



Traumatic Brain Injury As a Result of Domestic Violence

Information, Screening and Model Practices

Curriculum Objectives

This curriculum will:

- Train domestic violence advocates on the delivery of information related to the intersections between TBI, domestic violence and screening techniques for TBI
- Train medical advocates on working with health care providers to screen, refer and recognize the impact of their behavior and communication on dv survivors with TBI

- Outcomes with advocates or allied professionals are two-fold:
 - ▣ Develop strong screening, advocacy and referral skills
 - ▣ Assist survivors in meeting self-identified goals:

Language

- Inclusive
- Acknowledge dv as a gendered issue with recognition of impact on males and LGBTQQP
- “Healing” rather than “recovery”
- “Survivor” or “program participant” rather than “victim,” “client” or “patient”

Means of Delivery

- Live Training using the Trainer's Toolkit
 - ▣ Downloadable from PCADV Website

- On-line training tools
 - ▣ Interactive, computer training tools, also through PCADV Website

About the Trainer's Guide

- An enhanced educational tool with model practices in survivor-centered techniques

- Intended to merge the expertise shared by:
 - Traumatic Brain injury experts, and
 - Domestic violence experts.

Trainer's Guide

- Core facts about the brain
- What happens when TBI occurs
- Signs, symptoms, etiology and impact of TBI
- Intersections of domestic violence and TBI
- Babies, children, teens and TBI

Trainer's Guide, cont'd

- Screening recommendations to guide service providers in creating an environment conducive to support and referrals
- Making appropriate referrals
- Improving services for survivors living with TBI
- Instructive and participatory learning opportunities
- Uses Icons to indicate 'Trainer's Notes' that provide instructions and emphasize important points

Use of Pre and Post Tests

- Tests may be offered:
 - ▣ Before and after the training
 - ▣ In person on paper
 - ▣ Electronic survey

Use of the Modules

- Present as part of a larger curriculum, or
- Stand alone as individual sessions
- Modules One and Two are not intended as clinical teaching tools but as primers for Modules Three through Seven

The Modules

- Module Three
 - Merges domestic violence and traumatic brain injury
- Module Four
 - Addresses domestic violence and TBI and the effect on youth
- Module Five
 - Addresses screening techniques

The Modules, Cont'd

- Module Six
 - ▣ Describes advocacy measures
- Module Seven
 - ▣ Covers safety assessment and planning

Trainers

- Need:
 - ▣ Expertise in working with domestic violence survivors
 - ▣ Knowledge about domestic violence issues
 - ▣ A working knowledge of the TBI training materials

Supplementary Materials

- Powerpoint slides
- Handouts
- Additional resources
- Copies of the exercises
- Laminated desk tools

AGENDA

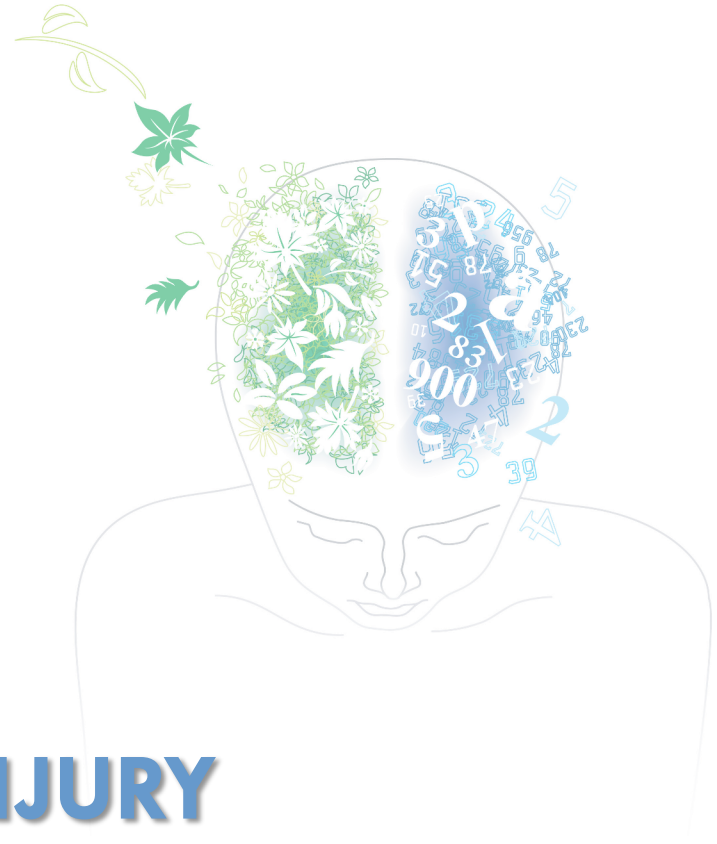


- Today we will:
 - ▣ Review objectives for each module
 - ▣ Describe the content, use of the hand-outs and lay-out of the Trainer's Guide
 - ▣ Discuss certain key points of the curriculum
 - ▣ Address any questions you may have
 - ▣ Practice exercises that are in some of the modules

Reminder...

- Provide and post the Brain Injury Helpline as a Resource:
 - 866-412-4755

- The curriculum contains the following reminder:
 - *Do not presume, label, diagnosis or otherwise suggest that someone has TBI or clinically treat TBI*



TRAUMATIC BRAIN INJURY AS A RESULT OF DOMESTIC VIOLENCE

INFORMATION, SCREENING AND MODEL PRACTICES

MODULE III

INTERSECTIONS: TBI AND DOMESTIC VIOLENCE



Module III Objectives

Upon completion of this module, participants will be able to:

- Describe the significance of TBI in domestic violence populations
- List types of abuse that can cause TBI
- Articulate risks associated with repeat head injury for domestic violence survivors
- Recall why a domestic violence survivor with possible TBI may not seek medical care

Module III Objectives

- Explain the impact of TBI on domestic violence survivors
- Understand the importance of brain lobe function
- List the most common problems and possible setbacks associated with TBI
- Recall why TBI may leave a survivor vulnerable to other types of abuse

Significance of TBI in DV Populations

- 36% of domestic violence survivors have sustained injuries to the head, neck, or face
- > 90% of all injuries **secondary** to domestic violence occur to the head, neck or face region
- Women seeking medical attention for these injuries are 7.5 times more likely to be survivors of domestic violence than women with other bodily injuries

DV Shelter Study

- 92% of survivors had been hit on the head; most more than once
- 83% had been hit on the head and severely shaken
- 8% had been hit more than 20 times in the past year



Acts of DV Resulting in TBI

- Forcefully hitting on the head with an object
- Shaking, which moves the brain in a whiplash motion and smashes the brain against the skull
- Pushing down the stairs
- Causing a person to fall and hit her head
- Causing loss of oxygen through strangling, attempted drowning or forced ingestion of food or drug allergens

Acts of DV Resulting in TBI

- Shooting or stabbing in the head
- Slamming a head against the wall, floor, sidewalk, or anything hard or firm
- Forced erotic asphyxiation, causing loss of oxygen
 - ▣ **Results in 500 to 1,000 deaths annually**

Homelessness, DV and TBI

- 58% of homeless men and 42% of homeless women had histories of TBI
- Lack of affordable housing options and waiting lists leave a survivor to choose between the streets or the abuser



Second Impact Syndrome

AKA: Subsequent Impact Syndrome (SIS)

- Typical of ongoing DV
- Can lead to multiple dysfunction:
 - ▣ Cognitive
 - ▣ Physical
 - ▣ Emotional



Impact of Repeat Blows

- Injuries accumulate
- Symptoms increase
- Functioning decreases
- Healing takes longer



Risk after 1st Occurrence

- **Second injury:**
 - ▣ 3 times greater
- **Third injury:**
 - ▣ 8 times greater

Most common target: head, face and neck

TBI and Seeking Medical Treatment

Persons who may never seek treatment:

- ❑ Victims of domestic violence
- ❑ Participants in bar room brawls
- ❑ Parents of a children who have been abused or have shaken baby syndrome
- ❑ Athletes with sports injuries



Why?

- Threats
- Fear and safety concerns
- Fear of disclosure to medical providers
- Not permitted to do so by the abuser
- Abuser insists the victim is fine/minimizing injury
- Told she is crazy – threats to institutionalize
- Decreased mental clarity
- Cognitive impairment

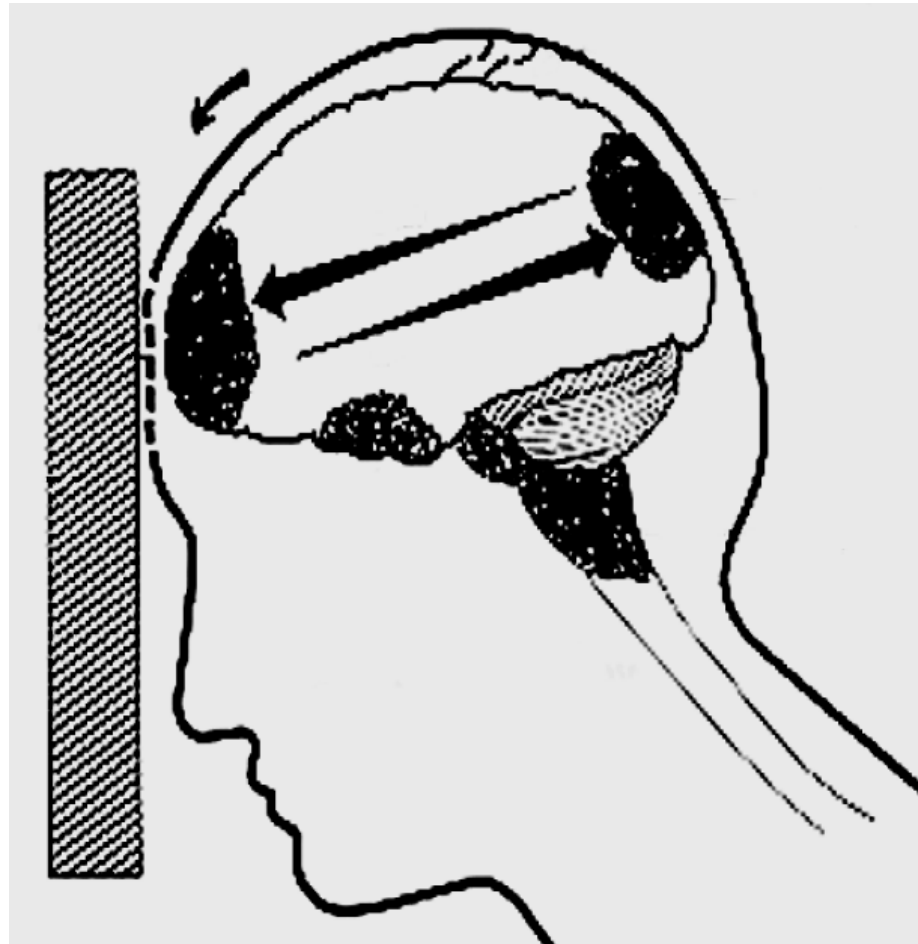


Undiagnosed or Untreated TBI

May be due to:

- Imprecise information gathering
- Underreporting
- Misdiagnosis
- Late of recognition
 - Late developing neurologic & endocrine symptoms
 - Range of TBI dysfunction


Brain Motion Upon Impact



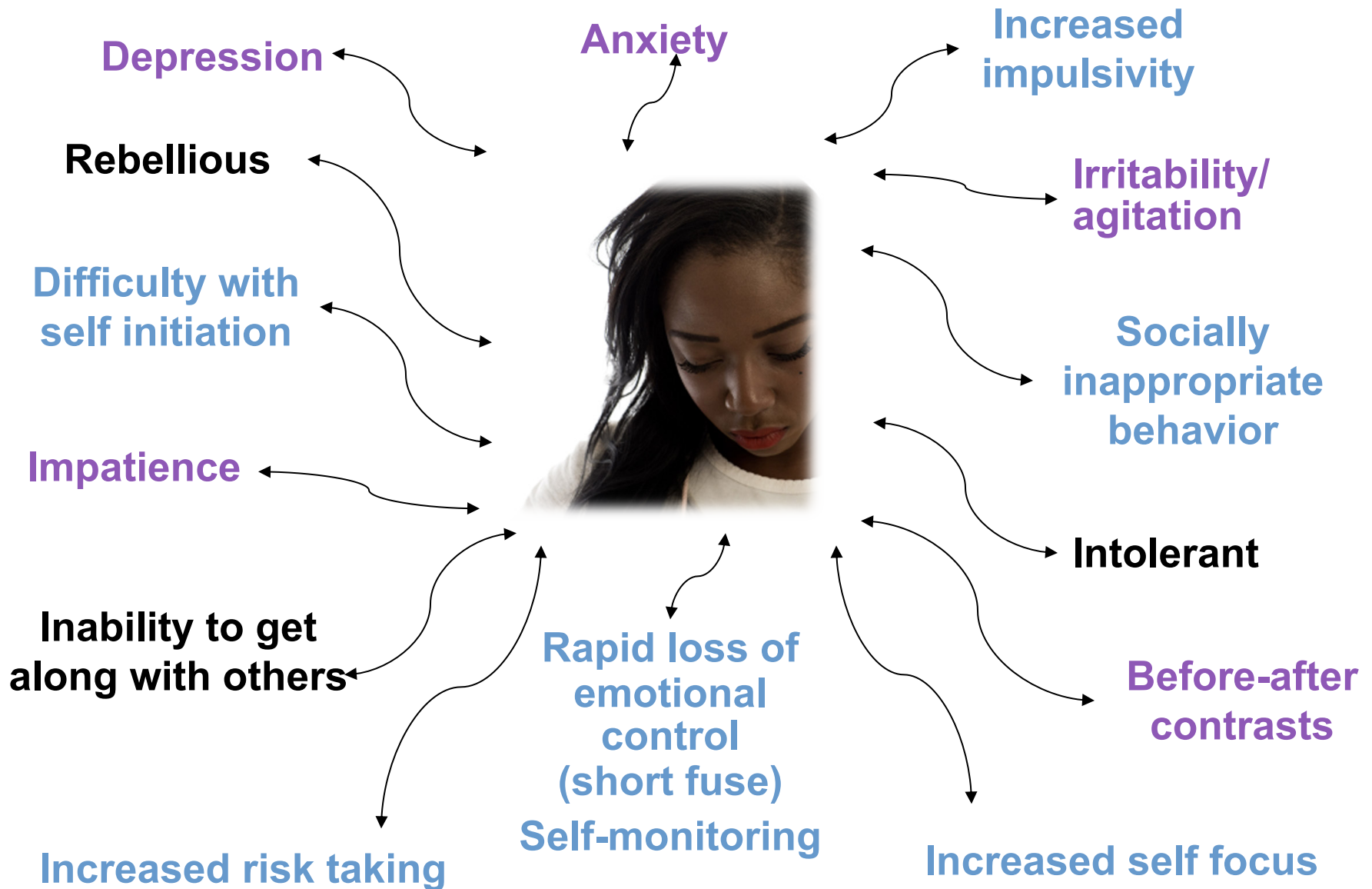
Voice of a Brain Injury Survivor

“Living without connection...that’s how I felt... there was no connection and there were so many missing links as I tried to begin living again...it was kind of like living in the middle of nowhere...”





**For domestic violence survivors, TBI
can cause changes that an abuser
may use to further oppress and
control the survivor.**



Frontal Lobe: Executive Function

- Attention and concentration
- Self-monitoring
- Organization
- Speaking expressively
- Motor planning and initiation
- Awareness of abilities and limitations
- Personality

Frontal Lobe: Executive Function

- Mental flexibility
- Inhibition of behavior
- Emotions
- Problem-solving
- Planning and anticipation
- Judgment



Frontal Lobe: Emotional Changes

Depression

- 14%-61% of people with TBI

Anxiety

- Irritability, impatience, and agitation



Frontal Lobe: Behavior

- Increased impulsivity
- Increased risk-taking
- Increased self-focus
- Difficulty relating to others
- Seems rebellious or intolerant
- Uninhibited
- Uncensored sexual thoughts, feelings or actions

Temporal Lobe Functions

- Memory
- Understanding receptive language
- Sequencing
- Hearing
- Organization



Parietal Lobe Functions

- Sense of touch
- Spatial perception
- Differentiation (identification)
 - Size, shapes and colors
- Visual perception

Cerebellum Functions

- Balance
- Skilled motor activity
- Coordination
- Visual perception



Occipital Lobe Functions

Vision



Brain Stem Functions

- Breathing
- Arousal and consciousness
- Attention and concentration
- Heart rate
- Sleep and wake cycles

Left Side of the Brain

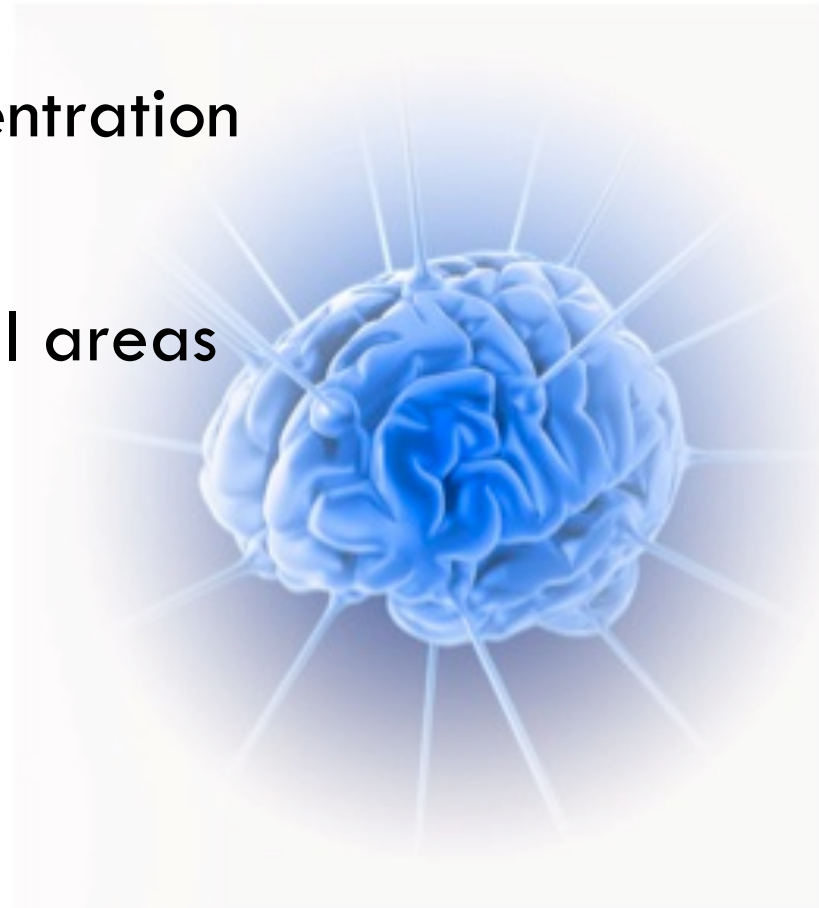
- Difficulties in receptive language
- Difficulties in expressive language
- Catastrophic reactions
- Verbal memory deficits
- Impaired logic
- Sequencing difficulties
- Decreased control over right-sided body movements

Right Side of the Brain

- Visual-spatial impairment
- Visual memory deficits
- Left neglect
- Decreased awareness of deficits
- Altered creativity and music perception
- Loss of “big picture” type of thinking
- Decreased control over left-sided body movements

Diffuse Brain Injury

- ❑ Reduced thinking speed
- ❑ Confusion
- ❑ Reduced attention and concentration
- ❑ Fatigue
- ❑ Impaired cognitive skills in all areas



Most Common Issues

Impact on:

- ☐ Physical functioning
- ☐ Thinking
- ☐ Emotional and behavioral control



Other Common Issues

May be misdiagnosed and misunderstood as:

- A mental health issue
- Addiction
- Just a bump, but not TBI

May experience sudden change(s) in:

- Mood and emotional control
- Motor control
- Thinking abilities

Sexual Functioning

Changes in sexual function are common

- Inappropriate or hypersexual behavior
- Loss of or decreased sexual functioning, satisfaction and/or desire

Can result in:

- Changed feelings of attractiveness or body image
- Social isolation

Sexual Functioning: Abusive Tactics

- Rape
- Other types of sexual abuse
- Manipulation
- Coercion
- Exploitation
- Reproductive coercion

Sleep Disorders

- 40-65% with mild TBI suffer from insomnia
- 36% have circadian rhythm sleep disorder
- Can lead to psychological and cognitive problems and can interfere with rehabilitation
- Sleep Apnea

Effects of Sleep Disorders

- May lessen daytime productivity
- Healing time may be lengthened
 - Reducing survivor's ability to make meaningful life changes
- Others may assume the survivor is abusing drugs or alcohol

Physical Problems Associated with TBI

- **Headaches**

- **Fatigue**

And . . .

- Overall slowing

- Clumsiness

- Decreased vision/hearing/smell

- Dizziness

- Increased sensitivity to noise/bright lights

- Changes in sexual functioning

Cognitive Issues after TBI

- ❑ Reduced concentration
- ❑ Reduced visual attention
- ❑ Inability to divide attention between competing tasks
- ❑ Slow thinking
- ❑ Slow reading
- ❑ Slow verbal and written responses

Other Issues

Problems with attention, including:

- ☐ Concentration
- ☐ Paying attention to visual details
- ☐ Managing two differing tasks

Processing speed slows for:

- ☐ Moving
- ☐ Thinking
- ☐ Reading
- ☐ Talking

Other Issues

Communication problems:

- Finding the right words, naming objects the person would normally know or use
- Disorganized communication in conversation

Learning and Memory

- Information before the TBI tends to remain intact
- Reduced ability to remember new information
- Problems with learning new skills

Thinking and Executive Functioning

- Difficulty in:
 - ▣ Planning/setting goals
 - ▣ being flexible
 - ▣ problem solving
 - ▣ prioritizing
- Decreased awareness of cognitive changes in self
- Problems getting/being organized

Socio-Ecological Challenges

- ❑ Vocational and/or school problems
- ❑ Family life/social relationships may collapse
- ❑ Increased financial burden on families and social service systems
- ❑ Alcohol and drug abuse
- ❑ Chronic depression/anxiety

Results for the Survivor

Survivor may:

- Need to take a different path in life
- Need to change her vocation
- Be unable to resume work or school patterns or responsibilities in place before TBI
- Find that family and social relationships may change or suffer = social isolation
- Suddenly become dependent on family or social service systems for financial support
- Have new or increased mental health needs or substance abuse issues

Results

Difficulty recognizing the emotions of others from facial expressions, resulting in compromised:

- Social and familial relationships
- Work or educational opportunities
- Care for children
- Domestic violence program experience

Remember

TBI may impact one or many facets of an individual's life, resulting in significant additional challenges for someone living with domestic violence.



Summary

A survivor who lives with the compounding results of TBI may:

- Have difficulty remembering or learning new information
- Be inconsistent in performance
- Have poor judgment and decision-making abilities
- Have difficulty generalizing to new situations
- Lack awareness of post-TBI difficulties

Module IV Objectives

Upon completion of this module, participants will be able to:

- Recall the prevalence of TBI among children ages 0-19 years
- Recall 2 'Children and TBI' statistics
- List TBI symptoms for children
- List behavioral and emotional changes
- List healing measures
- Recall support and advocacy steps

Prevalence and Causes

Each year in the U.S., among people 0-19 years of age:

- 564,000 seen in hospital emergency room departments and released
- 62,000 sustain brain injuries requiring hospitalization
- 1,300 experience severe or fatal head trauma from child abuse

For PA:

- 120 deaths
- 1700 hospitalizations
- 20,000 visits to the emergency room

.....Because of TBI

Children and Teen TBI Causes

- Sports
- Accidents
- Peer/social assault
- Dating abuse
- Child abuse, including Shaken Baby Syndrome



Childhood experiences in the formative years affect lifelong well-being and development.

In what developmental ways do children, teens and adults differ?



Developmental Ways Children, Teens and Adults Differ

- Physical
- Physiological
- Emotional
- Social
- Intellectual
- Behavioral
- Hormonal
- Other

Caregivers Can Help Teens

Increase their abilities for:

- ☐ Self-advocacy
- ☐ Self-care
- ☐ Communication
- ☐ Understanding when events are turning against them and coping with such situations

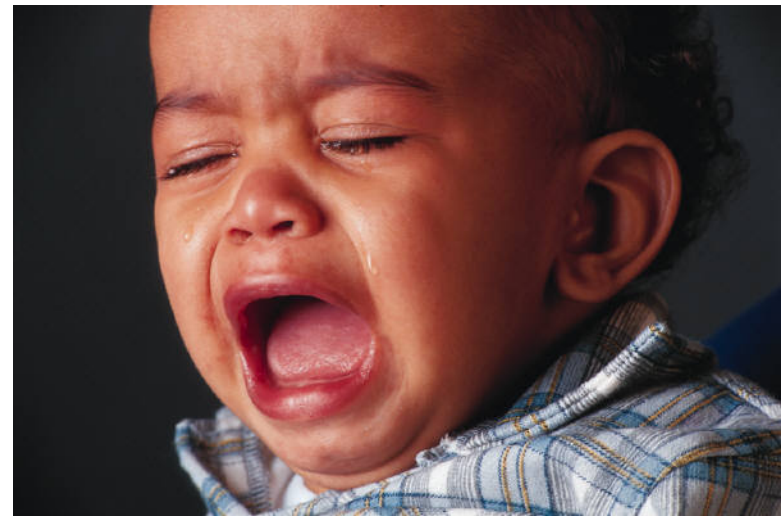
Advocates and Parents Can Discuss

- Ways to:
 - ▣ Find trustworthy and well-trained care providers
 - ▣ Keep lines of communication open and honest between parent and child
- Healthy relationships and boundaries

TBI and Babies

Shaken Baby Syndrome (SBS) fits into two categories:

- Abusive Head Trauma
- Inflicted Traumatic Brain Injury



TBI and Babies

- ☐ Shaken
- ☐ Dropped
- ☐ Thrown
- ☐ Otherwise caused to have head impact

Vigorous shaking causes a baby's brain to:

- ☐ Swell
- ☐ Bruise
- ☐ Bleed

The Risk of SBS

Increases when a baby is:

- ☐ Crying inconsolably
- ☐ Premature or has a disability
- ☐ One in a multiple-child birth
- ☐ Younger than 6 months of age

SBS: Severe Symptoms

- Convulsions/ Seizures
- Blindness or hearing issues
- Cerebral Palsy
- Death

SBS: Lesser Symptoms

- ❑ Change in sleeping patterns or an inability to be awakened
- ❑ Irritability
- ❑ Inconsolable crying
- ❑ Lack of appetite
- ❑ Motor dysfunction
- ❑ Muscle spasticity
- ❑ Developmental delays or learning disabilities

TBI and Children

A child who does not lose consciousness may have more difficulty post-incident than a child who has lost consciousness



Mild Symptoms

- Raised, swollen area on head from a bump/bruise
- Small, shallow cut in the scalp
- Headache
- Sensitivity to noise and light
- Irritability
- Confusion
- Lightheadedness and/or dizziness
- Problems with balance

Mild Symptoms

- Nausea
- Problems with memory or concentration
- Change in sleep patterns
- Blurred vision
- "Tired" eyes
- Ringing in the ears
- Alteration in taste
- Fatigue/lethargy

Moderate to Severe Symptoms

- Long or short term memory problems
- Loss of consciousness
 - Severe headache that does not go away
 - Repeated nausea and vomiting
 - Slurred speech
 - Difficulty with walking
 - Weakness in one side or area of the body
 - Sweating
 - Pale in color

Moderate-Severe Symptoms

- ❑ Seizures or convulsions
- ❑ Behavior changes, including irritability
- ❑ Blood or clear fluid draining from the ears/nose
- ❑ One pupil looks larger than the other
- ❑ Deep cut in the scalp
- ❑ Open wound in the head
- ❑ Foreign object penetrating the head
- ❑ Coma, vegetative state or immobility

Behavioral and Emotional Changes

- ❑ Disinhibition
- ❑ Temper outbursts
- ❑ Easily frustrated
- ❑ Inappropriate sexual behavior
- ❑ Apathy/ seems unmotivated
- ❑ Difficulty initiating or completing tasks
- ❑ Mood swings
- ❑ Emotional lability
- ❑ Rigid thinking or behavior

Children and Healing from TBI

Treatment is based on:

- Condition and co-existing factors
- Individual symptomatic progress



Advocates Can:

Remind parents and caregivers to:

- Ask medical professionals critical questions and insist on clear answers
- Keep a dated list of a child's symptoms



Support for the Child with TBI:

- Establish strategies and support for academic and social success
- Learn in a new way
- Work with pre-existing difficulties in a new way
- Identify when they are trying to do too much academically or socially
- Relearn some materials
- Make changes in curriculum and life goals

Support for the Child with TBI

Child with TBI should not:

- ☐ Attend School
- ☐ Study
- ☐ Text
- ☐ Play video Games
- ☐ Watch television



Causes of TBI Among Teens:

- Kicking
- Shoved into a hard surface such as a school wall, door or locker
- Shoved down onto grass or playground surface
- “Play” hitting or slapping that escalates into violence
- Injuries from “wrestling” that becomes abusive
- Hit on the head, strangled or suffocated
- Near drowning
- Forced down to hit head on hard surface during sexual or physical assault
- Gunshot or stab wound to the head
- Forced erotic asphyxiation

TBI Magnified

- Problem-solving, judgment & reasoning issues
- Memory & attention difficulties
- Trouble reading social messages
- Changes in hormones, emotions, actions & behaviors

The length of time since an injury can affect:

- How a teen sees herself
- Levels of possible depression and changes in social, behavioral or sexual functioning

Teens, TBI And Sexuality

Sexual Behaviors can be a problem for some teens and can include possible perpetrator behaviors:

- ☐ Inappropriate touch
- ☐ Exhibitionism
- ☐ Sexual aggression
- ☐ Sexual abuse

Support May Include:

- A behavioral plan that builds self-monitoring and awareness skills
- Finding ways to meet a child's social, practical and non-verbal communication needs
- An extended school year or modified work load or school day
- A plan for social, academic and environmental transitions
- A strong educational plan for the child's current and upcoming teachers, and other school staff

Coordinating a team of school, medical, counseling, and rehabilitation providers may be the most critical role a parent can take on.

School Accommodations:

- ❑ Full days of school as tolerated
- ❑ Half days of school as tolerated
- ❑ Restricted gym class activity
- ❑ Untimed, open-book, take-home or shortened tests
- ❑ Reduction of class work time by 50%
- ❑ Frequent breaks from class
- ❑ Extended time on homework & projects
- ❑ Mandated removal of a dating abuser

Children May Experience:

- ❑ Changes in environment, routine and expectations
- ❑ Loss of peer support
- ❑ Self-comparison to peers
- ❑ Changes in family dynamics
- ❑ Disruption in normal brain development
- ❑ Problems reconciling “old” and “new” self
- ❑ A fluctuation in academic performance, other skills
- ❑ Athletic restrictions, changes or setbacks

Prevention of Brain Injuries In Children and Teens

- Strive for a safe shelter/play/home environment
- Insist that a child sit in a car seat or wear a seatbelt
- Make sure helmets are worn properly when bicycle riding, ice or street skating and skateboarding
- Work with parents to minimize social risk factors, such as careless or aggressive play, in the neighborhood or shelter
- Establish a system for intervention when they see or hear about bullying

Talk to Teens About:

Teen dating violence and the risk for all types of injury

www.loveisrespect.org

www.breakthecycle.org

www.loveisnotabuse.com/web/guest

www.thatshotcool.com/

Promote Prevention and Awareness:

- Work with students, teachers and other staff to promote the learning of healthy relationships in school settings
- Organize mandatory training for child/daycare providers
- Generate public service announcements

Promote Prevention and Awareness:

- Organize journalist/media provider training to incorporate prevention and awareness emphases into social change editorials and abuse story coverage
- Work with local businesses on
 - ▣ policy development that addresses employee/employer behavior
 - ▣ business standards that prevent and address abuse
- Work with childbirth education classes, doula support services and prenatal care providers to encourage healthy relationship building with babies and young children

MODULE V

TBI AND DOMESTIC VIOLENCE SCREENING TECHNIQUES



Module V Objectives

Upon completion of this module, participants will be able to:

- Conclude the importance of screening for TBI
- Learn screening techniques for medical service providers and domestic violence advocates
- Enumerate key points about cultural competency in screening
- Practice survivor-advocate screening
- Gain access to medical locations where practitioners diagnose and/or assist with healing from TBI

Domestic Violence and TBI Screening

- The information in this curriculum is not meant for diagnostic purposes
- Screening and appropriate referrals could lead to needed services and rehabilitation

TBI Screening

Role of Domestic Violence Advocates:

- ***May*** screen to alert survivor to the possibility of TBI and the need for medical assessment
- ***Can conduct a screening and make a referral***
- ***Must not*** diagnose someone with TBI

TBI Screening

Role of Domestic Violence Advocates:

Appropriate screening can make a difference in:

- Medical assessment
- Referrals
- Rehabilitative opportunities

The Case for TBI Screening

- TBI and risks:
 - ▣ Higher mortality rates
 - ▣ Poorer outcomes for women than men
 - ▣ Increased risk for domestic violence survivors
- Undiagnosed TBI compromises:
 - ▣ Positive outcomes while receiving services
 - ▣ Effective rehabilitation
 - ▣ Fulfilling personal goals

Head Injury Emergencies

If any of the following symptoms are present:

- Unconsciousness
- Sudden and severe headache
- Convulsions
- Vacant or dazed expression
- Drowsiness or vomiting (connected to an obvious head injury for no apparent reason)
- Loss of memory of the head injury
- Bleeding from the ear or nose
- Fractured or dislocated jaw
- Clear fluid or blood coming from the ears, nose or mouth
- Difficult in waking

Follow your agency's emergency protocols

TBI Screening Overview

PCADV recommends using the adapted:

- **HELPPS TBI Screening Tool**

- For screening all program participants and medical patients at intake appointments

- **TBI Screening Guides** for conversational screening during counseling/advocacy

- **Medical Screening Guide (MSG)**

- **Program Screening Guide (PSG)**

Screening Guidelines

The tools and process are meant to be:

- ☐ Non-discriminatory
- ☐ Culturally competent
- ☐ Non-stressful
- ☐ Conducted within legal parameters
- ☐ Empathetic

Cultural Competency

- What Defines Culture?
- What does Cultural Competency entail?

Use of the Tools

- Medical and domestic violence advocates may conduct TBI screening differently
 - Screening tools and guidelines differ due to differences in responsibilities

- Medical service providers may simultaneously screen for TBI and domestic violence
 - At each phase of patient contact by someone trained in asking about both issues

When To Screen

PCADV recommends conducting both forms of screening for every survivor

- HELPPS Tool at intake
- Conversational Screening Tool at follow-up appointment(s)

Screening in Medical Settings

Considerations:

- Storage of the forms will depend on hospital policy
- Medical advocates can work with a survivor on safe-keeping of or destroying the documents

Domestic violence screening tools approved for use by hospitals are protected by HIPAA

Screening in Medical Settings

TIPS:

- HELPPS Tool - A gateway assessment at intake
- Medical Screening Guidelines (MSG):
 - When a medical advocate/counselor/ social worker has more time to offer personal attention
- Positive and cooperative working relationships can generate best practices for serving survivors with TBI
- If a survivor discloses TBI not associated with the incident that prompted medical attention:
 - Follow the screening outline
 - Discuss possibilities for medical follow-up

The Joint Commission

Requires healthcare locations to have the following domestic violence policies and procedures in place:

- ☐ Identification
- ☐ Intervention
- ☐ Referral



Medical Advocates Can:

Encourage medical administrators/other providers to have:

- Clear policy and protocol routines for TBI screening at intake and with each practitioner visit
- A coordinated community response team (CCR)

Medical Advocates Can:

- Cultivate positive relationships
- Find a point person per team
- Train health care providers on screening tool use



The HELPPS Tool

H = Was your head ever hit, jarred or slammed?

E = Have you ever gone to an emergency room or sought medical attention due to an action from another person, including an intimate partner or relative?

L = Did you ever lose consciousness?

P = Do you have any problems in the head or neck area?

P = Are you or could you be pregnant?

S = Do you have any outstanding symptoms after an injury to your head or neck?

Screening MSG

- For use in a medical appointment setting
 - During a medical advocacy session
- After disclosure at hospital intake

Confidentiality

- Parameters remain the same
 - ▣ Releases needed before talking to any medical personnel
- Disclaimers should address:
 - ▣ No guarantee of medical intervention or treatment
 - ▣ Liability in the event of complications
 - ▣ Limits of screening

TBI and Survivor Rights

- A survivor retains the legal right to refuse to answer the screening questions and/or bypass making or attending any medical appointment
- Advocates cannot set conditions for services based on a survivor's refusal



Best Practice

Medical Advocacy Settings

To guide your screening conversation remind hospital intake staff of the need for:

- ☐ Signed and dated releases
- ☐ Permission to share the answers on the HELPPS tool with an advocate

Screening: PSG

Initial conversation with survivor focused on:

- Confidentiality
- Rights of refusal
- Clarity re: mandatory child abuse reporting



Screening within the DV Program

- The screening form or any generated paperwork belongs to the survivor
- Safe storage should be a talking point
- If she opts NOT to take it, shred the document

Use of the Tools in DV Programs

- **HELPPS** as part of Intake
- Program Screening Guide (PSG) for lengthier, in-depth screening
- Advocates in different roles can work together to generate best practices

Practice in Screening

- Medical Advocates: find a partner working in medical settings
- Program Advocates: find a partner working in intake/shelter/counseling
- Decide who will be:
 - A survivor referred for advocacy
 - The Advocate

SUMMARY

- ❑ Screening for TBI may take place in multiple settings, at multiple times in your work with survivors
- ❑ Strive for consistency in how screening is introduced and discussed with survivors
- ❑ Work with medical providers to assure similar levels of consistency
- ❑ Rely on the tools suggested here to assure each person receives the same level of focused attention

MODULE VI



ADVOCACY FOR DOMESTIC VIOLENCE SURVIVORS WITH TBI

Module VI Objectives

Upon completion of this module, participants will be able to:

- List ways to work with and on behalf of survivors living with TBI
- Build advocacy skills to effect positive change for survivors who have experienced TBI
- Describe supportive measures and recommendations to assist a survivor through TBI healing
- Identify TBI referral sources

Voice of a Brain Injury Survivor

“I feel chaos. I leave the dishes to be done later. I procrastinate....I make no time for completing my tasks. I watch cable television or daydream so I don't have to deal with what I should be doing.”



With DV Survivors Who May Have TBI:

- Actively listen to her
- Give her space and time to express opinions
- Make sure she is central to the decision-making process and ultimately makes her own decisions



Professional Expertise Can Provide:

- Screening
- Diagnosis
- Healing



Conditions that Impact Healing Time:

- Anxiety
- Depression
- Pre-existing chronic headaches
- Secondary injury
- Substance abuse
- Psychiatric conditions
- Aging process

Healing Can Depend On:

- Severity
- Age
- Prior health condition
- Post-injury self-care
- Compounding brain injuries

Supporting Survivors With TBI

- Work with a person's behavior
- Have a list of other service providers
- Meet in abbreviated times
- Speak clearly and literally
- Sequence tasks in short increments
- Work with the survivor to fill out forms or create a resume

Medical Professionals Can:

Accommodate a survivor of TBI by:

- ❑ Slowing down and speaking clearly
- ❑ Explaining what and why
- ❑ Being aware of survivor's cues
- ❑ Softening lighting
- ❑ Offering to close the door
- ❑ Turning off or covering computer



SEXUAL ASSAULT AND TBI

MEDICAL CONSENT EXERCISES

Medical Consent Word Match Exercise

What may occur if a survivor does not understand the content of this release form?



The DV Program Experience

How might TBI compound difficulties in someone's daily life and affect her program experience?



From the CDC

- At least 3.17 million Americans currently have a long-term or lifelong need for help in performing activities of daily living as a result of a TBI
- 74% -77% of domestic violence survivors were found to have symptoms consistent with TBI
- Those with TBI may:
 - Have difficulty understanding risky situations or avoiding risky persons
 - Be at an increased risk for violent behavior
 - Have problems with impulse control and may be irritable, anxious or depressed

The DV Program Experience

What words are used among domestic violence program staff to describe program participants who do not meet expectations?

Frequent Unmet Needs

Survivors with TBI often have unmet needs including:

- Problems with memory and problem solving
- Handling stress and emotions
- Controlling her temper
- Improving job skills
- Sexual functioning and sexual rights

Awareness Exercise #1

Awareness Exercise #2

Advocating for Survivors with TBI

Remember:

Healing = Rest, Time, Fluids



Address Her Frustrations

If she is frustrated with not being able to “do what she used to do”:

- Work with her in moving forward with her interests and meeting her needs
- Partner with her in doing chores and filling out important forms

If She Exhibits TBI Symptoms:

- Screen for TBI
 - ▣ at the time of intake
 - ▣ through conversational questions about head injuries in advocacy meetings
- Discuss ways to work with the survivor to meet her individual needs and goals
- Work with the survivor on moving to a TBI rehabilitation program

If She Feels Depressed or Fatigued:

- Remind her of her personal strengths
- Be realistic
- Celebrate her for who she is and help her to celebrate herself



Support Mental, Emotional and Physical Health

- Encourage plenty of sleep and rest
 - Quiet time in shelter past 10:00 pm
 - Designate quiet spaces in the shelter
 - Don't pressure the program participant to be 'up and productive'
- Fresh/wholesome foods (if possible)
 - Grow a resident garden to supplement meals
 - Make sure fresh fruits and vegetables, and other whole food choices are available

Support Interest in Natural Healing

- Yoga videos or classes, rented or donated
- Meditation videos or classes, rented or donated
- Massage through donated services or local schools
- Use of reflexology charts through books or the internet
- Herbal remedies donated or purchased from stores with a pharmacy or health food section
- Acupuncture



Encourage Her To:

Avoid physically demanding activities by:

- Allowing her to do only light housecleaning
- Encouraging her to limit workouts
- Exempting her from chores
- Encouraging and validating rest
- Ensuring that she has adequate transportation

Encourage Her To:

Avoid too much or prolonged concentration such as:

- Sustained computer use
- Classes, job training or housing searches
- Substantial paper work

Offer to assist when possible



Encourage Her To:

Avoid driving or operating heavy equipment

- Encourage her to find out when it is safe to drive a car, ride a bike, or use heavy equipment
- Encourage low stress activities or working half-days until a full-recovery

Encourage Her To:

Not to rush back to daily activities

- Consider when to return to school or work
- Is she getting the benefits at work to which she is entitled?
- Other options
 - ▣ Different occupation
 - ▣ Disability benefits
 - ▣ Crime Victims Compensation
 - ▣ Legal representation

Encourage Her To:

**Avoid alcohol or taking drugs,
other than those prescribed by a doctor**

Substances can slow recovery.....



Extra Support May be Needed

To participate in legal proceedings such as:

- ☐ Child custody hearing
- ☐ Criminal court case
- ☐ Bringing criminal charges against an abuser
- ☐ Obtaining a Protection From Abuse Order

Extra Support May be Needed

Advocates can:

- Arrange court accompaniment providers
- Connect the survivor with an attorney who understands DV and implications for TBI
- Assure that legal support persons and possible expert witnesses are informed about the intersections of DV and TBI

Extra Support May be Needed

If she has problems with memory or organization:

- Suggest a date book, planner, or post-it notes
- Offer one activity at a time
- Help her prioritize responsibilities
- Remind her of advocacy appointments
- Suggest she avoid doing anything that could cause a bump, blow, or jolt to the head or body



Extra Support May be Needed

If she has difficulty following or remembering medical or rehabilitative instructions:

- Suggest that she:
 - ▣ Keep copies of important medical papers
 - ▣ Take notes during important conversations and appointments
- Assist in getting her documents organized and in safe-keeping



Extra Support May be Needed

If she has problems with changes in sexual urges, behaviors or boundaries

Advocates can:

- Become comfortable with discussing sexuality with survivors
- Understand that expression and communication may be barriers for people with TBI
- Support a survivor
 - In a rehabilitation program by encouraging her to speak to her service provider/team about addressing any sexual problems or changes
 - In speaking with her doctor about pharmaceutical side effects that may affect sexual functioning
- Discuss ways to plan for possible sexual encounters

Consult with Family Members or Friends

When making important decisions, she may need to consult with family members or friends who should be:

- ☐ Designated
- ☐ Informed
- ☐ Trusted

Work with her to identify other trusted persons who can provide support her after she leaves the program

Protect from Accidental Re-injury

Advocates can suggest that the survivor:

- Consider options and safety planning measures regularly
- Remove tripping hazards such as throw rugs
- Keep hallways, stairs and doorways clutter-free
- Install handrails on both sides of stairways
- Use a nonslip mat for the bathtub or shower floor
- Install grab bars next to the toilet and in the tub or shower
- Place improved lighting inside and outside her home
- Wear a helmet when bike riding, skiing rollerblading

Disability Accommodations Are:

- Ethical
- Humanitarian
- Required under the Americans with Disabilities Act



Patient Reminder Cards

Follow up for medical care for a head or neck injury

- For completion by a medical examiner; the survivor may carry the card as an appointment reminder
- The appointment card font should be large, bold and easy to read for accessibility
- The card should not include references to domestic violence services

Summary

- Advocacy for Survivors with TBI:
 - Reflects working within Woman-Survivor Centered Advocacy Principles
 - Can result in positive change and healing for the survivor
 - Includes internal accommodations that promote healing and self-care

Module VII Objectives

Upon completion of this module, participants will be able to:

- ☐ List services that contribute to safety of survivors with TBI
- ☐ Identify connections between safety and TBI
- ☐ Assess and promote safety and planning techniques relevant to survivors with TBI

Assessing Safety

Abusers may exploit the following barriers that may be a result of TBI:

- ▣ Memory changes
- ▣ Difficulty with logical decision-making
- ▣ Poor organization
- ▣ Inability to hold a job
- ▣ Trouble paying bills
- ▣ Difficulty caring for children or animals
- ▣ Need for assistive devices
- ▣ Use of a service animal
- ▣ Need for reminders to stay on task or schedule
- ▣ Strained relationships with family and friends

Assessing Safety

Ask:

- Does the abuser use her responses or reactions as an excuse to abuse?
- What steps can she take to protect herself from future assaults?
- What is the abuser's capacity to track or otherwise stalk her?
 - Electronically?
- Is she pregnant?



Assessing Safety

For lethality, ask:

- ▣ About any increases in tactics used by the partner
- ▣ About access to weapons, threats to kill

For suicide, ask:

- ▣ Does she think about harming herself?
- ▣ Were there any previous attempts?

Has she thought about harming her abuser?

Safety Planning

For the Survivor with TBI:

- Be clear in thought and communication
- Be specific with suggestions
- Facilitate small steps
- Shape discussions to take place in small increments

Safety Planning

For the survivor with TBI:

- 1 Tell her you are concerned for her safety
- 2 Be clear about what is prompting your concern
- 3 Provide feedback on areas that may be affecting her safety
- 4 Assist with creating predictable patterns
 - Regular meetings, same time each day/week

Safety planning

Suggest to the survivor that she keeps:

- ☐ A journal with descriptions of assaults, and abuse with dates
- ☐ A pocket calendar to track assaults
- ☐ A list of post assault symptoms
- ☐ Photos of marks left by the abuse

Work with her about safe-keeping of records

Safety Plans

- Review frequently and in detail
- List several steps that can be sequenced
- Include storage of an escape bag that is easy to remember and locate
 - ▣ Brainstorm with her about the possible contents

Include both the local program number and the National Hotline for her to contact when safety plans fail or are forgotten

Planning for Leaving

- Can she take?
 - ▣ Service animals
 - ▣ Assistive devices
 - ▣ Spare batteries/cords/chargers for communication aids
 - ▣ Medications and prescriptions
- Can she drive or access public transportation on her own?



Safety Planning with Medical Providers

Maintenance of confidentiality includes:

- ▣ Never repeating information shared by the survivor to the abuser
- ▣ Need for releases



Safety Planning with Medical Providers

- Medical providers need to be made aware of the possible consequences of talking with an abuser about the abuse
- If the survivor asks medical staff to talk with the abuser, they must be prepared to explore:
 - ▣ Danger levels
 - ▣ Risk of escalation or later retaliation

Build a Wall

At your tables, create 3 lists related to survivors with TBI:

- ☐ Types of abuse
- ☐ Abusive tactics
- ☐ Suggested safety planning measures

Voice of a Brain Injury Survivor

“New identity, new passion for gardening. First baby step was planted in containers so as to not fall into dirt because of imbalance. My garden has progressed as my new life has. Now, I not only can plant in the ground, I dig up grass and now have three perennial gardens.”

Summary

- Assessment of the survivor's skills and ability to follow-through is an important element of safety planning
- Safety planning remains a process
- Advocates should change the pace and help the survivor with TBI identify manageable steps