

INVISIBLE INJURIES: TRAUMATIC BRAIN INJURY, STRANGULATION AND DOMESTIC VIOLENCE

Welcome! Please introduce yourself by sharing your name/location in the chat.

Hosts: Graciela Olguin and Kate Vander Tuig, Futures Without Violence

Speaker: Rachel Ramirez, Ohio Domestic Violence Network



About the Zoom Webinar Platform

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About the Zoom Webinar Platform

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- Use the chat box for comments and questions
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- Slides and a link to the webinar recording will be emailed to all participants, and posted to the FUTURES website: www.futureswithoutviolence.org/TBI-and-IPV-Webinar



What is your role?

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- DV/SV advocate – shelter, hotline, court-based
- DV/SV advocate – based in a health setting
- SA Nurse Examiner
- Health provider
- Social worker
- Other?





Rachel Ramirez, LISW-S, RA

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

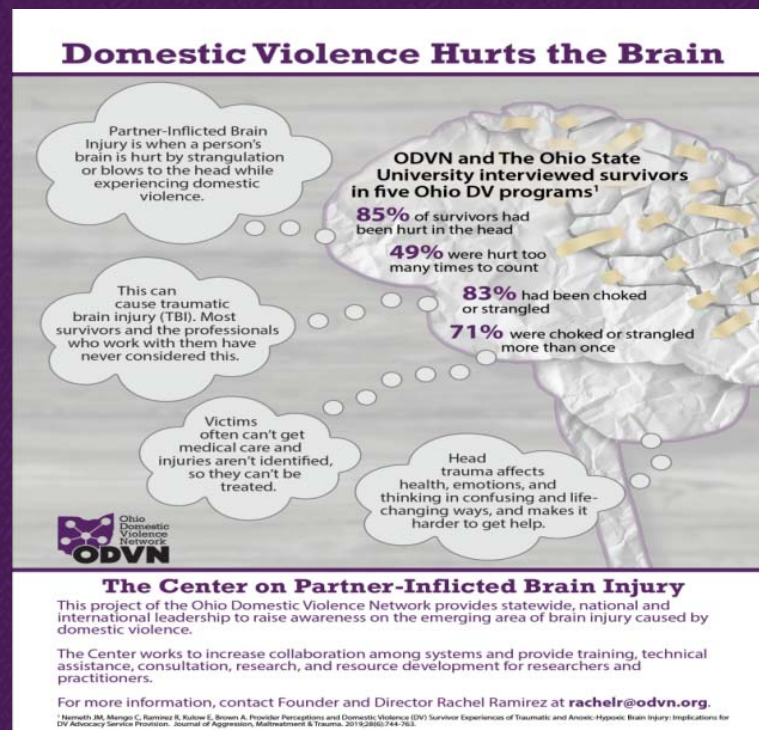




ODVN's Center on Partner-Inflicted Brain Injury

Created to provide statewide, national and international leadership to raise awareness on the emerging area of brain injury caused by domestic violence.

For more information contact Founder and Director Rachel Ramirez, MA, MSW, LISW-S at rachelr@odvn.org.





What is one thing you are grateful for today?





Outline of Today

- 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 DV programs
 - Identify and respond to partner-inflicted brain injury in your setting





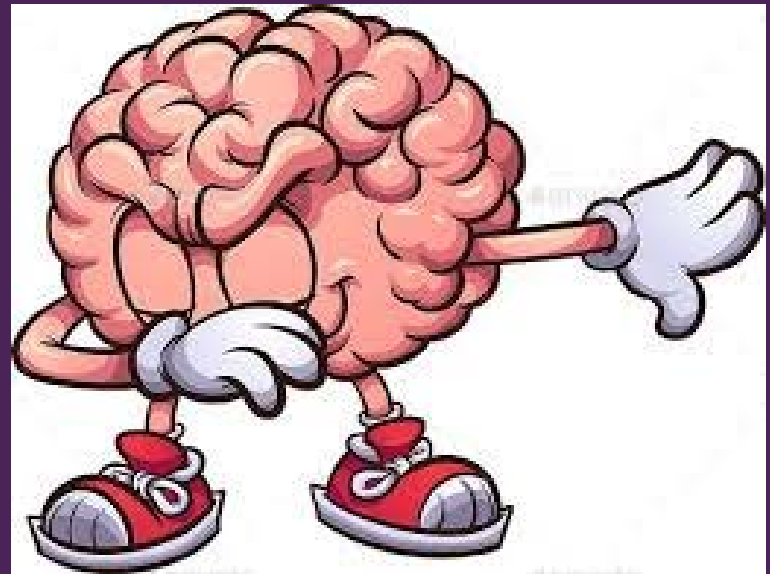
What do we assume
people can do or how
they should behave
when designing our
services?



Lets start with the amazing brain



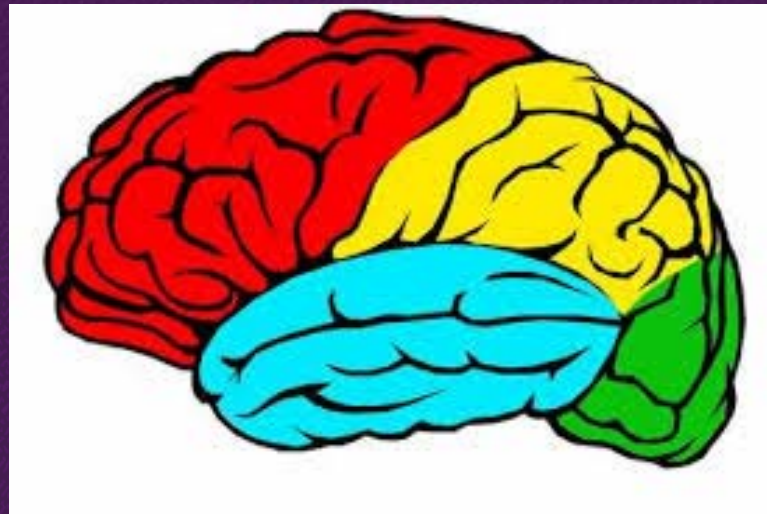
And how a healthy brain works





Your brain has specialized areas

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



Memory,
learning and
language
(Temporal lobe)

Processing
sensory
information
(Parietal lobe)

Visual
processing
center
(Occipital
lobe)



Frontal Lobe-Our personal air traffic control center

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

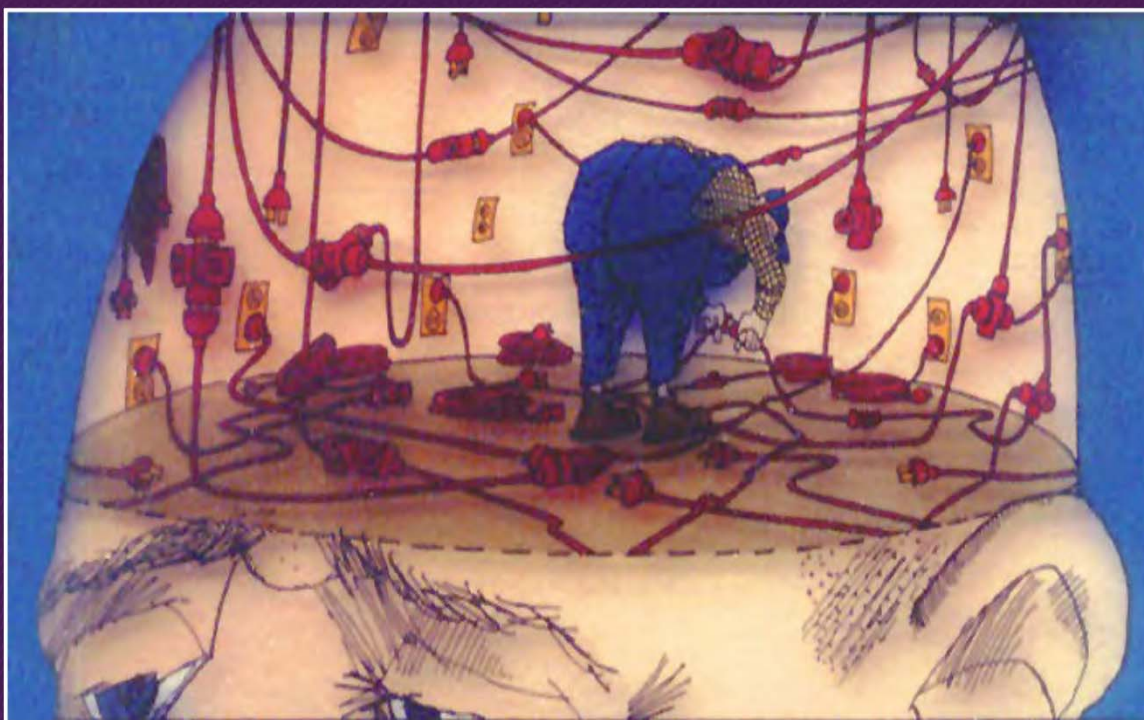
- Starting things (initiation)
- Planning, organizing and problem solving
- Mental flexibility
- Self awareness
- Controlling impulses
- Personality/emotions





When The Brain Is Healthy

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





But when the brain gets hurt

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





The Big Picture MATTERS

Trauma-Informed Approaches, Coercive Control and Traumatic Stress



Domestic violence is a complex puzzle

Use trauma-informed frameworks to address this





Psychological trauma

Hallmark of trauma:


An **overwhelming** experience...with physical, emotional, and cognitive impacts.



Source: Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.



Psychological trauma impacts us....

- 
- Manage and regulate feelings
 - Self-soothe
 - Trust others
 - Thoughtfully plan
 - Have the energy to get things done
 - Connect with others
 - Tell stories

- 
- Tension, anxiety, panic, emotional volatility
 - Self-blame for what happened
 - Suspicion of others
 - Avoidance, numbing and disconnection (or disassociation)
 - Use of drugs, alcohol or other substances to manage symptoms and feelings



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





Gaslighting

That didn't happen.

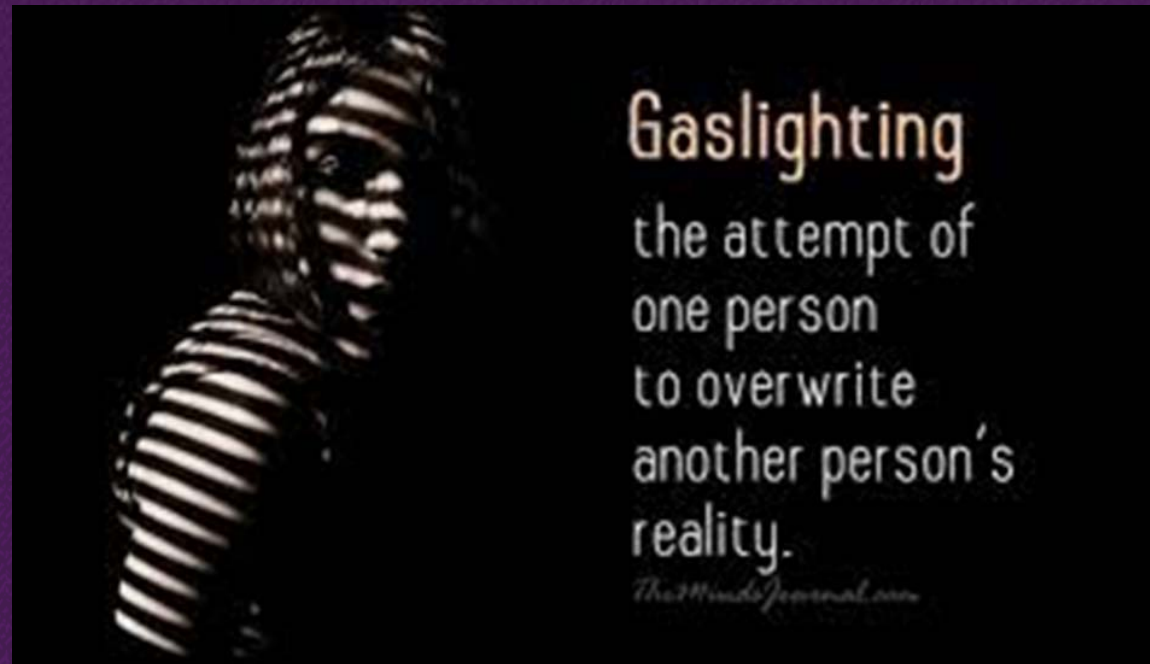
And if it did, it wasn't that bad.

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.





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



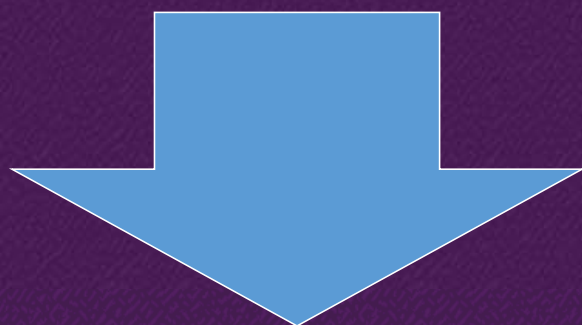


Video

- OSU video



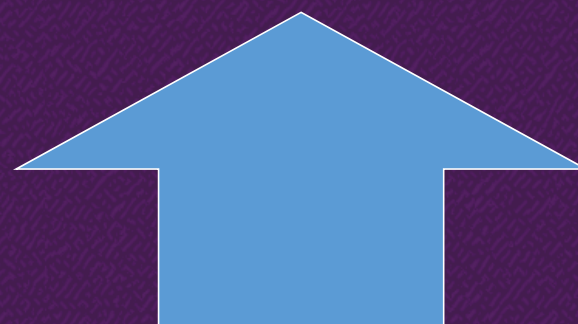
We learned from DV programs....

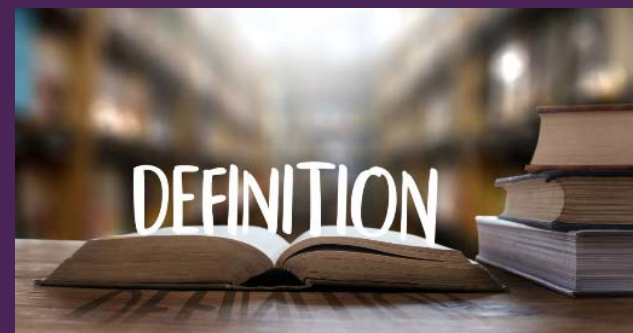


Staff don't know much
about neurological
trauma (and neither
do survivors)



Survivors experience
this a LOT





The Missing Piece: 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.



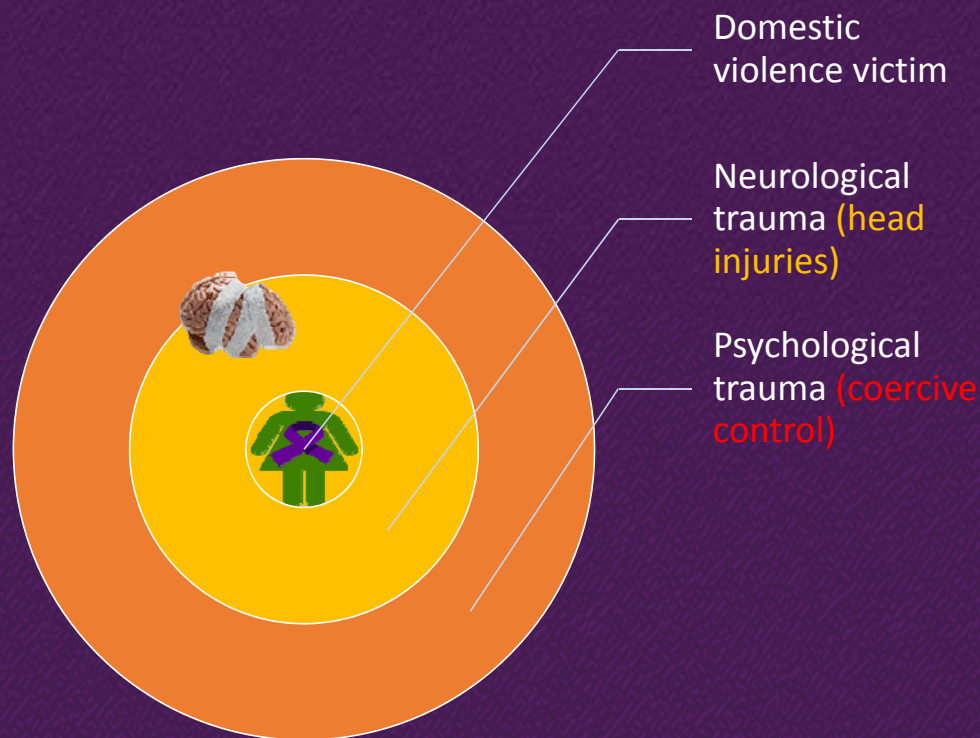
Partner-inflicted brain injury is VERY different





A traumatic event within a traumatic environment

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



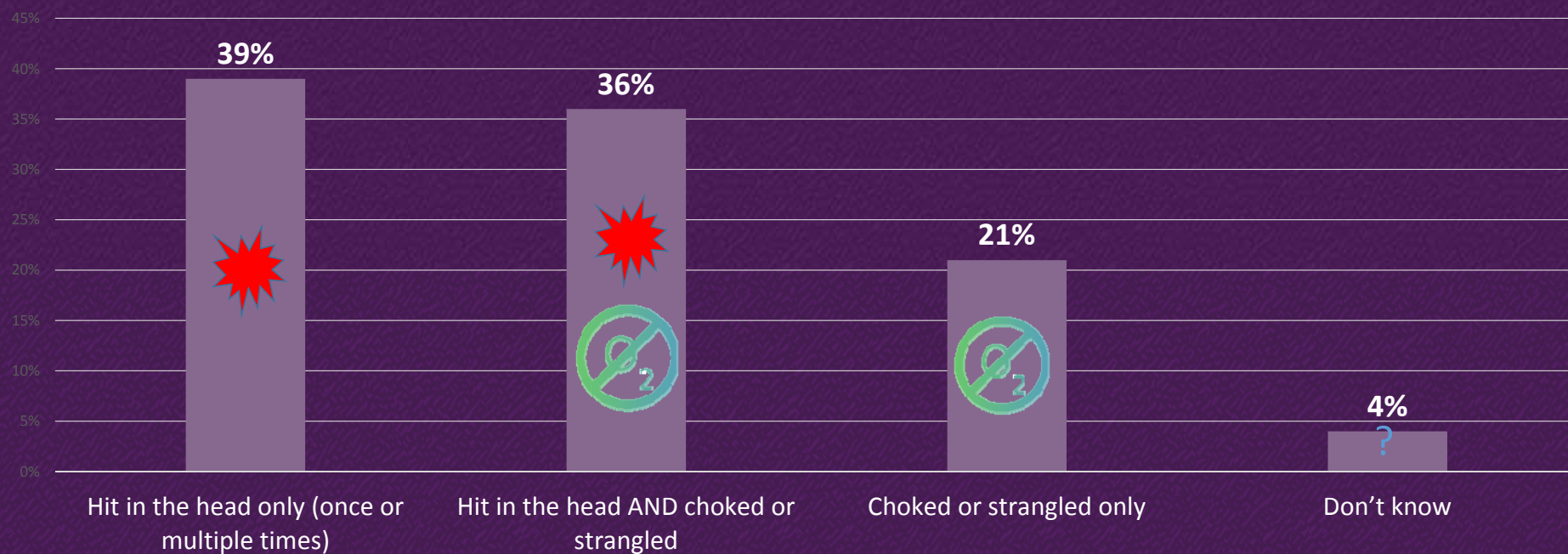


Does strangulation cause a traumatic brain injury?





The last time a partner ever hit you in the head or choked or strangled you would you say you were...



Nemeth and Ramirez, 2020, Unpublished data



Probable head injury

After your partner hurt you, did you ever feel dazed, confused, dizzy or in a fog, see stars or sports, couldn't remember what happened or blacked out?



yes=75%

Nemeth and Ramirez, 2020, unpublished data



- Senses-sight, hearing, vision
- Balance/dizziness
- Headaches
- Seizures
- Sleep problems
- Fatigue

Physical

- Memory
- Concentrating
- Understanding information
- Communicating
- Cognitive flexibility
- Executive functioning

Cognitive

- Aggression
- Suicidal thoughts
- Substance use
- Impulsive behaviors
- Problems controlling emotions

Behaviors

- Irritability
- Anger
- Depression
- Anxiety
- PTSD symptoms
- Mood swings

Mood



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 bloodflow to the brain





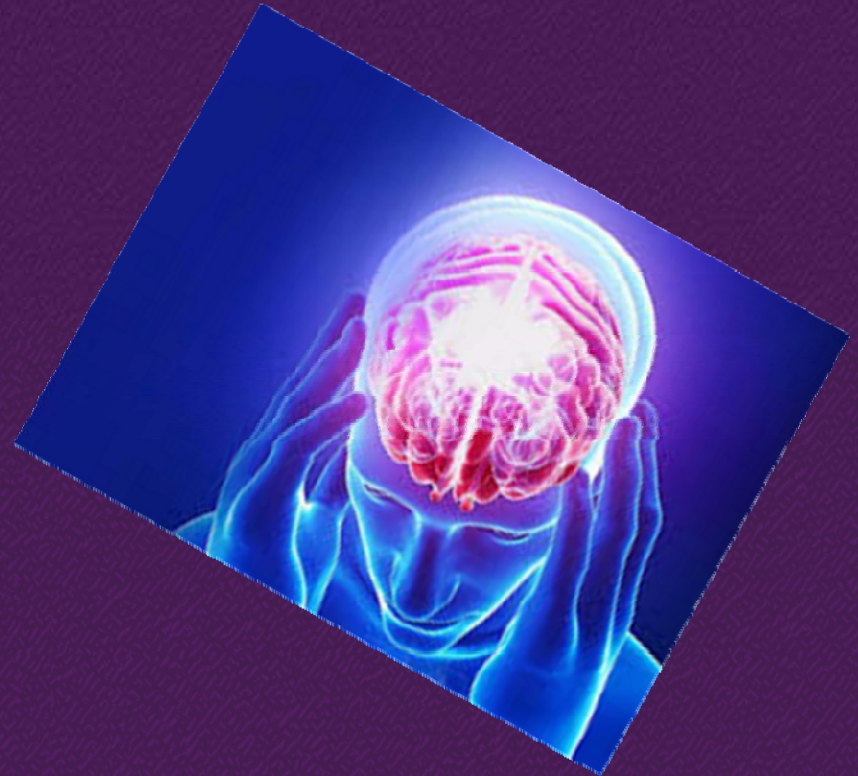
What is the #1 cause of TBI?





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





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





When we think concussion we think this..





But we should be thinking
this too





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)



Types of Head Injuries

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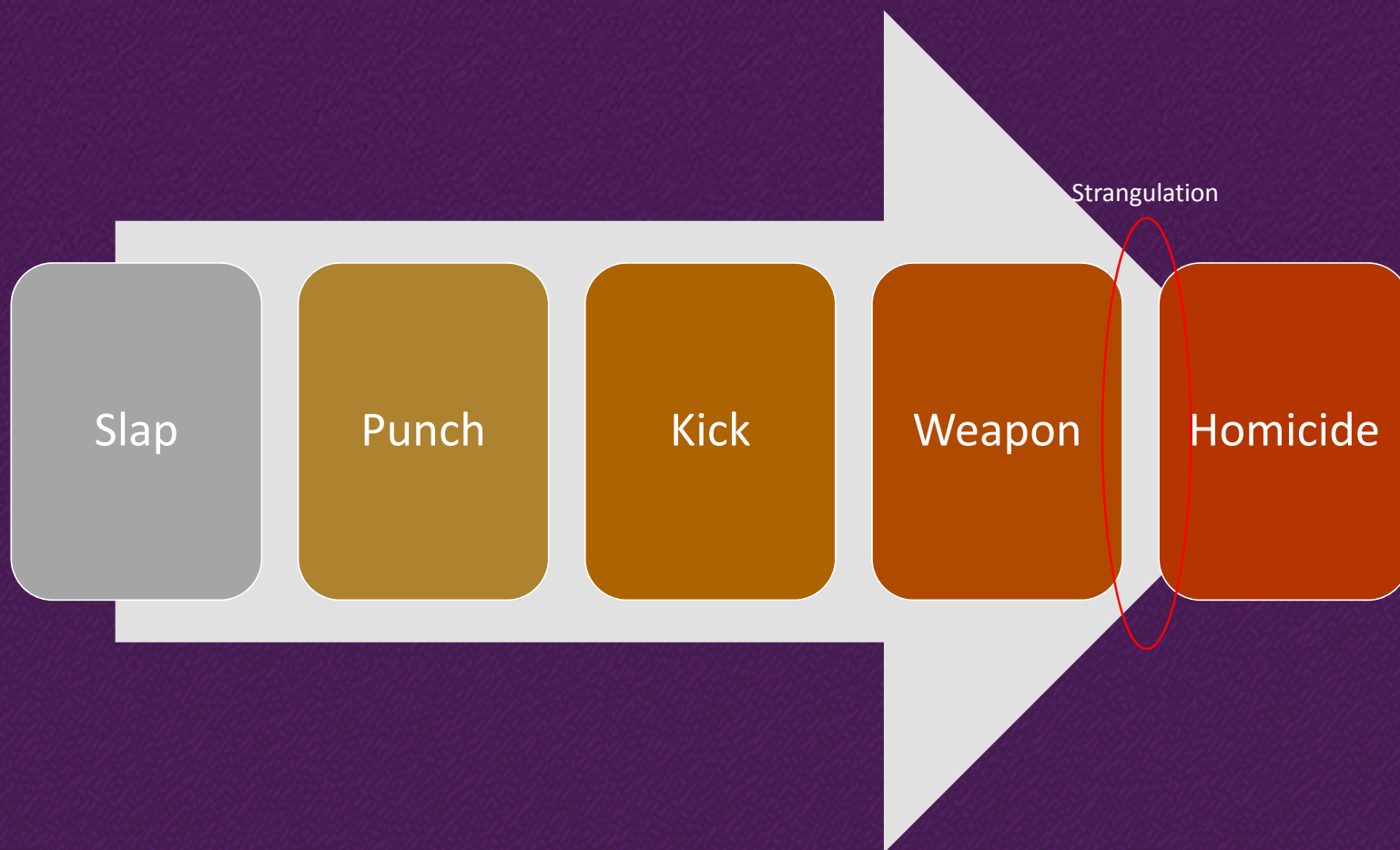
Not all abusers are equal.....



And abusers who
strangle are the
most dangerous
and deadly
perpetrators



Where does strangulation fit?





What percentage of people who were strangled were also hit or hurt in the head?





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 impacts
 - Challenges that can last weeks, months, years or forever





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

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

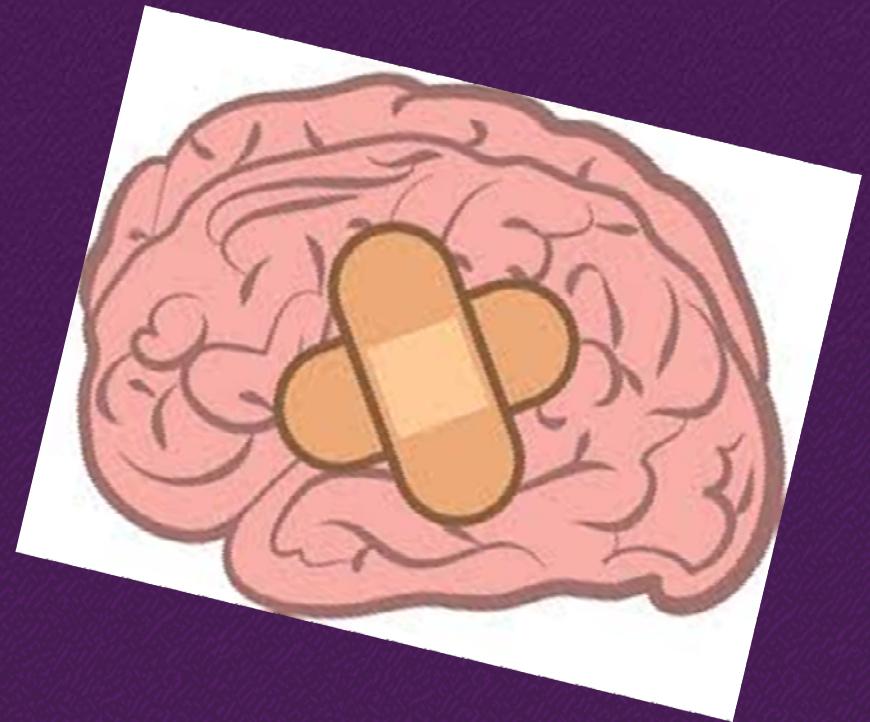
Problems last longer when your brain is hurt again and again without time for it to heal. Try to protect your head whenever possible.



Recovery from head injury—no timeline

Affected by various factors:

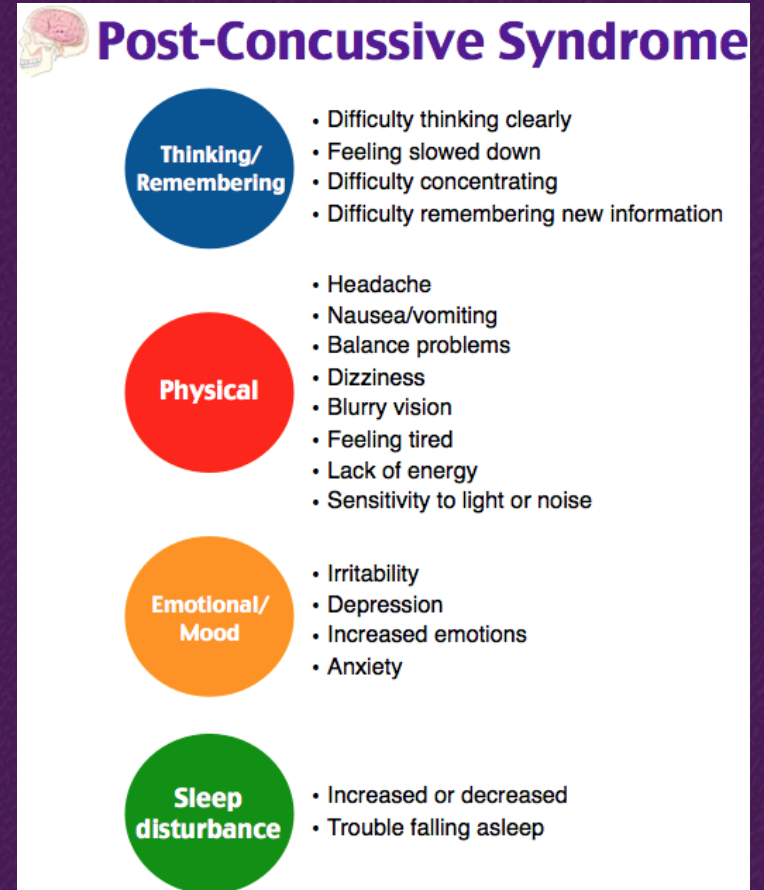
- Response right after the head injury
- Repeated concussions
- Other bodily injuries
- Psychological factors
- General life stress
- Sex-women tend to have extended recovery times





Post-concussive syndrome (PCS)

- A complex problems
- Symptoms persist for weeks and months after the injury
- We don't know its cause...some think its due to
 - Structural damage to the brain or disruption of nerve communication
 - Psychological factors--symptoms similar to depression, anxiety, and PTSD
- In DSM-V, called major or mild neurocognitive disorder (NCD) due to a TBI



Addressing head injuries in DV programs



CARE Framework and CARE tools

What is CARE?



- Principles:
 - Relationship-based
 - Individualized
 - Proactive AND responsive
 - Flexible
- Goals:
 - Provide a toolbox to intentionally and thoughtfully raise awareness on the intersection of DV and head injuries (as well as mental health and other common challenges)
 - Through accommodations and other strategies, make our services work better for people
 - Help connect people to follow up care or evaluation if necessary



Our terms: Head Injury, NOT Brain Injury

Use head injury when talking with survivors because:

- We don't want to do harm!!
- Only doctors diagnose brain injuries
- How could abusers manipulate this?





CARE tools: www.odvn.org



ODVN **HAS YOUR HEAD BEEN HURT?**
Sometimes when people are abused their heads get hurt. This can cause challenges that aren't always obvious. Please answer the questions and talk with an advocate or you can help make services work better for you. We know how difficult it is to share this information - thank you for your courage. We are here to support you.

C Has anyone ever put their hands around your neck, put something over your mouth, or done anything else that made you feel **choked**, strangled, suffocated, or like you couldn't breathe? YES NO

H Have you ever been **hit or hurt** in the head, neck or face? YES NO

A After your were hurt, did you ever feel dazed, confused, dizzy or in a fog, see stars or spots, couldn't remember what happened, or blacked out? (Doctors call this **altered consciousness**.) YES NO

Has any of the above happened recently? If yes, how long ago? YES NO

Has any of the above happened more than once? YES NO

T Are you currently having **trouble** with anything below? Circle all that apply:

PHYSICAL	EMOTIONS	THINKING
Headaches	Worries and fears	Remembering things
Memory problems	Panic attacks	Understanding things
Sensitivity to light or noise	Flashbacks	Paying attention or focusing
Dizziness	Sadness	Following directions
Balance problems	Depression	Getting things started
Fatigue	Hypertension	Figuring out what to do next
Tinnitus	Anger or rage	Organizing things
	Irritable	Controlling emotions or reactions

Are you having thoughts of suicide? YES NO

Are you struggling with alcohol or drugs? YES NO

Are you having any other health issues you want to share with us? YES NO

S Have you or anyone else (like a friend or family member) ever thought you should **see a doctor or a counselor**, go to the emergency room, or get help for anything above? YES NO

HAS YOUR HEAD BEEN HURT?
It can affect your life in many different ways. Ask and time help, but you might need additional care, especially if your head has been hurt more than once.

Has your partner...

- Hit you in the face or head?
- Tried to choke or strangle you?
- Made you feel and you hit your head?
- Shaken you severely?
- Done something that made you have trouble breathing or pass out?

Are you having physical problems?

- Headaches?
- Fatigue, feeling confused, or in changes in you?
- Ringing in your ears?
- Dizziness or problems with balance?
- Pain in your neck?

¿HA SUFRIDO UNA LESIÓN EN LA CABEZA?
Esto puede afectar su vida de muchas maneras diferentes. El doctor y el tiempo ayudan, pero especialmente si ha sufrido una lesión en la cabeza más de una vez.

Su pareja...

- Le ha golpeado en la cara o en la cabeza?
- Le hizo caer y usted se golpeó la cabeza?
- Le ha sacudido bruscamente?
- Le ha hecho algo que lo haya causado problemas para respirar o desmayarse?

¿Tiene problemas físicos?

- ¿Fatiga?
- ¿Atordecida, confundida o desorientada?
- ¿Cambios en su visión?
- ¿Zumbido en sus oídos?
- ¿Mareada o tiene problemas de equilibrio?
- ¿Dolor en su cabeza, cara o cuello?

¿Tiene problemas?

- ¿Para poner atención?
- ¿Para hacer planes?
- ¿Para recordar cosas o mantenerse organizada?
- ¿Para terminar de hacer las cosas?
- ¿Para seguir las conversaciones?
- ¿Para sentirse motivada?
- ¿Para controlar sus emociones?

SI CONTESTÓ SI A CUALQUIERA DE LAS OPCIONES MENCIONADAS, USTED PUEDE HABER SUFRIDO UNA LESIÓN GRAVE EN SU CABEZA
Hable con un defensor de violencia doméstica o visite www.odvn.org



CARE TOOL: CHATS

- Series of yes/no questions
 - Choking/trouble breathing
 - Head trauma
 - Altered consciousness
 - Troubles you are experiencing
 - Seen someone about troubles or wanted to see someone about troubles
- Includes questions on suicide, substance use, and other health concerns
- Helps connect, identify, provide information, accommodate and support referrals



HAS YOUR HEAD BEEN HURT?

Sometimes when people are abused their head gets hurt. This can cause injuries that aren't always obvious. Please answer the questions and talk with an advocate so we can help make services work best for you. We know how difficult it is to share this information – thank you for your courage. We are here to support you.

C

Has anyone ever put their hands around your neck, put something over your mouth, or done anything else that made you feel **choked**, strangled, suffocated, or like you couldn't breathe?

YES NO

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YES NO

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YES NO

Has any of the above happened more than once?

YES NO

T

Are you currently having **trouble** with anything below? Circle all that apply:

PHYSICAL	EMOTIONS	THINKING
Headaches	Worries and fears	Remembering things
Sleeping problems	Panic attacks	Understanding things
Sensitive to light or noise	Flashbacks	Paying attention or focusing
Vision problems	Sadness	Following directions
Dizziness	Depression	Getting things started
Balance problems	Hopelessness	Figuring out what to do next
Fatigue	Anger or rage	Organizing things
Seizures	Irritable	Controlling emotions or reactions

Are you having thoughts of suicide?

YES NO

Are you struggling with alcohol or drugs?

YES NO

Are you having any other health issues you want to share with us?

YES NO

S

Have you or anyone else (like a friend or family member) ever thought you should **see a doctor or a counselor**, go to the emergency room, or get help for anything above?

YES NO



CHATS Advocate Guide

ADVOCATE GUIDE FOR CHATS



CHATS helps you **CONNECT** with survivors, **IDENTIFY** and **PROVIDE INFORMATION** on head injuries, and **ACCOMMODATE** people's needs.

• FIRST •

Thank Them. Offer a Head Injury Card.
Ask? Would you like to share more about what happened?
Validate Feelings and Experiences.
Educate: There are things you can do on your own and things we can do together to help.

• IF RECENT •

1. Identify possible dangerous symptoms.
• Review and circle warning signs on card
• Encourage medical follow-up if needed
2. Monitor symptoms for several days.
• Identify safe place and person to stay with
• If in shelter, schedule regular check-ins
3. Offer Invisible Injuries and highlight:
• Page 5 - Track Symptoms
• Page 11 - Tips for Anyone

• IF REPEATED •

Ask? What have you noticed that is different since your head was hurt?
Educate: Repeated head trauma can cause more problems.

• IDENTIFY ACCOMODATIONS •

Ask? Can you share more with me about the troubles you circled?
Ask? What is currently bothering you the most?
Work together: Identify accommodations and implement them.
Educate: Review Invisible Injuries pages 8-10, if applicable.

• IF "YES" TO: •

Suicide. Additional suicide screening. Follow agency protocol. If indicated, connect to clinical care, do not leave person alone. Discuss rest of the topics later.
Substance use. Explain agency policies, discuss harm reduction offer referral for substance use services.
Health issues. Ask for more information. (Consider injuries, medication, allergies, etc.)

• POSSIBLE REFERRAL •

Determine need for medical or mental health referral.
Discuss sharing information about history of head trauma with provider.
Fill out applicable boxes under Head Trauma Information on the back of CHATS.

For More Information: www.odvn.org
Contact: rachelr@odvn.org



CARE TOOL: Education and Identification Card

- Most critical information on head injuries
- People can pick this up without talking with you
- Also a great way to start the conversation

HAS YOUR HEAD BEEN HURT?
It can affect your life in many different ways. Rest and time help, but you might need additional care, especially if your head has been hurt more than once.

Has your partner...

- Hit you in the face, neck or head?
- Tried to choke or strangle you?
- Made you fall and you hit your head?
- Shaken you severely?
- Done something that made you had trouble breathing or black out?

Are you having physical problems?

- Headaches?
- Fatigue, feeling dazed, confused, or in a fog?
- Changes in your vision?
- Ringing in your ears?
- Dizziness or balance problems?
- Seizures?
- Pain in your head, face or neck?

Are you having trouble...

- Remembering things?
- Paying attention or focusing?
- Getting things done?
- Organizing things?
- Following conversations?
- Feeling motivated?
- Controlling your emotions?

IF YOU SAID YES, YOU MIGHT HAVE A HEAD INJURY.
Talk to a domestic violence advocate or go to www.odvn.org

AFTER A HEAD INJURY

- ☒ See a doctor and tell them you have been hurt in head or choked, especially if you have ANY symptoms that worry you or someone else.
- ☒ Stay with someone safe for 24 to 72 hours to watch for the red flags listed below.

Danger Signs/Red Flags
These don't happen often, but if they do it's really important to see a doctor.

- ☒ A headache that does not go away or gets worse
- ☒ One pupil (eye) is larger than the other
- ☒ No memory of what happened
- ☒ Extreme drowsiness or having a hard time waking up
- ☒ Slurred speech, vision problems, numbness, or decreased coordination
- ☒ Repeated vomiting or nausea, or shaking or twitching
- ☒ Unusual behavior, confusion, restlessness or agitation
- ☒ You peed or pooped unintentionally
- ☒ You were knocked out, passed out, or lost consciousness

If you were choked or strangled:

It can be a terrifying experience and very dangerous. Even if you don't have any marks, serious injuries can happen under the skin, get worse over the next few days, cause long term damage and even death.

SEE YOUR DOCTOR IMMEDIATELY IF:

- YOU HAVE A HARD TIME BREATHING
- IT'S PAINFUL TO BREATHE
- YOU HAVE TROUBLE SWALLOWING
- YOUR VOICE CHANGES
- YOU HAVE PROBLEMS SPEAKING

We care about your safety.
People who put their hands around their partner's neck are very dangerous and are much more likely to seriously harm or kill you. Talk to a domestic violence advocate about safety planning.

DV NUMBER: _____

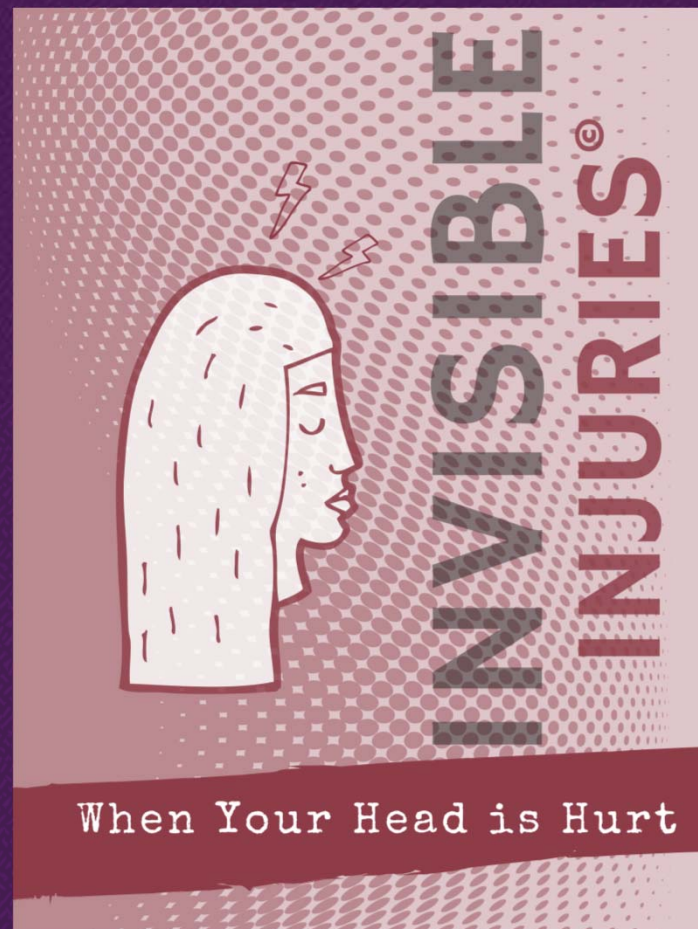
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care
OHIO DOMESTIC VIOLENCE NETWORK



CARE TOOL: Invisible Injuries

- READ THIS FROM COVER TO COVER
- More DV specific information, including:
 - Causes
 - Right after your head has been hurt
 - Signs and symptoms, warning signs
 - Strangulation and choking
 - Safety plans
 - How to help with common problems
 - Tips for healing
 - Calendar and planners





CARE TOOL: Just Breathe

- READ THIS TOO
- Help with emotional healing and wellness,
- Not head injury specific
- Includes:
 - Self-care basics
 - Self-care plan
 - Safe coping strategies to assist with:
 - Feeling safe
 - Living in shelter
 - Managing triggers
 - Relaxing
 - Identifying and managing emotions
 - Sleeping
 - Asking for help

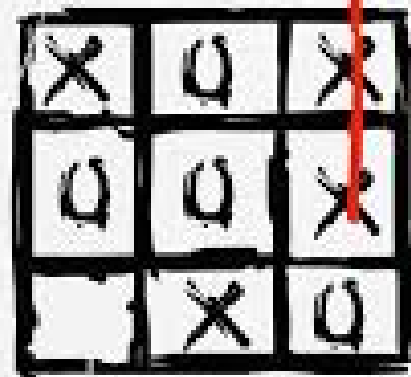




Connect-MOST IMPORTANT STRATEGY

- Asks us to rethink how we build connection:
 - Get up
 - Seek out
 - Intentionally engage
 - Go to them!
 - Connect as people
 - Think outside of the box

THINK
OUTSIDE
THE BOX





Acknowledge

- Experiences
- Challenges
- Limitations
- Needs
- The stuff that's hard to talk about





Identify possible head injuries by asking about them

- When physical violence gets brought up
- If you suspect or there is some kind of known head trauma
 - like them telling you
 - obvious bruises or marks
 - reports or signs of strangulation
 - signs of problems with functioning
- No one will share something they probably have never considered-(and remember we haven't either)





Respond

- In ways that best fit the survivor's needs
- May come directly from the survivor...
- May not...
- Will look different for each person





What does it mean to “ACCOMMODATE”?

- Accommodate: Provide support in a manner that takes into consideration the special needs of an individual
- Creates an opportunity to address potential barriers to success





Examples

- Provide education and raise awareness (give materials)
- Respond to unique needs—change lighting, remind people more often, write things down, make meetings shorter
- Identify and avoid activities that make symptoms worse
- Provide referral for additional evaluation or services





Evaluate

- Check back in with the survivor, frequently
 - What worked?
 - What didn't?
 - Has anything changed?
 - What do we need to keep doing?
 - What do we need to do differently?





What's next?

- Regional trainings in Ohio in 2020
- National webinars and conference presentations
- Continued collaboration with brain injury and mental health service providers
- E-learning course that will be free and available to all people as part of ODVN's online academy
- New collaborations in the health care field

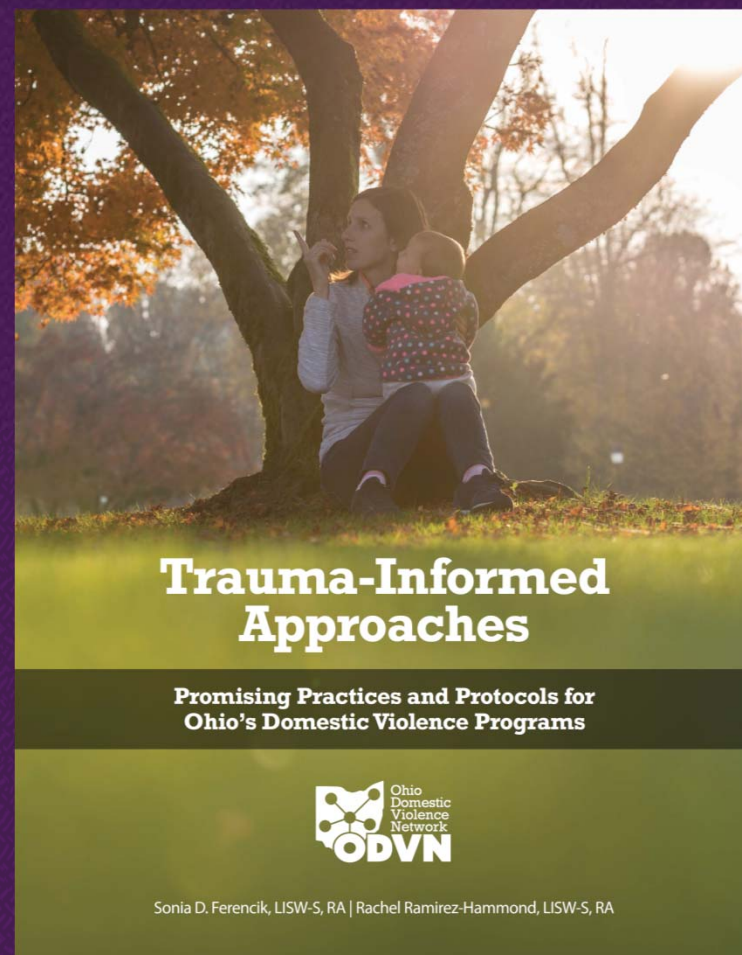




Trauma-Informed Approaches

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





Thank you!!



Rachel Ramirez, MA, MSW, LISW-S

Founder and Director

The Center on Partner-Inflicted Brain Injury

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Responding to Partner Inflicted Brain Injury in Health Settings

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- Is your health setting currently assessing known victims of physical domestic violence for brain injury?
- How would treating a patient who had experienced Partner Inflicted Brain Injury be different from treating a patient with a brain injury from sports, car accident, etc. ? What would you do differently?
- What additional supports or referrals might be needed?



Case Example

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Part 1: 25 year old female patient reports head ache and vomiting for the past 8 days, with associated light sensitivity and blurring of vision past 3-4 days.

When talking with her, you notice bruising on her neck.

What approach will you take to exploring your concerns about these injuries with the patient?

ENTER RESPONSES INTO THE CHAT BOX

Case Example

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Part 2: You later find out that this patient presented to the Emergency Dept a few days prior. Her chief complaint then was physical assault w Blunt Head Trauma (BHT) + Loss of Consciousness (LOC) and blunt chest trauma via being punched multiple times in the face, left eye, head, chest and ribs, strangled by her boyfriend.

What approach would you take after learning this new information? Would you do anything differently?

ENTER RESPONSES INTO THE CHAT BOX



Questions?



National Health Resource Center on DV (HRC)



For more than twenty years, FUTURES has been home to the HRC with support from the Administration for Children and Families, U.S. Department of Health and Human Services.



- Personalized [technical assistance](#) via email, phone, web, mail and face-to-face at conferences.
- Free, downloadable health care information focusing on various specialties, populations and key issues. These include [fact sheets](#), model programs and strategies, bibliographies and policies.
- Educational and clinical tools for providers and patients.
- A [webinar series](#) with expert presenters and cutting edge topics.
- A free [E-Bulletin](#) highlighting innovative and emerging practices in addition to well-documented and rigorously evaluated interventions.
- A biennial [National Conference on Health and Domestic Violence](#) - a meeting at which health, and medical and domestic violence experts and leaders explore the latest health research and programmatic responses to domestic violence – **Postponed, new date TBD.**



COVID -19 Resources



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- Information on COVID-19 for Survivors, Communities, and DV/SA Prog.
 - <https://www.futureswithoutviolence.org/get-updates-information-covid-19>
- Survivors and the Workplace
 - <https://www.workplacesrespond.org/page/coronavirus>
- For workers impacted by the COVID-19: Workplaces Respond NRC
 - <https://www.workplacesrespond.org/page/covid19>
- For Families and Children
 - <https://www.futureswithoutviolence.org/resources+for+kids+and+families>
- Health and Wellness During The Coronavirus Pandemic
 - <https://www.futureswithoutviolence.org/protecting-your-health>

