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Letter

When pandemics clash: Gendered violence-related traumatic brain injuries in women since COVID-19

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When pandemics clash: Gendered violence-related traumatic brain injuries in women since COVID-19

Recent articles highlight reports of escalating rates of domestic violence (DV) in numerous countries including, for example, a 300% increase in police reports of intimate-partner violence (IPV) likely fuelled by effects and mitigation strategies of COVID-19.[1] Left out of these reports is any mention of a possibly coincident surge in one of IPV's most dangerous yet often overlooked consequences, traumatic brain injuries (TBIs). All clinicians need to be aware of this in order to ensure optimal interventions and avoid additional harm.

Approximately one in four women experience *severe* IPV,[2] with most recorded injuries to the neck and higher,[3] including frequent high-impact forces to the head.[4] Data suggest staggeringly high rates of IPV-related TBIs even under "normal" conditions.[4, 5] In COVID-19 conditions, as violence escalates, women who may want to escape may not have the option due to mitigation strategies or contamination fears, likely resulting in more severe forms of abuse including TBIs.

IPV-related TBIs have been linked to poorer cognitive, psychological, and neural health.[4, 5] However, women are often unaware they have sustained TBIs or understand the importance of reporting them. Consequently, post-TBI symptoms – such as depression, anxiety, cognitive, or sleep difficulties - may be misinterpreted as *psychological* responses to the abuse resulting in misdiagnoses, inappropriate treatment, and unsuccessful outcomes.

It is every clinician's responsibility to screen for IPV-related TBI. Couching questions in the context of COVID-19 as a risk factor for violence may reduce stigma associated with being abused. Screening can be as simple as inquiring about partner-related hits, jolts or forces to the head that resulted in an alteration or change in consciousness as indicated by a loss of consciousness (even if very brief), disorientation, confusion, memory loss, dizziness, or seeing stars or spots. If IPV-related TBI appears to be likely, referral to a neurologist or concussion specialist should be made. This will provide women with an opportunity to obtain information about sequelae of TBIs, and understand that problems they may have with anxiety, depression, cognition or sleep, may be related to TBIs rather than merely "psychological stress."

We need to inform women of the dangers of IPV-related TBI and offer them resources. The clash of IPV and COVID-19 has created a perfect storm for an increase in this "invisible trauma." If we do not act now, we risk facing yet another pandemic of women who are struggling to live with the effects of likely undiagnosed TBIs.

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Declaration of Competing Interest

None

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