

Insights from the Field: Improving Practices to Detect and Respond to Possible Brain Injuries Among Survivors of Intimate Partner Violence

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BACKGROUND

- Brain injuries are linked with cognitive, physical, psychological, and social difficulties that can impact engagement with services.
- Growing awareness that brain injuries are common among survivors of intimate partner violence (IPV) has led to calls for changes in victim service practices. Yet, relatively little is known about current practices.

RESEARCH QUESTIONS

1. What is the current state of practice for IPV providers serving survivors with brain injury?
2. What can current practices reveal about next steps for improving services for IPV survivors with brain injury?

METHODS

Interviewed 19 community- (n = 11) and system-based (n =8) service providers connected to a community-coordinate response to IPV about:

- how and when they bring up brain injury
 - language used
 - approaches they find to be effective
 - promising practices for screening and serving survivors
 - outreach and system barriers
 - ways to improve coordinated responses to IPV & brain injury
- Interviews conducted February - May 2026 following IRB approval

ANALYTIC APPROACH

1. Matrix analysis approach applied to transcriptions
2. Content tagged as codes in each transcript (i.e., survivor-centered practice, need for training)
3. Related codes grouped into categories with counts
4. Categories summarized and synthesized
5. Matrices, categories, and syntheses reviewed to identify cross-question themes

Take-Aways:

1. Survivors with brain injuries face unique challenges
2. Practices should be survivor-centered and brain-informed
3. Training, education, and system gaps impact survivors and services

Theme	Provider Quote
Invisibility of injury	“The minimization of if you're not seeing any outward signs, and if the survivor is functioning okay, that doesn't mean that that could have had or could still have some long-term consequences. And relate to the risk of what the offender may or may not do in the future.”
System demands and brain injury related impairment	“A lot of times, when I'm talking with people, the difficulty in absorbing information...a detective may have told them they need to send this thing in and they lose track of it, so that doesn't happen, so then the case either doesn't move forward as quickly as it should or sometimes doesn't move forward at all.”
Interpretation of symptoms	“A lot of people I work with who have a brain injury, when they're not understanding or frustrated, or are confused, they might talk louder or they might look like they're angry...maybe to an outside eye, it might look like they're freaking out and screaming at you, but that's just kind of how their brain is telling them, ‘I'm confused, please help me’.”
Survivor-centered, brain-informed practices	“I'll get a call from a victim daily, and it [is] emotional...and I figure out a place where I can meet them...I have found so much of what really helped is just being a listening ear.”
Referrals, handoffs, and connections	“Yeah, the default is mental health services, right? Mental health, counseling, all of that, but again, like, my default would be case management. Like, no, this person needs a village, this person needs a team.”
Identifying injuries	“I think it's very rare that we will just bring it up. It's usually, like, the survivor bringing it up to us. For example, a survivor reporting that they're still experiencing symptoms, and they're seeking out or that they've been consulting with a neurologist and, asking if we want the records.”
Timing of conversations	“I think it helps to bring up as quickly as possible...to at least put that into the sequence of things that are mentioned along the way makes it easier for the victim-survivor to know that it's a thing, and that it might be a thing to follow up on, and that it's okay to ask about it. But it's very much at the beginning of the conversations, although I've also had it come up further down the road.”
Collaboration and partnerships	“...having a brain injury resource or partner on-site would be super, super helpful...just with assisting other partners with being able to interact and communicate with someone with a brain injury...even with [police personnel] on sight.”
Training, education, & awareness	“I would personally benefit from additional training on what does intervention with brain injury in a trauma-informed [approach] look like. Because I don't want to bring up triggering or traumatizing memories or experiences for a [survivor] if we're not ready for that, but I also don't want to miss the opportunity to say, also here's how here's the direct impact of this experience on your body, or on your brain.”
Funding and capacity	“In a perfect world, I would love more grant opportunities that actually partner directly with law enforcement instead of belief that law enforcement should just send us referrals, no problem.”
Intersectionality considerations	“There's not a lot of hospitals that can provide the infrared cameras. Where they can't see bruising, or if it's, like, a person who has darker skin color might not bruise the same way that a person with lighter skin color would.”

LIMITATIONS

Sample consisted of victim service providers with expertise in IPV. Practices as well as training needs and gaps may differ among other types of service providers.

RECOMMENDATIONS

- Expand training and education about the intersection of IPV and brain injury.
- Advocate for collaborations between community, system, and research personnel.
- Advance survivor-centered, brain-informed care practices.
- Expand research to:
 - Understand service gaps and needs for specific populations;
 - Pilot and evaluate training to target service gaps;
 - Identify best practices.

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