *Violence and Victims*, 5, 19-35; Maxfield, M.G., Widom, C.S. (1996) The Cycle of Violence Revisited Six Years Later, *Archives of Pediatric and Adolescent Medicine*, 150, 390-95.

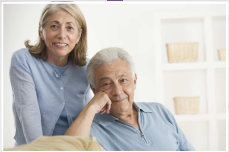
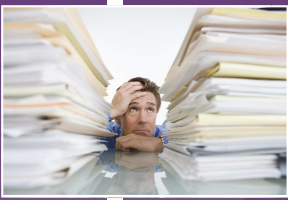
<sup>11</sup> Pincus J.H. (2001).

<sup>12</sup> Brown, J.K., Minns, R.A. (1993) Non-accidental head injury, with particular reference to whiplash shaking injury and medicolegal aspects. *Developmental Medicine and Child Neurology*, Vol. 35, 849-869.

<sup>13</sup> Includes Parker, R.S. (1994) Neurobehavioural outcome of children’s mild traumatic brain injury. *Seminars in Neurology*, 14, 67-73; Carty, H., Ratcliffe, J. (Feb 1995) The shaken infant syndrome, *British Medical Journal*, 11, 344.

<sup>14</sup> Pincus, J.H. (2001)

<sup>15</sup> Max, J.E., Lindgren, S.D., Knutson, C., Pearson, C.S., Ihrig, D., Welborn, A. (1998) Child and adolescent traumatic brain injury: correlates of disruptive behaviour disorders. *Brain Injury*, Vol. 12(1), 41-52.



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