



When Intimate Partner Violence Impacts the Public Health of Women

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Abstract

Intimate partner violence (IPV) is a major public health concern, affecting the cognitive, physical, and emotional well-being of survivors. Women disproportionately experience IPV, with Women of Color facing particular sociocultural and system barriers to seeking help. IPV often results in traumatic brain injuries (TBIs) from physical abuse, which are associated with cognitive and executive function impairments including poor decision making and reduced impulse control. These deficits can exacerbate challenges in creating safety plans, leaving abusive relationships, and accessing support systems. Reduced impulse control, compounded by comorbid post-traumatic stress disorder (PTSD) or multiple TBIs, may increase engagement in risky behaviors, including substance use or aggression, further impacting IPV survivors' safety and well-being. In addition, reduced impulse control can potentially influence the decisions to retaliate against their abusers which can result in legal consequences and mischaracterization within the criminal justice system, further isolating them from supportive resources. This review highlights the need for further comprehensive study regarding this subject to address the multidimensional impacts of IPV-related TBIs.

Keywords: Intimate Partner Violence; Survivor; Traumatic Brain Injury; Impulsivity

Abbreviations

IPV: Intimate Partner Violence; STIs: Sexually Transmitted Infections; PTSD: Post-Traumatic Stress Disorder; TBIs: Traumatic Brain Injuries; UPPS: Urgency-Premeditation-Perseverance-Sensation Seeking.

Introduction

Intimate Partner Violence

Intimate partner violence (IPV) refers to actions inflicted by a current or previous partner which can include physical and sexual abuse, emotional/psychological manipulation and

intimidation, or stalking [1]. Across the globe, the prevalence of physical and/or sexual violence by a current or previous partner is 27 percent among women between the ages of 15 and 49 who have reported being in a relationship [2]. IPV is experienced by women at increased rates compared to men [3]. Women of Color (WOC) are disproportionately affected by IPV compared to non-Hispanic white women with many sociocultural and political barriers, including mistrust of the medical system, historical trauma, racism, and perceived discrimination; such barriers often deter WOC from seeking care and discussing experiences of abuse [4]. Globally, IPV is the cause of more than one third of homicides perpetrated against women [5]. The occurrence of homicide against women by an intimate partner is six times higher than for



male homicides [5]. IPV is often underreported due to both personal reasons— such as embarrassment, concerns of retaliation, and financial dependence—as well as societal reasons including unequal societal power dynamics by gender, family privacy, and attitudes of victim blaming [6].

Implications of Intimate Partner Violence

IPV can impact survivors' cognitive, physical, and emotional well-being. Cognitively, IPV may negatively impact memory, executive function, and decision making, resulting in potential difficulties for survivors in creating effective safety plans or leaving relationships in which they are experiencing IPV [7,8]. Physically, IPV is linked to poorer general health, chronic health conditions like fibromyalgia and IBS, increased doctor visits, and increased risk for developing sexually transmitted infections (STIs) and other infections [9,10]. Emotionally, survivors of IPV experience high rates of depression, post-traumatic stress disorder (PTSD), and suicidality, with survivors of multiple abusive relationships tending to experience particularly significant mental health challenges [11-13]. These effects on the well-being of IPV survivors emphasize the multidimensional impact of IPV, potentially resulting in long-term difficulties and conditions which can create barriers to seeking help and leaving abusive.

Traumatic brain injuries (TBIs) are one of many potential consequences of IPV-related physical violence. A significant number of women who experience IPV suffer TBIs, with 60 to 92 percent of survivors sustaining TBIs from physical abuse [14]. Repeated TBIs increase the risk of survivors experiencing more frequent and severe post-concussion symptoms [15]. Common post-concussion symptoms identified included sleep-disturbances, slowed thinking, and forgetfulness [15]. Persistent post-concussion symptoms can have long-term consequences on cognition, executive function, learning, and memory [16].

TBI-Related Impulsivity

Impairments in executive function are common consequences of TBIs [17]. These impairments can include difficulties with planning, reasoning, organizing, initiating, inhibiting, and controlling impulses [17]. Reduced impulse control has been observed in individuals who have sustained TBIs [18]. The urgency-premeditation-perseverance-sensation seeking (UPPS) model has been used to define impulsivity as a multidimensional construct by identifying four facets used to describe complex behaviors associated with impulsivity [19]. The four facets that are used to define impulsivity include urgency or strong reactions to emotional stimuli, lack of premeditation or difficulty considering consequences of actions, lack of perseverance or difficulty

maintaining focus with challenging tasks, and sensation seeking or a preference for excitement and new experiences [19]. This definition provides a conceptualization for the different behavioral outcomes often seen in individuals with reduced impulse control by clarifying the theorized underlying mechanisms of impulsivity.

A decrease in impulse control has been associated with irritability, impatience, poor decision making, emotional outbursts, and suicidal ideation and suicidal attempts [18]. Impulsivity is believed to be a significant factor in behavioral challenges observed in people with TBIs, frontal focal lesions, or neurodegenerative conditions including Alzheimer's, Parkinson's, and Huntington's disease, which often negatively impact the quality of life for both the individuals and their caregivers [19]. These behaviors include aggression, impaired social inhibition, frustration intolerance, substance use, compulsive behaviors including overeating, risky sexual behaviors, gambling, excessive shopping, self-harming behaviors, as well as suicidal thoughts and attempts [19].

A meta-analysis conducted by Dimoska-Di Marco et al. in 2011 found moderate impairments in inhibiting automatic or dominant motor responses in adult with mild to severe TBIs, measured by a stop-signal task [20]. These impulse control difficulties are believed to affect individuals in situations that necessitate quick decision making or inhibition of immediate urges which can impact various domains of life including interpersonal relationships, home, work, and school [18].

In 2014 James et al. studied the relationship between impulsivity and mild TBIs in veterans with and without PTSD [21]. This study used the urgency and sensation-seeking scales from the UPPS model to measure impulsive behaviors in response to negative emotions and the tendency to seek novel and exciting activities. The researchers found that veterans with both PTSD and mild TBIs exhibited higher urgency and risk taking impulsivity compared to controls and those with only mild TBIs, suggesting that impulsivity may be more severe in individuals with both TBIs and PTSD [21]. Similarly, IPV survivors are at increased risk for developing PTSD or experiencing a TBI, suggesting the potential for increased impulsivity in survivors of IPV if these conditions are comorbid.

TBIs can lead to significant impairments in executive functions, including impulse control, which is an important aspect of managing behaviors and making decisions. Reduced impulse control has far-reaching consequences, impacting relationships, employment, and personal safety. These challenges can be more pronounced in individuals who also have PTSD, making it more difficult for these individuals to regulate emotions and avoid risky behaviors. Understanding these behavioral and emotional impacts provides insight for

exploring the implications of reduced impulse control on the well-being and IPV survivors.

Implications of Reduced Impulse Control for IPV Survivors

Retaliation and Self-Defense

It is important to consider how IPV-related TBIs can affect impulse control to better understand how these impairments influence the safety, decision making, and overall well-being of survivors. Challenges with inhibiting automatic responses, increased risk taking, and impaired decision making may increase the likelihood that an IPV survivor will retaliate against or harm their abusers due to heightened impulsivity. Among women who have perpetrated IPV, they were more likely to report self-defense and retaliation as motivators for their violent actions and used IPV to protect themselves from partners who were abusing them [22]. Female perpetrators of IPV were found to be more likely to have a history of being a survivor of IPV when compared to male perpetrators of IPV [23]. Considering the implications of TBIs and PTSD on impulse control, it becomes clear that these conditions may exacerbate impulsive behaviors in survivors of IPV who later perpetuate violence. The consequences of retaliatory violence perpetrated by IPV survivors against their abusers can include legal repercussions and contribute to the cycle of violence within their relationship. Legal consequences can result in survivors of IPV being perceived as instigators of violence within the criminal justice system, despite their history of victimization. Survivors of IPV who engage in retaliatory violence or perceived self-defense may face charges related to assault and other criminal offenses, potentially leading to incarceration, probation, and convictions on a criminal record. The criminal justice system often ignores systemic oppression and the context in which IPV retaliation occurred, particularly with Women of Color, resulting in the continuation of cycles of violence and criminalization [24]. A mischaracterization of IPV survivors as abusers can result in further isolation from important resources and support. In addition, this mischaracterization can impact custody decisions, access to housing, and employment [24].

Seeking Safety

Survivors of IPV face significant barriers when deciding or attempting to leave abusive relationships, many of which can be exacerbated by reduced impulse control. Reduced impulse control and poor decision making can impact survivors' ability to safely leave abusive relationships, create a safety plan, report the violence, and seek help. Many factors impact the decision of survivors of IPV leaving their abusive relationships and often survivors leave and return many times, placing them in increased emotional and physical

danger [25]. IPV survivors may have difficulty evaluating risks, anticipating potential consequences, and resisting the tendency to return to abusive partners. These challenges can delay the act of leaving or result in the survivor returning to their abuser [25]. Reduced impulse control may result in survivors' making unplanned or risky actions, such as attempting to leave during high-risk situations without a safety plan, which can place them at increased vulnerability for significant violence [7]. Similarly, poor decision making due to difficulty assessing risks and weighing consequences can impact survivors' ability to develop effective safety plans for their specific situations [8]. These impairments may also exacerbate existing difficulties in survivors' willingness or ability to report violence [4].

Increased Engagement in Risky Behavior

Reduced impulse control may lead survivors of IPV to engage in risk behaviors, such as substance use, aggression, suicidal thoughts, and suicide attempts. These increased risk taking behaviors and difficulties in inhibiting responses may impair survivors' ability to evaluate risks effectively and make thoughtful, informed decisions. Increased impulsivity following a TBI has been associated with engagement in risky behaviors for veterans with PTSD and a TBI [21]. Soldiers with both PTSD and a TBI were found to engage in increased health risk behaviors, including alcohol use and reckless driving [26]. Increased risk taking and engagement in risky behaviors can place survivors in increased danger within their relationships and in engaging serious health risk behaviors. These behaviors can further increase their vulnerability to further abuse, place them in physical and emotional danger in their relationships and outside of them, impact their ability to seek help, and lead to legal consequences.

Conclusion

Presently, there is a paucity of research exploring the relationship between IPV-related TBIs, cognitive processes, and behavior changes including decision making and impulsivity. Studies examining the impact of TBIs on impulse control have been conducted mostly with military personnel and athletes. In veterans, PTSD and mild TBIs were found to be associated with increased impulsivity behaviors [21]. Impulsivity and sensation seeking have been associated with sports-related concussions in athletes [27]. Further, there are studies examining executive function impairments for perpetrators of IPV who have sustained TBIs, finding that the etiology of these deficits is unclear [28]. Another study found that the prevalence IPV-related TBI is not consistent and standardized screening practices would provide further insight into the overall burden of this condition on the population [29]. However, few studies have examined

the cumulative effects of multiple TBIs, particularly for survivors of IPV. In the military population, a previous history of a TBI may increase the risk of prolonged and more severe symptom difficulty for several months following a subsequent injury [30]. Individuals who sustain multiple TBIs prior to full recovery tend to experience prolonged recovery period and potentially more severe impairments [31]. IPV survivors who have sustained TBIs are found to be at higher risk for continuous victimization [31]. The current narrow understanding of the vast implications of IPV-related TBI limits the development of effective support systems and interventions for IPV survivors, leading to increased vulnerability to the long-term consequences of these effects and impairments. The literature reviewed emphasizes the multidimensional challenges faced by survivors of IPV, with difficulties in safely leaving abusive relationships, increased engagement in risky behaviors, and the potential for mischaracterization within the criminal justice system. Addressing these challenges requires comprehensive research examining effects of IPV-related TBIs on executive function, particularly impulse control and decision making. This research is necessary to develop evidence-based prevention and intervention efforts that will prioritize the safety of survivors and aim to reduce long-term consequences.

Conflicts of Interest

The authors declare no conflicts of interest.

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