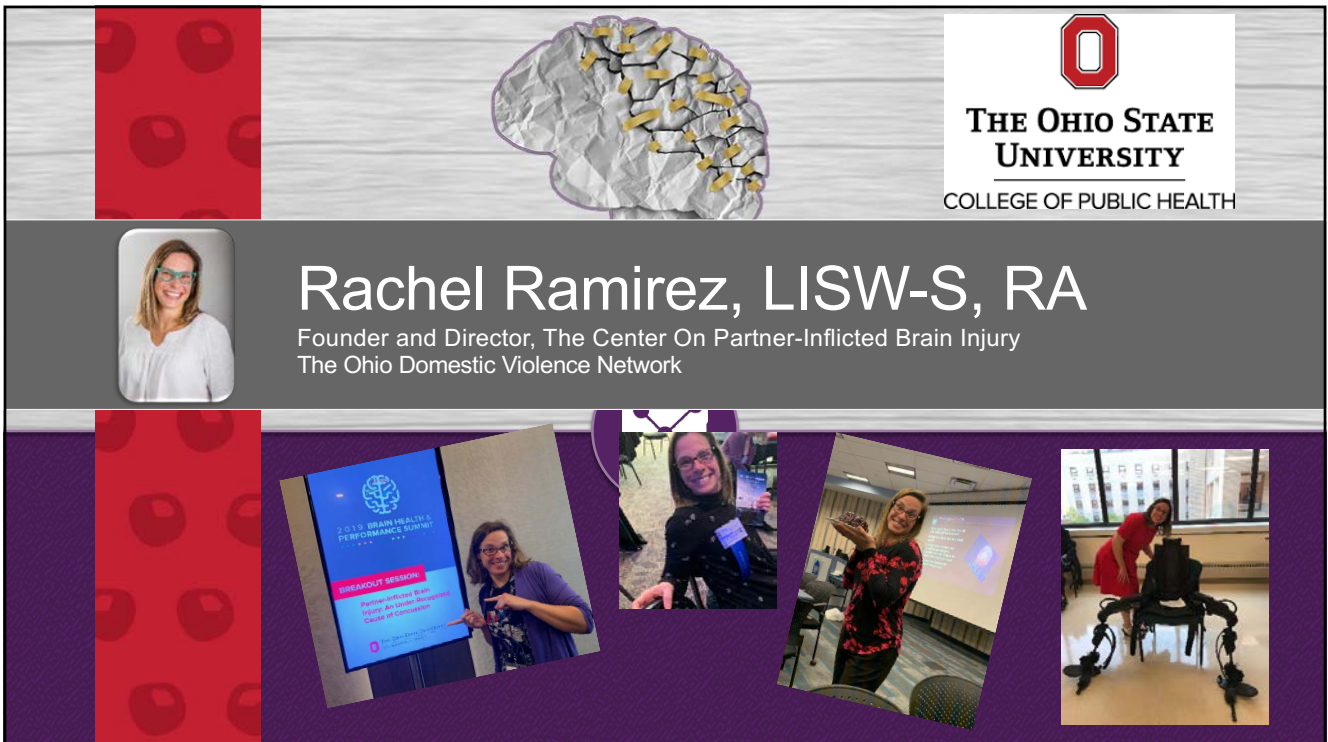





Traumatic Brain Injury and Domestic Violence: What are the Connections?


Presented by Rachel Ramirez, MA, MSW, LISW-S

1





**THE OHIO STATE
UNIVERSITY**

COLLEGE OF PUBLIC HEALTH



Rachel Ramirez, LISW-S, RA

Founder and Director, The Center On Partner-Inflicted Brain Injury
The Ohio Domestic Violence Network

2



What is one thing you are grateful for today?



3



Ohio
Domestic
Violence
Network

ODVN

What is the
Ohio
Domestic
Violence
Network?

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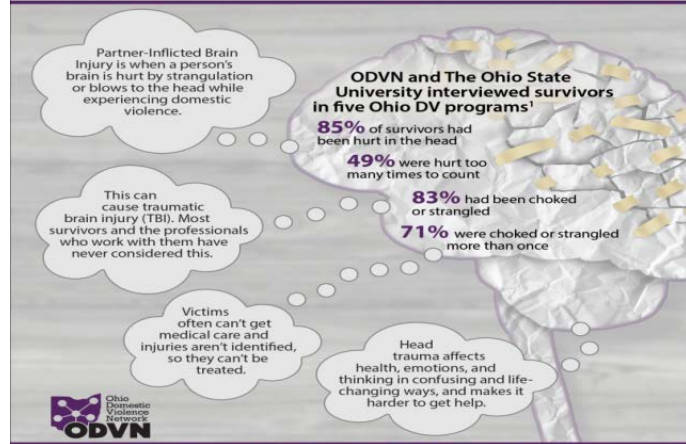
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ODVN's Center on Partner-Inflicted Brain Injury

Providing leadership in Ohio, America, and around the world to raise awareness on brain injury caused by domestic violence.

Domestic Violence Hurts the Brain



The Center on Partner-Inflicted Brain Injury

This project of the Ohio Domestic Violence Network provides statewide, national and international leadership to raise awareness on the emerging area of brain injury caused by domestic violence.

The Center works to increase collaboration among systems and provide training, technical assistance, consultation, research, and resource development for researchers and practitioners.

5



Outline of Today

- How this came to be
- How our brain works
- The Big Picture and The Context
- The Missing Piece: Partner-Inflicted Brain Injury
 - Traumatic Brain Injury
 - Strangulation
- Using Ohio's CARE framework in you program
 - Identify and respond to partner-inflicted brain injury in your setting



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Why we are here

- OSU video link
- <https://www.youtube.com/watch?v=zp7uBCJ6Sko>

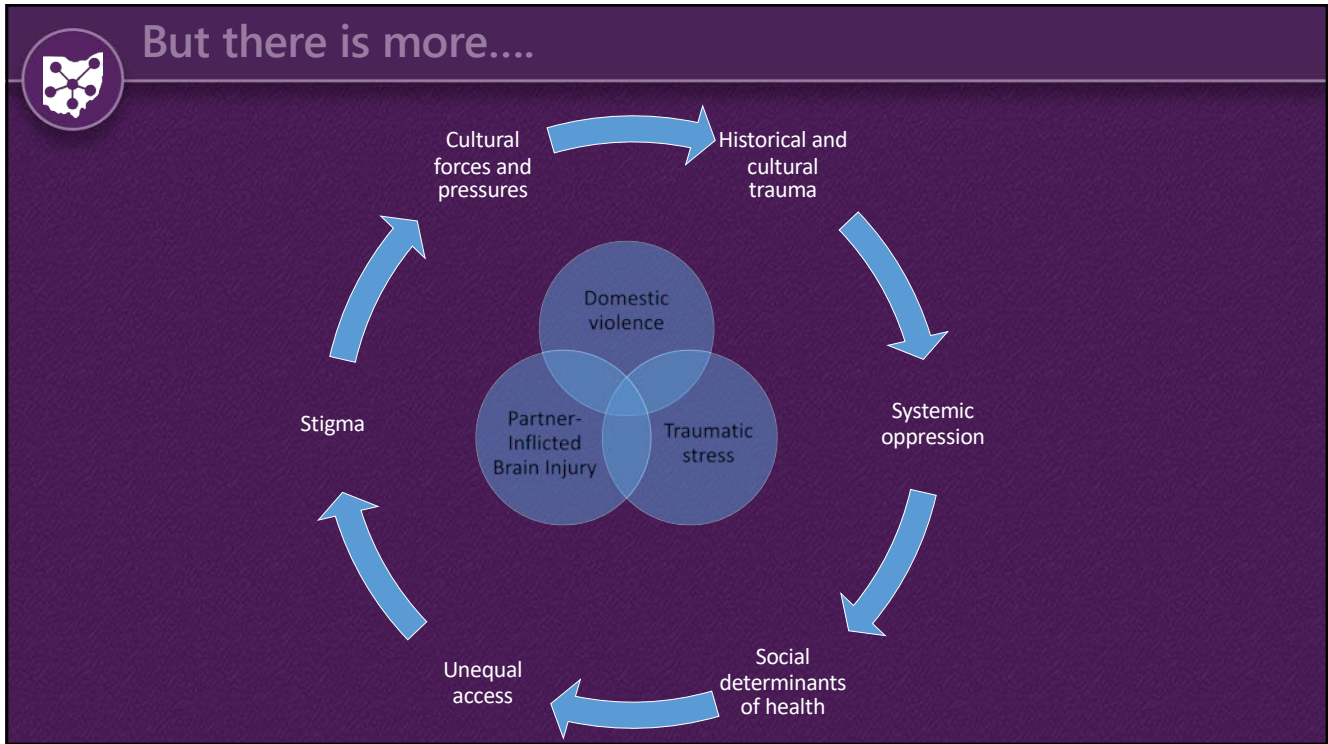
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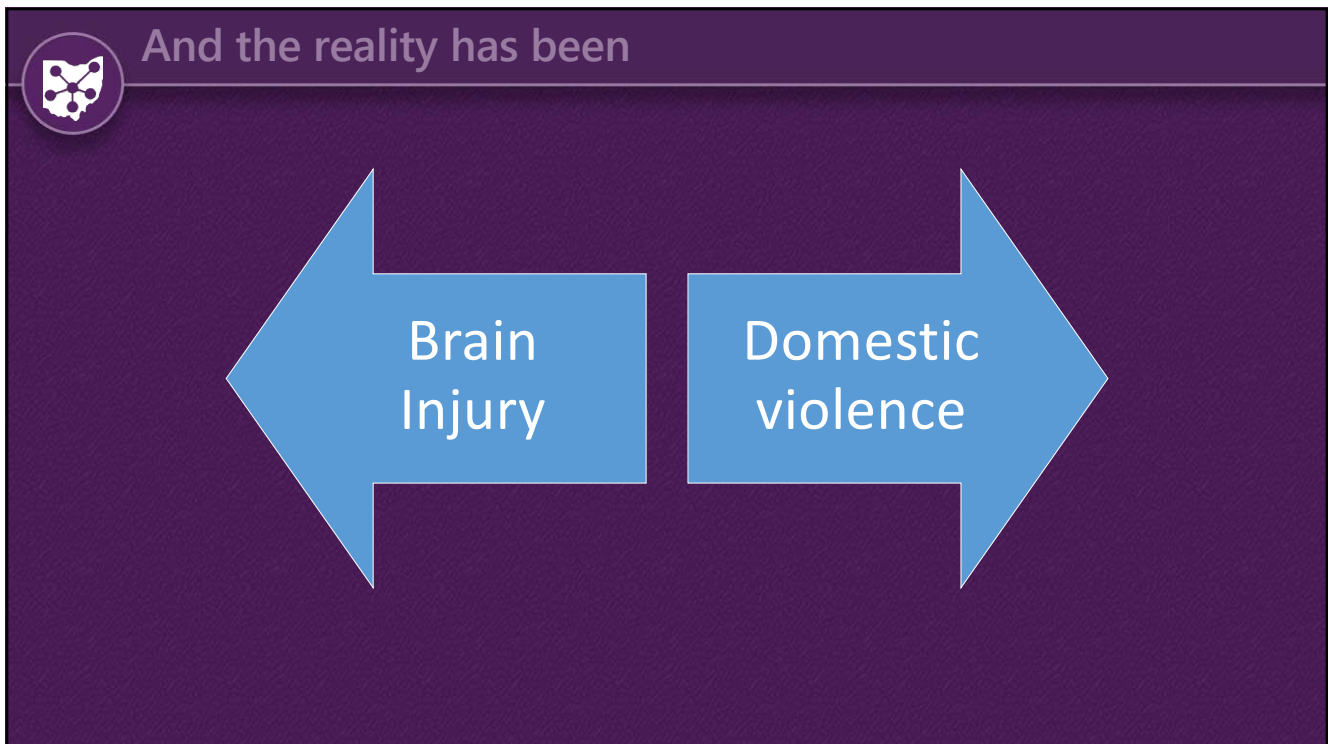
Intersectional issue



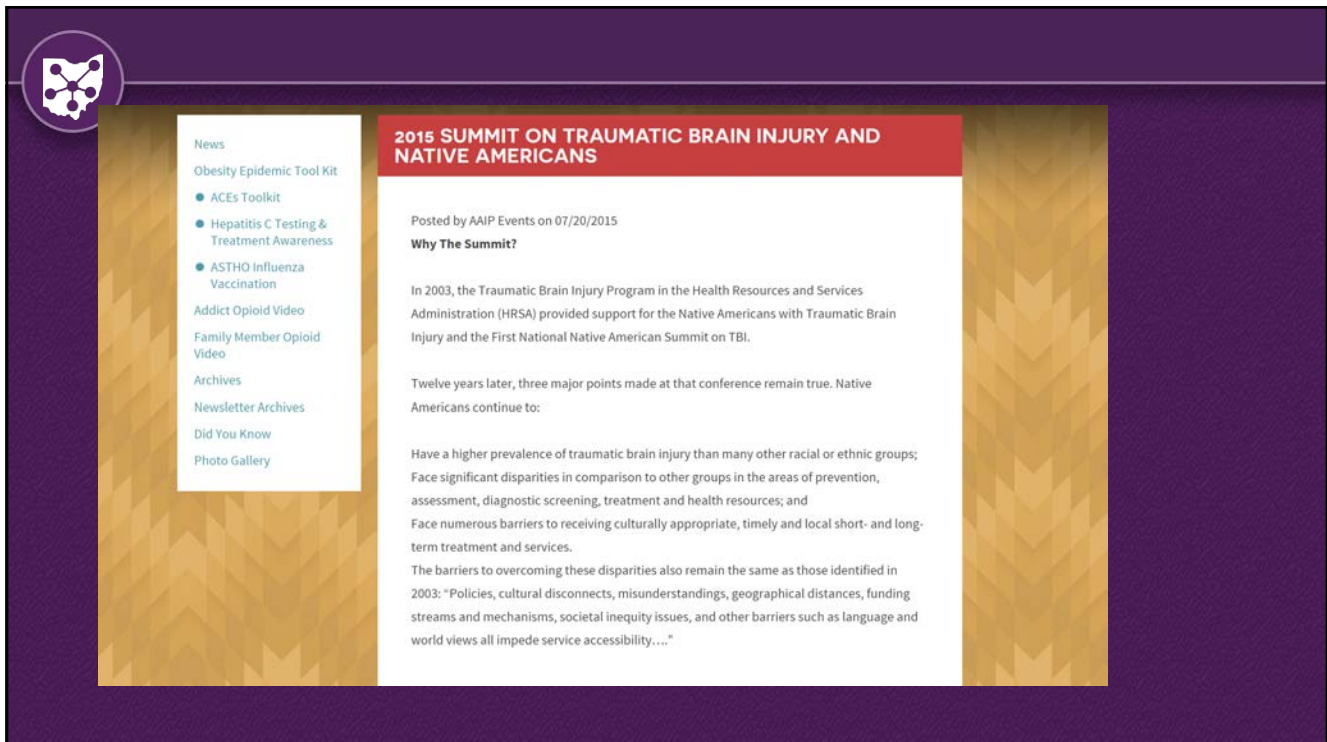
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The screenshot shows a website interface with a purple header and a white sidebar. The sidebar contains a navigation menu with the following items: News, Obesity Epidemic Tool Kit, ACEs Toolkit, Hepatitis C, Testing & Treatment Awareness, ASTHO Influenza Vaccination, Addict Opioid Video, Family Member Opioid Video, Archives, Newsletter Archives, Did You Know, and Photo Gallery. The main content area has a red header with the title "2015 SUMMIT ON TRAUMATIC BRAIN INJURY AND NATIVE AMERICANS". Below the title, it says "Posted by AAIP Events on 07/20/2015" and "Why The Summit?". The text of the article discusses the 2003 summit and the ongoing challenges for Native Americans with TBI.

2015 SUMMIT ON TRAUMATIC BRAIN INJURY AND NATIVE AMERICANS

Posted by AAIP Events on 07/20/2015

Why The Summit?

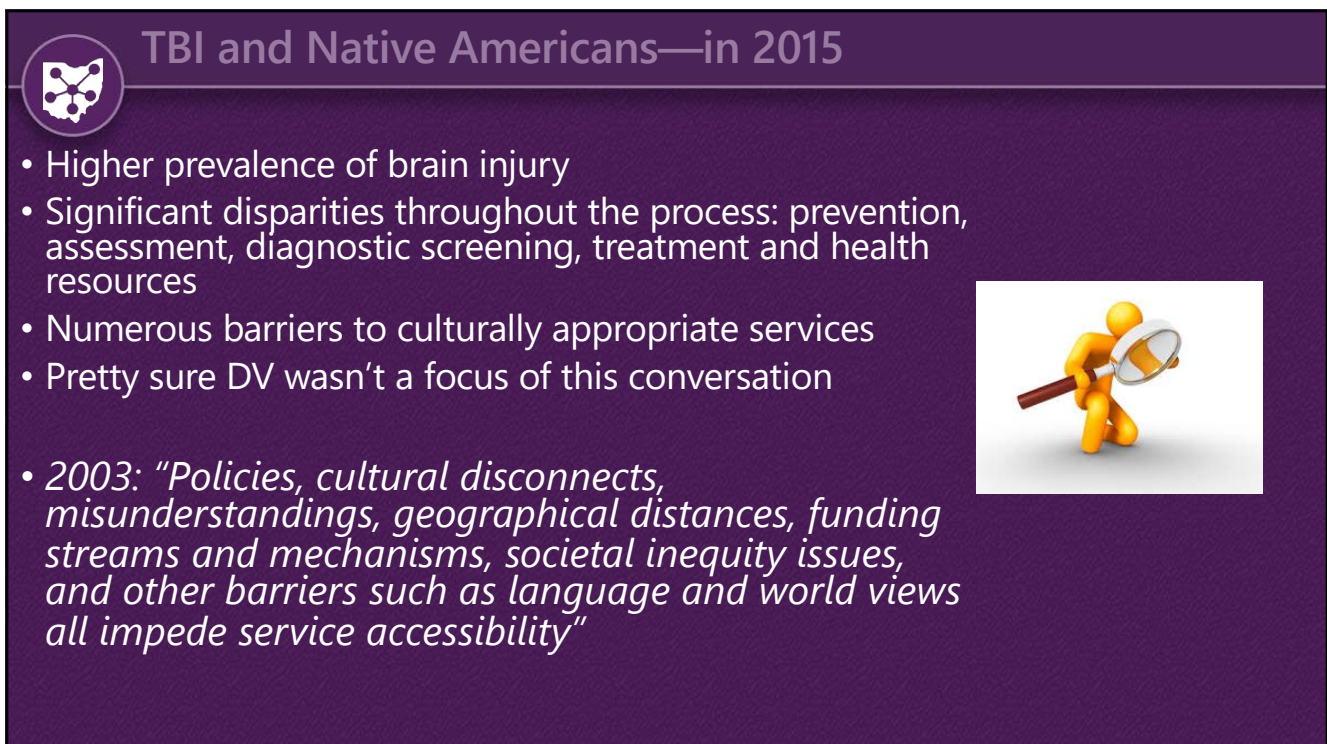
In 2003, the Traumatic Brain Injury Program in the Health Resources and Services Administration (HRSA) provided support for the Native Americans with Traumatic Brain Injury and the First National Native American Summit on TBI.

Twelve years later, three major points made at that conference remain true. Native Americans continue to:

- Have a higher prevalence of traumatic brain injury than many other racial or ethnic groups;
- Face significant disparities in comparison to other groups in the areas of prevention, assessment, diagnostic screening, treatment and health resources; and
- Face numerous barriers to receiving culturally appropriate, timely and local short- and long-term treatment and services.

The barriers to overcoming these disparities also remain the same as those identified in 2003: "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...."


11



The slide features a purple background with a white sidebar on the left containing a navigation menu. The main content area has a white header with the title "TBI and Native Americans—in 2015". Below the title is a list of bullet points. On the right side of the slide, there is a 3D rendered image of a yellow stick figure holding a magnifying glass.

TBI and Native Americans—in 2015

- Higher prevalence of brain injury
- Significant disparities throughout the process: prevention, assessment, diagnostic screening, treatment and health resources
- Numerous barriers to culturally appropriate services
- Pretty sure DV wasn't a focus of this conversation
- *2003: "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"*



12



We didn't know what we didn't know.....

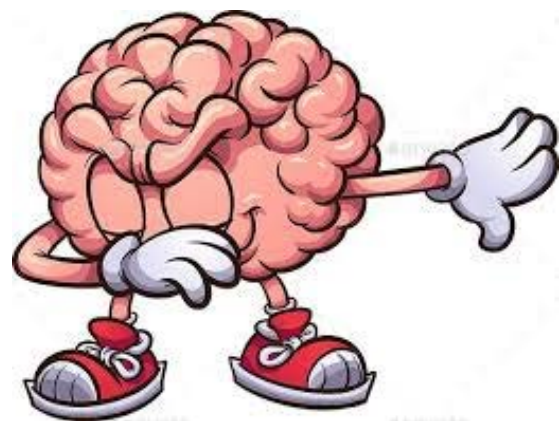
- Now we *know* what we don't know...
- But still have a ton to learn
- Especially about indigenous communities
- Hoping to partner, as I need your help on this!



13

Lets start with
the amazing
brain

And how a healthy brain works



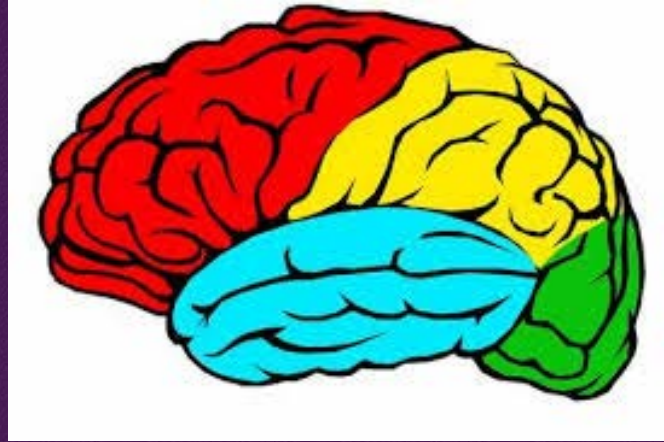
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14



Your brain has specialized areas

Regulate, control and manage thoughts and emotions
(Frontal lobe)



Processing sensory information
(Parietal lobe)

Memory, learning and language
(Temporal lobe)

Visual processing center
(Occipital lobe)

15

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Frontal Lobe-Our personal air traffic control center

Executive functions regulate, control, and manage thoughts and emotions including:

- Starting things (initiation)
- Planning, organizing and problem solving
- Mental flexibility
- Self awareness
- Controlling impulses
- Personality/emotions



16

16

When The Brain Is Healthy

The brain works like a series of wires that result in smooth thinking and movement



17

17

But when the brain gets hurt

An injury causes the wires to misfire and results in problems in everyday functioning



18

18

The Big Picture MATTERS

Trauma-Informed Approaches, Coercive
Control and Traumatic Stress



19

19



What is domestic violence?



A pattern of coercive
and assaultive
behaviors



including physical,
sexual and
psychological attacks,
as well as economic
coercion



that adults and
adolescents use against
their intimate partners.



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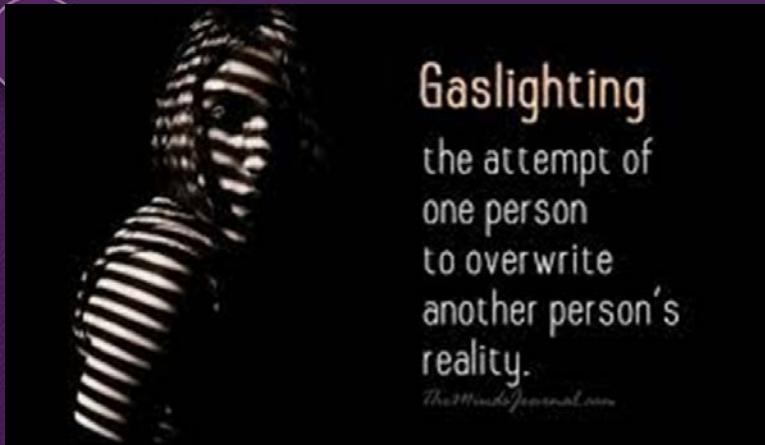


Coercive control a key tactic of domestic violence

- My movements
- My thoughts
- My feelings about myself and others
- Mental health
- Substance use
- Physical health
- Reproductive coercion

21

21



Gaslighting

That didn't happen.
And if it did, it wasn't that bad.
And if was, that's not a big deal.
And if it is, its not my fault.
And if it was, I didn't mean it.
And if I did, YOU deserve it.

22

22



23

Domestic violence as a traumatic experience

Hallmark of trauma:

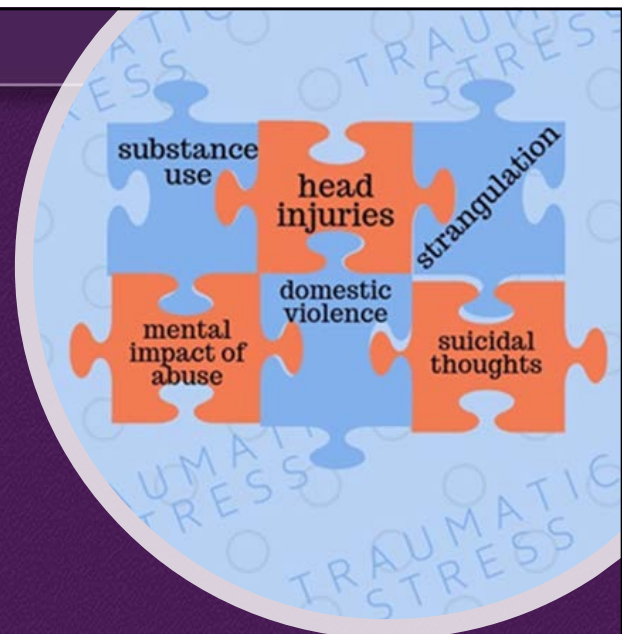
An overwhelming experience...with physical, emotional, physiological, and cognitive effects.

23



Domestic violence is a complex puzzle

Need trauma-informed frameworks to understand this intersection



24

24

A traumatic event within a traumatic environment

- Coercive control
- Violence has escalated
- Victims are entrapped
- Usually stalking
- Often sexual assault
- Explosive, painful violence

Domestic violence victim

Neurological trauma (head injuries)

Psychological trauma (coercive control)

25

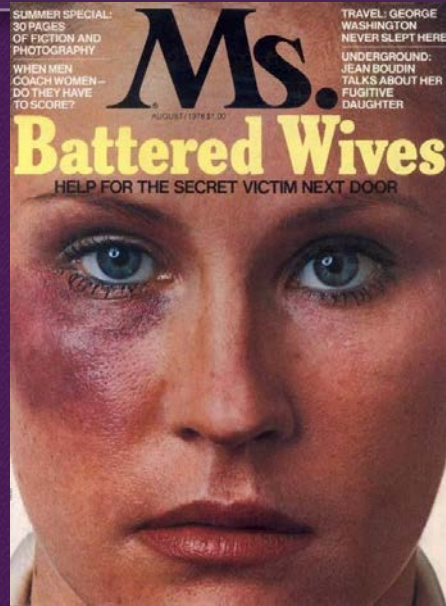
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What area of a victim's body does an abuser most often target?

26

26

August 1976



27

Viewed the impact of DV as social and psychological



But its neurological too, and always has been



28



Does strangulation cause a traumatic brain injury?

29




Partner-inflicted brain injury

When person's brain is hurt by **strangulation** and/or **blows to the head** that can cause a **traumatic brain injury, concussion, or other type of brain injury** while experiencing domestic violence.

30


30

What brain injury looks like




Thinking problems

- Difficulty remembering (particularly new information)
- Feeling slowed down or if brain is in a fog
- Delaying answering questions
- Difficulty concentrating
- Problems getting things started
- Problems organizing
- Self-awareness




Emotion/Mood

- Irritability and personality changes
- Depression
- Increased emotions
- Anxiety
- Anger
- Sadness
- PTSD Symptoms



Behaviors

- Physical or verbal outbursts
- Impulsive behaviors
- Problems controlling emotions
- Problems with assessing risk
- Problems with self awareness



Physical Problems

- Headache
- Lack of energy/tired
- Dizzy or blurred vision
- Sensitive to light or noise
- Balance problems
- Nausea/vomiting
- Increased or decreased sleep
- Problems falling or staying asleep

31

Brain injury causes a health condition, which can be ACUTE or CHRONIC

Acute conditions happen, heal, and go away



Chronic conditions happen, heal some, but need to be managed



Dr. John Corrigan, THE Ohio State University

32



But to be treated.....

Health conditions must be correctly

IDENTIFIED



33



Misdiagnosing experience as mental illness

34



Traumatic Brain Injury (TBI): A change to how your brain normally works due to a bump, blow, or jolt to your head

Strangulation: When someone puts pressure on the throat or the neck that results in restriction of oxygen and bloodflow to the brain

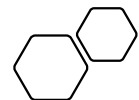
Types of Head Injuries

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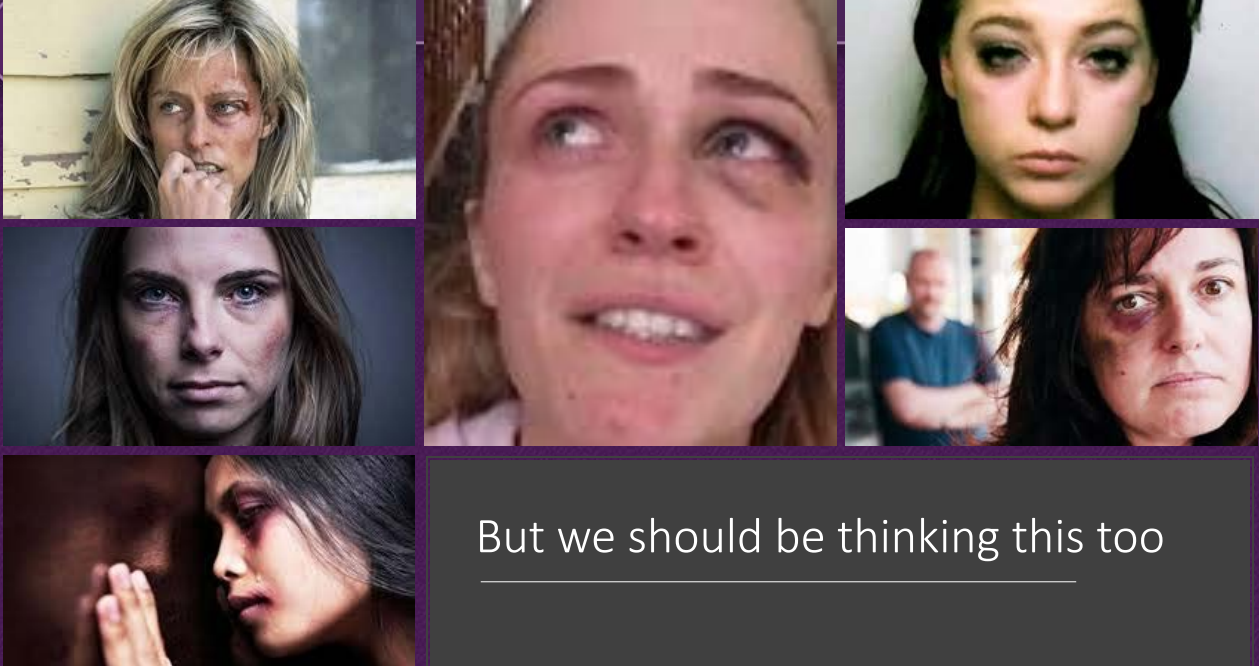


When we think concussion we think this..




36

36



But we should be thinking this too

37



What happens in a TBI..

- Force causes brain to move around and collide with the bony skull
- Bruises brain tissue and tears blood vessels
- Brain gets inflamed
- Damage occurs at impact and sometimes opposite point
 - More pronounced where the inside of the skull is more rough and uneven
- Damage can sometimes be detected through scans

38



The brain's super highway

- Nerve fibers link
 - cells
 - parts of the brain
 - the brain to the body
- Fibers are stretched or broken, resulting in communication problems:
 - Within brain regions
 - Between brain regions
 - Between the brain and the body
- Damage not detected by tests, but suspected because of impact on functioning



39



The brain is most likely to be hurt in these areas....

- Complex mental processes such as **thinking, decision-making and planning** (frontal lobe)
- **Hearing and listening, comprehending and remembering** (temporal lobe)

40

40



What percentage of survivors who have been strangled have also been hit or hurt in the head?

41

41



Types of Head Injuries

Traumatic Brain Injury (TBI): A change to how your brain normally works due to a bump, blow, or jolt to your head

Strangulation: When someone puts pressure on the throat or the neck that results in restriction of oxygen and/or bloodflow to the brain

42

42



Strangulation is not a brain injury, but it can cause one

- Hypoxic-Anoxic brain injury, which is reduction of oxygen (hypoxic) or complete cutting off of oxygen (anoxic) to the brain
- Caused by strangulation AND other types of violence, like
 - Chokeholds
 - Having something put over the face so a person can breathe (hands, pillow, mouth)
 - Being sat on in a way that interferes with breathing
 - Pressure on the neck



43

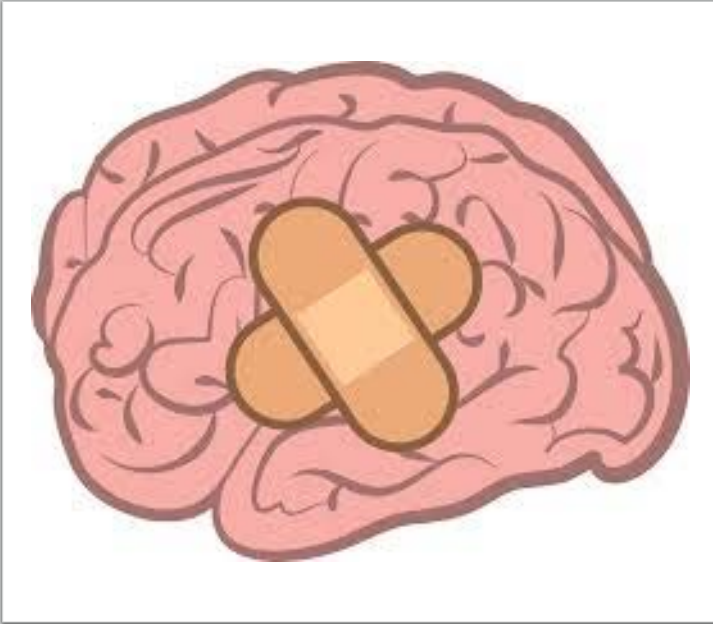


Not all abusers are equal.....

And abusers who strangle are the most dangerous and deadly perpetrators

44

44



Recovery from head injury—no timeline

Affected by various factors:

- Response right after the head injury
- Repeated concussions
- Other bodily injuries
- Psychological factors
- General life stress
- Sex—women tend to have extended recovery times

45

45


Body and brain responses...



- VERY INDIVIDUALIZED
- Immediate symptoms
 - Right after the injury
 - Brain injury symptoms
 - Trauma-related symptoms
- Secondary symptoms
 - once trying to get back to life
- Long term impact
 - Can last weeks, months, years or forever


46

46



Post-concussive syndrome (PCS)

- Symptoms persist for weeks and months after the injury
- No known cause—different possible contributions include:
 - Physical damage to the brain
 - Emotional reactions to the effects of brain injury
- More commonly reported by people struggling with life stress, PTSD, poor social support system, and mental health challenges
- In DSM-V, called major or mild neurocognitive disorder (NCD) due to a TBI



Post-Concussive Syndrome

**Thinking/
Remembering**

- Difficulty thinking clearly
- Feeling slowed down
- Difficulty concentrating
- Difficulty remembering new information

Physical

- Headache
- Nausea/vomiting
- Balance problems
- Dizziness
- Blurry vision
- Feeling tired
- Lack of energy
- Sensitivity to light or noise

**Emotional/
Mood**

- Irritability
- Depression
- Increased emotions
- Anxiety

**Sleep
disturbance**

- Increased or decreased
- Trouble falling asleep

Mayo Clinic

47

tips for anyone with a head injury

GET GOOD SLEEP
Try to get good sleep and re-establish sleep patterns. Identify what helps you sleep (a dark room or sleeping with a fan).

MOVE YOUR BODY
Get exercise daily. Exercise improves your ability to think.

LESS SCREEN TIME
Avoid screens (television, tablets, phones) for a few days after the injury.

TAKE IT EASY
Try to stay away from things that are really demanding for a while. You are more vulnerable to pain, stress and fatigue after a head injury.

PLAN AHEAD
Plan ahead and schedule additional time to do things so you feel less frustrated.

TAKE BREAKS
Take frequent breaks and rest throughout the day.

MORNING BRAIN POWER
If you are going to do something stressful or hard, do it in the morning, when your brain is more rested.

START SLOW
Ease back into activities, jobs, or life obligations. Begin doing things for a short period of time. Gradually do things for a longer time so your brain and your body can adjust.

STAY SAFE
Problems last longer when your brain is hurt again and again without time for it to heal. Try to protect your head whenever possible.

11

What helps a brain injury heal?

- Sleep
- Brain rest
- Physical rest
- Avoiding screens
- Avoiding things that bring on symptoms or make symptoms work
- Ease back into activities
- Move your body
- Avoid other head trauma

48

CARE Framework and CARE tools

Addressing head injuries in your setting

49



Ohio's Program CARE

- Trauma-informed framework
- Principles:
 - Relationship-based
 - Individualized
 - Proactive AND responsive
 - Flexible



50



What is CARE?

•Goals:

- Intentionally and thoughtfully raise awareness through CARE tools
- Make our services more helpful for people through accommodations
- Connect people to follow up evaluation or care when necessary



CARE tools at www.odvn.org



PINK Concussions International Partner-Inflicted Brain Injury Task Force

PINK CONCUSSIONS



- Build relationships between brain injury experts and domestic violence professionals
- Leadership consists of researchers and practitioners from The United States and Canada
- Monthly free webinars sharing different topics related to the intersection of domestic violence and brain injury
- Sign up at pinkconcussions.com/violence

53

53



What's next?

- New three year OVV grant to build multidisciplinary collaboration between brain injury, domestic violence, sexual assault and forensic nursing
- Continued training across the country
- Conference presentations
- Research with federally qualified health centers

54

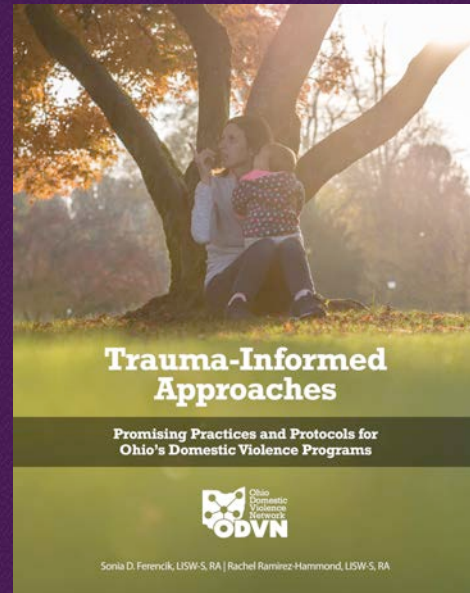
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Trauma-Informed Approaches

Promising Practices and Protocols for Ohio DV programs (2019)

- Caring for the Advocate: Addressing Vicarious Trauma for the Individual and Within the Agency
- Understanding trauma
- Responding to trauma
- Best practices
- Protocols
- Appendices



55

55



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 The Center on
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56

56