

A silhouette of a person in profile, holding a tray from which a cloud of seeds is falling. The background is a sunset or sunrise over a body of water, with tall grasses in the foreground.

TRAUMATIC BRAIN INJURY AND BATTERING



**NATIONAL
INDIGENOUS**
WOMEN'S RESOURCE CENTER



Traumatic Brain Injury and Battering Booklet

Adapted by South Dakota Coalition Ending Domestic & Sexual Violence 2011 from the NY State Office for the Prevention of Domestic Violence publication “What Is Traumatic Brain Injury?”; revised by National Indigenous Women’s Resource Center 2021

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The severity of physical violence on women who are battered experience is well-known, yet until recently awareness of the connection between traumatic brain injury (TBI) and battering has commonly been lacking within the advocacy, law enforcement and even the medical fields. This has resulted in misdiagnosis, neglect and revictimization of women who have been battered and suffer from TBI. It is not difficult to imagine that many of these women have been labeled as “uncooperative,” “non-compliant,” “neglectful parents” and “difficult.” Hopefully the information presented here will lead to changes in attitudes, policies and procedures that provide appropriate care and assistance supporting recover from TBI for all survivors.

Research studies on the incidence of traumatic brain injury in domestic violence cases have revealed:

- More than 90% of all injuries secondary to domestic violence occur to the head, neck or face region. (2017 De Caro & Kaplen).
- According to one survey of women in domestic violence shelters, an estimated 92 percent of women had been hit in the head by their partners, 83 percent had been both hit in the head and severely shaken, and nearly 80 percent had been hit in the head over 20 times in the previous year. (Sojourner Center article 2015)
- In a 2003 study, it was found that of the 99 battered women he studied, 75% sustained at least one partner related brain injury and 50% sustained multiple partner-related injuries. (Alabama Head Injury Foundation)

Traumatic brain injury (TBI) is an injury to the brain that is caused by external physical force.

Penetrating injuries are caused when a foreign object (such as a knife or bullet) pierces the skull and enters the brain, damaging those parts of the brain that lie along the path that the object travels into the brain. This type of injury causes focal damage, limited to a specific part of the brain.

Closed head injuries occur when there is a blow to the head that does not fracture the skull, or when the head is severely shaken. Closed head injuries can cause both localized damage and *diffuse* or widespread damage, due to stretching, tearing and swelling of brain tissue, as well as bleeding. Swelling and bleeding can continue to damage the brain and worsen the injury for hours or days after it originally occurs.

Anoxia – loss of oxygen to the brain, as from attempted drowning or strangulation – can damage brain cells.



This can happen when:

- ***She has no severe trauma*** or obvious symptoms at first. Mild or subtle injuries can lead to cognitive symptoms later on, and often no one connects them to the assault.
- ***She does not lose consciousness.*** People with mild TBI often do not lose consciousness, yet still have injury-related difficulties.
- ***She does not receive medical care***, which may happen because:
 - Her abusive partner refuses to let her seek care.
 - She has no independent access to money and cannot afford care.
 - She is afraid that she will have to disclose the abuse if she goes to the hospital and is not ready to do that.
 - She gets medical care, but ***the provider does not ask about domestic violence, or thinks her symptoms are only psychological or is unfamiliar with TBI.***



A victim of domestic violence may have a TBI without knowing it.

Difficulties caused by TBI

The most common symptoms of TBI are headaches, fatigue, memory loss, depression, and difficulty communicating. TBI can lead to mild, moderate or severe impairments to cognition (thinking), emotions, behavior, and physical functioning, which can cause problems with activities of daily living, such as:

- Bathing and dressing
 - Shopping
 - Cooking and eating
 - Paying bills
 - Working or going to school
 - Job-hunting
 - Driving
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Many effects of TBI fall under more than one category: Cognitive, Behavioral and/or Physical

Cognitive – Thinking difficulties:


- Reduced attention span
- Short-term and/or long-term memory loss; memory distortions
- Disorganization
- Decreased ability to:
 - Concentrate
 - Solve problems
 - Think straight
 - Think abstractly
 - Learn new information
 - Follow complicated directions
 - Identify objects and their functions
 - Spell, write, read and work with numbers
 - Communicate (find the right words, construct sentences, understand written or spoken communication, interpret facial expressions and other non-verbal cues)


Difficulties with executive functioning:

- Making decisions
- Considering long-term consequences; predicting the outcomes of one's choices
- Setting goals
- Prioritizing, planning and organizing
- Taking initiative or feeling motivated
- Starting and finishing actions
- Being flexible – changing course when needed
- Regulating one's impulses; this can lead to socially inappropriate behavior and is referred to as disinhibition
- Self-monitoring or self-awareness – sometimes people with brain injuries don't recognize their deficits

Changes in behavior, personality or temperament:

- Experiencing or exhibiting signs of:
 - Depression
 - Low self-esteem
 - Irritability – easily becoming agitated, aggressive or anxious
 - Impatience; difficulty tolerating frustration
 - Rapidly changing emotions; mood swings
 - Under- or over-reacting
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- Expressing emotions in ways that are inappropriate (e.g., laughing during a serious conversation, or shouting when others are whispering)
 - Avoiding people, including family and friends



A person with TBI may still attempt to function under the idea of who they were before the injury, not realizing they do not have the same functioning ability. Frustration, anxiety, depression and hopelessness may result without accurate diagnosis, further complicating recovery, ability to get safe and reclaim her life.

Physical difficulties:

- Fatigue
- Sensory problems:
 - Hearing loss; ringing or buzzing in ears
 - Vision changes: blurred or double vision, blindness
 - Sensitivity to noise or bright lights
 - Loss of ability to smell or taste
- Headaches, neck pain
- Nausea and vomiting
- Dizziness, difficulty balancing
- Weakness or numbness
- Seizures
- Decreased coordination in limbs or in speech muscles (lips, tongue)
- Loss of bowel or bladder control
- Insomnia

Screening for TBI

The **HELPS** is a brief TBI screening tool that was designed to be used by professionals who are not TBI experts. “HELPS” is an acronym for the most important questions to ask.

H = Were you **hit** in the head?

E = Did you seek **emergency** room treatment?

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

P = Are you having **problems** with concentration and memory?

S = Did you experience sickness or other physical problems following the injury?



If you suspect a victim has a brain injury, or she answers “yes” to any of these questions, help her get an evaluation by a medical or neuropsychological professional – especially if she has suffered repeated brain injuries, which may decrease her ability to recover and increase her risk of death. If she wishes, reach out to the TBI service provider with information about DV, what support she needs, and what services are available to her. Look for ways to work together.

The following questions have been adapted from the *HELPS* to focus on physical abuse that could lead to a brain injury.

H = Hit on head

Did your partner ever:

- Hit you in the face or head? With what?
- Slam your head into a wall or another object?
- Push you so that you fell and hit your head?
- Shake you?
- Try to strangle you, or do anything else that made it hard for you to breathe?
- Injure your face, head or throat in any other way?

If yes: Has he done these things more than once?

If a woman answers “yes” to two or more questions, help her get a specialized evaluation by a medical or neuropsychological professional. This is particularly important if she has suffered repeated head injuries, which decrease her ability to recover, and may increase her risk of death.

Working with Survivors with TBI

Not everyone with a brain injury has the same problems or needs, but it helps to pay attention to common effects of brain injury when talking with someone who has a TBI. The following are simple strategies to use when working with a victim of domestic violence who has a brain injury. Many of these strategies can be useful for women who are battered who may not have a TBI, but are emotionally traumatized, are experiencing high anxiety and/or have complex Post Traumatic Stress Disorder. In all cases, making a strong relationship with each woman is key to strong advocacy and developing appropriate strategies.

**Attention and concentration:**

- Minimize distractions, such as phone calls and interruptions.
- Meet in a quiet location.
- Meet with her alone unless she wants someone else included. (She may have difficulty tracking the conversation in a support group – or she may not.)
- Minimize bright lights.
- Limit length of meetings and build in short breaks.
- Work on one task at a time, which also helps with fatigue.
- Speak clearly and concisely.
- Phrase questions positively. For instance, ask “Do you think about leaving him?” instead of “Don’t you think about leaving him?”

Information processing and memory:


- Talk slowly and stay on point.
- Focus on one thing at a time.
- Break information down into small pieces and repeat it as often as necessary.
- Double-check to be sure she has understood you – encourage her to ask you to repeat or rephrase information.
- Be factual, not abstract (e.g., talk about what happens in court, not the meaning of justice).
- Ask yes-or-no questions, rather than open ended ones.
- Repeat, repeat, repeat.
- Break tasks down into sequential steps.
- If it is safe to do so, write down or tape important information, such as court dates, appointments, contact numbers, directions to places she needs to go, orders of protection, and to-do lists.
- Develop checklists.

Executive functioning:

- Help her prioritize goals and break them into small, tangible, sequential steps.
- Write out steps to a planning or problem-solving task.
- Help her fill out forms and make important phone calls.
- Allow extra time for her to complete tasks (e.g., to fill out a form).
- Point out possible short- and long-term consequences of specific choices.
- Provide clear and specific feedback.


Providing support:

- Provide reassurance and structure to help decrease her anxiety.
 - Provide access to education about head injury and services for dealing with it.
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- Help her identify available social and medical supports and communicate with them.
 - Encourage as much self-determination as possible.
 - Provide the time and space she needs.
 - Role-play upcoming stressful situations, such as meeting with prosecutors or going to court.

Ensure that she participates in the process of developing plans. Remember the slogan of many disability rights activists: **“Nothing about us without us.”**

Most important, be familiar with TBI resources and services in your community.



What’s extremely important to recovery from TBI and the emotional trauma of battering and rape are: 1) Rest, 2) Support, and 3) as little change and stress as possible.

Expectations of advocates, service providers, law enforcement and the criminal justice system for women who have been battered and raped must take this reality into account in their interactions, policies and procedures.

Information for Domestic Violence Advocates

Women with brain injuries in shelter:

Living in a domestic violence shelter may be difficult for someone with a TBI.

- She may become anxious and confused by noise and the presence of other people in crisis.
- She may become disruptive. Pay attention to how others respond to her. Find out how she would like you to help them understand her.
- She may have trouble understanding or remembering shelter rules and procedures.

Strategize with her about how to best accommodate shelter policies and her needs. Be prepared to provide special accommodations as needed. These might include:



- Strategies for remembering to attend support group meetings, ask for medications that are kept under lock and key, keep appointments, etc. Help her recreate the memory strategies she used at home if moving to the shelter has disrupted them. For instance, her bathroom mirror at home may be covered with post-its, which may not be workable in a shared bathroom. Help her look for an alternative and put it into practice. Check back to see how it's working.
- Strategies for helping her follow through with tasks. Inability to concentrate, memory deficits, lack of initiative, and fatigue can all contribute to difficulty with follow-through.
- Assistance in taking care of her children if they are in shelter with her.

Safety Planning:

Safety planning can be a very concrete, specific process, but you may need to break plans down into very small steps when working with a victim who has a TBI. Questions about specific TBI-related issues may be useful.


Protecting her head:

Are there any steps she can take to protect her head from future assaults?
Are there steps she can take to protect her head from accidental re-injury?
Ideas may include:

- Removing tripping hazards such as throw rugs.
- Keeping hallways, stairs and doorways free of clutter.
- Putting a nonslip mat in the bathtub or shower floor.
- Installing grab bars next to the toilet and in the tub or shower.
- Installing handrails on both sides of stairways.
- Improving lighting inside and outside her home.
- Always wearing a helmet when bike riding, rollerblading, skiing, etc.

Safety plans should be reviewed frequently and in detail, to help compensate for problems with memory, motivation, initiative and follow-through. An action plan that involves several steps should be sequenced: first do A, then B, then C. In addition, it helps to remember the following:

- A victim who has a TBI may not be aware of how it is affecting her and may think she is functioning better than she is. Provide respectful feedback on problem areas that affect her safety.
 - Depression is common, and may be related to the TBI, the abuse, or both. Remind her of her strengths, which depressed people tend to forget.
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- Fatigue is common, and may be related to the TBI, the depression, or both. Be realistic about how much – or how little – she may be able to do in a given day.

Accessing services:

- Is she aware of, and able to access, TBI-related medical care, rehabilitation and support services?
- Does she depend on her abusive partner for any disability or health-related assistance?
- Does the abuser exploit barriers created by her TBI?
- What assistive devices does she use? Some people with TBI use wheelchairs, but most do not.
- Many use memory aids, such as voice recorders, timers and blackberries.
- Is it safe for her to take notes or keep notepads by the phone?
- Does she have a way to keep her service animal safe if she has one?

Managing her mood:


- Is she short-tempered, irritable or aggressive because of TBI? If so:
 - Does her partner use those behaviors as an excuse to become abusive?
 - Has it strained her relationships with family and friends, depriving her of needed support?
- Is she aware of, and able to access medical and mental health that is both trauma and TBI informed?

Financial independence:

- Is she able to work? If so, how supportive is her employer in terms of both the domestic violence and the TBI?
- Does she have difficulty holding a job?
- Is she getting whatever benefits she might be entitled to?
- Has she filed an application with the State Victim Compensation Office? This office may pay for services if the TBI was caused by a criminal act. Help her fill out an application and compile needed documentation.

Leaving:

- Does she have a plan to take her service animal and assistive devices with her?
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- Is she able to drive or use public transportation on her own? If not, how will she access transportation?
 - Does her emergency escape bag include (as needed):
 - Spare batteries for assistive devices?
 - Back-up assistive devices, and specific information on how and where to get replacements or repairs?
 - Instructions for use of technical equipment?
 - Medications, medical information, and medic alert systems?
 - Contact information for medical personnel, TBI advocates and other service providers?
 - Social Security award letter, payee information and benefit information?
 - Supplies for her service animal – food, meds, leashes, vet’s information, etc.?

Legal Advocacy

The stress of being in court may exacerbate symptoms like disorganization, aggressiveness, or confusion, and lead the judge to see her as mentally ill or hold her accountable for things that are not within her control. If she also has PTSD related to the abuse, it may be even harder for the judge to understand her behavior, take the abuse seriously, or see her as a reliable witness against her partner.

As a result of the effects of the TBI, she may have trouble retaining custody of her children, even if she is able to care for them. As stressful as the court process is for any woman at risk of losing her children, it can be even more difficult for a woman with a brain injury. It will also be harder for her to cope with the stress of confronting her abusive partner in court.

In advocating for a victim with a TBI in court, bear in mind that:

- She may need you to help her prepare ahead of time for court appearances, but she may not remember the preparation that was done.
 - She will need clear directions for where to go, when to be there, and what to expect.
 - She may need you to provide on-hand support and coaching during court sessions.
 - She may want you to reach out to her attorney, the victim-witness liaison, or others involved in her case, to help them understand how the TBI affects her ability to work with them.
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