

TRAUMATIC BRAIN INJURY AND DOMESTIC VIOLENCE

Women who are abused often suffer injury to their head, neck, and face. The high potential for women who are abused to have mild to severe Traumatic Brain Injury (TBI) is a growing concern, since the effects can cause irreversible psychological and physical harm. Women who are abused are more likely to have repeated injuries to the head. As injuries accumulate, likelihood of recovery dramatically decreases. In addition, sustaining another head trauma prior to the complete healing of the initial injury may be fatal.

Severe, obvious trauma does not have to occur for brain injury to exist. A woman can sustain a blow to the head without any loss of consciousness or apparent reason to seek medical assistance, yet display symptoms of TBI. (NOTE: While loss of consciousness can be significant in helping to determine the extent of the injury, people with minor TBI often do not lose consciousness, yet still have difficulties as a result of their injury). Many women suffer from a TBI unknowingly and misdiagnosis is common since symptoms may not be immediately apparent and may mirror those of mental health diagnoses. In addition, subtle injuries that are not identifiable through MRIs or CT scans may still lead to cognitive symptoms.

What is Traumatic Brain Injury?

Traumatic brain injury (TBI) is defined as an injury to the brain that is caused by external physical force and is not present at birth or degenerative.

TBI can be caused by:

- A blow to the head,
 - e.g., being hit on the head forcefully with object or fist, having one's head smashed against object/wall, falling and hitting head, gunshot to head.
- Shaking of the brain,
 - e.g., forceful whip-lash motion, actions that force the brain to hit the wall of the skull.
- A loss of oxygen to the brain (anoxia),
 - e.g., airway obstruction caused by choking, strangulation, near drowning or drug reactions.

TBI's fall into two categories:

- *Penetrating injuries* are caused when a foreign object (knife, bullet) enters through the skull and into the brain, damaging the specific parts of the brain that are localized along the route that the object traveled into the brain.

- *Closed Head Injuries* result when an external force impacts the head but does not fracture the skull. In these cases, two types of damage can occur to the brain:
 - *Primary Brain Damage*, in which the damage is complete at the time of injury.
 - *Secondary Brain Damage*, in which the damage continues to get worse for a period of hours to days after the incident.

TBI can result in mild, moderate, or severe impairments to cognition, behavior, and physical functioning. Symptoms of TBI include, but are not limited to:

Cognitive Symptoms:

- Decreased concentration, reduced attention span
- Difficulties with executive functioning (goal setting, self monitoring, initiating, modifying, and/or bringing to completion)
- Short-term and/or long-term memory loss
- Decreased ability to solve problems and think abstractly
- Difficulty thinking straight
- Difficulty displaying appropriate emotional/communication responses
(laugh during serious conversation, shout when everyone whispers)
- Difficulty in learning new information
- Difficulty making plans, setting goals, and organizing tasks
- May appear disorganized and impulsive
- Difficulty spelling, writing, and reading
- Difficulty finding the right words and constructing sentences
- Difficulty understanding written or spoken communication
- Difficulty interpreting verbal and non-verbal language
- Decreased functioning of speech muscles (lips, tongue)
- Difficulty feeling initiative, sustaining motivation
- Depression
- Memory distortions

Behavioral Symptoms:

- Changes in behavior, personality or temperament
- Increased aggression and/or anxiety
- Decreased or increased inhibitions
- Quickly agitated or saddened
- Changes in emotional expression (flat, non-emotional, inappropriate or overreactions)
- Avoidance of people, family, friends
- Difficulty sleeping
- Increased irritability or impatience

Physical Symptoms:

- Hearing loss
- Headaches, neck pain
- Nausea and vomiting
- Changes in vision (blurred, sensitive, seeing double, blindness)
- Ringing or buzzing in ears
- Dizziness, difficulty balancing

- Decrease in, or loss of, smell or taste
- Decreased coordination in limbs
- Loss of bowel or bladder control
- Increased sensitivity to noise or bright lights
- Seizures
- Weakness or numbness

** The most common and persistent symptoms are headaches, fatigue, loss of memory, depression, and communication difficulty.

Recommendations for Working With Women With TBI:

When a woman is experiencing *difficulty with attention and concentration*:

- Minimize distractions when having detailed conversations.
- Meet individually in quiet locations, with minimum bright lights, and keep meeting times limited.
- Incorporate short breaks.

When a woman is experiencing *difficulty with memory*:

- Write information down. Provide a notebook or calendar to help her remember important information such as police numbers, Order of Protection information, and court dates.
- Encourage the use of a journal or log.
- Discuss strategies for remembering important appointments and dates.
- Provide repetition of information.
- Develop checklists.

When a woman is experiencing *difficulty in executive functioning*:

- Assist in prioritizing goals and break them down into smaller, tangible steps.
- Reduce distractions and allow time when completing tasks.
- Write out steps to a planning or problem-solving task.

When a woman is experiencing *difficulty in processing information*:

- Focus on one task at a time. Break down messages or conversations in to smaller pieces and allow for repetition to assist her to understand and process information.
- Talk slowly and on point, repeat information if needed.
- Encourage her to take breaks if needed and to ask for information to be repeated or rephrased.

- Provide information in factual formats, avoiding abstract concepts.
- Double-check with her to ensure that she has understood information.

Additional suggestions:

- Provide reassurance, education, and structure to minimize anxiety.
- Help her fill out forms and make important phone calls.
- Assist her in communicating with others.
- Avoid open-ended questions by using a yes-no format.
- Identify supports, both social and medical, and consistently encourage as much self-determination as possible.
- Always ensure that she is a participant in the process of developing plans and in discussions.
- Offer information in writing or on tape.
- Provide respectful feedback to potential or obvious problem areas.
- Be supportive and continuously identify strengths.

A woman with a TBI who enters the criminal justice system may face additional challenges. She may appear to be disorganized, aggressive, temperamental, or confused. If her behaviors are misunderstood or misdiagnosed as indicating a mental health disability, which often happens, she may have difficulty obtaining custody or being credited as a victim or reliable witness. An increase in awareness of TBI among advocates and program staff will result in increased sensitivity, screening, referrals, accommodations, and ultimately, better outcomes, for women who are abused.

When working with a woman who is abused, it is crucial that appropriate questions are asked and a screening is done for possible TBI. Proper referrals for further screening, evaluation, and services should be given in the case that a TBI is suspected. The following is a brief screening tool that domestic violence program staff and advocates can use.

Domestic violence advocates and program staff should consistently screen women entering shelters and programs for TBI-related symptoms. One way to do this is to use the **HELPS**, a brief screening tool for TBI. **HELPS** was specifically designed to be used by professionals whose expertise does not include TBI.

The following two pages were created for programs to include during intake or screening procedures. They may be copied for this use.

HELPS Screening Tool for Traumatic Brain Injury¹

Directions: Score 1 point for every question answered 'Yes'. A score of 2 or more, particularly if the injury affects function (P), should be considered as a sign of a possible injury that needs to be further explored with a more extensive interview and medical or neuropsychological work-up.

<u>Question</u>	<u>No</u>	<u>Yes</u>	<u>Comments</u>
H = Did you ever <u>hit</u> your head? Were you ever hit on your head?			
E = Were you ever seen in an <u>emergency room</u> by a doctor or hospitalized? If so, for what reason?			
L = Did you ever <u>lose consciousness</u> ? For how long? For what reason?			
P = Did you have any <u>problems</u> after you were hit on the head? <ul style="list-style-type: none"> - Headaches - Dizziness - Anxiety - Depression - Difficulty concentrating - Difficulty remembering - Difficulty reading, writing, calculating - Difficulty performing your old job or school work - Changes in behavior or attitude - Difficulty problem solving - Changes in relationships 			
S = Did you have any significant <u>sicknesses</u> after having your head hit?			

¹ Adapted with permission from the International Center for the Disabled, HELPS Screening Tool, 1992. Reprinted with permission of the Empire Justice Center, Building Bridges: A Cross-Systems Training Manual for Domestic Violence Programs and Disability Service Providers in New York, 2006

Using the HELPS Tool With Women Seeking Domestic Violence Services:

In the case of domestic violence, women should be asked about various forms of physical abuse that could lead to a brain injury. Advocates and program staff are encouraged to utilize the following checklist, which parallels the categories of the HELPS, to aid in determining if women entering into programs should be seen by a doctor for further evaluation.

- Did your partner ever **H**it you in the face or head? With what?
- Did your partner ever slam your head into a wall or another object, or push you so that you fell and hit your head?
- Did your partner ever shake you?
- Did your partner ever try to strangle or choke you, or do anything else that made it hard for you to breathe?

- Did you ever go to the **E**mergency room after an incident? Why?
- Did they ask you whether you had been hit on the head or indicate that they suspected a head injury or concussion?
- Was there ever a time when you thought you needed to go to the ER, but didn't go because you couldn't afford it or your partner prevented you?
- If you did go to the ER, did you think you got all the treatment you needed?

- Did you ever **L**ose consciousness or black out as a result of what your partner did to you?

- Have you been having **P**roblems concentrating or remembering things?
- Are you having trouble finishing things you start to do?
- Are people telling you that you don't seem like yourself, or that your behavior has changed?
- Does your *partner* say you have changed, and use that as an excuse to abuse you?
- Have you been having difficulty performing your usual activities?
- Are you experiencing mood swings that you don't understand?
- Has it gotten harder for you to function when you are under stress?

- Have you been **S**ick or had any physical problems? What kind?
- Do you experience any reoccurring headaches or fatigue?
- Have you experienced any changes in your vision, hearing, or sense of smell or taste?
- Do you find yourself dizzy or experiencing a lack of balance?

References:

Corrigan, J.D., Wolfe, M., Mysiw, J., Jackson, R.D., & Bogner, J.A. *Early identification of mild traumatic brain injury in female victims of domestic violence.* American Journal of Obstetrics and Gynecology, 188, S71 – S76.

Brain Injury Association of America Website: www.biausa.org

Jackson, H., Philp, E., Nuttall, R.L., & Diller, L. (2002). *Traumatic Brain Injury: A Hidden Consequence for Battered Women.* Professional Psychology: Research and Practice, 33, 1, 39-45.

International Center for the Disabled, *HELPS Screening Tool*, 1992

The New York State Office for the Prevention of Domestic Violence, *Victims of Domestic Violence with Traumatic Brain Injuries* (Powerpoint presentation), 2003.

Monahan, K. & O'Leary, K. D. (1999). Head injury and battered women: An initial inquiry. *Health & Social Work*, 24, #4, 269-278.