INVISIBLE INJURIES: TRAUMATIC BRAIN INJURY, STRANGULATION AND DOMESTIC VIOLENCE

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Hosts: Graciela Olguin and Kate Vander Tuig, Futures Without Violence
Speaker: Rachel Ramirez, Ohio Domestic Violence Network
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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?

- 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?

I am grateful for
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?
Let's 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)

Processing sensory information (Parietal lobe)

Memory, learning and language (Temporal lobe)

Visual processing center (Occipital lobe)
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
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
Hallmark of trauma:
An overwhelming experience...with physical, emotional, and cognitive impacts.

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
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, it’s 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?
• 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

Domestic violence victim
Neurological trauma (head injuries)
Psychological trauma (coercive control)
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...

- 39% Hit in the head only (once or multiple times)
- 36% Hit in the head AND choked or strangled
- 21% Choked or strangled only
- 4% Don’t know

Nemeth and Ramirez, 2020, Unpublished data
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
• Irritability
• Anger
• Depression
• Anxiety
• Intrusive thoughts
• Avoidance
• Hyperarousal

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

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

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

• Mood
  - Irritability
  - Anger
  - Depression
  - Anxiety
  - PTSD symptoms
  - Mood swings
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
Complex mental processes such as **thinking**, **decision-making** and **planning** (frontal lobe)

Hearing and listening, comprehending and remembering (temporal lobe)
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.
Not all abusers are equal.....

And abusers who strangle are the most dangerous and deadly perpetrators
Where does strangulation fit?

- Slap
- Punch
- Kick
- Weapon
- Homicide

Strangulation
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

<table>
<thead>
<tr>
<th>Tips for Anyone with a Head Injury</th>
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<tbody>
<tr>
<td><strong>GET GOOD SLEEP</strong></td>
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<tr>
<td>Try to get good sleep and re-establish sleep patterns. Identify what helps you sleep (a dark room or sleeping with a fan).</td>
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<tr>
<td><strong>MOVE YOUR BODY</strong></td>
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<td>Get exercise daily. Exercise improves your ability to think.</td>
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<td><strong>LESS SCREEN TIME</strong></td>
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<td>Avoid screens (television, tablets, phones) for a few days after the injury.</td>
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<td><strong>TAKE IT EASY</strong></td>
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<td>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.</td>
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<td><strong>PLAN AHEAD</strong></td>
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<td>Plan ahead and schedule additional time to do things so you feel less frustrated.</td>
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<td><strong>TAKE BREAKS</strong></td>
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<td>Take frequent breaks and rest throughout the day.</td>
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<td><strong>MORNING BRAIN POWER</strong></td>
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<td>If you are going to do something stressful or hard, do it in the morning, when your brain is more rested.</td>
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<td><strong>START SLOW</strong></td>
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<td>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.</td>
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<td><strong>STAY SAFE</strong></td>
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<tr>
<td>Problems last longer when your brain is hurt again and again without time for it to heal. Try to protect your head whenever possible.</td>
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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 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
• Most critical information on head injuries
• People can pick this up without talking with you
• Also a great way to start the conversation
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
• 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
• 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)
• 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 at as part of ODVN’s online academy
• New collaborations in the health care field

- 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
rachelm@odvn.org
Responding to Partner Inflicted Brain Injury in Health Settings

• 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

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

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)

- 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.

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.
COVID -19 Resources

- 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