



## **Session 10**

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## Session 10

### *Session Overview:*

In this session, we will be learning about domestic violence and the impact of traumatic brain injury (TBI) which includes tools on how to support a client with suspected TBI.

# Domestic Violence and Traumatic Brain Injury

Domestic violence (DV) is a common cause of a traumatic brain injury (TBI). While a disproportionate amount of these individuals are adult women, both adult men and children can be victims of the severe physical violence that cause these injuries in a domestic setting.

## What is a Traumatic Brain Injury?

Traumatic brain injury (TBI) is:

- An intracranial injury that is the result of an external physical force striking the head or neck.
- Classified based upon causative forces, pathophysiology, and severity of the injury.
- Caused by bumps/jolts, rapid acceleration and/or deceleration, lack of oxygen (i.e., strangulation), severe shaking, or penetration of the skull, which results in damaged brain tissue.
  - Penetrating head injuries are due to a foreign object (i.e., knife, bat, bullet, etc.) that pierces the skull. This type of injury leads to localized brain damage.
  - Closed head injuries are due to blows to the head or neck that do not fracture the skull; this also includes injuries caused by severe physical shaking. This type of injury is common for those that are classified as sustaining a mild-TBI (aka, concussion).
    - **Common causes of closed head injuries among DV victims:**
      - Objects striking the head or neck.
      - Pushed against a wall or other surface.
      - Pushed down a flight of stairs.
      - Violent physical shaking or strangulation.

**A victim of DV may sustain a TBI without their knowledge, especially if there are no signs of obvious trauma or other TBI-related symptoms. Due to this, many individuals may receive no medical care or intervention, thus dramatically increasing the likelihood of recurrent TBI(s), which may result in more severe neurological damage over time.**

## The Potential Effects of Traumatic Brain Injury

The potential effects resulting from a TBI can range from mild to severe among several categories. These categories include:

- **Thinking** (i.e., memory and reasoning)
- **Sensation** (i.e., sight and balance)
- **Language** (i.e., communication, expression, and understanding)

- **Emotion** (i.e., depression, anxiety, personality changes, aggression, acting out, and social inappropriateness).

An individual that has sustained TBI may not recognize they are experiencing issues related to brain damage because many of the associated symptoms are common in everyday life. **The most widely reported TBI-related symptoms are headaches, severe neuro-fatigue, working memory issues, anxiety, depression, and impairments in social communication.**

**Other problems experienced by individuals that have sustained a TBI are:**

- Impairments in executive functioning, such as difficulty making decisions, considering long-term consequences, taking the initiative, feeling motivated, and starting and finishing actions; disinhibition and impulsiveness.
- Impairments in cognition, such as a decreased ability to concentrate, problem-solve, remain attentive, and appropriately communicate.
- Impairments in personality and behavior that leads to chronic irritability, frustration, and stunted emotional expressions.

There is also a potential for physical impairments, such as hearing and vision problems, insomnia, loss of coordination, and the development of seizures.

### **Service Providers and Trauma-Informed Care**

Every victim of DV will have a unique history, background, and traumatic experiences.

Adopting a trauma-informed approach can aid in the healing process and allow for the best possible outcomes. For a service provider to be trauma-informed in practice means establishing a pathway that will not further re-victimize the women, men, and children seeking their services. In accomplishing this goal, the service provider will be holistically supporting victims of DV in their recovery and healing trajectories.

**Tips for advocates/service providers:**

- Collaborate with the individual in establishing a safety and treatment plan.
- Establish a connection based on respect and focus on the individual's strengths.
- Promote emotional safety by reducing potential trauma-inducing triggers.
- Help the individual understand the nature of their trauma symptoms.

**The service provider would also benefit from incorporating active listening and validation of the individual's emotional state.** This strategy enables the service provider to foster trust and guide the DV victim through strategies to diminish extreme stress, everyday obstacles, and recurrent trauma. The goal is for the service provider to acknowledge the individual first and foremost, and not any potential diagnosis (i.e., behaviors and symptoms).

### **Service Providers and Screening Tools**

Individuals living with DV may find it difficult to recover from a TBI. The high probability of recurrent physical injuries without any medical intervention facilitates a situation where

individuals are more likely to experience severe TBI-related symptoms over a prolonged period.

Screening for TBI among individuals that experience DV can potentially reduce the physical, behavioral, and cognitive consequences of a TBI by identifying those individuals that require more extensive medical care. However, service providers need to remember that there are several obstacles for an individual that has sustained multiple TBI(s) as a result of DV.

#### **A TBI can make it harder for a victim of DV to:**

- Remove themselves from an abusive environment.
- Create and sustain a safety plan.
- Assess potential dangers and react appropriately.
- Gain and/or retain employment and financial stability.
- Engage in educational opportunities.
- Access service providers that can enable independent living.
- Adapt to living in a DV shelter.
  - The victim may become anxious and confused or disruptive or have trouble understanding or remembering shelter rules and procedures.

### **TBI Screening Assistance**

Screening for TBI among victims of DV is essential. A brief assessment that was designed to be used by professionals who are not TBI experts is known as HELPS Screening Tool.

#### **HELPS is an acronym for:**

**H** = Have you ever **H**it your **H**ead or been **H**it on the **H**ead?

**E** = Were you ever seen in the **E**mergency room, hospital, or by a doctor because of a head injury?

**L** = Did you **L**ose consciousness? (Not everyone who suffers a TBI loses consciousness)

**P** = Are you having cognitive or social **P**roblems in your daily life? (List provided on screener)

**S** = Did you experience a significant **S**ickness following your head injury?

A HELPS screening is considered **positive** for a possible TBI when the following three items are identified:

1. An event that could have caused a brain injury (yes to **H**, **E** or **S**), and
2. A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to **L** or **E**), and
3. The presence of two or more chronic problems listed under **P** that were not present before the injury.

If an individual has been considered **positive** for a possible TBI, then they need to be referred to a medical provider for a diagnostic evaluation.

## Working with Victims of Domestic Violence Post-TBI

Adopting the following strategies can aid a service provider in navigating an individual's impairments in cognition, behavior, and executive functioning to optimize their well-being.

- During meetings, reduce unnecessary distractions, such as bright lights and noise.
- Break safety planning into sequences of smaller steps.
- Review safety planning frequently.
- Aid in the development of checklists, goal creation, and time management.
- Allow extra time for them to complete tasks (e.g., forms, phone calls, decisions-making, etc.).
- Be factual, realistic, and concrete in your statements; break information down into small pieces.
- If safety allows, write important information down in a journal or calendar, such as court dates, contact numbers, directions, order of protection information, to-do lists, etc.
- Coordinate with the individual to optimize the management of their lives, in terms of accessing benefits, rehabilitation and support services, assistive devices (voice recorders, timers, PDAs, post-its, etc.) service animals, and independent living.
- Provide respectful feedback on problem areas that affect the safety and possible consequences of long-term/short-term decisions.

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## HELPS - TRAUMATIC BRAIN INJURY (TBI) SCREENING TOOL

Participant (Name / Age): \_\_\_\_\_

Agency / Screener's Information: \_\_\_\_\_

**Purpose:** The following assessment is designed to screen for **possible** occurrences of TBI, which can aid the participant and agency/screener in determining if a medical referral is needed.

**H** Have you ever **Hit** your **Head** or been **Hit** on the **Head**?  Yes  No

Note: Prompt the participant to think about incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse, and also for service related injuries. A TBI can also occur from violent shaking of the head, such as being shaken as a baby or child.

**E** Were you ever seen in the **Emergency** room, hospital, or by a doctor because of an **injury** to your **head**?  Yes  No

Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.

**L** Did you ever **Lose** consciousness or experience a period of being dazed and confused because of an **injury** to your **head**?  Yes  No

Note: People with TBI may not lose consciousness but experience an "alteration of consciousness." This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.

**P** Do you experience any of these **Problems** in your daily life since you hit your head?  Yes  No

Note: Ask the participant if s/he experiences any of the following problems, and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

- |   |  |
|---|--|
| <input type="checkbox"/> headaches                | <input type="checkbox"/> difficulty reading, writing, calculating              |
| <input type="checkbox"/> dizziness                | <input type="checkbox"/> poor problem solving                                  |
| <input type="checkbox"/> anxiety                  | <input type="checkbox"/> difficulty performing your job/school work            |
| <input type="checkbox"/> depression               | <input type="checkbox"/> change in relationships with others                   |
| <input type="checkbox"/> difficulty concentrating | <input type="checkbox"/> poor judgment (being fired from job, arrests, fights) |
| <input type="checkbox"/> difficulty remembering   |  |

**S** Any significant **Sicknesses**?  Yes  No

Note: A TBI implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, West Nile virus, stroke, seizures. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, or near suffocation.

### Scoring the HELPS Screening Tool

A HELPS screening is considered positive for a **possible** TBI when the following 3 items are identified:

- 1.) An event that could have caused a brain injury (yes to H, E or S), **and**
- 2.) A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to L or E), **and**
- 3.) The presence of two or more chronic problems listed under P that were not present before the injury.

**Note:**

- A positive screening is **not sufficient to diagnose TBI** as the reason for current symptoms and difficulties - other possible causes may need to be ruled out by a medical professional.
- **Some individuals could present exceptions** to the screening results, such as people who do have TBI-related problems but answered "no" to some questions.
- Consider positive responses within the context of the person's self-report and documentation of altered behavioral and/or cognitive functioning.
- If the participant is concerned about their results or would like more information, please talk to your health care provider or call the Brain Injury Alliance of Washington at 1-877-982-4292.

The original HELPS TBI screening tool was developed by M. Picard, D. Scarisbrick, R. Paluck, 9/91, International Center for the Disabled, TBI-NET, U.S. Department of Education, Rehabilitation Services Administration, Grant #H128A00022. The Helps Tool was updated by project personnel to reflect recent recommendations by the CDC on the diagnosis of TBI. See [http://www.cdc.gov/ncipc/pub-res/tbi\\_toolkit/physicians/mtbi/diagnosis.htm](http://www.cdc.gov/ncipc/pub-res/tbi_toolkit/physicians/mtbi/diagnosis.htm).

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## **Domestic Violence's Overlooked Damage: Concussion And Brain Injury**

Hundreds of survivors of domestic violence have come through the doors of neurologist Glynnis Zieman's Phoenix clinic in the past three years.

**“The domestic violence patients are the next chapter of brain injury,” she said.**

Zieman begins every new patient visit with a simple question: “What are the symptoms you hope I can help you with?”



**For most, it's the first time anyone has ever asked how they may have been injured in the first place.** “I actually heard one patient tell me the only person who ever asked her if someone did this to her was a paramedic, as she was being wheeled into an ambulance,” Zieman said. “And the husband was at the foot of her stretcher.”

While many patients initially seek out the clinic because of physical symptoms, such as headaches, exhaustion, dizziness or problems sleeping, Zieman's research shows that anxiety, depression and PTSD usually end up being the most severe problems, she said.

Studies of traumatic brain injury have revealed links to dementia and memory loss in veterans and athletes. And TBI has also been [linked to PTSD in current or former service members](#).

**But survivors of domestic violence may be suffering largely in silence.**

About 70 percent of people seen in the emergency room for such abuse are [never identified](#) as survivors of domestic violence. It's a health crisis cloaked in secrecy and shame, one that Zieman is uncovering through her work at the [Barrow Concussion and Brain Injury Center](#).

She runs what she said is the first program dedicated to treating traumatic brain injury for survivors of domestic violence.

“About [81 percent](#) of our patients had so many hits to the head, they lost count, which, you compare that to athletes, is astronomical,” Zieman said.

Zieman said it's not just the sheer number of injuries that makes these patients' cases so complex.

“One single athletic concussion is hard enough to treat, but these patients are beyond that,” she said. “Unlike athletes, they do not have the luxury, if you will, of recovering after an injury before they are injured again.”

Domestic violence is estimated to affect more than [10 million people](#) each year. Head and neck injuries are some of the most common issues, and Zieman is uncovering how frequently traumatic brain injury is part of the picture.

Still, she said, the lack of recognition of the severity of the abuse-related problems has left many survivors without a definitive diagnosis. Many get blamed for their cognitive impairment.

“They have been labeled for so long with all these horrible things,” said Zieman. “And in the end, it’s not only not their fault but there is a true medical reason behind these issues and there are some things that can be done.”

**Data on domestic violence and traumatic brain injury are sparse because cases are so underreported, but Zieman said her team’s initial findings indicate the issue is more prevalent than previously thought.**

A 2016 review of the medical files of patients in the program — almost all women — discovered only one-fifth of them had seen a physician for their injuries. Eighty-eight percent had sustained more than one head injury from abuse.

Zieman works with local domestic violence shelters to identify women who may be suffering from brain injuries. Workers will send them to Zieman’s clinic where their physical symptoms, such as headaches or dizziness, can be treated along with the cognitive and emotional effects of their abuse. Through grants and private donations, Zieman said, the care is free, whether or not people have insurance.

Ashley Bridwell, a social worker at Barrow, works with Zieman to help survivors manage life with a brain injury. “Some of these simple things like filling out an application or remembering an appointment, or being able to give a solid social or medical history — it’s close to impossible considering what they are experiencing,” she said.

Bridwell helped start the program six years ago after doing outreach to the homeless community and realizing many clients had traumatic brain injuries from domestic violence. She said patients often have long histories of emotional and physical abuse. Many have cognitive impairment from repeated mild traumatic brain injury.

Patients will sometimes arrive at the clinic with a constellation of seemingly unexplainable symptoms. Bridwell said she remembers one who lost her job because of her forgetfulness. The woman thought she had Alzheimer’s.

“And for her to come in and get some information about head injury, and about how multiple hits to the head can impact your memory, your attention, your concentration, your speed of processing, it was incredibly validating for her,” said Bridwell.

The diagnosis gave her a new way to talk about and understand her private struggle. “They realize it’s not their fault,” Bridwell said.

And Zieman said PTSD and trauma affect this population deeply.

“The significance of the mood symptoms in this population far exceeds what we see in our other patients,” she said.

Zieman said medical science is still in the early stages of understanding the effects of repetitive brain injury and how to better treat it. The trauma of domestic violence only complicates the picture, but the survivors she sees remain her favorite patients to treat.

“I feel that we can make the biggest difference for these patients,” she said.

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## Have you had a Traumatic Brain Injury?



**Traumatic Brain Injury and Domestic Violence**  
Domestic violence (DV) can lead to a traumatic brain injury (TBI), because the head and neck are common targets in physical assaults within the domestic setting.

### What is a traumatic brain injury (TBI)?

External trauma to the head or violent movement of the head that leads to brain damage, which can be caused by several things, such as, an assault, being shaken, or a fall.



### What is domestic violence (DV)?

The intimidation, physical and/or sexual assault, and/or other abusive behavior against another individual.



### Have YOU been:

- **Shaken** severely?
- Hit in the **face, neck, or head**?
- Made to **fall**, then hitting your head?
- **Choked** or **strangled**?

**IF YOU SAID YES,  
THEN YOU MAY HAVE  
HAD A TRAUMATIC  
BRAIN INJURY.**

### PHYSICAL SYMPTOMS OF A TBI INCLUDE:

- Headaches
- Vision Changes
- Dizziness **and/or** Balance Problems
- Fatigued **and/or** Easily Confused
- Head **and/or** Neck Pain



### YOU MAY ALSO EXPERIENCE:

- Gaps in Memory
- An Inability to Focus **and/or** Pay Attention
- Lack of Motivation in Daily Life
- An Inability to Control Your Emotions
- Increased Sensitivity to Light **and/or** Noise



### DANGER SIGNS OF A TBI FROM DV:

- Headaches that do not go away or get worse
- Extreme drowsiness or having a hard time waking-up
- Slurred speech, numbness, or decreased coordination
- Repeated vomiting or nausea
- Unusual behavior, restlessness, or agitation
- One pupil (eye) is larger than the other

### THINK YOU HAD A TRAUMATIC BRAIN INJURY?

- If you have been hurt in the head or choked, especially if you have **ANY** symptoms, seek **medical** attention.
- Connect with your local medical **and** support services.

### National Domestic Violence Hotline

**1-800-799-SAFE**

WA State Coalition Against Domestic Violence  
[www.wscadv.org](http://www.wscadv.org)

# 🎗️ BRAIN INJURY 🎗️ and DOMESTIC VIOLENCE

**DID YOU KNOW?**

**SURVIVORS OF DOMESTIC VIOLENCE COMMONLY SUFFER ABUSE, LIKE HITS TO THE HEAD OR STRANGULATION, THAT LEADS TO BRAIN INJURY. THESE BRAIN INJURIES GO UNNOTICED BECAUSE OF THE UNFAMILIARITY WITH SYMPTOMS IN SURVIVORS.**

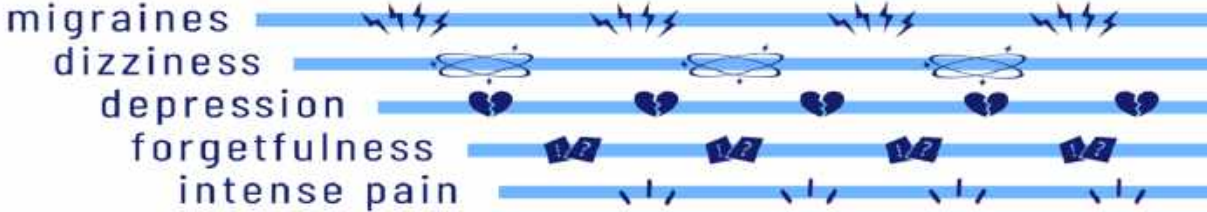
survivors report  
**MULTIPLE HEAD INJURIES, FEAR OF DEATH, AND POWERLESSNESS**

One study found that  
**80%**  
 of survivors had experienced head injuries



**OVER HALF**  
 had mild traumatic brain injury

### WHAT HAPPENS AFTER AN INJURY?



**DIFFICULTY WITH**

- ..... EMPLOYMENT
- ..... EVERYDAY TASKS
- ..... SELF-WORTH

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