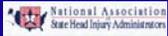


**TRAUMATIC BRAIN INJURY**  
**and**  
**DOMESTIC VIOLENCE**  
**Webcast**  
**8/19/2004**



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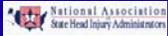
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**Target Audience**

- Traumatic Brain Injury (TBI) service providers in community & state agencies.
- Domestic violence (DV) service providers.

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## Participants will learn . . .

- About Domestic Violence
  - What DV is.
  - Techniques for screening for DV.
  - Interventions, services & resources.

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## Participants will learn . . .

- About Traumatic Brain Injury:
  - Techniques for screening for DV & TBI.
  - Compensatory strategies.
  - Interventions, services, supports & resources.
  - Unique challenges for individuals living with both TBI & DV.
- The importance of collaboration.

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## The DV/TBI Intersection

- Violence is a major cause of TBI.
- The head is a major target of DV assaults.
- Similar problems in DV & TBI:
  - Lack of identification.
  - Misinterpreted behaviors.
  - Misguided interventions.
  - Inattention to real needs.
  - Difficulty accessing & using services.

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## Our Shared Perspectives

- Self-determination.
- Peer support.
- Advocacy.
- Coordination.

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## What TBI Service Providers Need to Know about Domestic Violence



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## Who are the Victims of DV?

- At least 85% are women, mostly abused by male partners.
- 1/2 or more of violent men also abuse their kids.
- All economic classes & ethnic groups.
- All age groups, from teens to elderly women.
- 17% - 46% of lesbians & gay men report abuse.

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## Domestic Violence

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- Domestic violence is a pattern of coercive tactics, which can include physical, psychological, sexual, economic, & emotional abuse, perpetrated by one person against an adult intimate partner, with the goal of establishing & maintaining power & control over the victim.

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## How Abusers Gain Control

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- Physical abuse.
- Sexual abuse & exploitation.
- Economic control & exploitation.
- Intimidation & threats.
- Stalking.

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## How Abusers Gain Control

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- Emotional abuse.
- Manipulation.
- Isolation.
- Restrictions.
- Exploiting victim's vulnerabilities.
- Control through children.

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## **Domestic Violence is NOT...**

- Relationship conflict.
- Mutual; a “dysfunctional relationship.”
- Caused by any trait or behavior of the victim.

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## **DV is NOT caused by the abuser's ...**

- Anger
- Substance abuse
- Poor communication skills
- Past victimization
- Insecurity
- Stress
- Mental illness
- Head injury

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### **Domestic Violence**

- Intentional.
- Control-oriented.
- Specific targets.
- Entitlement attitudes.
- Behavior is excused & minimized.

### **TBI-related Violence**

- Impulsive.
- No pattern of control.
- No specific targets.
- No entitlement.
- No excuses or minimizations.

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## Effects of Abuse

- Injuries.
- Illnesses.
- Disabilities.
- Exacerbation of chronic illnesses & disabilities.
- Mental health problems.
- Death.

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## Effects of Abuse

- Unwanted pregnancy.
- Problems in pregnancy.
- Loss of children.
- Debt, poverty, difficulty supporting kids.
- Loss of job or career progress.
- Harm to children.
- Effects on parenting.

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## Reasons to Stay

- Fear.
- Financial pressures.
- Failure of helping systems.
- Leaving may not end the abuse or danger.
- Abuser may be only caregiver.

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## Reasons to Leave

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- Escalation of violence.
- Impact of abuse on her self.
- Increased danger to self & children.
- Direct harm to children.
- Help is available.

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## Victims' Survival Strategies

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- Try to prevent incidents.
- Manage her own feelings.
- Protect herself & her kids.
- Try to escape.

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## Screening for DV

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- Mary applies for TBI services & says she was injured when she fell down & hit her head. She has had rehabilitation therapies & now needs a job. Service coordinator documents the brain injury, probes for further information & takes a social history. In doing so she learns that Mary has been injured more than once & is currently married.

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## DV Screening Questions

- Many people we work with are being hurt by someone they live with, so we ask everyone about it. Is this happening to you?
- Is anyone you live with hitting you, kicking you, or hurting you in any other way?
- What does your partner do when he gets drunk... angry...stressed out...jealous...? Does he ever get physically violent at those times?

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## Strategies for TBI Providers

- Listen & validate her feelings.
- Let her know it's not her fault.
- Explore options.
- Support her right to make her own decisions as far as possible.
- Help her know her rights.
- Respect her autonomy & confidentiality.
- Advocate for her.

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## Strategies for TBI Providers

- Help her make concrete safety plans.
- Do nothing to endanger her.
- Recognize risky interventions by others.
- Help her mobilize her support system.
- Help her contact DV services.
- Coordinate with DV service providers.

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## Where to Find DV Resources

- National DV Hotline.
  - 1-800-799-SAFE (7233)
  - 1-800-787-3224 (TTY)
- State DV coalitions.
- Local shelters & non-residential services.

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## DV Services

- ❖ Housing
- ❖ Support groups
- ❖ Counseling
- ❖ Safety planning
- ❖ Advocacy with courts, social services
- ❖ Children's programs
- ❖ Know your local DV service provider!

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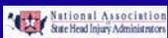
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## **What DV Service Providers Need to Know About Traumatic Brain Injury**



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## Traumatic Brain Injury

- Each year, 1.5 million Americans sustain a TBI.
- 75% sustain mild brain injury.
- Today, at least 5.3 million Americans live with a TBI-related disability.

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## Traumatic Brain Injury

A TBI is a jolt or blow to the brain caused by acceleration-deceleration forces inside the skull or by an object penetrating the skull & piercing the brain. (CDC)

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## Types of TBI

- Open or penetrating injuries.
- Closed TBI from blow to head or shaking:
  - Focal damage.
  - Diffuse damage.
- Injuries can be mild, moderate or severe.

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## **Mild Brain Injury / Concussion**

- Often treated in non-hospital setting, not in ED, or not treated at all.
- May not show up on CT scan or MRI.
- Symptoms may appear months later.
- Disability may be invisible.
- Repetitive concussions.

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## **See physician if there is . . .**

- Headache that gets worse.
- Weakness, numbness.
- Decreasing coordination.
- Repeated vomiting.

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## **See emergency department if:**

- Person cannot be awakened.
- One pupil is larger than the other.
- Seizures.
- Slurred speech.
- Increasing confusion, restlessness or agitation.

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### TBI causes problems with . . .

- Cognition.
- Communication.
- Judgment.
- Emotional, behavioral & psychosocial issues.
- Physical functioning.

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### TBI causes problems with ...

- Activities of daily living (ADLs).
  - Dressing            ✓Paying bills
  - Bathing            ✓Working
  - Cooking            ✓Job-hunting
  - Eating              ✓Driving a car
  - Shopping           ✓Operating machinery

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### Cognitive Problems

- Memory problems & amnesia.
- Problem solving deficits.
- Confusion.
- Shortened attention span.

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## Cognitive Problems

- Trouble understanding abstract concepts.
- Trouble following complex directions.
- Loss of sense of time & space.
- Decreased awareness of self & others.

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## Communication Problems

- Speaking & understanding speech.
- Finding the right words to say.
- Poor sentence formation; sentences may make little sense.
- Identifying objects and their function.
- Reading, writing & ability to work with numbers.

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## Poor Judgment

- Decisions based on immediate needs, rather than long-term consequence.
- Lack of insight into own behavior.
- May impact ability to do safety planning.
- Need to differentiate poor judgment resulting from TBI from decisions of victims that don't make sense to others.

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## Emotional / Behavioral

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- Inability to recognize own deficits
- Low self-esteem
- Emotional lability
- Mood swings
- Irritability, anxiety
- Depression

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## Emotional / Behavioral

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- Inability to initiate or complete tasks
- Impulsive behavior
- Inability to tolerate frustration
- Aggression
- Disinhibition
- Changed personality

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## Physical Problems

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- Seizures.
- Muscle spasticity.
- Fatigue.
- Impaired balance.
- Impaired hearing, vision & speech.

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### DV Victims with TBI report . . .

- Headaches
- Dizziness
- No initiative
- Can't retain info
- Can't concentrate
- Irritability
- Apathy
- Agitation
- Memory loss
- Can't think abstractly
- Can't tolerate frustration

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### DV Victims with TBI report . . .

- Blurred vision
- Hearing problems
- Confusion
- Can't process info
- Can't follow directions
- Mental fatigue
- Can't make decisions
- Depression
- Can't sleep
- Poor judgment (to others)
- Can't project into future

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### Issues for DV Victims with TBI

- Getting needed medical or rehab care.
- Financial dependence
- Deciding to stay or leave.
- Caring for kids.
- TBI symptoms overlap with crisis reactions.
- May be discredited as a victim.

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## Screening for TBI

- During her shelter intake, Julia says that she has been living with her mother, who threw her out after Julia “went ballistic” following a phone call from her husband. She left her husband a month ago after he almost killed her. He has been following her around & harassing her wherever she goes. She needs to find an apartment & a job but feels overwhelmed by the process of looking.

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## TBI Screening Questions

- Did he:
  - Hit you in the head?
  - Slam your head into an object?
  - Make you fall & hit your head?
  - Try to strangle or suffocate you?
  - Shake you?
- Did he do these things more than once?

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## TBI Screening Questions

- Did you:
  - Lose consciousness?
  - Feel dazed or confused?
  - Get medical attention?
- If you got medical attention:
  - What did you tell them?
  - What did they tell you?

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## TBI Screening Questions

- Are you experiencing:
  - Trouble concentrating, organizing or remembering?
  - Irritability?
  - A loss of motivation?
  - Headaches?
  - Vision or hearing problems?
  - Loss of balance?

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## Strategies for DV Providers

- Maximize structure & minimize distractions.
- Don't rush.
- Repeat when needed.
- Stick to the main points.
- Check that info has been received.
- Write things down.
- Use interpreters when needed.

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## Strategies for DV Providers

- Explain roles of agencies & case managers.
- Explain confidentiality in writing.
- Outline steps necessary to achieving tasks.
- Help her communicate with others, fill out forms, make phone calls & deal with bureaucracies & interact with other shelter residents.

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## Compensatory Strategies

- Memory notebook.
- Daily planners & calendars.
- Timers to remind her about ADLs.
- Notepads by the phone.
- Checklists.
- Labels on cabinets or other areas of house.
- Post shelter rules & schedules

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## Social Judgment Strategies

- Discuss specific choices.
- Help her set priorities.
- Point out possible consequences of decisions, short- & long-term.
- Provide clear & specific feedback.
- Build TBI issues into safety planning.

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## Strategies for DV Providers

- Help her access social & natural supports.
- Support self-determination.
- Be familiar with TBI resources & services.
- Help educate her about her TBI.
- Know your local brain injury service provider!

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## Resources

- State TBI programs & services
- Employment & education
- Health care
- Family assistance programs
- Disability resources
- Financial assistance
- Community & natural supports

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## State Initiatives on Domestic Violence and TBI

- Training DV providers on TBI.
- Training TBI case managers & service coordinators on DV.
- Identifying & coordinating resources.

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## National Resources



National Association of State Head Injury Administrators - Technical Assistance Center  
[www.nashia.org](http://www.nashia.org)



Brain Injury Association of America  
[www.biausa.org](http://www.biausa.org)



National Coalition Against Domestic Violence  
[www.ncadv.org](http://www.ncadv.org)

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## Summary

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- The cognitive & executive problems that typically follow TBI can cause extra difficulties for DV victims.
- DV victims with TBI may have difficulty with safety planning & self-determination.
- Coordination & understanding between TBI & DV service providers is crucial.

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## Thanks!

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Sue Parry

Susan Vaughn

Blanca Kling

HRSA/MCHB Federal TBI TAC Program

NASHIA Planning Committee & Staff

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## Thanks!

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## NY State Office for the Prevention of Domestic Violence

80 Wolf Road, Suite 406  
Albany, NY 12205

518-457-5800

[www.opdv.state.ny.us](http://www.opdv.state.ny.us)



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## NASHIA

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Bethesda, MD 20814

Phone: 301-656-3500

Fax: 301-656-3530



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