

DOMESTIC ABUSE AND TRAUMATIC BRAIN INJURY

Domestic violence (DV) is a common cause of brain injury in victims of domestic violence. The head and face are common targets of intimate partner assaults, and victims often suffer head, neck and facial injuries. One study of victims in shelter found that the clear majority had been hit in the head or severely shaken by their partners, most more than once. The more times they had been hit in the head or shaken, the more severe, and the more frequent, were their symptoms.¹

What is Traumatic Brain Injury?

Traumatic brain injury (TBI) is an injury to the brain that is caused by external physical force.

- *Penetrating injuries* are caused when a foreign object (such as a bullet, knife, or blunt object) pierces the skull. This type of injury causes *focal* damage, limited to the specific parts of the brain that lie along the path that the object travels.
- *Closed head injuries* occur from blows to the head that do not fracture the skull, or from severe shaking. They can cause both localized damage and *diffuse* or widespread damage, due to bleeding, and to stretching, tearing and swelling of brain tissue – which can continue to damage the brain for hours or days after they originally occur. A DV victim can suffer a closed head injury when their partner hits them on the head with an object, smashes their head against a wall, pushes them downstairs or violently shakes them.
- *Cutting off oxygen*, as happens in strangulation, also injures the brain.

A victim of domestic violence may suffer a TBI without knowing it if they had no severe trauma or obvious symptoms at first, or if they did not lose consciousness, or received no medical care.

NOTE: While a TBI can lead to aggressive behavior, it does not cause or excuse the targeted pattern of coercive control usually seen in DV. If a victim thinks their partner is violent because they have suffered a TBI, the victim might want to try and get an evaluation for their partner, but the victim should also be helped to plan for safety.

Difficulties caused by Traumatic Brain Injury

TBI can lead to impairments, ranging from mild to severe, in cognition (thinking), emotions, behavior, and physical functioning. The person with a TBI may or may not recognize that they are having problems. The most common symptoms reported are *headaches*, *severe fatigue*, *memory loss*, *depression*, and *difficulty communicating*. Other problems experienced by people who have brain injuries include:

- *Cognitive* difficulties, such as decreased ability to concentrate, pay attention and solve problems, and communication difficulties.
- *Difficulty with executive functioning*, such as difficulty making decisions, considering long-term consequences, taking initiative, feeling motivated, and starting and finishing actions; disinhibition and impulsiveness.

¹ Jackson, H., et al. (2002). Traumatic Brain Injury: A Hidden Consequence for Battered Women. *Professional Psychology: Research and Practice*, 33, 1, 39-45.

- *Changes in behavior, personality or temperament*, such as irritability, difficulty tolerating frustration, and emotional expression that doesn't fit the situation.
Physical effects, such as vision problems, insomnia, loss of coordination, and seizures.

Information for Service Providers

TBI service providers. Living with domestic violence can make it harder to recover from a brain injury. You can more effectively serve your clients if you routinely screen for DV. Screening can help you identify clients who have been assaulted by intimate partners. Some may have suffered multiple brain injuries due to multiple assaults, and some may have partners who still assault them on an ongoing basis. Others may have partners who try to prevent them from accessing services, which is common among batterers.

When a victim discloses that they are being abused, support their right to make their own decisions as far as possible, even if living independently is not a realistic possibility for them. Don't try to take control or tell the victim what to do. Connect the victim with domestic violence services. If they wish, reach out to the domestic violence agency with information about TBI, what support they need, and what services are available to them. Look for ways that you can work together to provide effective advocacy for *both* problems.

Brain injury can make it harder for a victim of domestic violence to:

- Assess danger and defend themselves against assaults.
- Make and remember safety plans.
- Go to school or hold a job (increasing their financial dependency on the abuser).
- Leave their abusive partner and live on their own.
- Access services.
- Adapt to living in a shelter. Victims may become stressed, anxious and confused or disruptive, or have trouble understanding or remembering shelter rules and procedures.
- Retain custody of their children.

Domestic violence service providers. Screen everyone who seeks DV services for TBI. A brief screening tool that was designed to be used by professionals who are not TBI experts is the *HELPS*.² HELPS is an acronym for the most important questions to ask:

H = Were you **hit** in the head?

E = Did you seek **emergency** room treatment?

L = Did you **lose** consciousness? (Not everyone who suffers a TBI loses consciousness.)

P = Are you having **problems** with concentration and memory?

S = Did you experience **sickness** or other physical problems following the injury?

If you suspect a victim has a brain injury, or they answer "yes" to any of these questions, help them get an evaluation by a medical or neuropsychological professional – especially if they have suffered *repeated* brain injuries, which may decrease their ability to recover and increase their risk of death. If the victim wishes, reach out to the TBI service provider with information about DV, what support they need, and what services are available to them. Look for ways to work together.

² International Center for the Disabled, *HELPS Screening Tool*, 1992

Working with domestic violence victims who have a TBI

The following strategies can help when a victim has difficulties with attention, concentration information processing, memory and executive functioning.

- Minimize distractions, such as phone calls, interruptions and bright lights.
- Meet with the victim alone, unless they want someone else included.
- Keep meetings short and build in breaks.
- Work on one task at a time and stick to the topic at hand.
- Be factual and concrete; break information down into small pieces.
- Double-check to be sure the victim has understood you – repeat, repeat, repeat.
- If safety allows, write important information down in a journal or calendar, such as court dates, contact numbers, directions, order of protection information, to-do lists, etc.
- Develop checklists.
- Help the victim prioritize goals and break them into small, tangible steps.
- Break tasks down into sequential steps; write out steps to problem-solving tasks.
- Help the victim fill out forms and make important phone calls.
- Allow extra time for the victim to complete tasks (e.g., to fill out a form).
- Point out possible consequences of decisions, short- and long-term.
- Provide respectful feedback on problem areas that affect victim safety, if the victim thinks they are functioning better than they are.

Safety Planning

Safety planning is a concrete, specific process. When working with a victim who has a TBI, you may need to:

- Break plans down into even smaller steps and put the steps in *sequence*: first do A, then B, then C, etc.
- Review plans frequently and in detail, to help compensate for problems with memory, motivation, initiative and follow-through.
- Find out what the victim needs to manage their life. Incorporate benefits, rehabilitation and support services, assistive devices (voice recorders, timers, PDAs, post-its, etc.) service animals, and their ability to drive, work and live on their own into safety planning.
- Be realistic about how much – or how little – they may be able to do in each day.
- Depression and fatigue are common for people with TBIs. Provide extra support and coaching when they have to deal with the justice system or Family Court. Role-play upcoming stressful situations, such as going to court.
- Encourage the victim to visit the [Brain Injury Association of New York State](#), or call their Family Help Line at 800- 228-8201.

Resources

- [Brain Injury Association of New York State](#)
- Brain Injury Resource Center: [information, links to online support, and tools for self-advocacy](#). Also, offers a Head Injury Hotline, 206-621-8558.
- CDC, National Center for Injury Prevention and Control, [Victimization of persons with traumatic brain injury or other disabilities: A fact sheet for professionals](#).
- [National Association of State Head Injury Administrators Technical Assistance Center](#).
- [NYS Office of Victim Services](#)

1-800-942-6906

NYS Domestic & Sexual Violence Hotline

CONFIDENTIAL 24 HRS/7 DAYS

English & espanol, multi-language accessibility

711: Deaf or Hard of Hearing

In NYC: 311 or 1-800-621-HOPE (4673)

TDD: 1-800-810-7444