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

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Housekeeping

Audio by Phone

1. Select pull-up tab by mic icon (see above)
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4. Dial one of the numbers provided
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PDSA 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."
Enjoy the presentation!
Hidden in Plain Sight: The Intersection of Brain Injury, Strangulation, Gender-Based Violence, Housing Insecurity and Homelessness (Wow that’s a lot)
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
Identities frame our experience with the world.
List one of your identities in the chat.
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

I feel knowledgeable about traumatic brain injury and strangulation and what this means for me and my services.
Cause and Consequence
Historical and generational trauma

Gender based violence

Housing insecurity and homelessness

Personal trauma

Brain injury

Structural oppression, implicit and explicit bias
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”

• 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
(Deer, 2015)
TBI AND HOMELESSNESS

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

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

TOO MANY TO COUNT

49%

Have you ever been choked or strangled?

YES 83%

YES
86%

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
• “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
Executive functioning:

- Prioritizing
- Problem solving
- Time management
- Starting tasks
- Organizing and planning
- Multitasking
- Managing emotions
- Controlling impulses
- Social and sexual behavior
- Self-awareness

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

- 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:

- Problem solving
- Time management
- Starting tasks
- Organizing
- Planning
- Managing emotions
- Controlling impulses and delaying gratification
- Self-awareness
- Prioritizing

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

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:

1. The head and brain to move quickly back and forth.
2. The brain to bounce or twist in the skull from this sudden movement.
3. 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.

• 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

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

NINA

REBECCA

PAULA

https://vera.wistia.com/medias/a5ifq26rn6
Physical symptoms

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

* Specific to strangulation
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
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

Possible Symptoms of PIBI
- Headaches
- Dizziness and/or Balance Problems
- Nausea
- Sensitivity to Light & Sound
- Vision Changes
- Impulsivity
- Seizures

Possible Symptoms of PTSD
- Fatigue
- Sleep Problems
- Trouble with Memory & Attention
- Feeling Depressed
- Feeling Anxious
- Irritability
- Cognitive Problems

- On High Alert
- Startled Easily
- Fearfulness
- Flashbacks
- Nightmares
- Guilty Feelings
- Avoidance
- Numbness
- Self-Destructive Behavior
WHAT DO YOU THINK?

Which symptoms can most significantly impact housing stability?
Now What?

Addressing Head Injuries within your organization
Seeking help is an amazing act of strength, courage, and resistance.
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.
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
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:

[Scan QR code](http://www.odvn.org/brain-injury-survivors/)

*Produced in cooperation with the Ohio Domestic Violence Network (ODVN)*
www.odvn.org/brain-injury-survivors
Advocate tools:
- Direct questions on head injury
- Identify recent head injury
- Guides accommodations and more accessible services

**CHATS**
- Identify possible head injuries by asking about:
  - Choking or strangulation
  - Hits to the head
  - After your head was hurt (alterations in consciousness)
  - Troubles a survivor is struggling with
  - Severity 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: ___________ 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

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<thead>
<tr>
<th>Challenges</th>
<th>Suggested Accommodations</th>
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<tbody>
<tr>
<td>Difficulty Making Connections</td>
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- Does not open up
- Is guarded or reserved
- Doesn’t engage with you or others
- Resistant to share

- Be patient, building relationships takes time and trust has to be earned. Don’t take anything personally.
- Acknowledge that people’s experiences with trauma, abuse and getting help can make it difficult to trust others, including advocates
- Validate challenges and feelings and highlight the person’s strengths
- Ask what helps you with ____ (feeling more comfortable here, your memory, paying attention, etc.)
- Ask, “What has worked for you, and how?” Ask, “What hasn’t worked for you, and how?”

Physical Health Challenges

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<tr>
<th>Challenges</th>
<th>Suggested Accommodations</th>
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<tbody>
<tr>
<td>Physical Health Challenges</td>
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- Headaches
- Physical pain or soreness
- Balance problems
- Nausea or vomiting
- Seizures

- 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
- Ask if there has been anything helpful that they have in the past to manage these symptoms
- Help identify if there are any activities that bring on or worsen problems, and make plans to avoid them as much as possible
- Set up room or space to minimize tripping (eg, clear clutter from walkways, no cords on the ground, provide lighting for spaces at night, etc.)
- 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

- 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

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

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

Rachel Ramirez, LISW-S  
Founder and Director  

The Center on Partner-Inflicted Brain Injury  

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