

**The Hidden Challenges of Intimate Partner Violence and Traumatic Brain Injury: A
Multifaceted Exploration of Women's Personal Experiences**

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Abstract

Approximately one-third of women suffer from intimate partner violence (IPV) at least once in their lifetime. Moreover, women experiencing IPV are also at risk of sustaining one or several traumatic brain injuries (TBI). This study aims to explore the personal experiences of women with concurrent IPV-TBI factors seeking clinical treatment. To address this, the author conducts a literature review based on studies from the past decade that examine IPV-TBI factors among women. An array of peer-reviewed American journals are employed, providing a combination of research methods including qualitative, quantitative, meta-analysis, and systematic studies. The study's findings determine increased frustration, a sense of hopelessness, and a negative self-concept to be the main themes for the personal experiences of women with concurrent IPV-TBI factors seeking clinical treatment. Further, the study establishes several subthemes that support its findings, including professional competency issues, cognitive impairment, and stigmatization, to name a few. The study offers several advantages for researchers as well as clinicians, as it displays novel and in-depth insight into the personal experiences of women facing concurrent IPV-TBI factors that can shape clinical treatment.

Keywords: Cognitive impairment, intimate partner violence, professional competency, self-concept, socioecological model, stigmatization, traumatic brain injury, women

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It is everyone's unwavering and deep-hearted love for me that I am the person I am today. If you are one of these people and are reading this now, please always remember that I cherish you deeply and never forget what you believe of me.

Dedication

I would like to dedicate this capstone to my dear father, Roger Holton. It is because of your parenting that I am a kind-hearted, intelligent, and resilient person. I wish you could be here to share this achievement with me because I know you would be so proud. Even though you are no longer here, your presence still carries with me. Your memory will forever give me strength and encouragement.

Thank you for teaching me to dream big and believe in myself.

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The Hidden Challenges of Intimate Partner Violence and Traumatic Brain Injury: A Multifaceted Exploration of Women's Personal Experiences

Background of The Study

Global data from the World Health Organization (WHO, 2021) reveals that 27% of women experience some form of abuse at least once in their lifetime (as cited in, Wathen et al., 2025). In Canada, up to 6.2 million (44%) women aged 15 and older have experienced some form of intimate partner violence (IPV) (Government of Canada [GOC], 2025). Moreover, women who report IPV in the last twelve months also report physical abuse occurring on a near-daily basis. IPV possesses a variety of forms, including physical, sexual, and psychological abuse (GOC, 2025). Among these, physical abuse is the most dangerous as it can inflict lasting health problems (Gilbert et al., 2023). These findings demonstrate the high rate of women experiencing IPV at some point in their lifetime, as well as the frequency of physical abuse they endure. Therefore, it is also tantamount to address the number of women who sustain a traumatic brain injury (TBI) due to extensive physical violence.

A TBI is one of the most expensive and complex injuries to treat, causing significant life-long problems for an individual (Lucchesi et al., 2019). Additionally, the heightened risk of poor health outcomes underscores the necessity of understanding the connection between IPV and TBI for research and clinical advancement (Oakley et al., 2021). Evidence shows most cases of IPV are chronic and recurring, thus the potential for sustaining one or several TBIs is extremely high (Brain Injury Canada [BIC], 2021; Pebole et al., 2024; Nicol et al., 2023). This is supported by numerous studies revealing that an outstanding number of women experiencing IPV are at risk of receiving a TBI of any severity (BIC, 2021; Hunnicutt et al., 2017; Nicol et al., 2023). Researchers estimate that receiving a TBI through IPV is 11 to 12 times higher than sports and

military injuries combined (Costello & Greenwald, 2022). This is corroborated by further statistics showing that approximately 33% to 75% of women who experience IPV sustain some degree of a TBI (BIC, 2021; Cimino et al., 2019; Murray et al., 2016; Pebole et al., 2024).

Women suffering from IPV experience several forms of physical abuse, including being slammed, hit, thrown, shaken violently, or beaten by a fist or hard object (Costello & Greenwald, 2022; Pebole et al., 2024). In addition, statistics indicate that 92% of physical abuse involves blunt force to the head (BIC, 2021). Physical abuse that causes strangulation of the victim is also found to cause TBI due to hypoxia (lack of oxygen) to the brain (BIC, 2021; Toccalino et al., 2024a; Turkstra et al., 2023). Strangulation poses as a distinct yet lesser-known danger that also results in cognitive impairment in the victim (Iverson et al., 2019). Additionally, non-fatal strangulation is becoming more acknowledged as another form of TBI, especially in the context of violence (Fitts et al., 2022). These findings demonstrate the likelihood of women suffering from IPV also sustaining a TBI. However, current literature does not sufficiently articulate the acute as well as chronic effects caused by concurrent IPV-TBI factors. Therefore, clinicians need to comprehend the intersection of these two phenomena and how it impacts women's personal experiences.

Finally, women experiencing IPV are unique from other TBI populations (veterans, sports injuries, motor vehicle collisions [MVC]) due to their being subjected to extensive head trauma (Murray et al., 2016). This makes them a special population that offers an abundance of compelling information pertinent to research development. Independently, IPV and TBI engender complex concerns for an individual that benefits from clinical treatment; however, the intersection of these two variables creates a specialized and convoluted experience that warrants special attention.

This study aims to examine the multilayered experiences of women who possess a TBI as a result of IPV and how it shapes their personal experiences in clinical treatment. Moreover, this study endeavours to uncover novel insight regarding IPV-TBI intersectionality that can improve clinicians' competency in this area. Increasing clinicians' understanding of the connection between IPV and TBI is imperative for improving client outcomes through accurate and personalized clinical approaches.

Research Problem & Research Question

Existing research demonstrates the prevalence of women sustaining a TBI through IPV. Yet, there is still a dearth of research investigating the interrelatedness of IPV-TBI within clinical practice, specifically how the presence of a TBI interferes with women's perception of treatment. In other words, present research fails to articulate the personal experiences of women facing concurrent TBI-IPV factors when seeking clinical treatment. Research stipulates the significance of sustaining a TBI due to IPV as well as present gaps in knowledge and treatment; however, it neglects to consider how these challenges personally impact women of this population. More importantly, how their lived experiences with IPV-TBI influence their attitude, role, engagement, and eventual results with clinical treatment. Additionally, further conditions such as comorbid mental health disorders, cognitive impairment, and stigmatization that shape women's personal experience during treatment are also not fully actualized across the literature. These extensive challenges can encumber clinical progress if not properly dealt with, leading to increased frustration, strained therapeutic relationships, and slower results.

To obtain further insight into the problem outlined above, the following research question will be employed: What are the personal experiences of women with concurrent intimate partner violence and traumatic brain injury factors when seeking clinical treatment?

Justification of The Study

This capstone serves to build upon previously established findings on the intersectionality of IPV and TBI. Research stipulates several concerns related to IPV-TBI treatment, including minimal TBI guidance across professionals, neuropsychological and comorbid symptoms, and elevated stigmatization preventing full disclosure from clients (Hunnicuttt et al., 2017; Popiel et al., 2025; Toccalino et al., 2024a). Also, further development on this topic offers novel insight into the lived experiences of women facing IPV. This includes challenges maintaining role performance as well as social connections that can be adversely impacted by TBI symptoms (Madsen et al., 2023; Salas et al., 2018). These opportunities serve as critical protective factors, as without these natural supports, women are at risk of developing a negative self-concept. Moreover, the presence of a TBI plays a critical role in how clinical treatment is determined and provided. For example, treatment as well as safety interventions require modification for TBI deficits such as memory and executive functioning (Jeffers et al., 2022; Kennedy et al, 2008; Raskin et al., 2024). To holistically and accurately treat women facing IPV, the incorporation of TBI competency is imperative for ensuring timely clinical progress as well as maintaining positive client experiences. However, it is equally important to understand how the cumulative events illustrated above shape women's personal experience when receiving clinical treatment.

On the other hand, an insufficient understanding of the connection between IPV and TBI demonstrates several concerns. Without up-to-date research on the connection between IPV and TBI, clinicians will develop limited awareness of the potential of a TBI. This is significant, as poor TBI awareness can lead to inadequate detection of signs and symptoms, diagnostic challenges, and ultimately complicate treatment interventions (Nicol et al., 2023; Smith & Holmes, 2018). This can cause clinical treatment to become stagnated, repetitive, as well as

unhelpful for the women seeking clinical support. Further, without understanding clinical problems that are secondary to a latent TBI, the clinician and client are at risk of developing increased frustration, lower adherence to treatment, and a ruptured therapeutic alliance.

Therefore, to safeguard against these issues, clinicians should establish some degree of TBI awareness when treating women of IPV.

Significance of The Study

In addition to contributing to research and clinical knowledge on this topic, this study also offers several individual and societal relevancies. Sustaining a TBI through IPV can be a private and shameful experience for many women, thus increasing general awareness on this topic can foster a sense of normalcy and commonality for women of this population (Ivany et al., 2018; Shunenkov et al., 2021). Further, advancing the overall population's understanding of the prevalence of concurrent IPV-TBI can help reduce dangerous misconceptions and stereotypes. Another significance of the study is that an improved understanding between the clinician and client of IPV-TBI can facilitate the client's willingness to explore this issue further in treatment. This is supported by previous reports indicating poor treatment adherence and the downplaying of symptoms is based on perceived stigmatization (Hunnicuttt et al., 2017; Sowislo et al., 2017). This will allow for a more nuanced and in-depth clinical experience that supports TBI needs, and subsequently other presenting concerns linked to IPV-TBI experiences. Lastly, improved public knowledge of IPV-TBI can facilitate the development of targeted group supports. Support groups have shown over the years to bolster female empowerment as well as increase the quality of life for women who attend (Suvarna et al., 2025). Accordingly, the incorporation of community supports that offer women a safe space to share their TBI-related experiences in conjunction with

their IPV encounters will provide women with a shared healing experience conducive to positive outcomes.

The possession of a TBI can impact women's lives in several capacities, especially if it is sustained during a period of IPV. Whether a client is previously or presently involved in an IPV relationship, the aftermath of a TBI can linger for many years, ultimately recontextualizing clients' lives in distinct ways (Dams-O'Connor et al., 2023). Therefore, insufficient IPV-TBI research, specifically in the context of clinical treatment, encapsulates numerous pitfalls, as clients may not receive the knowledge or tools to comprehend the nature of their injury. This can lead to a myriad of challenges as women may unknowingly blame themselves for TBI-related behaviours, lack effective treatment for TBI symptoms, and continue to inadvertently neglect adaptive changes that can aid them in meaningfully adjusting to their lives (Fitts et al., 2022; Toccalino et al., 2024a). Providing the knowledge and tools to help clients thrive and productively engage with their presenting concerns is a foundation for providing sound clinical treatment. In sum, the improved understanding and incorporation of TBI factors throughout clinical treatment is imperative for ensuring strong client outcomes in addition to aiding clients to successfully cope on their own without psychotherapy.

Theoretical Framework

The theoretical framework that will guide this capstone is the socioecological model (SEM). The SEM represents a multilayered conceptualization of human behaviour that comprises three socioecological levels: Organizational, interpersonal, and intrapersonal (Register-Mihalik et al., 2017). The SEM asserts that individuals live within a complex social system that sculpts their behaviour from multiple interactions throughout their organizational, relational, and individual environments and experiences. The organizational level consists of

societal influences such as policy, cultural norms, community, and institutional standards (Scarneo et al., 2019). In regard to the purpose of this study, organizational factors comprise current standards, including professional knowledge, policy, practice, as well as established diagnostic tools. The interpersonal level is micro-level interactions throughout relationships that guide human behaviour through their experience with others (Scarneo et al., 2019). In relation to IPV-TBI, this consists of interpersonal exchanges between a clinician and client with respect to cognitive impairments due to a TBI. Additionally, interpersonal factors will encapsulate other community-level experiences, such as role performance and social connection. Finally, intrapersonal factors encapsulate people's individual thoughts, attitudes, and beliefs through their lived experiences (Register-Mihalik et al., 2017; Scarneo et al., 2019). When examining women of IPV-TBI, this includes perceived and experienced stigmatization, comorbid complaints, and complications with coping regulation.

The utilization of the SEM will help determine the different socio-ecological conditions that shape women's personal experiences, particularly their behaviour and attitude towards clinical treatment. It is important to evaluate the lived experiences of IPV-TBI women from several socio-ecological standpoints in addition to how these experiences bolster or hinder clinical effectiveness.

Reflexivity & Positionality

I have had the privilege of working with the TBI population in both private practice and hospital settings. Furthermore, I have worked directly with the TBI population within assessment and counselling roles. I have worked alongside a varying degree of brain injuries, including external trauma, strokes, tumours, and so on. Additionally, I have served a wide range of individuals of varying ages, genders, cultures, religions, personalities, and other characteristics.

From these experiences, I have had the honour of hearing the many voices of TBI survivors. A common theme among all clients is how we take for granted the cognitive capacities we rely on for normal functioning, in addition to many of the invisible challenges the TBI population faces. The specialized needs and experiences of the TBI population inspired me to research TBI-related concepts. My future ambition is to work with the TBI population as a registered psychologist. As such, my intent for this study is to illustrate the challenges TBI survivors face in an accurate and thoughtful manner. Researching this population will additionally improve my self-knowledge and competency in providing counselling for this population.

I became interested in the topic of TBI sustained by IPV when I discovered the limited amount of research for these two variables combined. The high prevalence of IPV within clinical practice, coupled with the lack of TBI awareness in this context, made this a compelling area for research. The importance of increasing safety outcomes, among providing effective interventions, is imperative when working with the IPV population. Without awareness of TBI influences, psychotherapy can become stagnated, leading to clients feeling unheard and unaffected by treatment. Therefore, my goal with this capstone paper is to interpret gaps in today's literature that can assist my clinical work with clients of this population, in addition to other clinicians who may encounter clients of this background.

It is only appropriate to acknowledge any biases or pitfalls I may inherit before or during the conduct of research. As previously illustrated, I have immense experience working directly with TBI survivors; however, my experience with IPV survivors is limited. It is important to consider any knowledge gaps or misunderstandings I possess towards IPV due to my lesser competency. On the other hand, I may possess certain biases towards the TBI population due to my longstanding history. The dichotomy of knowledge I carry for these two populations places

me in a unique position while researching. To address this issue, I will maintain a role of objectivity throughout my work and draw conclusions based solely on the research I uncover.

Definition of Terms

An accurate understanding of key terms used throughout this capstone is necessary for the reader to fully grasp the major themes explored within this paper. To facilitate readers' understanding and offer a more constructive reading experience, a review of key terms applied throughout this capstone is paramount. As such, this section will provide an overview of key terms along with their definitions.

Cognitive Impairment

Cognition is used as a broad term that encapsulates multiple areas of mental functioning, such as attention, memory, executive functioning, language, visuospatial ability, as well as different forms of learning (Li et al., 2021; Schultz et al., 2020). Cognitive impairment is the most prominent TBI symptom and is a major concern following any type of TBI (Li et al., 2021). Cognitive impairment inhibits mental stamina, information processing, problem solving, together with working, short-term and long-term memory (Schultz et al., 2020; Smith & Holmes, 2018). Cognitive impairment creates lifelong challenges for survivors as it burdens daily functioning and meaningful activities (Li et al., 2021). Said differently, TBI survivors with cognitive impairment suffer problems interfering with their employment, social relations, and community involvement.

Intimate Partner Violence

Intimate partner violence (IPV) refers to domestic abuse that involves multiple forms of harm by a current or previous romantic partner (Gilbert et al., 2023; GOC, 2025; Iverson et al.,

2019). IPV takes many forms, including but not restricted to physical abuse, psychological abuse, sexual abuse, as well as coerciveness and control tactics (Gilbert et al., 2023; GOC, 2025). PV impacts anyone regardless of age, gender, sexual orientation, ethnicity, culture, religion, or socioeconomic status (GOC, 2025). It can occur in closed or open spaces and can happen at any stage within a dating, common law, or married relationship. Despite known cases of IPV being at a remarkable level, there are still a significant number of unknown cases due to IPV being a severely underreported topic (GOC, 2025). IPV remains a major health problem with a myriad of associated mental and physical problems, including chronic pain, disability, PTSD, depression, and substance abuse (Smith & Holmes, 2018).

Professional Competency

Professional competency refers to a fluid process of one's understanding of their role and scope within practice, as well as having the ability to fulfill certain expectations (Pagan et al., 2015). Notwithstanding, the ability to convert theoretical knowledge into professional practice is contingent on a professional's environment and capabilities (Anyango et al., 2025). When working with women of comorbid IPV-TBI, professionals require the competency to address both IPV and TBI concurrently, along with understanding how the two relate.

Self-Concept

Self-concept refers to a person's self-evaluation of their own worth and personal characteristics (Rani & Singh, 2022). Self-concept can also be referred to as a person's perception of themselves based on their experiences and environments (Marsh et al., 2019). Self-concept is constructed by a person's conceptualized confidence, worth, acceptance, competence, and abilities of the self. Moreover, evaluation from others, attribution of behaviour, and

accomplishments strongly influence one's self-concept (Marsh et al., 2019). A positive self-concept is connected to increased self-esteem, self-worth, and fulfillment in role performance (Gardner et al., 2015; Rani & Singh, 2022).

Traumatic Brain Injury

Traumatic brain injury (TBI) is a heterogeneous disorder of the brain caused by external trauma to the head that impedes normal functioning (Cash & Theus, 2020; Iverson et al., 2019; Murry et al., 2016; Toccalino et al., 2024a). TBI is classified as a public health risk and is one of the leading causes of injury-related deaths across the globe (Cash & Theus, 2020; Hunter et al., 2023). Individuals who survive with a TBI develop anywhere from mild to severe damage to the cerebrum (Cash & Theus, 2020). Symptoms normally consist of cognitive, social, emotional, as well as motor deficits that occur immediately or shortly after the injury (Shultz et al., 2020). Each variation of TBI symptomology can lead to long-term disability with the possibility of deterioration over time (Dams-O'Connor et al., 2023). As well, individuals with a TBI may remain moderately to severely disabled up to five years post-injury and have a shorter lifespan than non-injured persons.

Chapter Outline

The purpose of subsequent chapters is to critically analyze existing literature on concurrent IPV-TBI factors that address the study's research question. The second chapter will provide an overview of the author's literature search methods, including search terms, inclusion and exclusion criteria, as well as the categorization of themes. Chapter three will provide a thematic review of contemporary literature to address the study's research question through critical analysis and interpretation. Chapter three will encapsulate several themes as well as

subthemes that were derived from the research analysis. Chapter four will outline the clinical application of the study's findings, in addition to providing clinical recommendations that improve clinical work with women of this population. Chapter five will offer a conclusion and suggestions for future research.

Chapter Two: Literature Search Methods

The chapter will review the author's literature search methods for the development of this study. The following paragraphs will delineate the research parameters, including search methods, inclusion and exclusion criteria, along with the categorization of themes. Further, the chapter will demonstrate limitations and challenges encountered throughout the literature search.

Research Parameters

A wide variety of research and search methods were applied to create a thorough and nuanced literature review. This section serves to outline the specific databases and search methods utilized for gathering the necessary information. Further, how certain research components, such as inclusion and exclusion criteria, categorization of themes, and research refinement, were determined.

Databases and Search Methods

In search of literature for this study, the author utilized the following databases: City University of Seattle library and the Google search engine. The government of Canada and Brain Injury Canada websites were also used several times as a resource for up-to-date statistics on IPV and TBI in Canada. To ensure the recency and validity of research articles, the author used full-text peer-reviewed journals published within the last ten years. American journals such as the *Journal of Interpersonal Violence*, *Journal of Neuropsychological Rehabilitation*, and *Journal of Violence Against Women* were employed. The author prioritized research in the last five years for broader topics such as IPV or TBI exclusively. However, the author extended to articles published in the last ten years for specific information on IPV-TBI combined. Several research

methods were incorporated throughout the chosen literature, including qualitative, quantitative, meta-analysis, as well as narrative and systematic reviews.

Search Terms & Inclusion Criteria

The following search terms were applied for the creation of the literature review: ‘Intimate partner violence’, ‘traumatic brain injury’, or ‘Intimate partner violence and traumatic brain injury’. When IPV-TBI specific research was limited, such as “intimate partner violence and traumatic brain injury and stigmatization,” the author researched the two topics separately: ‘Intimate partner violence and stigmatization’ and ‘traumatic brain injury and stigmatization’, then combined her findings on each topic. The same process was applied for further topics the author wanted to investigate, with either ‘intimate partner violence’ or ‘traumatic brain injury’ preceding the given concept.

Before any conduction of the literature review, standard inclusion and exclusion criteria needed to be established. Reports indicate that IPV disproportionately affects more women compared to men (Mootz et al., 2019). As well, several studies corroborate that women are more likely to be victims, whereas men are more likely to be perpetrators, with women also receiving worse TBI prognosis than men (Krigel & Benjamin, 2021; Smith & Holmes, 2018). Based on these criteria, it was required that research articles investigate TBI contexts caused by physical violence against women. Another important inclusion criteria were the types and causes of TBI. There are several TBI types that are not caused by external force but rather acquired through natural causes, such as a stroke or tumour. Although this would be a compelling area of research, for this study, research articles were refined to only those reviewing TBI caused by perpetrators such as brute force or strangulation.

Research Categorization and Themes

To facilitate the reader's understanding of the major themes determined by the literature search, this subsection endeavours to provide a summary of the main findings established across modern studies. Following, the author will demonstrate how the examined articles were categorized. The majority of the studies emphasized the negative impacts a TBI brings forth, including physical, cognitive, psychological, emotional, social, and occupational problems (Costello & Greenwald, 2018; Toccalino et al., 2024a). Additionally, major literature focused on the high prevalence of women, including those whose TBI remains unreported, who have sustained a TBI through IPV. These findings were frequently paired with research revealing significant gaps in professional assessment and treatment, despite such a substantial population of IPV-TBI women (Murray et al., 2016; Nicol et al., 2021; Raskin et al., 2024). Utilizing these major areas across literature, the author determined that reviewing how these conditions impact the personal experiences of women when seeking clinical treatment would be a valuable research development. Therefore, the author determined how to categorize the literature review based on the findings listed above. Due to the significant amount of research emphasizing the importance of improved understanding of IPV-TBI in different contexts, the author decided to organize her literature review utilizing a multifaceted approach that can deeply explore IPV-TBI experiences from several perspectives.

Research Limitations

Analyzing TBI within the context of IPV is a crucial research development that remains understudied in multiple important areas (Hunnicuttt et al., 2017; Murray et al., 2016). This means there are certain research elements that are limited, hence impacting the interpretation of findings. Because IPV-TBI remains a private experience with minimal qualitative reports among

women experiencing this condition, many studies' participant samples lacked size and range. Consequently, researchers are unable to determine targeted experiences that may be impacted by other individual characteristics, including race, culture, socioeconomic status, and so forth. This prevents a nuanced understanding across different experiences and perspectives of living with a TBI. Additionally, the majority of the literature focused on IPV protective services that women of IPV usually frequent, such as hospitals and shelters. Therefore, the author had to look into alternative professional settings outside of clinical treatment for a greater understanding of this population's experience receiving treatment. By addressing these gaps in research, the modern comprehension of IPV-TBI intersectionality can become more in-depth and focused.

Research Challenges

There was one major challenge encountered throughout the literature search for this study. There still remains a dearth of targeted studies examining specific issues associated with IPV-TBI. In other words, locating studies investigating TBI-specific problems was not a challenge; however, locating TBI-specific studies reviewing TBI as a result of IPV was limited. To circumvent this, the author would need to obtain alternative studies providing broad TBI information relevant to the focus of this study. On another note, the majority of studies focused on the perspective of the professional providing IPV protective services or the experiences of women with concurrent IPV-TBI from a larger socioecological framework. Each of these perspectives lacks the personal experience of women seeking services, along with how it relates to their engagement, progress, and most notably, their acute and long-term outcomes. Although certain areas of the research process were limited, the main purpose of this study, analyzing the personal experiences of women with concurrent IPV-TBI factors when seeking clinical treatment, was determined.

Chapter Three: Literature Review

The purpose of this chapter is to analytically review literature investigating concurrent IPV-TBI factors that shape women's personal experience receiving clinical treatment. *Increased frustration, a sense of hopelessness, and negative self-concept* are the emerging themes determined through the analysis of the literature. In addition to this, several subthemes are applied throughout the literature review to provide evidence for the study's main themes. Under *increased frustration*, the subthemes of *professional competency issues* and *diagnostic challenges* will be examined as key determinants of the core theme. Following, *cognitive impairment, comorbid mental health disorders, and poor emotional regulation skills* are found to be associated with a *sense of hopelessness*. The final core theme of the study, *negative self-concept*, is accompanied by subthemes examining *stigmatization, unfulfilling role performance, and reduced social connection*. In conclusion, the chapter will synthesize the findings determined by the study that address the authors' research question: What are the personal experiences of women with concurrent intimate partner violence and traumatic brain injury factors when seeking clinical treatment? Ethical considerations will be included as well.

Increased Frustration

Findings reveal serious gaps in TBI awareness, recognition, assessment, and treatment across several professional bodies offering IPV treatment. The following paragraphs serve to explore professional competency issues, in addition to the diagnostic challenges of TBI among IPV women. This is important as poor professional experiences, as well as inaccurate diagnoses, can culminate in feelings of increased frustration among women seeking clinical treatment. Professionals' demonstration of expertise is key to ensuring clients feel supported and confident in the services they are receiving. Therefore, it is important to investigate the relationship

between TBI incompetency and diagnostic challenges with increased frustration as a personal experience of women seeking clinical treatment.

Professional Competency Issues

According to researchers, most professionals, apart from TBI specialists, receive little to no training or practical guidance for working with TBI (Toccalino et al., 2024a). This is corroborated by professional reports indicating a lack of competency as a barrier to recognizing and addressing TBI variables when offering IPV protective services. Even within healthcare settings and women's shelters, there are minimal screening measures nor professional guidance for the diagnosis and treatment of a TBI (Ivany et al., 2018; Murray et al., 2016; Pebole et al., 2024). This is troublesome as timely and accurate identification of a TBI is vital for alleviating symptoms as well as offering personalized neurorehabilitation (Fitts et al., 2022). Due to insufficient training on IPV-TBIs, a TBI is often overlooked by many non-BI specialists (Toccalino et al., 2024a). Overall, lack of privacy during interviews, mild or underdiagnosis for TBI, in conjunction with lack of sufficient professional knowledge, are a few of the key disadvantages IPV women with a TBI face when seeking help (Turkstra et al., 2023).

Healthcare workers are especially vital for having adequate knowledge of IPV-TBIs as they are the first to treat women, develop lasting relationships, and participate in follow-up appointments (Turkstra et al., 2023). Notwithstanding, studies find that healthcare workers report discomfort interacting with someone who has a TBI and state it as a barrier for accurate screening and intervention (Toccalino et al., 2024a). Without proper training, women are at risk of leaving medical centres unaware of an ongoing TBI (Cimino et al., 2019). As healthcare services are a major resource for women experiencing IPV, timely and accurate detection of a TBI is vital. In other words, women rely on the professional expertise of healthcare workers to

properly recognize and address their health-related needs. Hence, when healthcare workers demonstrate incompetence in the area of TBI, inadvertently leading to additional complications in treatment or exacerbated TBI issues when left untreated, women can leave these services feeling frustrated by the quality of treatment they received.

A well-known service women seek when requiring IPV protective services is women's shelters. Similarly, a significant number of women's shelter staff report low awareness of TBI potential (Nicol et al., 2023; Sucaldito et al., 2025). One study found there are no formal screening measures for head injuries within women's shelters (Ivany et al., 2018). In a 2017 study by the Ohio domestic violence network, researchers wanted to assess IPV service providers' knowledge of IPV-TBI intersectionality (Sucaldito et al., 2025). They found that most women shelter staff understood there is a connection between IPV and TBI; however, many admitted to having minimal knowledge of specific IPV-TBI variables. In the same study, staff also reported they had minimal contact with those from IPV who sustained a head injury. However, these findings are incongruent with the reports of women attending their shelter. Approximately eight out of ten women reported being hit on the head by a blunt object or suffering strangulation, with some stating these events occurred "too many times to remember" (Sucaldito et al., 2025). Like healthcare workers, women shelter staff described feeling nervous and fearful handling TBI cases (Nicol et al., 2023). Several staff members said they would like to increase their knowledge of TBIs; however, they fear that current training is not sufficient (Sucaldito et al., 2025).

A systematic review revealed that women with disabilities face higher risks and intensity for IPV (Anyango et al., 2025). However, findings suggest that clinical services offering speciality in both IPV in addition to cognitive disability are poor in quality and inadequately

resourced. One study found several factors associated with clinicians' perceived competence working with individuals with TBI (Pagan et al., 2015). For instance, a client's level of cognitive functioning, together with a clinician's years of expertise, are key determinants of TBI competency in psychotherapy. Put differently, clients with closer to normal levels of functioning and clinicians with greater than two years of expertise reported feeling more confident conducting interventions. Clients who present TBI symptoms such as poor attention, memory impairment, and lack of self-insight were found to be challenging by less competent clinicians (Pagan et al., 2015). This is corroborated by similar research that contends the lack of competency in treating those with disabilities is shown to hinder treatment outcomes (Anyango et al., 2025).

In summary, many non-BI specialists report receiving minimal guidance on how to work with TBIs, despite being expected to screen, comprehend, refer, and treat the array of cognitive, physical, and emotional sequelae that a TBI encompasses (Engstrom et al., 2025; Murray et al., 2016). Consequently, a lack of professional competency across multiple settings, which present themselves as experts in supporting women of IPV, can strongly reinforce increased frustration among women. Reports indicate that insufficient TBI integration in treatment leaves women feeling confused about their symptoms, reluctant to express their feelings that something is wrong, or needing to singularly advocate for their care (Engstrom et al., 2025). Further, a lack of professional competency can result in treatment complications, under and misdiagnosis of TBI symptoms, and a loss of referrals to the appropriate rehabilitation services (Fitts et al., 2022; Smith & Holmes, 2018). Ultimately, these conditions adversely impact the experiences of women when receiving these services. As a result, women experiencing concurrent IPV-TBI risk

feeling extremely frustrated that such a significant consequence of the IPV they experience is being mishandled in multiple areas of their treatment.

Diagnostic Challenges

The evaluation of a TBI is imperative for diagnosis, interpretation, in conjunction with making critical decisions regarding a client's care (Nicol et al., 2021). Moreover, assessing for TBI can facilitate clinicians in integrating TBI-related needs into their practice as well as adjusting their safety planning to accommodate TBI deficits. In other words, women can receive TBI-tailored psychoeducation on the safest ways to leave an abusive relationship and how to avoid them in the future (Nicol et al., 2021). Without proper assessment of a TBI, women are at risk of having their TBI go undiscovered, undiagnosed, and untreated (Nicol et al., 2023).

Recent statistics suggest that up to 30-74% of women attending emergency departments due to IPV have an undiagnosed TBI (Haag et al., 2022). According to this information, the need to recognize signs of a TBI as well as provide sound screening measures is fundamental for reducing the rate of women leaving emergency services without TBI treatment or resources. Nonetheless, the reason why a TBI may be overlooked depends on several different factors. The first is due to healthcare workers screening for or providing treatment for alternative bodily injuries, hence neglecting TBI potential in the process (Turkstra et al., 2023). Alternatively, even with proper screening, a woman can present as functionally normal and therefore be undiagnosed (Haag et al., 2022). Further, many women may not recognize their TBI-related health needs without the assistance of a trained professional (Oakley et al., 2021). In a study by Raskin et al. (2024), participants revealed that despite undergoing severe head trauma and/or strangulation, they did not even consider the possibility of sustaining a TBI. This reflects the importance for

professionals to possess the appropriate knowledge and tools to screen as well as make known the potential of a TBI with their clients.

In addition to underdiagnosis, IPV women attending emergency departments have also been found to receive false diagnoses for emotional and psychological disorders (Toccalino et al., 2024a). This is a result of TBI sequelae exhibiting the same features as psychiatric disorders, most prominently post-traumatic stress disorder (PTSD) (Smith & Holmes, 2018). Put differently, TBI symptoms such as mood, sleep problems, memory loss, attention, anxiety, together with depression, share the same presentation as PTSD (Cimino et al., 2019). This leads to complications with care as well as exacerbated TBI problems as a consequence of a lack of treatment (Smith & Holmes, 2018). This is concerning because improper emotional treatment for underlying TBI problems can discourage future visits, as treatment is interpreted as ineffective (Toccalino et al., 2024a). Thus, demonstrating the significance for healthcare workers to be able to identify signs, provide accurate screenings as well as ask the appropriate questions to patients to provide timely interventions (Fitts et al., 2022; Raskin et al., 2024).

When researching TBI screening tools in the context of IPV protective services, experts proclaim that there are many options for screening domestic violence, but none consider specific injuries or TBI symptoms (Fitts et al., 2022; Haag et al., 2022). One study found that most women attending shelters reported not being screened for a TBI or provided any TBI-related resources (Ivany et al., 2018). When staff of women's shelters were interviewed, Nicol et al. (2021) found that 75% of staff reported that they do not administer formal assessments for TBI. Another study corroborated that 84% of participants who are employed as support service staff confirmed they receive no TBI training or education, ultimately leading to staff feeling unskilled to screen for a TBI (Haag et al., 2019, as cited in, Nicol et al., 2021). Other reported challenges

include staff concerns for the after-effects of a positive screen. Staff strongly indicated concern that a positive TBI screen may impose additional trauma or rupture their alliance with the women seeking their help (Nicol et al., 2021). Finally, lack of resources, sufficient time, in addition to a safe space for women to explore TBI concerns were also revealed as a barrier in the study.

In congruence, women receiving IPV clinical treatment report no formal screening for a TBI (Oakley et al., 2021). When rating unmet needs from clinical treatment, a significant number of women endorsed clinical diagnostic services for head injuries as a gap in their treatment. A cross-sectional study by Wadworth et al. (2021) found that women of IPV with a diagnosed TBI are 67% more likely to have unmet health needs, highlighting the importance of formal screening for proper treatment (as cited in, Oakley et al., 2021). Apart from the dearth of TBI screening tools across IPV-related services, the current standards for TBI screening tools are also flawed. Specifically, TBI screening tools are exclusively designed for young adults with a “one-time injury”, typically focusing on sport injuries or MVC (Nicol et al., 2021). These tools do not fully encapsulate and measure the repeated and chronic head injuries that women of IPV endure.

Evidence suggests several benefits related to accurate TBI screening and diagnosis. Initially, TBI screening is crucial for providing TBI-specific support for such a prevalent population (Cimino et al., 2019). Accurate TBI screening will match women with much-needed services that can support them in understanding their TBI and offer steps to improve their quality of life (Fitts et al., 2022; Nicol et al., 2021). This is also supported by several women indicating that without proper referral or resources, they felt as if they were navigating their TBI rehabilitation alone (Haag et al., 2022; Ivany et al., 2018). Lastly, women’s symptoms are at risk of worsening over time and making it increasingly difficult to adjust to their injury without proper intervention early on (Dams-O’Connor et al., 2023). In conclusion, when these positives

are not being met by IPV professionals, in addition to a trained clinician, women will perceive treatment as a frustrating and unhelpful experience. Therefore, improved TBI screening is imperative for reducing improper diagnoses and, therefore, mitigating frustration among women facing concurrent IPV-TBI.

Professional competency issues, coupled with diagnostic challenges, display several organizational problems related to a TBI that shape women's personal experience receiving IPV treatment. First, the lack of professional competency, as well as minimal screening measures, can lead to major gaps in client diagnosis, treatment decisions, and targeted interventions. Further, the under and misdiagnosis of a TBI is extremely problematic, as women can perceive their problems as personal failures, thus blaming uncontrollable TBI symptoms on themselves (Toccalino et al., 2024a). The culmination of these events, if not managed, will inevitably result in increased frustration among women. In other words, increased frustration is a major personal experience of women facing concurrent IPV-TBI factors when seeking clinical treatment.

Sense of Hopelessness

The presence of a TBI manifests an array of unique challenges for women seeking clinical treatment. However, these challenges, when in conjunction with IPV, result in a myriad of cognitive, psychological, and emotional impairments that greatly impede clinical treatment. Congruently, when faced with such a constellation of clinical problems, women experiencing concurrent IPV-TBI factors risk developing a sense of hopelessness towards their treatment efficacy as well as their future. The following paragraphs serve to delineate the cognitive, psychological, and emotional problems that IPV-TBI women face that shape their personal experience seeking clinical treatment.

Cognitive Impairment

The primary cognitive impairments reported by women who experienced IPV include memory loss, mental fatigue, emotional asymmetry, confusion, poor judgment, as well as difficulty following instructions and retaining information (Costello & Greenwald, 2022; Raskin et al., 2024; Smith & Holmes, 2018). Standardized measure supports this notion by demonstrating that women who experienced IPV score significantly lower on tasks of verbal fluency, executive functioning, and memory recall compared to other groups (Raskin et al., 2024). Among these, executive functioning is a critical skill necessary for clinical intervention as it allows clients to generate goals, plan, organize, and adapt their actions for specific tasks (Kennedy et al., 2008). Additionally, women experiencing IPV and attending clinical services may have to analyze future life decisions, create safety plans, or arrange exit strategies with their clinician (Jeffers et al., 2022). However, evidence shows that women attending psychotherapy with an ongoing TBI experience challenges making informed decisions regarding safety plans, shelters, and childcare (Hunnicuttt et al., 2017). Based on these findings, adjusting safety planning as well as other clinical interventions to accommodate women's TBI needs is essential for providing responsible care and minimizing client harm. Other reports indicate that deficits in memory and executive functioning hinder women's ability to make, attend, and participate in clinical appointments in general (Toccalino et al., 2024a).

In parallel, clinical interventions designed to treat clients' emotional concerns are also impacted by an underlying TBI (Pagan et al., 2015). Notably, lack of insight, memory problems, poor problem-solving skills, and attention deficits are barriers to positive treatment outcomes. Memory and learning impairment are shown to impede clinical interventions that focus on the development of new skills as well as emotional processing (Pagan et al., 2015; Popiel et al.,

2025). Other experts argue that deficits in memory and executive functioning limit the effectiveness of exposure-based treatments (Popiel et al., 2025). Also, poor attention and memory during sessions causes slower client progress throughout the course of psychotherapy.

A TBI is a well-documented disorder that noticeably complicates clinical interventions, resulting in increased client frustration and reduced client outcomes (Smith & Holmes, 2018). As such, IPV women who are seeking treatment are additionally faced with a cascade of cognitive deficits that negatively affect treatment planning, emotional processing, and participation in sessions. This can be extremely disheartening for women as they require frequent adjustments, repetition, and simplification, as well as experience longer treatment duration and fewer successes (Popiel et al., 2025; Wong et al., 2020). Further, hopelessness is developed and sustained by a person's exposure to repeated and aversive experiences they believe they can not change (Tao et al., 2023). In response, individuals suffer from hopelessness that negative experiences will continue and that positive experiences will not occur. The following paragraphs will present further evidence of the vast ways an existing TBI can hinder clinical treatment in addition to women's quality of life. Ultimately, fostering the development of a sense of hopelessness as a personal experience of women facing concurrent IPV-TBI seeking clinical treatment.

Comorbid Mental Health Disorders

Given that such a significant number of women facing IPV have the potential of sustaining a TBI, it is essential to consider the behavioural, emotional, and social problems that place a heavy cost on the individual (Albicini et al., 2020). Women suffering from concurrent IPV-TBI are found to sustain more severe and long-lasting mental health disorders compared to both non-abused women as well as TBI survivors from injuries outside of IPV (Toccalino et al.,

2024b). In addition to cognitive deficits, many women suffer from comorbid TBI with several psychiatric disorders such as PTSD, depression, and anxiety (Cimino et al., 2019; Smith & Holmes, 2018). Depression is found to be the highest mental health disorder comorbid to a TBI (Ouellet et al., 2018; Walter et al., 2015; Winter et al., 2019). One longitudinal study discovered that major depressive disorder was prevalent in 19% to 28% of moderate to severe TBI participants for up to five years post-injury (Ouellet et al., 2018). Other researchers postulate that as high as two-thirds of TBI survivors experience major depression following their injury. This is significant as depression can interfere with a range of treatments, including acute care, rehabilitation, and programs that offer community integration (Ouellet et al., 2018).

On average, women who endure partner abuse report experiencing at least one IPV-related health concern (Gilbert et al., 2023). IPV is linked to a profusion of mental health disorders, including but not limited to the following: Depression, anxiety, PTSD, sleep disturbances, substance abuse, and suicidality (Hui & Constantino, 2021). Most women find they are burdened by several physical as well as psychological health problems following a history of abuse (Breiding et al., 2014, as cited in, Garner et al., 2021). Another risk for comorbid mental health disorders is that it greatly impairs basic functionality, thus placing women at risk for future offences (Raskin et al., 2024; Turkstra et al., 2023). This is corroborated by Hui and Constantino (2021), who assert that almost 30% of abused women experience a detrimental impact on their daily functioning. This occurs when the combination of cognitive and psychiatric disorders interferes with a woman's capacity to navigate daily functions in addition to dangerous interactions (Turkstra et al., 2023). Additionally, psychiatric symptoms can generate frustration from the abuser, risking further abuse and repeated injuries (Costello & Greenwald, 2022). In

sum, the combined effects of concurrent IPV-TBI create a complex and multilayered assemblage of debilitating mental health challenges.

Lastly, TBI symptoms often overlap with common psychological symptoms, such as apathy, poor concentration, and insomnia (Walter et al., 2025). Based on the complexity of challenges, individuals receiving clinical treatment with comorbid TBI and mental health concerns are found to have higher dropout rates, lower response to treatment, and are more likely to relapse once treatment is complete (Walter et al., 2025). These findings demonstrate the adverse effects of comorbid TBI and mental health disorders on treatment efficacy. Henceforth, complicated mental health disorders in conjunction with repeated negative experiences, inside and outside of clinical treatment, can gradually lead women to feel a sense of hopelessness towards their treatment goals as well as their future quality of life.

Poor Emotional Regulation Skills

A commonly described challenge among individuals with a TBI is difficulty with emotional regulation (Mendez et al., 2025; Stubberud et al., 2020). Emotional regulation is the ability to recognize and respond accordingly to emotional and behavioural reactions to events (Mendez et al., 2025). Further, emotional regulation is vital for the self-monitoring and naming of emotions (Stubberud et al., 2020). As illustrated previously in this literature review, IPV-TBI women suffer from a vast range of cognitive impairments, including deficits in executive functioning, an integral component for emotional regulation (Kennedy et al., 2008). When emotional regulation is impaired, it can compromise an individual's stress management, interpersonal relationships, leisure activities, employment, in addition to increased risk of suicide (Mendez et al., 2025; Stubberud et al., 2020). Reduced emotional regulation also coincides with elevated anger, irritability, and agitation (Mendez et al., 2025). Alternatively, emotional

regulation is essential for controlling subjective experiences and expression of emotion (Stubberud et al., 2020). TBI hinders emotional regulation by affecting intrinsic emotional recognition, control of inappropriate behavior, and self-awareness (Stubberud et al., 2020). Deficits in emotional recognition and regulation adversely affect an individual's functioning in social settings, thus eliminating employment opportunities and meaningful relationships (Stubberud et al., 2020).

A study completed by Filipčiková et al. (2021) determined that participants with a greater TBI are three times more likely to experience reduced social functioning and interpersonal closeness due to their limited capacity for self-regulation (as cited in, Mendez et al., 2025). Another study found that participants with poor emotional regulation skills endorse more items on self-reports indicating anger and confusion (McDonald et al., 2010, as cited in, Mendez et al., 2025). Next, emotional regulation is a key mediator for IPV revictimization (Zamir & Lavee, 2016). This is argued to be a result of disrupted emotional regulation being a risk factor for enhanced vulnerability. In other words, if women are unable to self-cope and healthily respond to negative changes in their environment, they may be more likely to seek support from their perpetrator. They may also be less likely to recognize negative signs in a relationship. This is demonstrated by women who possess a healthy level of emotional regulation being more likely to avoid negative intimate relationships (Zamir & Lavee, 2016).

The integration and execution of pertinent coping mechanisms is an essential component of clinical treatment. Therefore, a client's ability to effectively engage in these skills is fundamental for establishing strong therapeutic bonds, satisfaction with treatment, and reaching long-term goals. When women of IPV-TBI are challenged by reduced emotional regulation skills, it will be more difficult for them to cope and safely adjust to their environment,

particularly if they are still involved in an IPV relationship. Moreover, this makes it more difficult to maintain positive relationships and community involvement if they are regularly failing to self-regulate throughout their daily activities. These barriers to maintaining key natural supports can greatly reduce women's quality of life. As such, poor execution of vital emotional regulation strategies, coupled with reduced social involvement due to emotional dysregulation, can significantly contribute to women's sense of hopelessness towards future experiences.

Women who endure prolonged and repeated acts of violence are at greater risk for long-term neuropsychological issues (Cimino et al., 2019). As a result, there are several neuropsychological concerns as well as comorbid conditions that affect diagnosis, treatment planning, and clinical outcomes (Popiel et al., 2025). Women experiencing concurrent IPV-TBI are faced with an array of cognitive, neuropsychological, and emotional concerns that together contribute to greater treatment complications, complex neuropsychological symptoms, and hindered emotional regulation capacity. These complications require more in-depth treatment in addition to a longer treatment duration. Over time, women are at risk of developing a sense of hopelessness towards their clinical success as well as their future quality of life due to these extensive interpersonal and intrapersonal challenges. In conclusion, a sense of hopelessness is a substantial personal experience of women facing concurrent IPV-TBI factors seeking clinical treatment.

Negative Self-Concept

Women of IPV, in addition to TBI survivors, encounter a vast degree of stigmatizing experiences (Crowe et al., 2021; Poritz et al., 2019). These experiences can have a drastic impact on women's self-concept. Satisfactory role performance, in addition to reliable social connections, are also essential elements for a positive self-concept. However, these elements are

commonly inhibited by IPV-TBI factors, resulting in a negative self-concept among women. These factors will be explored further in the subsequent paragraphs, demonstrating further the personal experiences of women facing concurrent IPV-TBI factors when seeking clinical treatment.

Stigmatization

Stigmatization refers to the rejection of an individual based on harmful stereotypes and unfavorable labels that determine them as undesirable (Brunton & Shin, 2024). Empirical studies reveal that women's disclosure and support seeking for IPV is strongly influenced by their perception and experience with stigmatization (Crowe et al., 2021). To the extent that many women of IPV indicate reluctance to place themselves in a position of shame or blame, even towards trained professionals (Oakley et al., 2021). The most common form of stigmatization characterizes community-level interactions, typically displayed through blaming, shaming, discrediting, or exclusion (Brunton & Shin, 2024; Overstreet et al., 2017). Out of these, women state shame as the biggest barrier for disclosure of household abuse (Smith & Holmes, 2018). Inversely, internalized stigmatization is developed when negative external attitudes are applied towards the self (Brunton & Shin, 2024). Said differently, internalized stigmatization is when women's interpretation of negative attitudes becomes regarded as true or a part of their identity (Overstreet et al., 2017). This is crucial as the development of internalized stigmatization can significantly contribute to women's degree of self-concept (Jankowiak et al., 2020). Overall, research on stigmatization across women experiencing IPV has exhibited serious external and internal influences on their willingness to disclose the abuse to others (Crowe et al., 2021).

On the other hand, a TBI is one of the most misunderstood disorders by the public (Poritz et al., 2019). Negative attitudes and discriminatory treatment are the most common acts of

stigmatization towards a TBI. Furthermore, public understanding of TBI is full of misunderstandings of cognitive impairment, recovery, and a survivor's level of victimization. Finally, the public outlook towards TBI disability is significantly lower compared to other disabilities (Poritz et al., 2019). Because of such negative outlooks towards TBI, the idea of admitting to possessing one can feel extremely daunting and shameful. This is supported by researchers who found that feelings of shame negatively impact survivors' pursuit of rehabilitation services (Shunenkov et al., 2021).

IPV that results in a TBI creates a profoundly stigmatizing experience for women that drastically hinders clinical pursuit as well as favourable outcomes. Reports show that many women are fearful of discovering the irreversible outcomes of their IPV, with women describing their fear of finding out they have a permanent disability as a barrier for seeking professional help (Hunnicuttt et al., 2017; Ivany et al., 2018; Oakley et al., 2021). In relation, women also mention concerns regarding others' perception of their level of independence and the type of treatment they will receive (Hunnicuttt et al., 2017). This causes women to ignore or downplay their TBI to professionals for fear that their competency to take care of themselves will be questioned. Lastly, women diagnosed with a TBI due to IPV state they feel damaged and no longer normal, in addition to reporting a lowered sense of self-worth (Ivany et al., 2018). Other women have reported fear of being judged by others, including healthcare workers, as another reason they are hesitant to seek professional support. Perceived stigmatization in conjunction with inadequate professional support strongly discourages women from seeking further support in the future (Oakley et al., 2021).

Women who experience stigmatization face several adverse consequences, including increased stress and anxiety, loss of self-esteem, reduced social engagement, as well as impaired

functional outcomes (Sowislo et al., 2017). Furthermore, shame can greatly impair women's desire to talk openly with their clinician. They would also require significant support to alleviate these negative feelings before addressing other issues in treatment. As mentioned, stigmatization plays an important role in the structure of one's self-concept (Jankowiak et al., 2020). Put differently, stigmatization is negatively linked to a positive self-concept as it removes women's awareness of their affirmative traits and characteristics. Therefore, clinicians must understand stigmatization, and, as a result negative self-concept as a harmful personal experience for women facing concurrent IPV-TBI factors seeking clinical treatment. In addition, question how they can challenge and redirect these harmful beliefs with women of this population.

Unfulfilling Role Performance

Impairment in cognitive functioning can silently impede women's capacity to work and live independently (Oakley et al., 2021). In addition, the combined effects of facing IPV in conjunction with TBI symptoms such as headaches, memory problems, and hypertension can make it nearly impossible for women to maintain healthy functioning. A TBI is a leading cause of disability in the U.S, manifesting a wide range of symptoms that impede occupational and social functioning (Garduno-Ortega et al., 2022; Salas et al., 2018). Moreover, studies indicate that disabled women are the most vulnerable to IPV as their disability makes it easier for perpetrators to exert overall control (Costello & Greenwald, 2022; Pebole et al., 2024). Disability is more than a major health problem (Popescu et al., 2015). It is an important variable that sculpts many aspects of women's lives, including their interactions with other persons as well as society.

Sustaining a TBI can develop into a chronic health condition manifesting several adverse symptoms, consisting of problems with fatigue, concentration, memory, sensitivity to sound and

lights, together with extremely debilitating headaches (Palm et al., 2017). Other work-related problems secondary to a TBI include difficulty learning tasks, mental slowness, increased distractibility, and mental exhaustion (Church et al., 2019; Palm et al., 2017). Studies corroborate that up to 20% of concussion and 50% of moderate TBI survivors are unable to productively return to work (Madsen et al., 2023). Further reports indicate that TBI-related symptoms can persist for up to twelve months post-injury, and sometimes longer (Graff et al., 2023). When investigating what TBI symptoms impact work performance the most, research participants confirmed fatigue as the largest and most debilitating problem following their injury (Palm et al., 2017). Moreover, one-third of participants reported severe fatigue up to six months post-injury. Additionally, those who reported pervasive fatigue also stated that fatigue was still present up to five years post-injury. Participants also described mental tasks as more mentally exhausting and requiring longer recovery compared to before their injury (Palm et al., 2017).

On a related note, a TBI is also strongly tied to post-traumatic stress disorder (PTSD), depression, as well as acute stress, also adversely impacting work performance (Madsen et al., 2023; Winter et al., 2019). In particular, comorbid TBI with depression or PTSD is significantly correlated with reduced employment outcomes (Ahonle et al., 2020). Depression is a primary mental health disorder post-TBI that demonstrates numerous negative effects on daily functioning (Winter et al., 2019). Depression impacts motivation, concentration and can also exacerbate TBI fatigue issues. This is supported by another study by Ahonle et al. (2020) stipulating that TBI disability, coupled with depression, is positively correlated to reduced employment outcomes. Comorbid TBI with PTSD has also been shown to have significant barriers for work performance and stability (van Der Vlegel et al., 2021). This is considered to be due to comorbid TBI being strongly correlated with lowered health-related quality of life,

together with greater rehabilitation needs. Finally, it is equally important to remember that TBI-related challenges occur in tandem with other IPV-related barriers to work performance. For instance, one study found that among women who maintain employment throughout their IPV relationship, approximately half of them suffered from poor work performance due to stress, distraction, and other mental health problems (Showalter & McCloskey, 2021).

The intensity of the injury, comorbid psychological symptoms, in addition to employment demands and accommodations, are all crucial factors for women's ability to fulfill their role performance within society (Grauwmeijer et al., 2017; Madsen et al., 2023). Unfortunately, TBI survivors are found to have increased odds for early termination and exclusion from their place of work (Graff et al., 2023). Employment offers a variety of interpersonal and intrapersonal advantages, such as social integration, a sense of normality, greater life satisfaction, in addition to a positive self-concept (Simpson et al., 2020). Individuals who are unable to return to work post-TBI suffer from loss of earnings, lowered financial self-sufficiency, fewer social interactions, together with a negative self-concept.

In essence, evidence shows that employment is strongly tied to one's perceived fulfillment of their role performance, thus directly contributing to their concept of self (Gardner et al., 2018). Role performance refers to a person's perception that they have met their psychosocial obligations. Accordingly, a positive self-concept as a result of fulfilled role performance is strongly correlated with a higher sense of worth. Women facing concurrent IPV-TBI factors suffer from impaired occupational functioning and decreased fulfillment in role performance; resultingly, they lack a key psychosocial aspect necessary for the maintenance of a positive self-concept. To synthesize, women of concurrent IPV-TBI suffer from decreased role performance and subsequently develop a negative self-concept. This demonstrates negative self-

concept as a key personal experience of women facing concurrent IPV-TBI when seeking clinical treatment.

Reduced Social Connection

Reduced social connections are a severe life change that most individuals with a TBI unfortunately experience (Salas et al., 2018). It has been well-established that the residual cognitive, emotional, and social effects of a TBI, in addition to how they compromise independent living and social cohesion. Furthermore, research suggests multiple variables are present for the decrease of social connection following a TBI, such as emotional disorders, improper social skills and judgment, along with deficits in impulse control (Salas et al., 2018).

Social impairment is becoming more recognized as an extensive TBI impairment impacting an individual's ability to perform social cohesion (Lohaus et al., 2024). Even when a survivor's language parts are intact, they may still experience challenges in communication (Rigon et al., 2016). The most common symptoms are socially inappropriate actions, difficulty producing and expressing verbal wishes, and difficulty conveying empathy to others' needs (Rigon et al., 2018). Other challenges include the survivor's ability to remain on topic, provide an appropriate level of detail, and adjust to their conversational partner (Rigon et al., 2016). Likewise, social impairment is linked to reduced employment, negative social interactions, and overall poorer quality of life (Rigon et al., 2018).

Social impairment results in significant life changes for women, including reduced social participation, community involvement, and occupational integration, ultimately contributing to reduced social connection (Lohaus et al., 2024). In addition, there are also links between mental health disorders, such as depression and anxiety, with impaired social functioning and reduced

social connections. As such, it is crucial to recognize the interwoven challenges associated with reduced social functioning that significantly harm women's quality of life (Lohaus et al., 2024). On a similar note, social connection is a key variable for the prevention and protection of IPV (Mojahed et al., 2021). Low social connection creates limited contact and interactions with core individuals as well as institutions within society. As many women use social connections as an initial resource for seeking help, it is imperative to address reduced social connections to ensure women's safety as well as improve their self-concept (Mojahed et al., 2021). Similarly, a high level of social connection is positively linked to women's psychological well-being and positive self-concept (Chui & Wong, 2016). In other words, women's positive feelings towards their involvement in social connections are a strong predictor of happiness and higher life satisfaction. In essence, the reduction of social connection as a consequence of concurrent IPV-TBI factors is positively associated with a negative self-concept among women.

In conclusion, negative self-concept is determined to be a profound personal experience of women facing concurrent IPV-TBI factors seeking clinical treatment. This is achieved by the compounding of stigmatizing experiences, in conjunction with significant reductions in role performance and social connections. These psychosocial elements are all important for the development of role performance, self-esteem, and life fulfillment, ultimately constructing women's sense of self-concept.

Summary

The main purpose of this study was to critically analyze contemporary literature that addresses the author's research question: What are the personal experiences of women with concurrent intimate partner violence and traumatic brain injury factors when seeking clinical treatment? To address the research question, the author interpreted three major findings across

modern literature: *Increased frustration, a sense of hopelessness, and a negative self-concept.*

These findings address the study's research question by providing several distinct yet overlapping personal experiences of women with concurrent IPV-TBI factors when seeking clinical treatment. The next paragraphs will provide a concise yet informative synthesis of the author's research findings.

The first theme of the study, increased frustration, was determined as a personal experience among women with concurrent IPV-TBI factors seeking clinical treatment. The literature review revealed substantial gaps in professional competency and diagnostic accuracy related to TBI that impact women of IPV who have sustained head trauma. Findings reveal overlapping gaps in expertise across multiple professionals of IPV protective services, including mental health clinicians. In addition, there is a profound scarcity of TBI-accurate screening measures. As a result, women of this population encounter repeated professional incompetence across multiple settings, in addition to an under and misdiagnosis of symptoms. These challenges directly result in complications in treatment from misdiagnosis of problems, untreated TBI issues, and women feeling as if they are supporting themselves alone. The accumulation of adverse experiences gradually results in feelings of increased frustration across women of IPV-TBI, demonstrating one of the key personal experiences they face when seeking clinical treatment.

Next, the literature reviewed articles associated with women's developed sense of hopelessness as a personal experience to concurrent IPV-TBI factors. To be specific, how cognitive impairment, comorbid mental health disorders, and poor emotional regulation engender a sense of hopelessness in women towards treatment goals and their future. Cognitive impairment complicates treatment interventions from disrupted memory, executive functioning,

and other mental faculties imperative for clinical effectiveness. In addition to this, women encounter comorbid and exacerbated mental health problems with their TBI symptoms, as well as a reduced capacity for emotional regulation. The culmination of these negative experiences directly manifests into a sense of hopelessness among women as they fear positive changes will never occur. Ultimately, demonstrating a sense of hopelessness as a serious personal experience, women with concurrent IPV-TBI factors face when seeking clinical treatment.

The final theme employed by the study is negative self-concept. Negative self-concept is developed through chronic experiences with stigmatization, unfulfilling role performance, and reduced social connection. Women's relationship to stigmatization is critical as it directly influences their self-concept and attitude towards themselves in treatment. Moreover, unfulfilling role performance and reduced social connections are found to positively correlate with low self-esteem and self-worth. Two integral components for a negative self-concept. Therefore, addressing these issues is vital for alleviating this negative personal experience of women with concurrent IPV-TBI seeking clinical treatment.

In all, the study's findings successfully answered the author's research question. Moreover, contemporary literature reflects that women of this population encounter several overlapping socioecological experiences. These personal experiences are comprised of increased frustration, a sense of hopelessness, and a negative self-concept when seeking clinical treatment.

Ethical Implications

Clinicians should adopt a multifaceted approach that encapsulates women's cognitive functioning, how a TBI interferes with their daily life, in addition to providing tools for adjustment and emotional coping (Siponkoski et al., 2022). Equally important, there are several

ethical considerations pertinent to the unique conceptualization of TBI-IPV women seeking clinical treatment. For a clinician to ethically incorporate IPV-TBI specific needs in therapy, they require the self-knowledge and competence (standard II.6), as well as the ability to discern benefits from risks (Canadian Psychological Association [CPA], 2017, standard II.13). As well, individuals with a TBI are classified as a vulnerable person, henceforth requiring additional ethical considerations such as protection for vulnerable individuals and groups (standard I.31) and taking extra steps to guarantee informed consent (standard I.16) is fully understood.

Although these standards are mandatory for responsible caring, IPV-TBI women are no different from any other population, hence equally requiring all other standards, including but not limited to: General respect (standard I.1), general caring (standard II.2), and integrity (CPA, 2017).

Adhering to TBI-specific considerations in conjunction with obligatory ethical values, clinicians can achieve an informed clinical practice conducive to successful outcomes.

Clinicians should also provide information in an ethical manner that does not inadvertently create further problems for IPV-TBI women (Hunnicut et al., 2017). Said differently, some experts fear that augmented IPV-TBI attention may contribute to further stigmatization or discrimination by perpetrators or the public. Increased awareness may inadvertently encourage perpetrators to use their knowledge that their partner may possess a TBI against them. That is, a perpetrator may question their partner's independence or use a TBI against them in court during custody disputes. It is paramount that when clinicians address IPV-TBI factors to their clients or the public, they promote TBI awareness in a way that does not present women as "damaged" or "incompetent" (Hunnicut et al., 2017).

Chapter Four: Application and Recommendations

The study determined several personal experiences specifically related to concurrent IPV-TBI factors that apply to clinical treatment: *Increased frustration, a sense of hopelessness, and a negative self-concept*. As such, this chapter will apply the research findings to real-life applications, as well as explain how the information ascertained by the study benefits counselling psychology. Afterwards, the chapter will offer clinical recommendations to address the main themes of the study. This chapter also endeavours to inform clinicians on how to improve their clinical relationship in addition to client outcomes when encountered by women of this population. Diversity considerations will also be explored.

Application to Clinical Practice

Clinicians are expected to support IPV victims' needs at the physical, social, economic, legal, and psychological level (Simmon et al., 2017). Therefore, because of the high prevalence of IPV, as well as the likelihood of sustaining a TBI, clinicians should be prepared on how to address TBI factors as part of their IPV treatment. An invaluable asset for providing successful psychotherapy involves establishing and maintaining a strong therapeutic alliance with the client receiving these services. The therapeutic alliance is a multidimensional concept constructed of varying clinical elements, including clinician-client reciprocity, agreement, and collaboration (Murphy & Hutton, 2018). More importantly, a robust therapeutic alliance is positively correlated with client engagement, retention, and overall satisfaction. Elements such as increased stress and a sense of hopelessness can hinder clinical progress as well as the therapeutic alliance. Therefore, clinicians must be informed of these personal experiences that women of IPV-TBI face to prevent and correct ruptures to the therapeutic alliance.

Evidence strongly supports that the complicated nature of a TBI, especially in terms of cognitive impairment, mental health, and emotional regulation, significantly hinders clinical progress and retention of skills (Cimino et al., 2019; Pagen et al., 2015; Stubberud et al., 2020). This is critical, as without modification for underlying TBI issues, clients can become overwhelmed and frustrated that they can not meaningfully engage with the given interventions. In other words, a sense of hopelessness is a large reaction to these adverse clinical experiences. A sense of hopelessness can seriously impede treatment outcomes and client success. This is a result of women losing motivation and faith that their negative conditions will cease, and positive experiences will flourish (Tao et al., 2023). In sum, informing clinicians of the nuanced ways concurrent IPV-TBI factors sculpt women's hope towards the future is imperative for ensuring positive outcomes throughout treatment.

It is paramount that clinicians also recognize the influence of concurrent IPV-TBI factors on women's daily functioning as well as social relationships. This is significant as women's exposure to harmful stigmatization, low role performances, and reduced social connections strongly contribute to women's perceived self-concept. This is supported by research that indicates fulfilling role performance and sound social connectedness are strongly tied to positive life events and satisfaction (Simpson et al., 2020; Welsh et al., 2015). A client's self-concept plays an integral part in their degree of self-esteem, self-worth, and overall happiness (Chui & Wong, 2016). Correspondingly, clinicians should consider how concurrent IPV-TBI factors construct women's self-concept and how it relates to clinical treatment.

In conclusion, there are several meaningful ways concurrent IPV-TBI factors and women's subsequent personal experience apply to clinical practice. Therefore, informing clinicians of the multilayered ways a TBI can complicate clinical aspects such as the therapeutic

alliance, client's sense of hope, and their overall self-concept, is paramount for conducting personalized and targeted treatment.

Diversity Considerations

A substantial limitation noticed across several studies is the lack of diversity across participant samples. Put differently, modern studies often rely on Western English-speaking participants, thus neglecting women with IPV-TBI from varying cultures (Ivany et al., 2018). A major pitfall from clinicians is the failure to encompass all of the individual factors present in women attending psychotherapy with a TBI and how each interplay shapes clinical outcomes (Garduno-Ortega et al., 2022). When evaluating IPV-TBI clients, it is imperative to consider intersectionality across women and how varying cultural contexts may influence IPV-TBI factors and personal experiences.

According to recent literature, minimal studies have been conducted investigating the intragroup susceptibilities of women experiencing overlapping marginalization issues in conjunction with IPV (Pittman et al., 2022). The many social contexts, coupled with the systems of power, that marginalized women face generate unique vulnerabilities that influence their risk, experience, and perpetuation of IPV. Similarly, discrepancies between TBI impairment and prognosis have been well-documented across different populations (Garduno-Ortega et al., 2022). Evidence shows that regardless of marginalized qualities and how they overlap with one another, marginalized individuals suffer disproportionately worse TBI-related challenges. More importantly, women of marginalized populations with a TBI experience delayed and longer treatment, in addition to needing more time to recover. Marginalized populations also suffer from greater challenges with employment stability and community involvement when possessing a TBI (Garduno-Ortega et al., 2022). To improve client outcomes with all women facing IPV-TBI,

it is essential to include all of the encompassing factors that manifest a person's identity. By integrating unique client disparities with the development of TBI-sensitive care, clinicians can offer more nuanced and informed treatment.

Clinical Recommendations

This capstone highlights several personal experiences among women with concurrent IPV-TBI when seeking clinical treatment. To improve circumstances for future women, the remainder of the chapter will offer detailed and targeted strategies to address the themes of the study.

Addressing Increased Frustration

The first theme of the study is the increased frustration found across women met with persistent competency and diagnostic issues. As such, the core implication to improve this problem in the future is to enhance IPV-TBI training across professionals. A TBI is often referred to as a temporary injury with high prospects for near to full recovery (Engstrom et al., 2025). This results in several professionals failing to consider or provide support for persistent symptoms, expecting women to manage or recover from their symptoms on their own. On the contrary, TBI is now becoming more accepted as a chronic, lifelong condition requiring multiple areas of support (Engstrom et al., 2025). Sufficient training is imperative for clinicians to identify signs of a TBI as well as possess the self-efficacy to ask and explore TBI topics with their clients (Fitts et al., 2022). A study conducted by Wong et al. (2020) discovered several ways to bolster clinical competency among TBI-modified cognitive behavioural therapy (CBT) interventions. Their findings communicated that workshop training that integrates knowledge and skill-based approaches was a powerful tool for improving competence among clinicians. They also found

case descriptions, videos, and strong supervisor collaboration conducive to elevating TBI competency (Wong et al., 2020). Advancing training for working with individuals with a disability is key to enhancing the quality of services as well as reducing competency issues (Anyango et al., 2025; Pagan et al., 2015).

Correspondingly, incorporating a clear screening process for clinicians to assess TBI probability during IPV treatment is vital for addressing diagnostic challenges. According to researchers, the Ohio State University TBI-Identification Method and the Brain Injury Screening Questionnaire are the two most adaptable screening tools for IPV-TBI (Haag et al., 2022). These screening tools provide prompts to events pertinent to IPV-TBI cases, offer safe and private discussions of the IPV, and are simple enough for staff without BI backgrounds to interpret. Another argument in support of improved TBI screening is the well-documented dangers of untreated TBI (Hunnicuttt et al., 2017). As such, the potential of determining a positive TBI screen outweighs any associated costs. Moreover, only a small number of TBI screening questions are needed to incorporate into previous IPV risk assessments to improve chances of discovery (Hunnicuttt et al., 2017). As increased frustration was found to be an adverse response to repeated challenges with treatment and diagnosis, addressing these issues through enhanced training and TBI screening integration are effective ways to alleviate this personal experience for women.

Addressing Sense of Hopelessness

The second determined personal experience for women of this population is a sense of hopelessness. Sense of hopelessness was found to be a direct result of chronic and debilitating concurrent IPV-TBI factors, such as cognitive impairment, comorbid mental health disorders, and poor emotional regulation skills. Previously, evidence-based treatments were considered

ineffective for TBI clients due to cognitive impairment; however, recent findings show that TBI-adapted interventions are positively correlated with treatment outcomes (Popiel et al., 2025; Wong et al., 2020). TBI-modified CBT is one of the most well-known adaptations of an evidence-based practice for this population (Little et al., 2021). One research study demonstrates that TBI-modified CBT generates significant treatment improvements compared to non-adapted CBT (Shoesmith et al., 2022). CBT modification involves identifying triggers that lead to negative emotions, such as memory problems and social isolation. Providing CBT interventions that address TBI experiences has proven beneficial in reducing unhelpful thoughts and promoting coping regulations as well as adaptive thinking (Shoesmith et al., 2022). Furthermore, evidence supports that CBT is effective for treating comorbid disorders such as depression and anxiety following a TBI, and when done in conjunction with neurorehabilitation interventions, can positively improve individuals' adjustment to a TBI (Little et al., 2021). Lastly, taking breaks and repetition of key information are also found to mitigate TBI concerns during sessions (Popiel et al., 2025). Other adaptations include memory aids, simplified instructions, including family members to support the client in homework tasks, and constant collaboration with a clinician (Wong et al., 2020). Clinicians must remain cognizant of TBI effects within clinical intervention and tailor their approach to maximize women's potential to carry out these plans successfully (Costello & Greenwald, 2022).

Addressing Negative Self-Concept

The final major theme explored throughout the study is negative self-concept. Negative self-concept was determined to be caused by complex stigmatization experiences, unfulfilling role performance, and reduced social connection. As such, the author will provide strategies and

recommendations to address this personal experience found among women with concurrent IPV-TBI factors when seeking clinical treatment.

To address concerns imposed by stigmatization, clinicians must challenge and redirect the harmful stereotypes of women suffering from IPV-TBI. The first recommendation is to instill empowerment within clients. Empowerment is a powerful tool for abolishing harmful beliefs such as shame and internalized stigmatization (Shier & Turpin, 2022). By instilling empowerment, clients become experts in their own lives and their need for services. Empowerment is also effective for improving emotional regulation and lowering social isolation (Shier & Turpin, 2022). The first step to empowerment is tackling dangerous misconceptions, stereotypes, and discrimination through public education and raising awareness (Brunton & Shin, 2024; Poritz et al., 2019). Next, implementing psychoeducation throughout sessions, such as knowledge of presentation, learning of risk factors, and understanding different treatment options, is also effective in reducing stigma symptoms (Brunton & Shin, 2024). This is supported by further studies reporting that improved education regarding stigmatizing illnesses is shown to lower feelings of stigmatization among those with the particular illness (Sowislo et al., 2017).

A TBI secondary to IPV, even without visible signs, results in significant functional challenges for women (Hunnicuttt et al., 2017). Role performance and social connection are critical for adaptive living as they promote a high level of self-worth in addition to greater interactions with support connections (Gardner et al., 2018; Mojahed et al., 2021). To address role performance problems, cognitive flexibility, a major component of executive functioning, is an essential skill for employment outcomes (Church et al., 2019). Cognitive flexibility allows individuals to perform complex mental tasks such as multitasking and divided attention. As most jobs require some form of complex thinking, offering support to retrain cognitive flexibility is

crucial. In a similar way, higher memory retention is positively correlated with work outcomes. Deficits in these areas can be addressed in clinical intervention by referring women to the proper services or teaching occupational tools such as writing lists or breaking down tasks (Church et al., 2019).

On another note, state-funded support that provides TBI work-disability through economic compensation is a highly encouraged societal recommendation (Graff et al., 2023). However, a clinician can also assist clients by determining and confronting different social, environmental, and individual circumstances associated with their TBI that increase employment concerns. Examples include high work-related stress, demanding work expectations, together with greater cognitive demands, which are found to be major TBI-related work problems requiring support (Graff et al., 2023). Likewise, women from a study by Showalker and McCloskey (2021) endorsed increased IPV education that informs employees, as well as reduces stereotypes, would improve work outcomes.

How to address reduced social connection involves increasing women's connection with informal supports (Mojahed et al., 2021). Employing interventions that focus on improving social skills and building up social networks should be a key aspect of treatment. On the other hand, collaborating with women ways to establish peer-based supports or community programs that they can give back to is another effective approach for reducing this problem (Shier & Turpin, 2022). Also, it is imperative to advance community knowledge to facilitate women's access to help through providing information, increasing access to resources, and integrating public interventions that hold perpetrators accountable (Mojahed et al., 2021).

Direct work with a clinician is also paramount for challenging and redirecting a negative self-concept. Individual sessions that incorporate evidence-based practices and psychoeducation

to help women explore their own thoughts and feelings towards their IPV-TBI are key (Poritz et al., 2019). Research shows that receiving psychotherapy for internalized stigmas is efficacious in reducing symptoms after three months compared to individuals who did not attend psychotherapy. In addition, simultaneously treating depression and anxiety symptoms facilitates the reduction of a negative self-concept. Because negative self-concept is such an intrinsic experience, cognitive-based interventions such as CBT and acceptance and commitment therapy are recommended by experts to facilitate clients in understanding and challenging their negative self-beliefs (Poritz et al., 2019).

By utilizing these recommendations, clinicians can become more informed in providing TBI-sensitive services, strengthening the therapeutic alliance, improving clinical progress, and most notably, enhancing women's experience receiving clinical treatment. Chapter five will provide an overview and conclusion of the study.

Chapter Five: Conclusion and Recommendations for Future Research

Chapter five will provide an overview of the study's findings determined by the comprehensive literature review. Following, the chapter will offer recommendations for future research that will offer deeper insight regarding the personal experiences of women facing concurrent IPV-TBI factors in clinical treatment. The final section will have the author reflect on her experience and growth throughout the conduction of this study.

Summary of Findings

The objective of the study was to address the research question: What are the personal experiences of women with concurrent intimate partner violence and traumatic brain injury factors when seeking clinical treatment? Through an in-depth analysis of contemporary literature, three core themes were determined by the study: *Increased frustration, a sense of hopelessness, and negative self-concept*. These core themes address the research question by demonstrating the personal experiences of women with concurrent IPV-TBI factors encounter when seeking clinical treatment.

In the first main theme, professional competency issues and diagnostic challenges were overwhelmingly displayed across modern literature as key obstacles women of this population face when seeking treatment. Evidence shows there is a significant scarcity of TBI competency across numerous professionals, including healthcare, women's shelters, as well as clinicians. This results in professionals feeling unskilled to recognize and provide accurate assistance for women with a head injury (Nicol et al., 2023). In relation, there are no standardized screening measures to facilitate the diagnosis of a TBI among IPV women. Consequently, the literature revealed that women are faced with unmet needs, treatment complications, and inaccurate diagnoses due to

these issues. The accumulation and persistence of these challenges across multiple settings ultimately lead to increased feelings of frustration among women experiencing concurrent IPV-TBI.

The second theme examined a sense of hopelessness as a key finding of the study. In support of this theme, the literature review provided evidence suggesting cognitive impairment, comorbid mental health disorders, and poor emotional regulation skills as strong predictors for the development of a sense of hopelessness. Cognitive impairment is found to hinder treatment diagnosis, planning, interventions, and, lastly, clinical outcomes in several ways (Popiel et al., 2025). In addition, complicated and exacerbated mental health problems, coupled with poor emotional regulation, demonstrated repeated aversive experiences for women experiencing concurrent IPV-TBI factors. In conclusion, the chronic negative experiences gradually diminish feelings of hope within women, creating a sense of hopelessness towards treatment and their future.

In the last theme, women's negative self-concept was explored. This was presented with literature supporting that stigmatization, unfulfilled role performance, and reduced social connection culminate in a negative self-concept. In the first subtheme, women of concurrent IPV-TBI suffer from a wide range of stigmatization, including external and internal presentations that encompass both IPV and TBI misconceptions. Furthermore, due to concurrent IPV-TBI complications, women suffer from reduced occupational and social functioning. These complications negatively affect women's involvement in work activities as well as social relationships. These supports are integral to an individual's sense of worth, self-esteem, and overall life satisfaction (Chui & Wong, 2016; Simpson et al., 2020). Therefore, without these

psychosocial needs, plus the addition of harm stigmatization, manifests in a negative self-concept for women experiencing concurrent IPV-TBI.

In summary, IPV women are faced with a multilayer of challenges contingent on their TBI diagnosis that can alter treatment progress as well as their personal experiences. The study provides many benefits to the growing body of psychology research, in addition to counselling psychology. Understanding the personalized experiences of women with concurrent IPV-TBI factors when seeking treatment is significant for clinical success. Clinicians can be better informed of the unique issues this population faces and how they relate to their perception of professionals, their future, as well as themselves. Additionally, clinicians can incorporate this knowledge into their work with clients by exploring their clients' personal experiences with this specialized phenomenon. This will encourage collaboration, a strong therapeutic alliance, and realistic treatment goals through nuanced and targeted approaches.

This study also provided several recommendations for clinical practice that are meant to address the main themes from the literature analysis. Increased education and screening tools of TBI, the modification of evidence-based interventions such as CBT, and directly challenging clients' self-stigmatization and negative self-concept, in addition to collaborating on occupational and social supports, were offered for recommendation. Adhering to these recommendations will facilitate clinicians' comprehension of IPV-TBI as well as improve their approach to treatment through personalized and nuanced interventions. To conclude, women of IPV-TBI will receive a more informed and higher quality of treatment that will mitigate the adverse personal experiences found by the study, bolstering positive clinical outcomes as well as a high quality of life with a TBI.

Recommendations for Future Research

The objective for this portion of the chapter is to contribute to the growing body of psychology literature by offering recommendations for future research. Recommendations for future research were determined by present gaps or areas of weakness within contemporary literature investigating IPV-TBI intersectionality. Accordingly, the following research questions aim to develop a more in-depth and nuanced comprehension of IPV-TBI intersectionality and its implications for women's personal experiences. Further research and development of the following questions will also advance research and clinical knowledge of the distinct effects of TBI within the context of IPV treatment. Lastly, obtaining a greater comprehension of women's experience with a TBI during IPV treatment will facilitate clinicians' ability to provide effective and conducive treatment methods.

The initial research question recommended is as follows: What personal experiences facilitate IPV women's acceptance and adjustment to a diagnosed TBI? This question endeavours to determine the opposite findings of this study. Although it is imperative for clinicians to recognize and respond to the TBI-related challenges that result in negative experiences for women, it is also important for clinicians to be informed of the positive experiences women can encounter. To support this, a variety of studies review the effects and adjustment to TBIs; however, the majority of findings focus on military and sport injuries, with minimal studies reviewing TBI in the context of IPV (Haag et al., 2022; Hunnicutt et al., 2017). Therefore, it is beneficial for growing research, as well as counselling psychology, to explore specific methods that instill positive experiences for IPV-TBI women receiving clinical treatment.

The next recommended research question is 'what socio-ecological conditions influence a woman's ability to cope, recover, and adapt to their TBI?' Because the SEM is the guiding

framework for this study, further evaluation of socio-ecological factors associated with IPV-TBI is key for research development. Researchers should develop further understanding of the compounded effects of a TBI with other socioecological conditions (poverty, employment, culture) and how they influence a woman's relationship to her TBI (Hunnicut et al., 2017). Evaluating socioecological conditions that either improve or worsen TBI problems will help professionals determine who is most at risk demographically and situationally. Additionally, it will reveal how certain conditions produce unique challenges leading to chronic stress and compromised conditions, subsequently contributing to a worse TBI prognosis. This will benefit clinical and societal applications as it offers novel insights into conditions such as disability, employment, and additional contexts that require more tailored therapeutic approaches or community resources (Hunnicut et al., 2017).

The final recommended research question for future studies is 'What are the personal experiences of marginalized women facing concurrent IPV-TBI?' A major weakness across the literature is the reduced sample size due to IPV being a shameful and private experience. As a result, studies are unable to analyze the differences across women of varying backgrounds and contexts. It is critical to evaluate how certain disparities can exacerbate TBI-related issues, thus influencing marginalized women's experience of treatment. For instance, current studies posit that African American women are more at risk for IPV compared to other ethnicities (Hunnicut et al., 2017). Therefore, African American women are significantly more at risk of sustaining TBI through IPV. Literature also shows African American women are less likely to receive medical attention for their injuries (Hunnicut et al., 2017). Analyzing how women of marginalized populations experience exacerbated TBI issues, and in turn their response to treatment, is important for research development. In other words, enhanced research of

marginalized women's clinical experience will provide a more diverse and holistic understanding of IPV-TBI experiences in women of different backgrounds.

Reflection on the Research Journey

Making this capstone has been an eye-opening experience. Consequently, I have developed a more profound and comprehensive understanding of both IPV and TBI. Before this study, I possessed previous knowledge of TBI intersectionality through my work as a counselling student and psychometrist. However, the research I have obtained has broadened my understanding of how intricate a TBI can become with clients' experiences and identity. This is especially significant when a TBI becomes embedded with socioecological conditions that tremendously damage a person's quality of life, such as IPV. I have considered the TBI population to be an underserved and undervalued group across a wide variety of systems, including organizations, community resources, social elements, and advocacy. This research has reaffirmed and bolstered my ambition to work directly with, as well as advocate for, this special population. I am also grateful for the enhanced awareness of TBI variables when I inevitably work with women (or men) facing IPV and seeking psychotherapy. I believe the findings I have obtained from this study are a valuable asset for my future clinical work. Further, this research has provided me with novel insight into how concurrent IPV-TBI factors shape clients' perception of treatment.

This experience has also shown me how to challenge preexisting notions even if they are widely purported as true. In other words, I was equally unaware of TBI's prevalence within IPV and how significant of a covert condition it can be. Common themes I found across diverging literature are the underreporting and underrepresentation of IPV-TBI. Thus, there is a significant need for the advancement of accurate data and representation across empirical research and

professional developments. This has taught me to further explore other types of research, and that current knowledge may be shaped by a lack of data or unexplored ideas. Investigating research from all perspectives, as well as critically analyzing the information you are presented, are fundamental skills that I intend to follow from now on.

In all, this capstone has been a positive experience that has offered me both academic and personal growth. I am honoured to say that this study has provided me with the skills to think critically and analyze the information I am presented. As an aspiring clinician, I must understand how to explore professional research, as well as clinical contexts, from a targeted and in-depth perspective. I look forward to offering informed and personalized interventions for potential IPV-TBI clients that address their needs holistically and productively.

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