

## **What front-line domestic violence workers know: An assessment of the level of general knowledge about mild traumatic brain injuries caused by domestic violence**

By: Adriana Fernandez-Parra, M.Ed. (Counselling Psychology) student  
&  
Dawn McBride, Ph.D., Associate Professor, University of Lethbridge

Which of the following behaviours tend to make you suspect that your client, a woman attending your drop-in family violence group, has a mild (traumatic) brain injury? The knowledge required to answer this question should be essential for front-line workers to have. Yet, research on mild traumatic brain injuries (mTBIs) in the context of domestic violence (DV) remains scarce, so much so that Valera (2018) coined it as an “invisible” (para. 13) public health epidemic, as it is barely recognized and understudied.

Most of the mTBIs resulting from DV are mild, reoccurring, undetected, untreated, and thus many women risk living with post-mTBI symptoms (Valera, 2018). Often, front-line workers are the first service providers to assess this population shortly after the victims have been physically abused; front-line workers have an essential role in the fight against increasing rates and occurrences of mTBIs (World Health Organization, 2017). Banks (2007) noted that shelter front-line workers are in the right place at the right time to do an appropriate initial screening of mTBIs to identify and refer victims to appropriate treatment services; a belief that is also supported by the World Health Organization (2017) as they recommended providing ongoing support and training to staff at women’s shelters to be better equipped to join the cause for preventing and responding to DV (e.g., by enhancing the identification of mTBI). Yet, in a recent study by Haag et al. (2019) studying service providers’ current level of knowledge of TBIs and their impact on DV survivors; they found that there is a lack of awareness and understanding of TBIs among intimate partner violence (IPV) service providers. Approximately 84% of Toronto-based DV support service providers did not have training or education on TBIs, and all participants reported being completely unprepared to somewhat prepared to identify the signs and symptoms of TBIs (Haag et al., 2019).

To our knowledge, there have been no studies assessing Alberta’s DV front-line workers’ level of general knowledge about mTBIs, despite its relevance to the population that they serve. Thus, we are setting out to fill this research gap on the level of mTBI knowledge among frontline workers. Adriana, for her thesis, will investigate the level of general knowledge that emergency or second-stage front-line shelter workers in Alberta have about the signs and symptoms of mTBIs, particularly in the context of DV and which variables may predict this level of knowledge. This exploratory quantitative study will ask an estimated 50 front-line workers about their knowledge and understanding of mTBIs. We hope that the findings and data collected from this study will have the potential to inform stakeholders’ process designing, developing, and implementing evidence-based best practices to provide mTBI-DV education to front-line workers in Alberta women shelters. We will use the findings to strongly advocate for shelter staff

to receive funding for PD in mTBI. We also intend to promote the expansion and development of new research-based practices, including improved screening and appropriate referral to be implemented across Alberta's women shelters to improve the overall care provided to mTBI survivors and enhance their quality of life. It is also significant to restate that this is the first time Alberta emergency and secondary-stage family violence shelter front-line workers have been invited to share their knowledge on this topic. As such, this research may offer new insight into shelter workers' knowledge of the intersection between mTBI and women victims of DV.

## **References**

Banks, M. E. (2007). Overlooked but critical: Traumatic brain injury as a consequence of interpersonal violence. *Trauma, Violence, & Abuse*, 8(3), 290–298.

<https://doi.org/10.1177/1524838007303503>

Haag, H., Sokoloff, S., MacGregor, N., Broekstra, S., Cullen, N., & Colantonio, A. (2019).

Battered and brain injured: Assessing knowledge of traumatic brain injury among intimate partner violence service providers. *Journal of Women's Health*, 28(7), 990–996.

<https://doi.org/10.1089/jwh.2018.7299>

Valera, E. (2018). Intimate partner violence and traumatic brain injury: An “invisible” public health epidemic. *Harvard Health Blog*. [https://www.health.harvard.edu/blog/intimate-partner-violence-and-traumatic-brain-injury-an-invisible-public-health-epidemic-](https://www.health.harvard.edu/blog/intimate-partner-violence-and-traumatic-brain-injury-an-invisible-public-health-epidemic-2018121315529)

[2018121315529](https://www.health.harvard.edu/blog/intimate-partner-violence-and-traumatic-brain-injury-an-invisible-public-health-epidemic-2018121315529)

World Health Organization. (2017). *World health organization fact sheet. Violence against women: Intimate partner and sexual violence against women*.

<https://www.who.int/en/news-room/fact-sheets/detail/violence-against-women>