

Thank you for joining us. The presentation
will begin soon.

niwrc.org

515 Lame Deer Ave., Lame Deer, MT 59043 Phone 406.477.3896 Toll-Free 855.649.7299 Email info@niwrc.org



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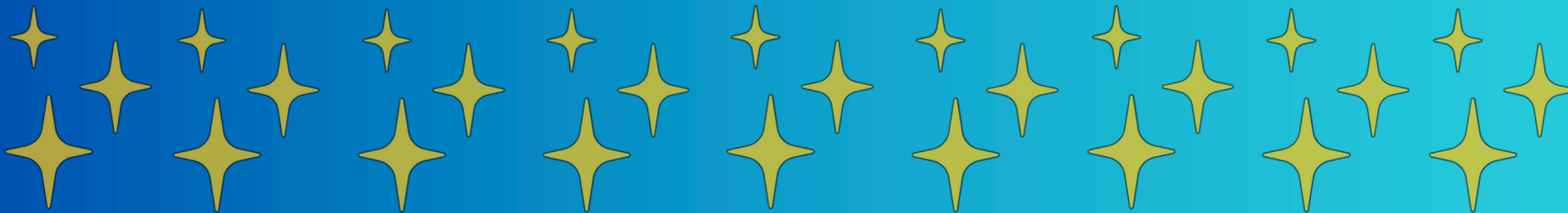
[niwrc](https://www.instagram.com/niwrc)

Introduction

Gwendolyn Packard
Senior Housing Specialist



STTARS Listserv



Housekeeping



Select a Microphone

- ✓ Same as System
- MacBook Pro Microphone (MacBook Pro Microphone)
- VB-Cable

Select a Speaker

- ✓ Same as System
- MacBook Pro Speakers (MacBook Pro Speakers)
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- Test Speaker & Microphone...
- Switch to Phone Audio...
- Leave Computer Audio
- Audio Settings...

Audio by Phone

1. Select pull-up tab by mic icon (see above)
2. Click **Leave Computer Audio**
3. Select **Join Audio** and click the **Phone Call** tab
4. Dial one of the numbers provided
5. Enter your meeting ID, followed by #
6. Enter your participant ID, followed by #

Audio Settings ^

Chat Raise Hand Q&A Closed Caption Reactions

Housekeeping



You are in a practice session

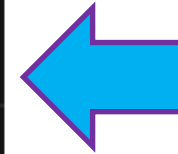
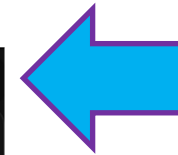
FVPISA **mandates** “a National Indian Resource Center Addressing Domestic Violence and Safety for Indian Women, which shall—

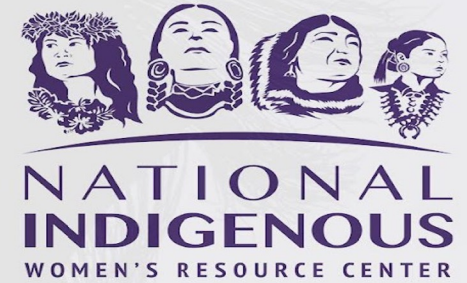
- (i) offer a comprehensive array of technical assistance and training resources to Indian tribes and tribal organizations, specifically designed to enhance the capacity of the tribes and organizations to respond to domestic violence and the findings of section 901 of the Violence Against Women and Department of Justice Reauthorization Act of 2005;
- (ii) enhance the intervention and prevention efforts of Indian tribes and tribal organizations to respond to domestic violence and increase the safety of Indian women in support of the purposes of section 902 of the Violence Against Women and Department of Justice Reauthorization Act of 2005; and
- (iii) coordinate activities with other Federal agencies, offices, and grantees that address the needs of Indians (including Alaska Natives), and Native Hawaiians that experience domestic violence, including the Office of Justice Services at the Bureau of Indian Affairs, the Indian Health Service of the Department of Health and Human Services, and the Office on Violence Against Women of the Department of Justice.”

View

- Standard
- Side-by-side: Speaker
- ✓ Side-by-side: Gallery
- Show Self View
- Hide Non-video Participants
- Fullscreen

NIWRC Support Team





Enjoy the presentation!

niwrc.org

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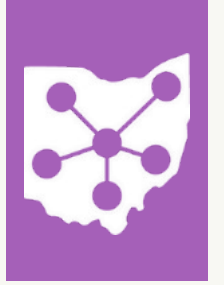


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Rachel Ramirez, LISW-S
Ohio Domestic Violence Network



Hidden in Plain Sight: The Intersection of Brain Injury, Strangulation, Gender-Based Violence, Housing Insecurity and Homelessness (Wow that's a lot)



Being **choked**, **strangled** or **hurt in the head** can cause a **brain injury**.

Getting help can **save your life**, learn more by scanning the code:



or visit www.odvn.org/brain-injury-survivors/



This project is supported by Grant No. 2021-048-4-9001 awarded by the Office of Criminal Justice Services with American Rescue Plan Funding from the Family Violence Prevention Fund.

Who am I?

Director of Health And Disability Programs, founder of the Center on Partner-Inflicted Brain Injury
19 years in DV work
Trauma-informed capacity building
A passionate advocate for survivors impacted by brain injury



RACHEL RAMIREZ

Identities
frame our
experience
with the
world



RACHEL RAMIREZ



List one of your identities in the chat.



CONNECTION

Ohio Domestic Violence Network





CONNECT
ACKNOWLEDGE
RESPOND
EVALUATE

A brain injury aware, trauma-informed framework focusing on awareness, accessibility, and accommodations.

ADAPTING YOUR PRACTICE

Recommendations for the Care of
Patients Who Are Homeless or Unstably Housed
Living with the Effects of Traumatic Brain Injury

https://tbi.cedwvu.org/media/3405/adapting-your-practice_final_10-22-181.pdf

WHAT DO YOU THINK?

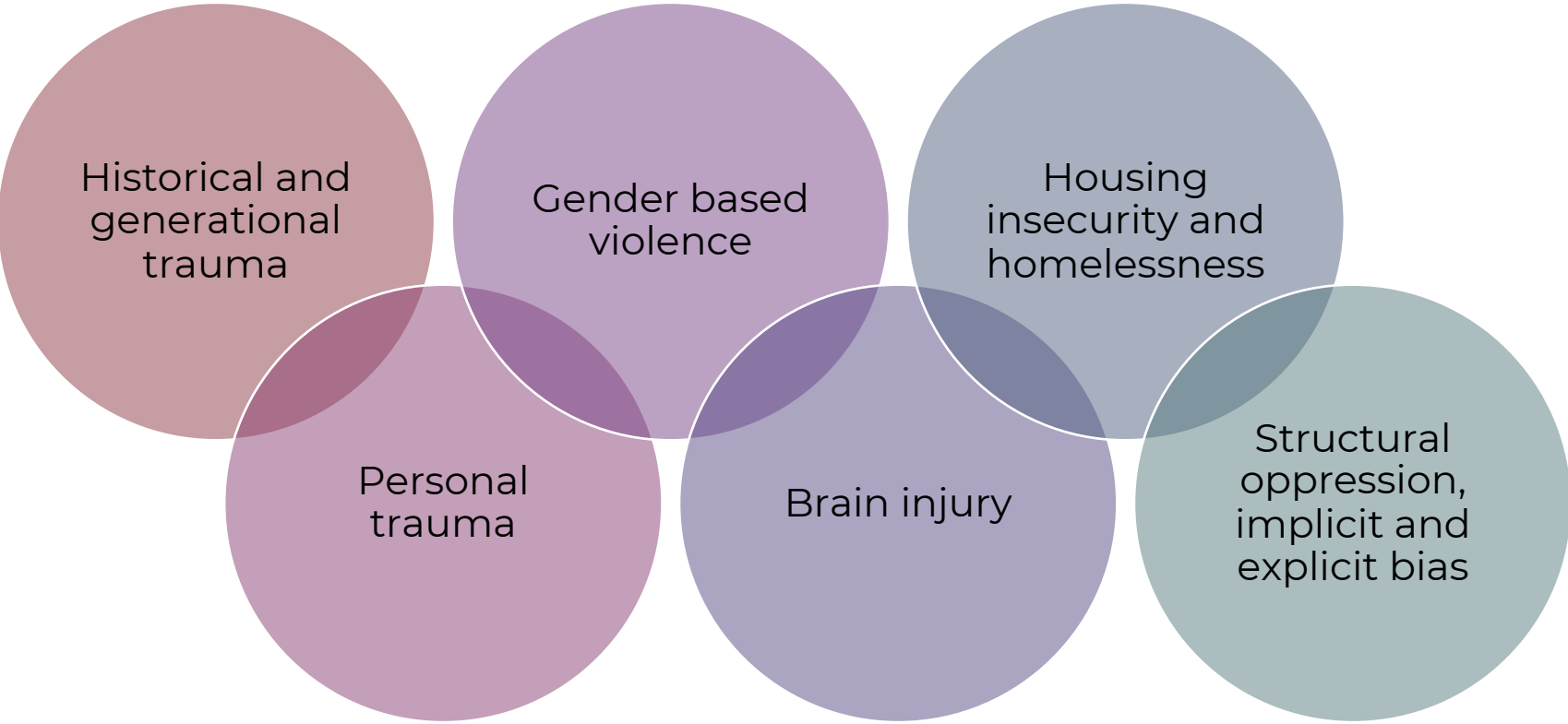
I feel knowledgeable about traumatic brain injury and strangulation and what this means for me and my services.





Cause and Consequence





WHAT DO YOU THINK?

How often do people you work with get hurt in the head, neck, and face—including strangulation?



2015
Summit on
TBI and
Native
Americans

**Reflecting on 2003 initiatives
of Health Resources and
Services Administration's TBI
Program:**

“Policies, cultural disconnects, misunderstandings, geographical distances, funding streams and mechanisms, societal inequity issues, and other barriers such as language and world views all impede service accessibility.”

2015 Summit on TBI and Native Americans

- Higher prevalence of TBI
- Significant inequities
 - prevention
 - assessment
 - diagnostic screening
 - treatment & health resources
- Barriers to culturally appropriate services

Was gender-based violence a focus of this conversation?

American Institutes for Research

- Greater risk for TBI
- Greater risk for poor outcomes after TBI
 - Health disparities
 - Poverty
 - Violence
 - Systemic racism
 - Numerous barriers to services

“...there appears to be a particularly brutal physicality in assaults on Native women”

(Deer, 2015)

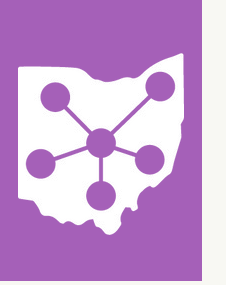
- Most American Indian and Alaskan Native adults are victims of violence
- Trends in qualitative data about sexual assault from National Crime Victims Survey
 - **>90%** Native women victims reported being physically hit during assault vs **71%** white victims
 - **25%** of Native women victims report the use of a weapon during their assault vs **9%** white women victims

<https://www.ojp.gov/pdffiles1/nij/249815.pdf>

TBI AND HOMELESSNESS

- Leading cause of death and disability among children and young adults
- Can result in (or contribute to) :
 - Neuropsychological dysfunction
 - Behavior problems
 - Cognitive impairments
 - Functional limitations
 - Health problems
- All can contribute to housing instability and homelessness



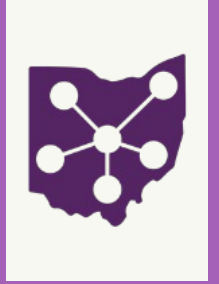
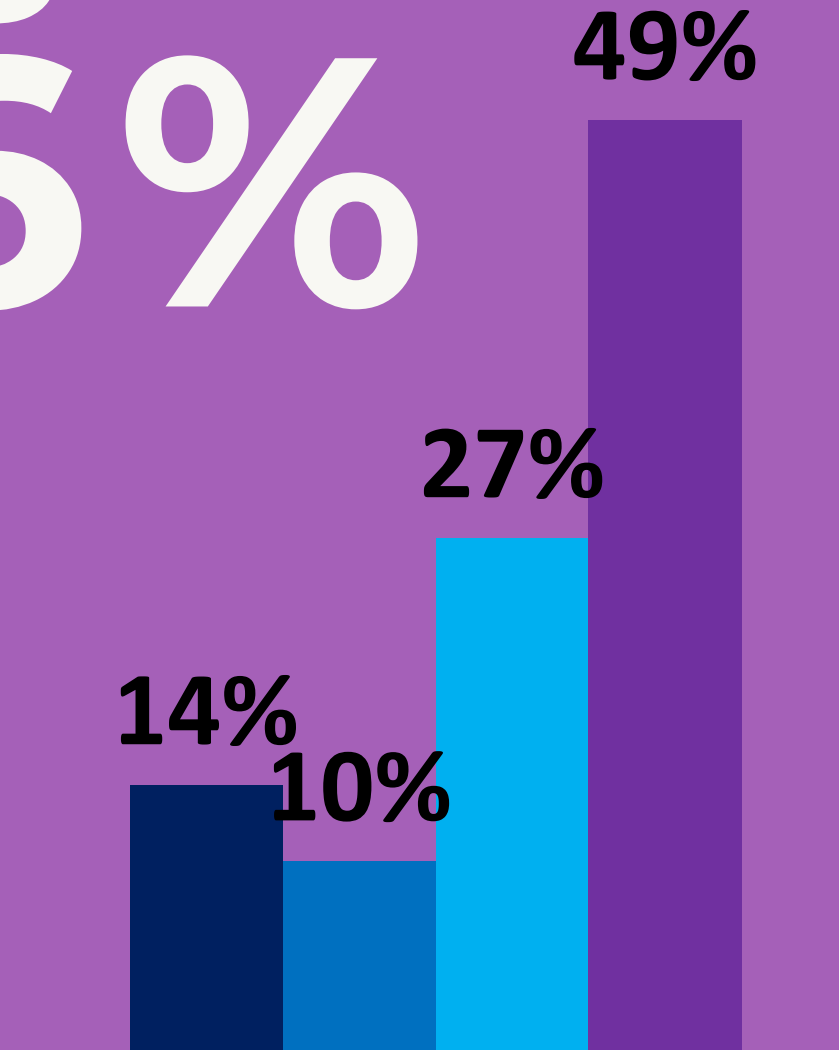


A SIGNIFICANT MISSING
PIECE

<https://www.youtube.com/watch?v=zp7uBCJ6Sko&t=85s>

HAVE YOU EVER BEEN HIT OR
HURT IN THE HEAD?

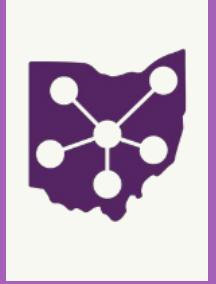
YES
86%



HOW MANY TIMES?

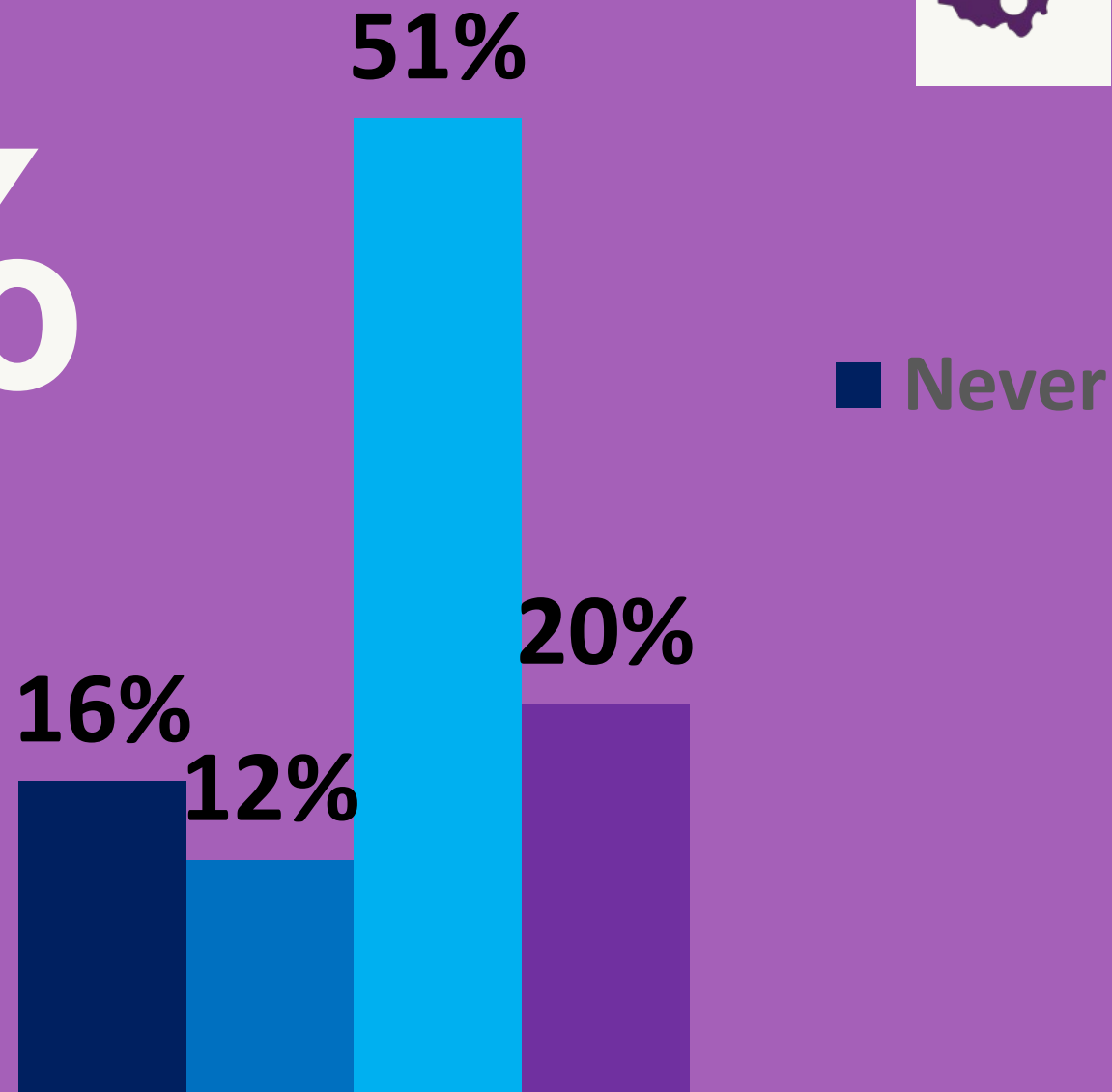
TOO MANY TO
COUNT

49%



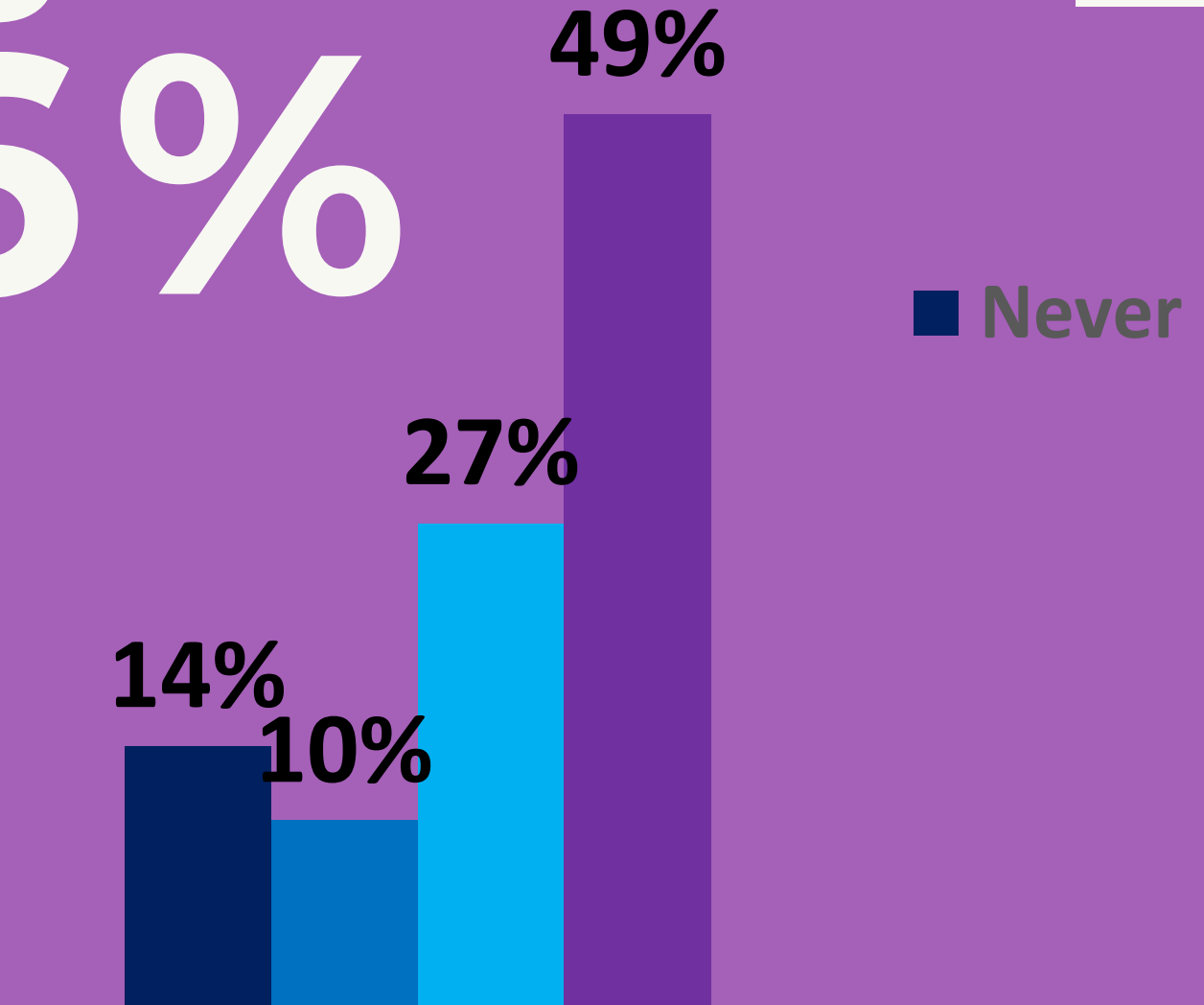
HAVE YOU EVER BEEN
CHOKED OR STRANGLING?

YES
83%



HAVE YOU EVER BEEN HIT OR
HURT IN THE HEAD?

YES
86%



DV ER VISITS INVOLVING HEAD, NECK
AND FACIAL TRAUMA

88%



What does head injury look like to survivors?

“Has your partner ever...?”

Hit or hurt you
in the head?

Hit you in the head
with something?

Pushed you into
furniture or walls?

Made you fall?



Violently shaken
you?

Put their hands
around your neck?

Slammed your head
into something?

Done something that
made it hard to breathe?

Other causes of brain injury

- Accidents
- Falls
- Sports
- Military service
- Community violence
- Police violence
- Family violence
- Overdoses and occurring when other the influence of substances





NEUROLOGICAL

FRAMEWORK



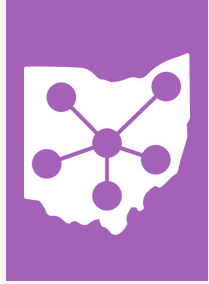
PSYCHOLOGICAL

FRAMEWORK



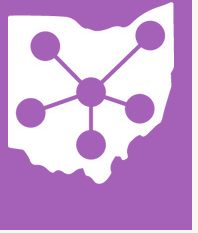
WON'T OR CAN'T?

Changes how we see things



SERVICE PROVISION
PERSPECTIVE

- “Non-compliant”
- Confused
- Unmotivated
- Disorganized
- Needs to get it together
- Not paying attention
- Demanding
- Doesn't care
- Don't want it enough
- Don't learn from past errors



SERVICE PROVISION
PERSPECTIVE

Brain functions

Frontal

Executive functions
Judgement
Self-control
Short-term memory
Personality

Parietal

Integrate info from
senses (cognition)
Coordinates
movement

Occipital

Sight

Temporal

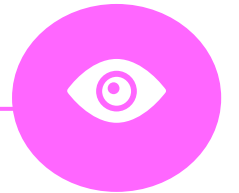
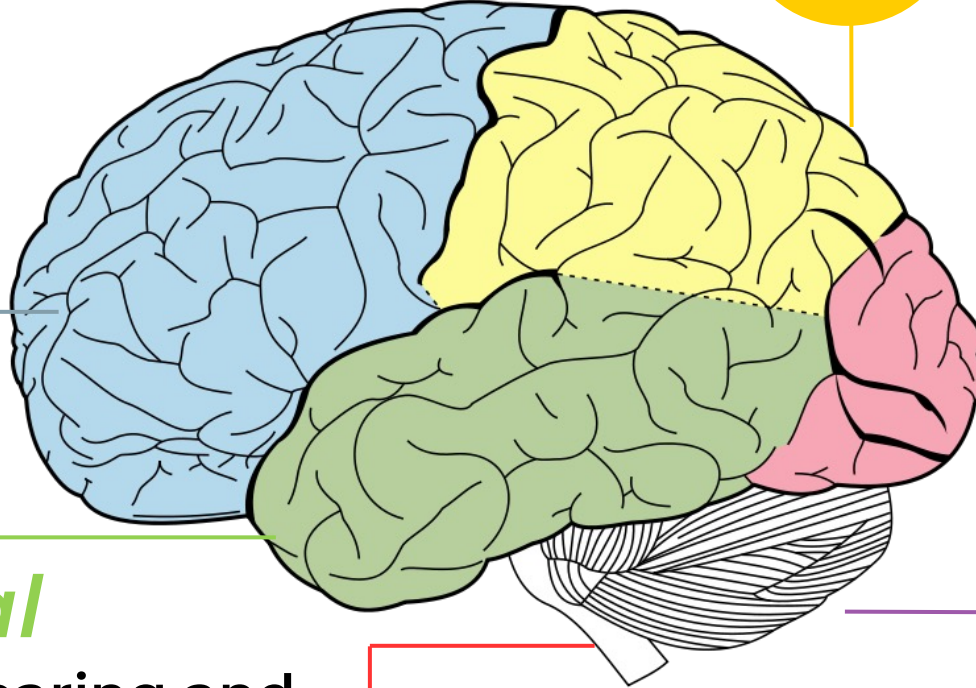
Language, hearing and
comprehension
Memory (long term)
Learning
Emotion
Amygdala

Brain Stem

Heart rate
Swallowing
Breathing

Cerebellum

Coordination
Balance



Executive functioning

- Mental skills that include working memory, flexible thinking, and self control
- Essential for everyday tasks

Prioritizing

Problem solving

Time management

Starting tasks

Organizing and planning

Multitasking

Managing emotions

Controlling impulses

Social and sexual behavior

Self-awareness



WHAT DO YOU THINK?

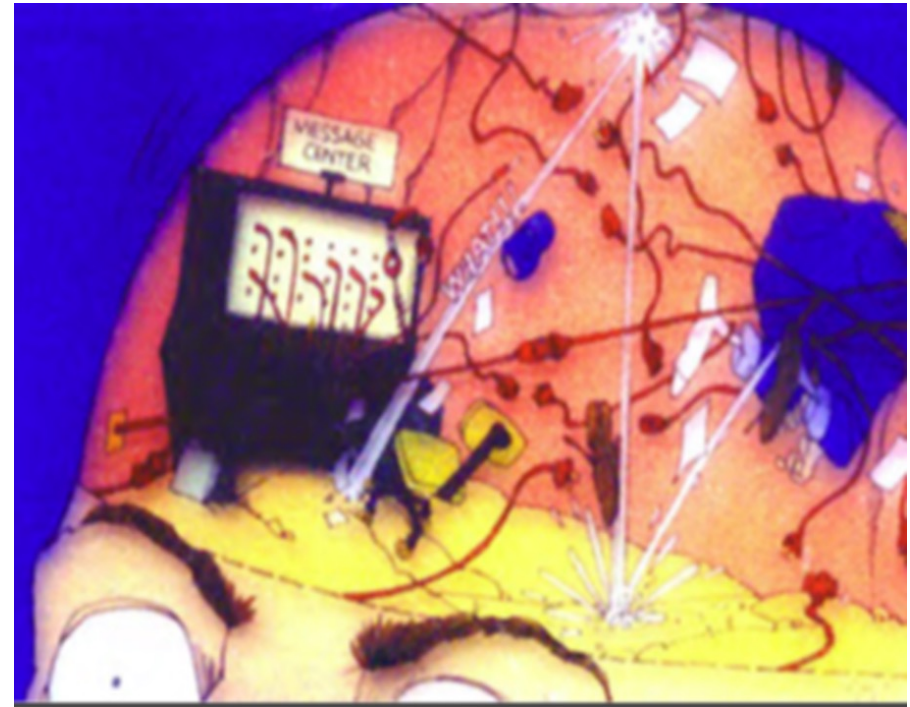
Which ability is most important for people to have success in your services?



When the
brain is
healthy



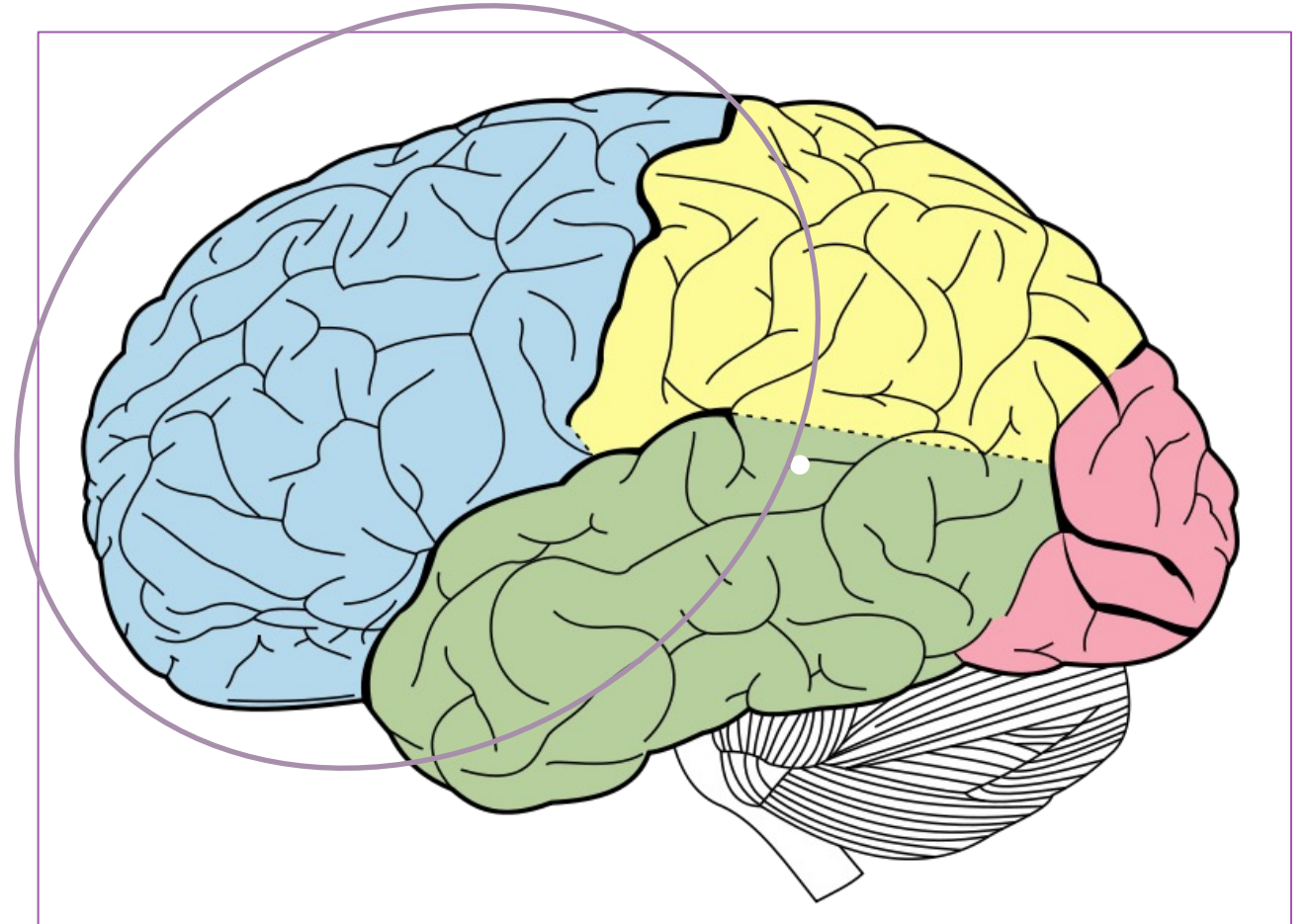
When the
brain
gets hurt



Frontal lobe

Damage

- Most likely part of our brain to be impacted by head trauma
- Bony ridges behind forehead cause frontal lobe damage
- Particularly sensitive to lack of oxygen



Executive functioning

- Mental skills that include working memory, flexible thinking, and self control
- Essential for everyday tasks

Problem solving

Time management

Starting tasks

Organizing

Planning

Managing emotions

Controlling impulses and
delaying gratification

Self-awareness

Prioritizing

All this becomes more difficult



Executive dysfunction

- Impacts service access
- Impacts ability to engage in life saving processes
- Impacts quality of life

Head Injury impacts survivors' daily activities

And makes it difficult for survivors to take care of themselves & those they care about



Sleep



Securing Housing



Maintaining relationships



Managing physical & mental health



Participating in services



Managing legal systems



Self care



Finding & keeping jobs



Caretaking



Safety planning



Education

Brain Injuries

- One of **many** unaddressed health issues
- In DV, a complicated chronic health condition, complicated to treat
- Even with the best care, can impact a person forever



**“When you’ve seen one brain injury,
you’ve seen one brain injury.”**

Learn About Your Injury

Mild TBI and concussions are brain injuries. A mild TBI or concussion is caused by a bump, blow, or jolt to the head or body that causes:



The head and brain to move quickly back and forth.



The brain to bounce or twist in the skull from this sudden movement.



Chemical changes in the brain and sometimes stretching and damage to the brain cells.

Doctors may describe these injuries as “mild” brain injuries because they are usually not life-threatening. Even so, their effects can be serious.



Traumatic Brain Injury (TBI) or Concussion

- Inflammation causes widespread damage
- Neurons cannot regrow-slowly form new connections
- Signs and symptoms don't always appear right away
- Repetitive head trauma particularly damaging
- Sub-concussive hits have a significant impact



Strangulation

Significant
safety and
lethality risks

- Strangulation is not what most survivors call it- choking, put hands on neck, grabbed me, etc.
- Pressure applied to neck, terrifying and traumatic tactic of control
- One of **many** causes of restriction of oxygen and nutrients to brain → hypoxic-anoxic brain injury
- Causes damage very fast with little pressure
- Altered consciousness + lack of visible injuries + frequency + no access to medical care + lack of screening/assessment anywhere = **minimization & brain injuries go undetected and unidentified**

Voices of Survivors



NINA



REBECCA



PAULA

<https://vera.wistia.com/medias/a5ifq26rn6>



SIGNS AND SYMPTOMS THAT
WERE NOTICED BUT NOT
CONNECTED TO BRAIN
INJURY



Physical symptoms

* Specific to strangulation

Survivors may struggle with...

- Significant sleep problems
- Nauseas or vomiting
- Sensitivity to light & sound
- Vision problems (blurry or fuzzy)
- Seizures
- Headaches/migraines /head pressure
- Dizziness
- Poor balance
- Feeling tired or no energy
- Hoarse voice*
- Difficulty swallowing*
- Neck pain*

Which may look like...

- Pain and discomfort
- Difficulties falling asleep, staying asleep & waking up
- Problems with eyesight or hearing
- Getting easily distracted
- Difficulties concentrating
- Feeling overwhelmed
- Bothered by noise or lighting
- Tripping/bumping into furniture
- Too tired for in normal activities



Emotional symptoms

Survivors may struggle with...

- Becoming easily frustrated, upset or agitated
- Aggressive or inappropriate behavior
- Anger and rage
- Mood fluctuations
- More impulsive
- Exacerbated mental health challenges
 - Anxiety
 - PTSD
 - Depression

Which may look like...

- "Non-compliant"
- Say or do things without thinking
- Troubles getting along with others
- Challenging others
- May not follow directions
- Talk about hopelessness
- Withdrawal or isolation
- Threats to harm others or self



Cognitive symptoms

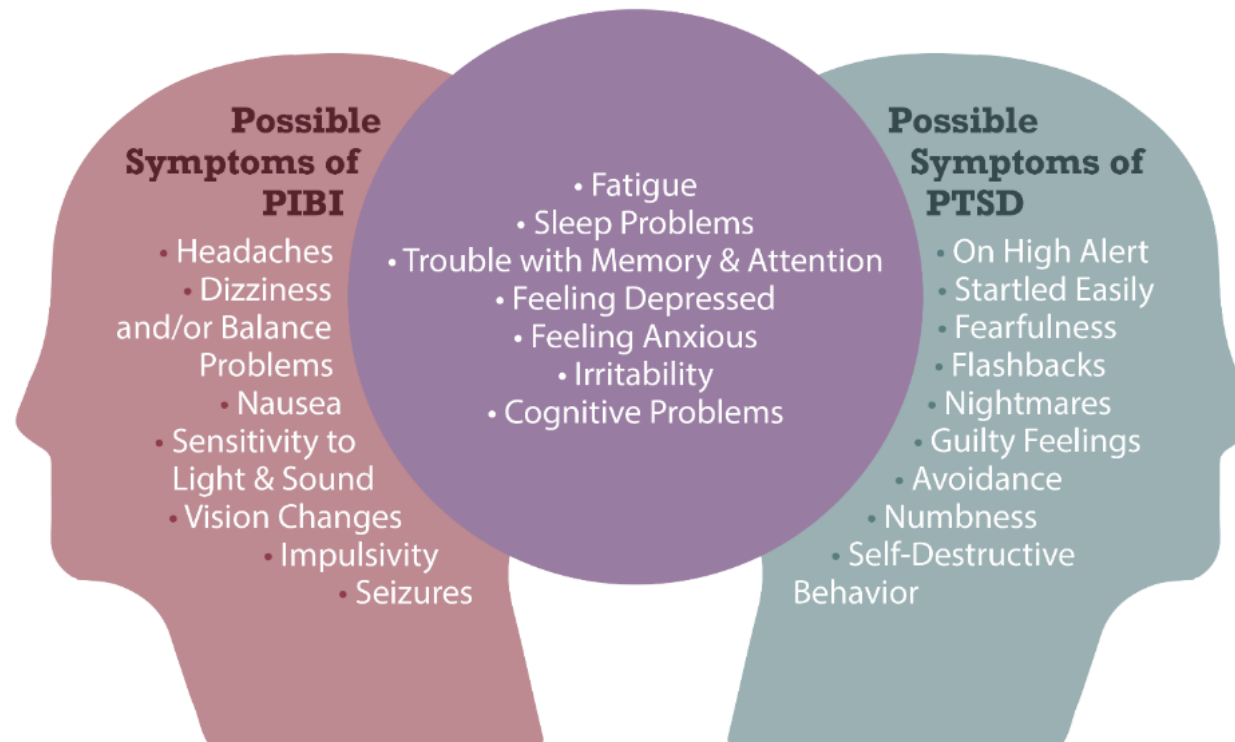
Survivors may struggle with...

- Memory
- Not thinking clearly
- Taking longer to think or find words
- Comprehension
- Getting started on tasks and following through
- Maintaining attention
- Problem-solving
- Challenges with risk assessment or judgment
- Executive functioning

Which may look like...

- Not start on or following through with plans
- Not interested or engaged
- They don't care
- Unmotivated or lazy
- Mentally fatigue easily
- Missing deadlines, appointments
- Not completing tasks or forms
- Losing train of thought, not following conversations
- Flight of ideas

PTSD and Brain Injury



WHAT DO YOU THINK?

Which symptoms can most significantly impact housing stability?





Now What?

Addressing Head Injuries

within your organization

NEXT STEPS

Seeking help is an amazing act of strength, courage, and resistance.

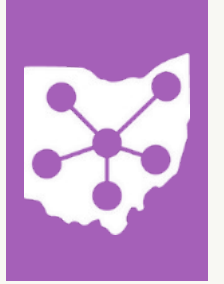
#FACT



CARE

CONNECT • ACKNOWLEDGE
RESPOND • EVALUATE

An advanced service provision approach focusing on awareness, accessibility, and accommodations.



Trauma-informed

toolbox to help you raise awareness on brain injury caused by violence



C

CONNECT with survivors by forming genuine and healthy relationships

A

ACKNOWLEDGE that head trauma and mental health challenges are common, provide information and education to survivors, and identify short and long term physical, cognitive, and emotional consequences,

R

RESPOND by accommodating needs related to traumatic brain injury, strangulation and mental health challenges, and provide effective, accessible referrals and advocacy for individuals who need additional care

E

EVALUATE accommodations and referrals and touch base regularly to see if adjustments need to be made

Accommodations



Provides support in a way that takes into account a person's unique needs.

Creates opportunities to address potential barriers to success.



Be aware of
signs of
functional or
cognitive
impairments



Provide information on brain injury and discuss history and current situation



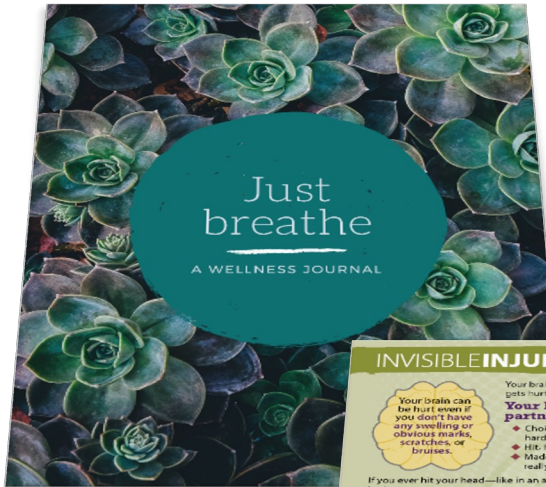
Accommodate
for functional
and cognitive
impairments



Connect with
additional
services and
supports for
brain injury
related needs



CARE tools at www.odvn.org



INVISIBLE INJURIES® When Your Head is Hurt While Experiencing Domestic Violence

Your brain plays a role in everything your body does. So when it gets hurt, it can change everything. **Your brain could have been hurt if your partner ever...**

- Choked or strangled you, or did something that made it hard to breathe
- Hit, hurt, punched, or kicked you in the head, neck, or face
- Made you fall and you banged your head, or shook you really hard

If you ever hit your head—like in an accident, tripping, falling—that could have hurt your brain, too.

This violence can cause a head injury, which happens when there is a change in how your brain normally works. Your brain can be affected for a few minutes, hours, or days... but sometimes it's weeks, months, years, or forever.

You Are NOT ALONE

Strangulation causes a head injury and hurts your brain! Strangulation is dangerous and deadly...

...even if you have no marks—most people don't... even if you don't pass out... even if you don't feel like it's a big deal—it is.

You can be unconscious in seconds, and die within minutes.

It's not over when it's over. People often thought they were going to die. It's a traumatic experience that affects our body, thoughts, and feelings.

It can impact your life for a long time. These injuries can make it more difficult for your brain to do many things. It needs to for you to live your daily life, get and keep a job, and be healthy.

If you have been strangled, your partner is over 7 times more likely to kill you.



HAS YOUR HEAD BEEN HURT?

It can affect your life in many different ways. First and foremost, but you might need additional care, especially if your head has been hurt more than once.

Has your partner...

- Hit you in the face or head?
- Tried to choke or strangle you?
- Made you fall and you hit your head?
- Shaken you severely?
- Done something that made you have trouble breathing or pass out?

Are you having physical problems?

- Headaches?
- Fatigue, feeling confused, or irritable?
- Changes in your vision?
- Ringing in your ears?
- Dizziness or balance problems with head movement?
- Pain in your head or neck?

Are you having trouble with...

- Concentrating or paying attention?
- Making plans?
- Remembering things or keeping things organized?
- Getting things done?
- Finding words or following conversations?

IF YOU SAID YES, YOU HAVE A HEAD INJURY

Talk to a domestic violence advocate at www.odvncares.org

¿HA SUFRIDO UNA LESIÓN EN LA CABEZA?

Esto puede afectar su vida de muchas maneras diferentes. El descanso y el tiempo ayudan, pero es posible que necesite ayuda adicional, especialmente si ha sufrido una lesión en la cabeza más de una vez.

¿Su pareja...

- Le ha golpeado en la cara o en la cabeza?
- Le ha tratado de asfixiarlo o estrangularlo?
- Le hizo caer y usted se golpeó la cabeza?
- Le ha sacudido bruscamente?
- Le ha hecho algo que le haya causado problemas para respirar o desmayarse?

¿Tiene problemas físicos?

- ¿Fatiga?
- ¿Aturdimiento, confusión o desorientación?
- ¿Cambios en su visión?
- ¿Zumbido en sus oídos?
- ¿Mareado o problemas de equilibrio?
- ¿Dolor en su cabeza, cara o cuello?

¿Tiene problemas con...

- ¿Para poner atención?
- ¿Para hacer planes?
- ¿Para recordar cosas o mantenerse organizada?
- ¿Para terminar de hacer las cosas?
- ¿Para seguir las conversaciones?
- ¿Para sentirse motivada?
- ¿Para controlar sus emociones?

SI CONTESTÓ SÍ A CUALQUIERA DE LAS OPCIONES MENCIONADAS, USTED PUEDE HABER SUFRIDO UNA LESIÓN GRAVE EN SU CABEZA

Hable con un defensor de violencia doméstica o visite www.odvn.org

CARE Head Injury Accommodations
Staff Completing Checklist

Survivor Name: _____ Date: _____

DON'T FORGET: CONNECT FIRST!

Common Brain Injury Accommodations

- Have flexible staff schedules or open hours where people can drop in without an appointment.
- Put signs up in your building that point towards exits, kitchen, bathroom, etc.
- Slow down information, plan for additional time.
- Do a mind map of resources (identifying sources of support, agency involvement, agencies they would like to work with, medical providers, etc.) and have a hard copy for assistance.
- Repeat things frequently and have them repeat back to you, in their own words, what you talked about.
- Provide written information and document conversations as much as possible, for recall.
- Provide calendars, notebooks and checklists to help with memory.
- Check in with survivor often, particularly in the beginning of their stay.

Identify some "go to" people that can assist with...



ODVN

HAS YOUR HEAD BEEN HURT?

Several years ago, people started talking about "invisible brain injury." This can cause injuries that aren't always obvious. Please answer the questions on this form. If you have any questions, please call us at 1-800-368-6868. We are here to support you.

Have you ever had your head hurt, or felt dizzy, or had trouble concentrating, or felt like you were being hit or shaken, or had trouble remembering things, or had trouble with your memory or processing information?

Have you ever been hit or hurt in the head, neck or face?

After you were hurt, did you ever feel dazed, confused, dizzy or had foggy or blurry vision, or had trouble remembering things, or had trouble with your memory or processing information?

Has any of the above happened recently? If yes, how long ago?

Has any of the above happened more than once?

Are you currently having trouble with anything below? Circle all that apply.

PHYSICAL	EMOTIONS	THINKING
Headaches	Feeling nervous	Remembering things
Feeling dizzy or lightheaded	Feeling sad or angry	Understanding things
Feeling tired	Feeling like you're not yourself	Following directions
Feeling like you're not yourself	Feeling like you're not yourself	Following directions
Feeling like you're not yourself	Feeling like you're not yourself	Following directions

Are you having thoughts of suicide? YES NO

Are you struggling with alcohol or drugs? YES NO

Are you having any other health issues you want to share with us? YES NO

Have you or anyone else (like a friend or family member) ever thought you should see a doctor or a counselor, go to the emergency room, or get help for anything about? YES NO





Being **choked**,
strangled or
hurt in the
head can cause a
brain injury.

Getting help can **save your life**,
learn more by scanning the code:

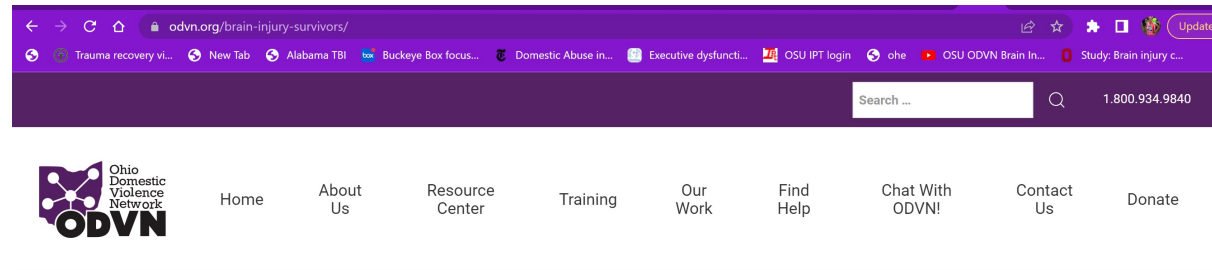


or visit www.odvn.org/brain-injury-survivors/



This project is supported by Grant No. 2021-CM-004479CM awarded by the Office of Criminal Justice Services with American Rescue Plan Funding from the Family Violence and Prevention Services Act.

www.odvn.org/brain-injury-survivors



Advocate tools

- Direct questions on head injury
- Identify recent head injury
- Guides accommodations and more accessible services

 **OHIO DOMESTIC VIOLENCE NETWORK**

HAS YOUR HEAD BEEN HURT?

Sometimes when people are abused their head gets hurt. This can cause injuries that aren't always obvious. Please answer the questions and talk with an advocate so we can help make services work best for you. We know how difficult it is to share this information – thank you for your courage. We are here to support you.

C Has anyone ever put their hands around your neck, put something over your mouth, or done anything else that made you feel **choked**, strangled, suffocated, or like you couldn't breathe? **YES NO**

H Have you ever been **hit or hurt** in the **head**, neck or face? **YES NO**

A **After** your were hurt, did you ever feel dazed, confused, dizzy or in a fog, see stars, spots, or have trouble seeing clearly, couldn't remember what happened, or blacked out? (Doctors call this *altered consciousness*.) **YES NO**

Has any of the above happened recently? If yes, how long ago? _____ **YES NO**

Has any of the above happened more than once? **YES NO**

T Are you currently having **trouble** with anything below? Circle all that apply:

PHYSICAL	EMOTIONS	THINKING
Headaches	Worries and fears	Remembering things
Sleeping problems	Panic attacks	Understanding things
Sensitive to light or noise	Flashbacks	Paying attention or focusing
Vision problems	Sadness	Following directions
Dizziness	Depression	Getting things started
Balance problems	Hopelessness	Figuring out what to do next
Fatigue	Anger or rage	Organizing things
Seizures	Irritable	Controlling emotions or reactions

Are you having thoughts of suicide? **YES NO**

Are you struggling with alcohol or drugs? **YES NO**

Are you having any other health issues you want to share with us? **YES NO**

S Have you or anyone else (like a friend or family member) ever thought you should **see a doctor or a counselor**, go to the emergency room, or get help for anything above? **YES NO**

CHATS

- Identify possible head injuries by asking about:
 - **C**hoking or strangulation
 - **H**its to the head
 - **A**fter your head was hurt (alterations in consciousness)
 - **T**roubles a survivor is struggling with
 - **S**everity of injury and impact and desire to seek additional care

Additional questions on

- Suicide
- Substance use
- Other health issues

Advocate tools

- CARE Head Injury Accommodations
- Specific guidance for specific situations



CARE Head Injury Accommodations

Staff Completing Checklist: _____

Survivor Name: _____ Date: _____

DON'T FORGET: CONNECT FIRST!

Common Brain Injury Accommodations

- Have flexible staff schedules or open hours where people can drop in without an appointment
- Put signs up in your building that point towards exits, kitchen, bathroom, etc.
- Slow down information, plan for additional time
- Do a mind map of resources (identifying sources of support, agency involvement, agencies they would like to work with, medical providers, etc.) and have a hard copy for assistance
- Repeat things frequently and have them repeat back to you, in their own words, what you talked about
- Provide written information and document conversations as much as possible, for recall
- Provide calendars, notebooks and checklists to help with memory
- Check in with survivor often, particularly in the beginning of their stay
- Identify some "go to" people that can assist with anything that comes up
- Have staff wear nametags for memory or processing challenges
- Give Invisible Injuries Booklet to survivors and review with them

CARE Begins with Connection

Challenges	Suggested Accommodations
Difficulty Making Connections <ul style="list-style-type: none"> • Does not open up • Is guarded or reserved • Doesn't engage with you or others • Hesitant to share 	<input type="checkbox"/> Be patient, building relationships takes time and trust has to be earned. Don't take anything personally.
	<input type="checkbox"/> Acknowledge that people's experiences with trauma, abuse and getting help can make it difficult to trust others, including advocates
	<input type="checkbox"/> Validate challenges and feelings and highlight the person's strengths
	<input type="checkbox"/> Ask what helps you with _____ (feeling more comfortable here, your memory, paying attention, etc.)
	<input type="checkbox"/> Ask, "What has worked for you, and how?" Ask, "What hasn't worked for you, and how?"

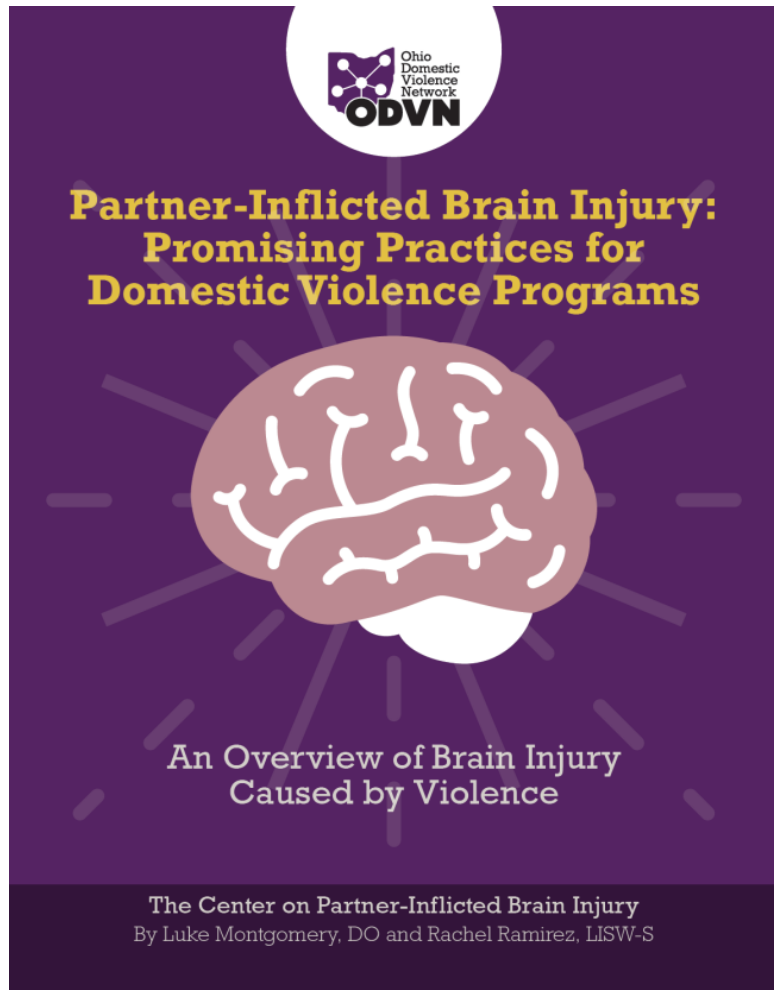
Physical Health Challenges

Challenges	Suggested Accommodations
Physical Health Challenges <ul style="list-style-type: none"> • Dizziness • Headaches • Physical pain or soreness • Balance problems • Nausea or vomiting • Seizures 	<input type="checkbox"/> Check in regularly to see if headaches, dizziness, pain or balance problems get better. Encourage survivors to fill out symptom log in Invisible Injuries booklet
	<input type="checkbox"/> Ask if there has been anything helpful that they have in the past to manage these symptoms
	<input type="checkbox"/> Help identify if there are any activities that bring on or worsen problems, and make plans to avoid them as much as possible
	<input type="checkbox"/> Set up room or space to minimize tripping (e.g. clear clutter from walkways, no cords on the ground, provide lighting for spaces at night, etc.)
	<input type="checkbox"/> Encourage medical evaluation and if problems continue, facilitate the survivor getting to the doctor

Head Injury Accommodations

- Common Brain Injury Accommodations
- Connection challenges
- Physical Health Challenges
- Emotional Challenges
- Thinking/Cognitive Challenges

Promising Practices on Brain Injury



Section 3 • CARE Organizational Promising Practices, Policies and Procedures on Partner-Inflicted Brain Injury

Training and Education for Staff

1. Ensure that education on brain injury in the context of domestic violence is a priority. This could include scheduling in-services on brain injury, encouraging staff to attend conferences, webinars, and/or other training related to brain injury and DV.
2. New advocate education. Use ODVN's CARE Brain Injury and Domestic Violence online learning series to educate new advocates about CARE, available at www.odvn.org.
3. Inform all advocates and staff that ODVN's Center on Partner-Inflicted Brain Injury is available to assist with brainstorming ways to connect a survivor to community resources and discussing specific situations.

Policies and Procedures

1. Review existing policies and procedures that your agency has regarding survivors with head injuries. If your agency does not have these policies, consider what policies and procedures should be added to meet the needs of survivors with head injuries.
2. Make sure every survivor has access to CARE educational materials and information about brain injury caused by domestic violence.
3. Develop a strategy for addressing potential head injuries with all survivors. Some examples include adding questions to hotline or intake forms, providing CARE educational materials in paperwork, and using the CHATS tool.
4. Make all paperwork and forms that survivors use as simple and straightforward as possible, using plain language. Offer to provide assistance with forms and acknowledge that brain injury can make reading, writing, and communication difficult.
5. Consider an environmental assessment of your agency. Think through what it would be like to experience your agency's services while healing from a brain injury. Begin with assessing the survivor's surroundings and the most recent events the survivor has been through.
6. Due to the widespread lack of awareness on brain injury, consider

- Overview of partner-inflicted brain injury
- CARE Promising Practices for Addressing Brain Injury Caused By Violence
- CARE Organizational Promising Practices, Policies and Procedures

CARE improves:

- overall agency trauma-informed practices
- Addressing specific health issues

Staff feel:

- Empowered to address head trauma and strangulation,
- Provide accommodations and functional supports

Nemeth JM, Ramirez R, Debowski C, Kulow E, Hinton A, Wermert A, Mengo C, Malecki A, Glasser A, Montgomery L, Alexander C. The CARE health advocacy intervention improves trauma-informed practices at domestic violence service organizations to address brain injury, mental health, and substance use. *J Head Trauma Rehabil.* Accepted for publication 1/20/2023.

**CARE MAKES YOU A BETTER
PROFESSIONAL AND IMPROVES YOUR
AGENCY'S SERVICES**



care

CONNECT•ACKNOWLEDGE
RESPOND•EVALUATE

Use your CARE toolbox!



CARE

CONNECT • ACKNOWLEDGE
RESPOND • EVALUATE



ADAPTING YOUR PRACTICE

Recommendations for the Care of
Patients Who Are Homeless or Unstably Housed
Living with the Effects of Traumatic Brain Injury

https://tbi.cedwvu.org/media/3405/adapting-your-practice_final_10-22-181.pdf



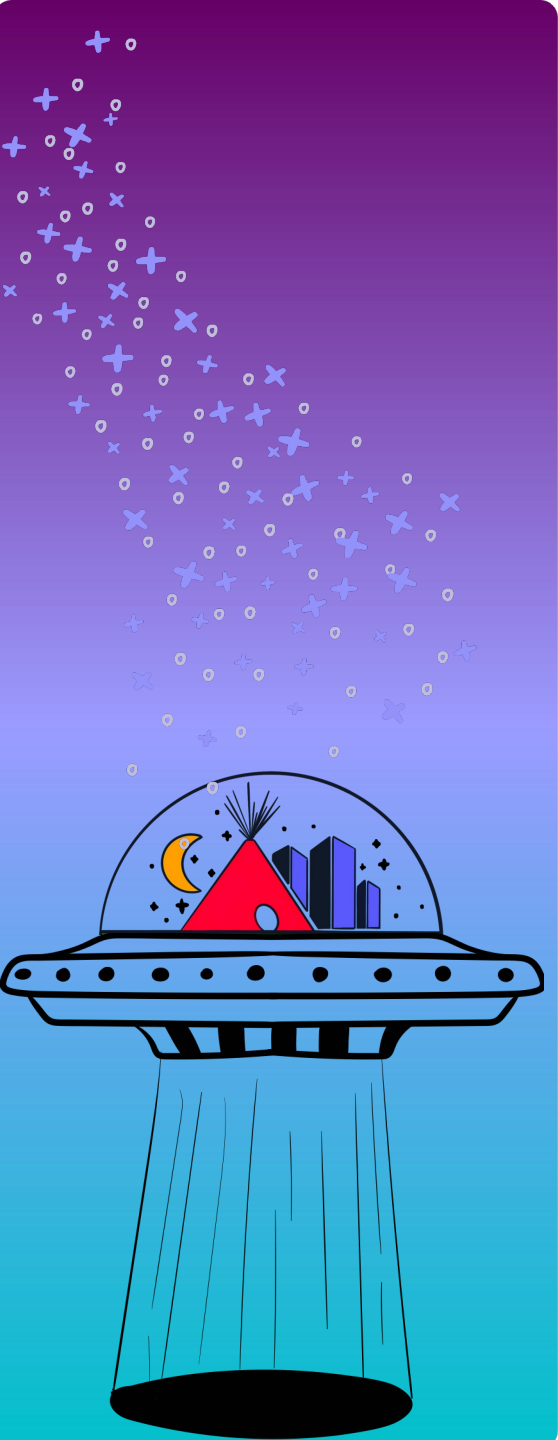
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PIDAMAYA!
MIIGWETCH!
Kaqhinas!

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STTARS Listserv

This panel is made possible by grant #90EV0537, from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. Its contents are solely the responsibility of the author(s) and do not necessarily reflect the official views of the U.S. Department of Health and Human Services.