



# **BRAIN INJURY** & DOMESTIC ABUSE

An Invisible Impact

**The Disabilities Trust**  
Expert Roundtable Discussion Paper



As the coronavirus pandemic is felt across all corners and communities, I have been particularly concerned by the realities of those living in an abusive environment, as their opportunities for support are reduced by the lockdown.

Domestic abuse charities have shared their concerns about the heightened risk of abuse during lockdown and the implications of the substantially increased demand on their services. From our work published in 2019, Making the Link, we are also aware that there may be an elevated risk of brain injury for those experiencing domestic abuse.

The current lockdown measures may heighten this risk, reinforcing the need for urgent research to better understand the links and impact of a brain injury for survivors of domestic abuse.

Our Making the Link Report found that of the female offenders who had sustained a brain injury, the leading cause, as reported by these women, was domestic abuse (62%). Following this research, in November 2019 we hosted an expert roundtable event, inviting leaders from the domestic abuse sector to share our stark findings and gain their insight into what this might mean in practice. These results demonstrate the complex needs of women who have experienced both domestic abuse and brain injury and their increased vulnerability. By hosting the expert roundtable event and publishing these findings, we are beginning the essential conversations to explore ways in which we can better support these women and encourage change at the highest level.

We recognise that our expertise is in brain injury and we are grateful to those who attended our roundtable event to share their expertise and assist us in identifying the key complexities facing women who experience domestic abuse. There is a critical need for further research on the prevalence, impact and causality of brain injuries caused by domestic abuse, alongside the development of an appropriate, sensitive and trauma informed brain injury screening method. We also recommend brain injury awareness training for all professionals who engage with domestic abuse survivors as a priority for the survivors, themselves, their services and wider national policy.

A handwritten signature in black ink, appearing to read 'Irene Sobowale'. The signature is stylized and cursive.

**Irene Sobowale**

Chief Executive Officer  
The Disabilities Trust

# BRAIN INJURY & DOMESTIC ABUSE:

## An Invisible Impact

Domestic abuse is a critical public health issue affecting nearly 2 million people in the UK every year<sup>1</sup>.

Domestic abuse is a devastating form of violence against women and girls (VAWG) - a cause and consequence of women's inequality. Not only are women far more likely to be victims and men perpetrators, but women overwhelmingly experience coercive control, within a context of fear, higher rates of repeated victimisation, and are much more likely to be seriously injured or killed by a partner/ex-partner. The UK is a signatory to a range of international treaties and conventions, which recognise that this crime is a form of gender-based violence - including the Istanbul Convention, which the government has committed to ratify through

the Domestic Abuse Bill. It requires states to recognise “the gendered dynamics, impact and consequences of these forms of violence and [operate] within a gender equality and human rights framework”.

Survivors of abuse commonly suffer blows to the head and strangulation, leaving lasting psychological and physical trauma, with symptoms which are often ‘unseen’ and unrecognised by services.

Research from The Ohio State University found 81% of domestic abuse survivors had experienced a blow to the head, perpetrated by their partner and a similar number (83%) had experienced strangulation<sup>2</sup>.

Research in the UK, by The Disabilities Trust found that out of the 100 women in HMP Drake Hall, who



screened positive for a history indicative of a brain injury, 62% reported sustaining that brain injury through domestic abuse. This is a complex issue and we need to be aware that currently, there is not sufficient evidence to draw causal links between domestic abuse and brain injury. Therefore, there is an urgent need for further research to appreciate and understand possible links between these factors. We recognise the need to have a nuanced conversation and be cautious of the potential perverse consequences of making assumptions as to causality.

Brain injuries can result in a range of symptoms, including psychological, cognitive, behavioural and emotional deficits, which in turn can have a lasting effect on women's daily functioning<sup>3</sup>.

Emerging studies suggest there may be a significant population of survivors, for whom a head injury is not being adequately recognised, assessed or considered in their support<sup>4</sup>.

Research, however, is still lacking into the prevalence of brain injury amongst survivors of domestic abuse in the UK, and how we can best screen for brain injury and support survivors. This is much needed to fully appreciate the real but 'hidden impacts' of a brain injury.

In order to ensure that women who have or are experiencing significant trauma receive the most appropriate support and treatment, The Disabilities Trust believes that there is an urgent case for further research in this area.

The Disabilities Trust has thirty years of experience in the field of brain injury, however we believe working collaboratively with leading experts in domestic abuse is the way forward. We can work

towards developing and implementing best practices for meeting the needs of women experiencing domestic abuse, who may also have sustained a brain injury as a result and to influence policy and practice at the highest levels.

To this end, The Disabilities Trust convened a roundtable in November 2019. Following the presentation of our findings, the gathered experts, including academics and representatives from leading domestic abuse charities and the NHS, were asked to discuss the needs of women who have experienced both domestic abuse and a brain injury. The roundtable also covered how these women could be better supported, alongside considering the gaps in awareness, research, practice and policy.

This discussion paper presents the key themes, discussions and recommendations of the debate.

**Brain injuries are acquired either by sustaining a blow to the head (Traumatic Brain Injuries or TBI) or by having an illness which causes injury to the brain.**

# BRAIN INJURY & DOMESTIC ABUSE:

## What does the research say?

Whilst there are some studies examining the prevalence and impact of brain injury for women in sports and military services, the link between brain injury and domestic abuse has not been explored to the same extent<sup>5</sup>.

Research, however, from the United States showed that of a sample of men and women\* who were referred to a traumatic brain injury clinic from either a women's or family domestic abuse shelter, 88% reported having sustained more than one brain injury. Profoundly, only 21% visited a physician or medical professionals after their injury<sup>4</sup>.

### Research results from the United States



Referred to a  
traumatic brain  
injury clinic

Reported having  
sustained more than  
one brain injury  
(men & women\*)

88%

21%

Responded to say they  
visited a physician or  
medical professionals

\* Women represented 95% of the sample

An earlier study, in 2003 found that out of 51 women, who had health issues as a result of domestic violence, 30% reported having lost consciousness. In a literature review conducted in 2011, the authors reported that the prevalence of traumatic brain injury in survivors, who had visited an emergency shelter in the US ranged from 30 to 74%<sup>7</sup>.

The roundtable event was organised as a result of further analysis, post the release of The Disabilities Trust's Making the Link Report which consisted of a small proportion of the women originally supported at HMP/YOI Drake Hall in 2016-2018.

The model and outcomes of this pilot service were summarised in 'Making the Link', where we found that the leading cause of traumatic brain injury, as reported by 100 women, was domestic abuse (62%)<sup>3</sup>.

As a result of these initial, unexpected findings, The Disabilities Trust conducted additional analyses, aimed at examining the relationship between brain injury and domestic abuse.

## KEY FINDINGS

### FROM WOMEN AT HMP/YOI DRAKE HALL 2016 - 2018

- 96%** Reported being a victim of domestic abuse
- 67%** Had been a victim of sexual abuse
- 61%** Of those with a brain injury caused by domestic abuse reported having self-harmed, compared to women who reported other causes of brain injury (29%)
- 46%** Of women with a brain injury had convictions for violent crimes
- 33%** Of the women who screened positive, sustained their brain injury before committing their first offence
- 40%** Had a mental health diagnosis (of those with a traumatic brain injury) and women with a brain injury were seven times more likely to have a mental health diagnosis than those without
- 35%** Of those with a brain injury had not sought treatment for their injury

These findings illustrate the complexity of the needs and the vulnerability of women who have experienced the trauma of both domestic abuse and brain injury.

Alongside additional factors which are frequently observed in prison populations, such as substance misuse and unstable housing, the need to appreciate both the impact of brain injury and the cumulative effect of these injuries, within and beyond the Criminal Justice System, is fundamental to improving these women's lives.

The key themes arising from the expert roundtable and considered below are;

- Complexity of causality
- Disclosure, recognition and screening of brain injuries
- Impact of brain injury on support for domestic abuse.
- Education and service provision

## COMPLEXITY OF CAUSALITY

Survivors of domestic abuse face multiple disadvantages and traumas, all of which can be exacerbated by the implications of a brain injury.

Roundtable attendees acknowledged there are challenges in identifying the specific impacts of brain injury for those facing multiple disadvantages. This is, in part, because symptoms of brain injury can be similar in presentation to the impact of trauma, mental health issues or substance misuse.

“WHEN WE LOOK AT THE IMPACT OF BRAIN INJURIES (POOR MEMORY, LACK OF CONCENTRATION, EMOTIONAL DYSREGULATION, PROBLEMS SLEEPING) THAT’S A LIST OF THINGS THAT FRONTLINE SERVICES WILL BE PUTTING DOWN ON THEIR OUTCOME MEASUREMENT SHEETS FOR THE VAST MAJORITY OF VICTIMS ALREADY, AS WE KNOW THE IMPACTS OF TRAUMA, AND THEM HAVING LIVED WITH DOMESTIC ABUSE. DISAGGREGATING THE IMPACT OF LIVING WITH DOMESTIC ABUSE FROM THE IMPACT OF A BRAIN INJURY IS GOING TO BE REALLY TRICKY.”

(Jessica Asato, Head of Public Affairs and Policy, SafeLives.)

There was a general agreement that regardless of whether or not causality can be determined, those with a brain injury may need additional support and adjustments, compared to those without a history of a brain injury, and therefore it is still important to screen and account for brain injury in these services.

“I’VE GOT EPILEPSY...SO I’VE HAD QUITE A FEW FITS WHERE I’VE SMASHED MY HEAD AND STUFF LIKE THAT, BUT I’VE ALSO HAD MY HEAD CRACKED OPEN AS WELL ... I HAVE HAD THAT FROM PARTNERS...AS WELL”

(Mary<sup>8</sup>)

Contributors argued, we need to look at all forms of violence against women and girls when considering brain injury, not just in the context of a domestic relationship, especially when considering women who are also homeless or substance users.

## COMPLEXITY OF CAUSALITY (...CONTINUED)

“I’VE HAD A FEW HEAD INJURIES FROM RELATIONSHIPS THAT I HAD, YEAH, LOADS OF CUTS TO MY HEAD. I USED TO BE A STREET WORKER, SO I’VE BEEN ATTACKED QUITE A LOT. I’VE BEEN ATTACKED WITH LIKE TRUNCHEONS, LIKE, THINGS THE POLICE USED TO CARRY. I CAN REMEMBER BEING HIT WITH THAT. I’VE BEEN HIT WITH BOTTLES IN MY HEAD. WITH SOME HEAVY POTS.”

(Paula<sup>8</sup>)

Those experiencing domestic abuse, for a myriad of reasons are often those who rarely present to or seek help from services and who often have little concern for themselves due to other, more pertinent, pressures in their lives.

“SO OFTEN WITH THE GROUPS THAT END UP IN PRISON THESE RELATIONSHIPS TAKE PLACE IN AND AMONGST A WHOLE SET OF HORROR ALREADY, SO YOU STICK WITH HIM, IT’S THAT OR HOMELESSNESS...IT’S NOT NECESSARILY THAT MIDDLE CLASS MALE FEMALE OPTION OF LEAVING, DENIABILITY MODEL. IT’S MORE A CHAOTIC LIFE THAT MORE OFTEN HAS COME FROM A HIDEOUS CHILDHOOD...HOW DO YOU TELL THE BRAIN INJURY FROM SOMEONE WHO ALREADY HAS A HEROIN ADDICTION, IT’S VERY HARD TO TELL APART.”

(Christina Marriott, CEO, Revolving Doors.)

## DISCLOSURE, RECOGNITION & SCREENING OF BRAIN INJURIES

Many of the attendees reinforced the importance of appropriate screening and recognition of traumatic brain injury.

Within the evaluation of the Brain Injury Linkworker Service run by The Disabilities Trust, women expressed how disclosing information on how they acquired their brain injury, was a difficult and emotional process.

The assessments that the service undertook, in order to tailor person centred support, required multiple sessions with the Linkworker. During this time, rapport and a positive relationship is developed, enabling women to be more comfortable exploring and disclosing their traumatic histories.

“IT WAS VERY DRAINING I MUST SAY, BECAUSE IT WAS ALOT OF THOUGHTS AND ALOT OF DIGGING AND DELVING INTO THINGS.” (Sarah<sup>8</sup>)

For some, the sessions and discussions focused on their trauma, history and disclosure of abuse impacted them for the rest of their day.

“IT JUST MESSED UP MY DAY AND I COULDN'T BE AROUND PEOPLE AND I COULD DO THIS AND I COULDN'T DO THAT – I JUST HAD TO STAY IN MY ROOM.” (Kerri<sup>8</sup>)

# DISCLOSURE, RECOGNITION & SCREENING OF BRAIN INJURIES (...CONTINUED)

These experiences highlight the importance of a screening process, which is sensitive to the emotional wellbeing of women alongside the importance of brain injury screening being conducted at an appropriate point, within the assessment process.

Attendees at the roundtable explained that it is vital professionals are adequately trained to offer emotional support during disclosure of brain injury histories, as women may be describing intense trauma. The depth and consistency of the relationship a woman has with a professional is critical.

It is important that once she has made the brave decision to disclose this information that she doesn't feel she has to repeat her story multiple times, to multiple professionals.

It is worth noting, some of the women at HMP / YO1 Drake Hall were reluctant to use the term brain injury, because it could lead to further questions over the cause of the injury. Women explained that using the term and disclosing their brain injury made them feel vulnerable, creating a fear of different or negative treatment from both staff and other prisoners.

**"I WOULDN'T USE THE TERM, I DON'T WANT TO EXPLAIN OR GO THROUGH THE SCENARIO."**  
(Olivia<sup>8</sup>)

**"I WAS IN A [RELATIONSHIP INVOLVING] DOMESTIC ABUSE FOR FOUR YEARS. HE BEAT ME BAD, BAD BAD. MY HEAD'S GOT IT'S LIKE A PATCHWORK QUILT UNDER ALL THERE, AND BUT I WAS JUST KNOCKED OUT UNCONSCIOUS LOADS OF TIMES, SO MANY TIMES. WHEN HE FRACTURED MY SKULL ...IT WAS LIKE A BLOOD BATH...MY HEAD HAD JUST OPENED UP. MY HEAD, ALWAYS...I'D SORT OF REMEMBER THE FIRST PUNCH, AND THEN BUT WHEN I COME TO, BUT MY HEAD WAS, IT SO HE'D CARRIED ON KICKING ...ME WHEN I WAS UNCONSCIOUS"**  
(Wendy<sup>\*8</sup>)

However, other women found it useful to acknowledge their brain injuries and understood their symptoms, behaviours and mood better.

**"NOW I UNDERSTAND WHY SOME OF MY SYMPTOMS HAVE NOT GOT BETTER WITH THERAPY, I CANNOT TELL YOU HOW MUCH THIS MEANS TO ME TO FINALLY UNDERSTAND MYSELF FULLY."**  
(Anonymous)

Considerations need to be made when introducing brain injury screening for those who have experienced domestic abuse, including:

- The emotional impact of screening positive and ensuring therapeutic support is available following screening.
- What brain injury support is available and what the referral process is.
- Any possible implications that could impact on their family life (e.g. child custody).
- What holistic support is accessible for someone with a brain injury caused by domestic abuse.

At the roundtable, experts considered it critical for services to screen, recognise and support survivors of domestic abuse with a brain injury, in order to provide personalised holistic support. Brain injuries can affect many areas of someone's life.

Recognition that someone has a brain injury could help a woman to understand her symptoms and how these affect her functioning. Recognition can lead to the development of strategies to alleviate the effects. It can also help services and professionals understand the person and their difficulties better, allowing for reasonable adjustments to be made when engaging with services.

**“I AM A LOT MORE ORGANISED AND MOTIVATED, EVERYTHING USED TO FEEL OVERWHELMING BUT NOW I USE MY TACTICS TO STAY ON TOP OF THINGS.”** (Jane\*)

# IMPACT OF BRAIN INJURY ON SUPPORT FOR DOMESTIC ABUSE

Attendees at the roundtable recognised that cognitive functioning and how well someone's brain is working, directly impacts on how they are able to process the complexities within their life positively and adaptively.

Standard approaches for mental health interventions often do not have the same impact for those with a brain injury<sup>9</sup>. To create more effective interventions for those with a brain injury, practitioners need to recognise and understand the signs of a brain injury and its effects on behaviour, and both psychologically and physiologically.

Cognitive, psychological and behavioural symptoms, such as emotional dysregulation and lack of insight for example, could cause increased vulnerability to further abuse and victimisation.

“JUST HER EXPLAINING EXACTLY WHAT MY INJURY WAS AND WHERE IT WAS, WHAT DAMAGE IT ACTUALLY DID ... I CAN GET ON WITH THINGS BETTER NOW, I CAN COPE WITH THINGS BETTER. I CAN TAKE A STEP BACK AND SAY, ‘WELL LOOK, THIS HAS HAPPENED, BECAUSE OF THIS I NEED’, AND IF I NEED TO, YOU KNOW, VOICE MY OPINION.”  
(Eve<sup>\*8</sup>)

Across both our female<sup>3</sup> and male<sup>10</sup> studies in the Criminal Justice System, there were a high number of violent offences, raising some important questions for further consideration.

- Does having a brain injury mean a person is more likely to offend and offend more violently?
- What interventions could be put in place to prevent offending post brain injury?
- Should further, wider scale research be undertaken that can test this hypothesis?

Attendees recognised that some women may not wish to be screened, as it may have a negative impact on their lives. Some women may fear that if they have a diagnosed brain injury, their capacity to be a parent may be questioned within formal settings such as a family court.

## EDUCATION & SERVICE PROVISION

The approaches and interventions offered to women may not be as effective if women have a brain injury and therefore all approaches should be reviewed through a 'TBI lens' to maximise success.

Alongside this, professionals need to have enhanced training, and integrated services should consider training specialist support staff in domestic abuse services to recognise the signs and how to support people with a brain injury.

"MANY OF THE WOMEN WERE ATTRIBUTING THEIR PROBLEMS TO MENTAL HEALTH...SO THEY THOUGHT THEY HAD SOMETHING WRONG WITH THEM. HAVING SOMEONE TO HELP THEM MAKE SENSE OF WHAT THAT WAS, WAS REALLY QUITE EMPOWERING FOR THE WOMEN AND INCREASED SELF-ESTEEM AND CONFIDENCE. THERE IS A MECHANISM THERE TO WORK WITH WOMEN TO SUPPORT POSITIVE CHANGES IN HOW THEY THINK ABOUT THEMSELVES AND THEIR RELATIONSHIPS WITH OTHER PEOPLE."

(Dr Emily Glorney, Royal Holloway, University of London.)

Experts at the roundtable expressed how imperative it is to provide education to frontline public service professionals to help them recognise a possible brain injury. Frontline professionals, who could benefit from this training, as they are likely to come into contact with those who have experienced domestic abuse, include those in the Criminal

Justice System, local authority services, health care, courts, the police force, and public or charity sector providers (e.g. housing officers).

Since the Brain Injury Linkworker service in HMP/YOI Drake Hall ceased, staff reported recognising the need for a service to refer onto, as they are continuing to identify women that may be in need of screening and support for brain injury.

"I KNOW THAT NOW [THE LINKWORKER] IS NOT TAKING REFERRALS WE DON'T KNOW WHERE TO REFER THEM TO...THERE WOULDN'T BE A SPECIFIC PATHWAY OF TREATMENT OPTIONS FOR THOSE WOMEN."

(Brenda\*<sup>8</sup>)

There is a clear need to develop appropriate pathways of support for women, whilst also introducing brain injury screening to empower staff to identify and ensure women's needs are met.

These pathways are currently not in existence and would need to be created, both nationally and locally. They could include referrals to specialist brain injury services through general practice for those with more severe symptoms.

Services also need to ensure they provide gender and trauma informed approaches, with practitioners able to dedicate time to foster a relationship, build rapport and enhance the possibility of disclosure and agreement for screening. This would enable practitioners to adapt their approach and refer onto specialist services, in order to build a package of support that best meets their needs. Services need to ensure they enable those affected to gain an understanding into their condition and situation, and understand what they need to improve their lives and ensure a sustainable recovery.

“WHEN YOU’VE GOT A BRAIN INJURY THERE’S NOWHERE TO GO” (Sandra<sup>8</sup>)

Services need to provide an integrated and holistic response to those living traumatic and multi-disadvantaged lives when they disclose domestic abuse and consider whether given their difficulties and needs, a brain injury should be screened for. Providing a community response which is sustainable, alongside recognition from services of the complex and challenging nature of the problems in these women’s lives is critical.

“THIS TYPE OF REPORT SPEAKS TO THE FUTURE COMMISSIONERS, SO I THINK THERE ARE MESSAGES FOR THE POLITICIANS, THERE ARE MESSAGES FOR THE NHS AND THERE ARE MESSAGES FOR THE COMMISSIONERS LOOKING AT THE SCALE OF WHAT WE ARE FACING.”

(Kenny Gibson, National Head of Safeguarding, NHS England.)

## CONCLUSION

Women experiencing domestic abuse face a combination of multi-faceted problems, which can include poor mental health, substance misuse and unstable housing<sup>11/12</sup>.



The findings of our work in HMP/YOI Drake Hall adds valuable evidence about the contributing role of brain injury for domestic abuse survivors and gives further strength to the argument for offering holistic support; looking at all of the complexities in their lives and working with them to identify and meet their needs, whilst within Criminal Justice System and beyond.

Our findings suggest that brain injury screening in both female prisons and domestic abuse services would be beneficial, in order to identify a history indicative of brain injury. It is also important to conduct further research on the prevalence of brain injury amongst incidences of domestic abuse and to further understand the added complexities of having sustained a brain injury from domestic abuse victimisation.

The Disabilities Trust wants to use the key points from the discussion at the roundtable event and the evidence uncovered in our study to open the conversation with Government and the wider sector. Brain injury and its impact should be part of the debate around the identification of support needs for women who have experienced domestic abuse.

## KEY RECOMMENDATIONS

- **Collaboration between experts** in domestic abuse and brain injury to take the discussion forward
- **Critical need for further research** on the prevalence, impact and causality of brain injuries in survivors of domestic abuse
- **Further research and development** of sensitive, and trauma informed brain injury screening methods, that are appropriate for use with domestic abuse survivors
- **Training and awareness** raising initiatives for all professionals who engage with survivors about brain injury

## ACKNOWLEDGEMENTS



The Pilgrim Trust



We would like to thank the women we supported and who consented to the use of their anonymised data for the purpose of research and evaluation, the staff and Governor at HMP / YOI Drake Hall for their engagement with the Brain Injury Linkworker project, the Project Manager, Elizabeth Wilce and Dr Rachael McNulty and Dr Ivan Pitman for their clinical supervision. Linkworkers Natasha Bloor, Catrin Davies, and The Barrow Cadbury Trust and The Pilgrim Trust for providing funding without which the Brain Injury Linkworker project at HMP / YOI Drake Hall would not have been possible.

## ROUNDTABLE ATTENDEES



Revolving Doors  
Christina Marriott: CEO



SafeLives  
Jessica Asato: Head of Public Affairs and Policy



NHS England  
Kenny Gibson: National Head of Safeguarding



Women's Aid  
Sophie Francis-Cansfield:  
Senior Campaigns and Policy Officer



Changing Lives  
Laura Seebohm: Executive Director External Affairs



Royal Holloway University London  
Dr Emily Glorney: Senior Lecturer



Standing Together  
Louisa Steele: Housing First and Homelessness Coordinator

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[\*] Not her real name

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The Disabilities Trust is a leading national charity, providing innovative services, rehabilitation and support solutions for people with profound physical impairments, acquired brain injury and learning disabilities as well as children and adults with autism. The Foundation is the division within the Trust that aims to make a difference to the lives of those who are unable to access our core services. The Foundation enables the Trust to share its expertise and knowledge through research and the piloting of new ideas. Our project work is designed to initiate and enhance good practice and direct or influence policy within our areas of expertise - brain injury, learning disabilities, autism and physical disabilities.

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