

## TRAUMATIC BRAIN INJURY AND DOMESTIC VIOLENCE

### Overview of the issue

If your work setting brings you into contact with people who have experienced either a brain injury or domestic violence, you need to understand how these two problems intersect. Domestic violence is a common cause of brain injury, particularly in women, who constitute the vast majority of victims of severe physical violence by an intimate partner.

### Contents

#### The intersection of brain injury and domestic violence

#### Information for brain injury service providers

- Screening for victimization
- The screening process
- When abuse is disclosed
- Strategies for brain injury service providers
- Domestic violence services

#### Information for domestic violence service providers

- What is traumatic brain injury?
- Difficulties caused by traumatic brain injury
- Screening for TBI
- Working with abused women with TBI
- Safety planning
- Advocacy
- Resources
- For further information

**Contact:** 518-457-5958

## THE INTERSECTION OF BRAIN INJURY AND DOMESTIC VIOLENCE

The head and face are among the most common targets of intimate partner assaults, and victims of domestic violence often suffer head, neck and facial injuries. Common forms of physical assault that can cause a brain injury include:

- Forcefully hitting partner on the head with an object.
- Smashing her head against a wall.
- Pushing her downstairs.
- Shooting or stabbing her in the head.
- Shaking her – which moves her brain in a whip-lash motion, smashing it against her skull.
- Obstructing her airway, causing loss of oxygen to her brain, through:
  - Strangling her. (She will likely call it “choking.”)
  - Trying to drown her.
  - Forcing her to use drugs or eat foods to which she is allergic.

Because batterers seldom assault their partners only once, some victims suffer repeated head injuries. One study of women in three domestic violence shelters found that:

- 92% had been hit in the head by their partners, most more than once.
- 83% had been both hit in the head and severely shaken.
- 8% of them had been hit in the head over 20 times in the past year.
- The more times individuals had been hit in the head or shaken, the more severe, and the more frequent, were their symptoms.<sup>1</sup>

It can be difficult to know exactly what specific symptoms mean for a given individual. For instance, suppose a woman is experiencing:

- Difficulty concentrating.
- Confusion.
- Difficulty making decisions and solving problems (and other people think her decisions show poor judgment).
- Headaches.
- Memory problems.
- Depression.
- Feeling overwhelmed.<sup>2</sup>

---

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

<sup>2</sup> See Jackson, H., et al. (2002). Traumatic Brain Injury: A Hidden Consequence for Battered Women. *Professional Psychology: Research and Practice*, 33, 1, 39-45.

Are these symptoms of a brain injury, or do they result from the stress of living with an abusive partner? If she has a brain injury, is the stress of domestic violence exacerbating her TBI-related symptoms? How is the brain injury affecting her ability to cope with abuse? It is important not to jump to conclusions, and to screen carefully for both brain injury and domestic violence.

### **INFORMATION FOR BRAIN INJURY SERVICE PROVIDERS**

Most victims of domestic violence – particularly the victims of the most serious physical violence – are women assaulted by husbands or boyfriends. (For this reason, we refer to victims as ‘she’ and batterers as ‘he,’ while acknowledging that some men are assaulted by women, and that lesbian, gay, transgender and bisexual people are also victims of violence by partners.)

Living with domestic violence can make it difficult for the victim to recover as fully as possible from a brain injury. There are several reasons for this:

- If she still lives with her abusive partner, he may prevent her from accessing medical care or rehabilitation services, making or keeping appointments, or having service providers in the home, if she needs them.
- He may be unwilling to make needed adjustments to assist her – abusers tend to put their own wishes ahead of their partners’ needs.
- If he is continuing to assault her, she may suffer new brain injuries before previous ones have healed, making recovery much more difficult.

#### **Screening for victimization**

*Routinely screening all new or returning clients* (regardless of their age, economic status, gender or sexual orientation) for domestic violence will help you identify victims of domestic violence as early as possible, so that you can:

- Better understand their experience.
- Take safety into account in planning how to help them.
- Make any time spent in residential rehab also a time for safety planning.
- Work with domestic violence advocates to build safety planning into strategies for living with a brain injury.

*Provide privacy*, to make it safer for the client to disclose abuse. If you need an interpreter and one is not available, it is better to postpone screening. Never use anyone accompanying the client as an interpreter, including children.

*You may have to ask about domestic violence more than once, and there are various reasons why a victim might not disclose to you the first time you ask.*

- She may not define what happens to her as abusive.
- She may be afraid of what her partner will do if he finds out she has told you what is happening.
- She may be ashamed of what he does to her and blame herself for it – and expect you to blame her for it, too.
- She may not yet trust you to not judge her and to keep her confidentiality. Building trust takes time. As your relationship with her develops, you can talk about how her partner tries to control her, and give her opportunities to open up. Remind her that she can access domestic violence services at anytime, even if she chooses not to disclose right away.
- She may have disclosed to other people who have done things that made her life more difficult, and that has made her wary of telling anyone about the abuse.

*Use inclusive language in your screening. Avoid gender-specific pronouns. Say ‘partner’ until you know how the client refers to their partner. This will help you provide opportunities for victims of same-sex domestic violence, and for transgender victims, to disclose to you.*

*Put the question in context. “Many of the people we work with have been hurt by their partner or someone else in their family, so we ask everyone about it and encourage people to talk about it, so we can help with that problem as well, and help you find other people who understand what you’re going through.”*

### **The screening process**

Abuse, victimization, domestic violence – these words do not mean the same thing to everyone, so just asking, “Are you a victim of domestic violence?” is not enough. ‘Domestic violence’ is a somewhat abstract concept, so keep your questions as *behavioral* and concrete as possible. (This is good practice whether or not the person being screened has a brain injury.)

*Ask about physical violence. Has your partner ever...*

- Hit you in the face or head? With what?
- Slammed your head into a wall or another object?
- Pushed you so that you fell and hit your head?
- Shaken you?
- Tried to strangle or choke you, or done anything else that made it hard for you to breathe?
- Injured your face, head or throat in any other way?

*Ask about coercive control. Use the Power and Control Wheel ([http://www.opdv.state.ny.us/whatisdv/about\\_dv/pcwheel.html](http://www.opdv.state.ny.us/whatisdv/about_dv/pcwheel.html)) as a tool for asking about different tactics of abuse. Does your partner (or anyone in your life)...*

- Try to run your life, control your decisions, or tell you what to do or say?
- Stalk you, follow you around, check up on you or demand that you account for your whereabouts.
- Call you names, swear at you, or embarrass you in public?
- Make threats or try to intimidate you?
- Demand sexual activity that you don't want or force you to have sex?
- Keep you from having enough money? Steal your money?
- Act jealous or accuse you of having affairs?
- Stop you from seeing friends and family?
- Blame you for his problems or behavior?
- Say you have changed since your head injury, and use that as an excuse to abuse you?
- Make it difficult for you to do what you need to do at work or school, or as a parent? (It may be her partner's behavior, rather than the TBI, that is causing many of her difficulties in daily functioning.)
- Make you afraid?

### **When abuse is disclosed**

Ask about specific incidents of violence – the first one, the worst one, and the most recent one. This will give you an overall picture of the client's experience and how bad it has gotten. If the worst incident was also the most recent one, safety must be your first concern. Give her time to tell her story. You might ask:

- How did the incident get started?
- What exactly happened? What did he do/say? What did you do/say?
- How did it end (e.g., kids came home and he stopped, neighbor called the police, he passed out)?
- If someone intervened, what happened as a result?
- What were things like afterwards?

Focus on her partner's behavior, not on his feelings or her behavior. For instance:

- Ask: "What did he do when he got angry?" to keep the focus on his behavior.
- Don't ask: "Why does he get so angry?" This focuses on his feelings, and may lead you to see his behavior as excusable.
- Don't ask: "What did you do that made him so angry?" This focuses on her behavior, and implies that what he did to her was partly her fault.

*Ask about the impact of abuse on her health, mental health, substance use, work, and parenting.*

*Ask about past trauma, and how it affects her now. Childhood trauma is associated with a higher risk for both substance abuse and revictimization later in life.<sup>3</sup>*

**NOTE:** If the screening does not reveal any abuse, you may still see *red flags* ([http://www.opdv.state.ny.us/professionals/mental\\_health/redflags.html](http://www.opdv.state.ny.us/professionals/mental_health/redflags.html)) as you continue to work with the individual. These should prompt you to ask again about domestic violence.

### **Strategies for TBI Service Providers**

- Listen and validate her feelings.
- Remind her that it's not her fault.
- Take confidentiality very seriously, for her safety.
- Do nothing to endanger her.
- Explore her options.
- Help her understand how the police and courts can help her. (LINK to <http://www.opdv.state.ny.us/help/fss/policecourts.html>)
- Help her mobilize her support system.
- Be willing to advocate for her.
- Support her right to self-determination – to make her own decisions as far as possible – even if independence is not a realistic possibility for her. As much as possible, follow her lead as far as what kind of help she wants. Don't try to take control or tell her what to do.
- *Don't focus on just getting her to leave her partner*. (LINK to [http://www.opdv.state.ny.us/professionals/mental\\_health/howcan.html](http://www.opdv.state.ny.us/professionals/mental_health/howcan.html)) This is important for her safety.

### **Domestic violence services**

*Connect your client with domestic violence services and encourage her to use them. Help her access other services – such as legal services, financial aid, housing, employment, child care, health care, or mental health or substance abuse treatment.*

Residential (shelter) and non-residential domestic violence programs must serve victims who have disabilities, which includes brain injuries. However, if a victim needs a level of care or assistance that the program cannot safely and effectively provide, the program will refer her to another community resource. If she is seriously injured or ill, the shelter is required to refer her for a medical examination within 48 hours.

---

<sup>3</sup> Fazzone, P.A., Holton, J.K., & Reed, B.G., Substance Abuse Treatment and Domestic Violence *Treatment Improvement Protocol (TIP) Series 25*. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, Rockville, MD DHHS Publication No. (SMA) 97-3163,1997. <http://ncadi.samhsa.gov/govpubs/bkd239/>

**NOTE:** Be careful with written information. Though it will help her remember things, it may not be safe for her to take home written information about domestic violence services. If her partner finds it, he may use it as an excuse to assault her.

*Safety plans* (see Information for DV Service Providers, below) are a major tool used by domestic violence advocates. Because TBI-related problems with memory, motivation, initiative and follow-through may affect a victim's ability to make and use safety plans, it is helpful if you:

- Reach out to the domestic violence service provider and help them understand how her TBI affects her and what she needs by way of support and advocacy. For instance, you might be able to explain why she responds in a certain way when she has to go to court.
- Offer them educational materials on TBI.
- Talk with your client about signing a release of information so you can coordinate services with the DV service provider.

In addition, safety in the context of TBI (for some individuals, not living alone) may conflict with safety in the context of domestic violence (for some victims, getting away from their abusive partner). Collaboration between service providers can be critical to victims achieving both kinds of safety.

OPDV's booklet, *Finding Safety and Support* (<http://www.opdv.state.ny.us/help/fss/gettingsafe.html>), contains specific safety-planning ideas.

## **INFORMATION FOR DOMESTIC VIOLENCE SERVICE PROVIDERS**

A victim of domestic violence who has a brain injury may have difficulty doing many of the things that will help her with both immediate safety and long-term freedom from abuse, such as:

- Accurately assessing danger (e.g., knowing when her partner's violence is escalating).
- Defending herself against, or escaping from, physical or sexual assault.
- Judging when she needs medical care.
- Keeping advocacy, counseling or medical appointments, or court dates.
- Making and remembering safety plans.<sup>4</sup>
- Going to school or holding a job (increasing her financial dependency on the abuser).
- Leaving her abusive partner.
- Living on her own; finding accessible housing.
- Accessing domestic violence services and other needed services.
- Adapting to living in a shelter.

---

<sup>4</sup> Bennett, L. & Bland, P., *Substance Abuse and Intimate Partner Violence*, 2008, p 6.  
<http://new.vawnet.org/category/Documents.php?docid=1324>

## **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 knife or bullet) pierces the skull and enters the brain, damaging those parts of the brain that lie along the path that the object travels into the brain. This type of injury causes *focal* damage, limited to a specific part of the brain.
- *Closed head injuries* occur when there is a blow to the head that does not fracture the skull, or when the head is severely shaken. Closed head injuries can cause both localized damage and *diffuse* or widespread damage, due to stretching, tearing and swelling of brain tissue, as well as bleeding. Swelling and bleeding can continue to damage the brain and worsen the injury for hours or days after it originally occurs.
- *Anoxia* – loss of oxygen to the brain, as from attempted drowning or strangulation – can also damage brain cells.

A victim of domestic violence may suffer from a TBI without knowing it. This can happen when:

- She has no severe trauma or obvious symptoms at first. Mild or subtle injuries can lead to cognitive symptoms later on, and often no one connects them to the assault.
- She does not lose consciousness. People with mild TBI often do not lose consciousness, yet still have injury-related difficulties.
- She does not receive medical care, which may happen because:
  - Her abusive partner refuses to let her seek care.
  - She has no independent access to money and cannot afford care.
  - She is afraid that she will have to disclose the abuse if she goes to the hospital, and is not ready to do that.
- She gets medical care, but the provider does not ask about domestic violence, or thinks her symptoms are only psychological.

## **Difficulties caused by Traumatic Brain Injury**

The most common symptoms of TBI are headaches, fatigue, memory loss, depression, and difficulty communicating. TBI can lead to mild, moderate or severe impairments to cognition (thinking), emotions, behavior, and physical functioning, which can cause problems with activities of daily living, such as:

- Bathing and dressing.
- Shopping, cooking and eating.
- Paying bills.
- Working or going to school; job-hunting.
- Driving.

Many effects of TBI fall under more than one category.

### ***Cognitive difficulties***

- Reduced attention span.
- Short-term and/or long-term memory loss; memory distortions.
- Disorganization.
- Decreased ability to:
  - Concentrate.
  - Solve problems.
  - Think straight.
  - Think abstractly.
  - Learn new information.
  - Follow complicated directions.
  - Identify objects and their functions.
  - Spell, write, read and work with numbers.
  - Communicate (find the right words, construct sentences, understand written or spoken communication, interpret facial expressions and other non-verbal cues).

### ***Difficulties with executive functioning***

- Making decisions.
- Considering long-term consequences; predicting the outcomes of one's choices.
- Setting goals.
- Prioritizing, planning and organizing.
- Taking initiative or feeling motivated.
- Starting and finishing actions.
- Flexibility – changing course when needed.
- Regulating one's impulses. This can lead to socially inappropriate behavior, and is referred to as *disinhibition*.
- Self-monitoring and self-awareness – sometimes people with brain injuries don't recognize their own deficits.

### ***Changes in behavior, personality or temperament***

- Depression.
- Low self-esteem.
- Irritability – easily becoming agitated, aggressive or anxious.
- Impatience; difficulty tolerating frustration.
- Rapidly changing emotions; mood swings.
- Under- or over-reacting.
- Expressing emotions in ways that are inappropriate (e.g., laughing during a serious conversation, or shouting when others are whispering).
- Avoiding people, including family and friends.

### *Physical difficulties*

- Fatigue.
- Sensory:
  - Hearing loss; ringing or buzzing in ears.
  - Vision changes: blurred or double vision, blindness.
  - Sensitivity to noise or bright lights.
  - Loss of ability to smell or taste.
- Headaches, neck pain.
- Nausea and vomiting.
- Dizziness, difficulty balancing.
- Weakness or numbness.
- Seizures.
- Decreased coordination in limbs or in speech muscles (lips, tongue).
- Loss of bowel or bladder control.
- Insomnia.

### **Screening for TBI**

Increased awareness of TBI can lead to better outcomes for abused women. Domestic violence service providers should screen everyone who seeks services for TBI, and, when a TBI is suspected, refer for specialized screening, evaluation, and services.

The *HELPS*<sup>5</sup> is a brief TBI screening tool that was designed to be used by professionals who are not TBI experts. “HELPS” is an acronym for the most important parts of screening:

- H = Hit in the head
- E = Emergency room treatment
- L = Loss of consciousness
- P = Problems with concentration and memory
- S = Sickness or other physical problems following injury

The following questions have been adapted from the HELPS to focus on physical abuse that could lead to a brain injury.

#### ***H = Hit on head***

Did your partner ever:

- \_\_\_\_\_ Hit you in the face or head? With what?
- \_\_\_\_\_ Slam your head into a wall or another object?
- \_\_\_\_\_ Push you so that you fell and hit your head?
- \_\_\_\_\_ Shake you?

---

<sup>5</sup> International Center for the Disabled, *HELPS Screening Tool*, 1992

- \_\_\_ Try to strangle or choke you, or do anything else that made it hard for you to breathe?
- \_\_\_ Injure your face, head or throat in any other way?

If yes:

- \_\_\_ Has he done these things more than once?

***E = Emergency room treatment***

- \_\_\_ Did you ever go to the emergency room after your partner assaulted you? Why?

If yes:

- \_\_\_ Did they ask whether you had been hit on the head or say that they suspected that you had a head injury or concussion?
- \_\_\_ Did they ask you about domestic violence?
- \_\_\_ Did you think you got all the treatment you needed?

If no:

- \_\_\_ Was there ever a time when you thought you should go to the ER after an injury to your head, but didn't go because you couldn't afford it or your partner wouldn't let you?

***L = Loss of consciousness***

- \_\_\_ Did you ever lose consciousness or black out as a result of your partner's violence?

***P = Problems***

- \_\_\_ Have you been having trouble concentrating or remembering things?
- \_\_\_ Are you having trouble finishing things you start to do?
- \_\_\_ Have people told you that you're not acting like yourself?
- \_\_\_ Have you been having trouble doing what you need to do at work, school, or home?
- \_\_\_ Are you having mood swings that you don't understand?
- \_\_\_ Has it gotten harder for you to function when you're under stress?
- \_\_\_ Does your partner use any of these things as an excuse to abuse you?

***S = Sickness***

- \_\_\_ Have you had any physical problems since your partner assaulted you? What kind?
- \_\_\_ Do you have any recurring headaches or fatigue?
- \_\_\_ Have you had any changes in your vision, hearing, or sense of smell or taste?
- \_\_\_ Do you find yourself dizzy or experiencing a lack of balance?<sup>6</sup>

---

<sup>6</sup> Adapted from International Center for the Disabled, *HELPS Screening Tool*, 1992

If a victim answers “yes” to questions in two or more categories, help her get a specialized evaluation by a medical or neuropsychological professional. This is particularly important if she has suffered *repeated* head injuries, which decrease her ability to recover, and may increase her risk of death.

### **Working with abused women with TBI**

Not everyone with a brain injury has the same problems or needs, but it helps to pay attention to common effects of brain injury when talking with someone who has a TBI. The following are simple strategies to use when working with a victim of domestic violence who has a brain injury.

#### ***Attention and concentration***

- Minimize distractions, such as phone calls and interruptions. Meet in a quiet location.
- Meet with her alone, unless she wants someone else included. (She may have difficulty tracking the conversation in a support group – or she may not.)
- Minimize bright lights.
- Limit length of meetings and build in short breaks.
- Work on one task at a time, which also helps with fatigue.
- Speak clearly and concisely.
- Phrase questions positively. For instance, ask “Do you think about leaving him?” instead of “Don’t you think about leaving him?”

#### ***Information processing and memory***

- Talk slowly and stay on point.
- Focus on one thing at a time.
- Break information down into small pieces and repeat it as often as necessary.
- Double-check to be sure she has understood you – encourage her to ask you to repeat or rephrase information.
- Be factual, not abstract (e.g., talk about what happens in court, not the meaning of justice).
- Ask yes-or-no questions, rather than open ended ones.
- Repeat, repeat, repeat.
- Break tasks down into sequential steps.
- If it is safe to do so, write down or tape important information, such as court dates, appointments, contact numbers, directions to places she needs to go, orders of protection, and to-do lists.
- Develop checklists.

#### ***Executive functioning***

- Help her prioritize goals and break them into small, tangible, sequential steps.
- Write out steps to a planning or problem-solving task.
- Help her fill out forms and make important phone calls.
- Allow extra time for her to complete tasks (e.g., to fill out a form).

- Point out possible short- and long-term consequences of specific choices.
- Provide clear and specific feedback.

### ***Providing support***

- Provide reassurance and structure to help decrease her anxiety.
- Provide access to education about head injury and services for dealing with it, available through the Brain Injury Association of NYS website (<http://bianys.org/resources.html>) and through their Family Help Line, 800-228-8201.
- Help her identify available social and medical supports and communicate with them.
- Encourage as much self-determination as possible. Ensure that she participates in the process of developing plans. Remember the slogan of many disability rights activists: “Nothing about us without us.”
- Role-play upcoming stressful situations, such as meeting with prosecutors or going to court.

Most important, be familiar with TBI resources and services in your community. State Brain Injury Associations, in particular, are excellent resources. In New York State, visit the Brain Injury Association of NYS (<http://bianys.org>).

### **Victims with brain injuries in shelter**

Living in a domestic violence shelter may be difficult for someone with a TBI.

- She may become anxious and confused by noise and the presence of other people in crisis.
- She may become disruptive. Pay attention to how others respond to her. Find out how she would like you to help them understand her.
- She may have trouble understanding or remembering shelter rules and procedures.

Strategize with her about how to best accommodate shelter policies and her needs. Be prepared to provide accommodations as needed. These might include:

- Strategies for remembering to attend support group meetings, ask for medications that are kept under lock and key, keep appointments, etc. Help her recreate the memory strategies she used at home if moving to the shelter has disrupted them. For instance, her bathroom mirror at home may be covered with post-its, which may not be workable in a shared bathroom. Help her look for an alternative and put it into practice. Check back to see how it’s working.
- Strategies for helping her follow through with tasks. Inability to concentrate, memory deficits, lack of initiative and fatigue can all contribute to difficulty with follow-through.
- Assistance in taking care of her children, if they are in shelter with her.

### **Safety planning**

Safety planning is a concrete, specific process, but you may need to break plans down into very small steps when working with a victim who has a TBI. Questions about specific TBI-related issues may be useful.

### ***Protecting her head***

- Are there any steps she can take to protect her head from future *assaults*?
- Are there steps she can take to protect her head from *accidental* re-injury? Ideas may include:
  - Removing tripping hazards such as throw rugs.
  - Keeping hallways, stairs and doorways free of clutter.
  - Putting a nonslip mat in the bathtub or shower floor.
  - Installing grab bars next to the toilet and in the tub or shower.
  - Installing handrails on both sides of stairways.
  - Improving lighting inside and outside her home.
  - Always wearing a helmet when bike riding, rollerblading, skiing, etc.

### ***Accessing services***

- Is she aware of, and able to access, TBI-related medical care, rehabilitation and support services?
- Does she depend on her abusive partner for any disability or health-related assistance?
- Does the abuser exploit barriers created by her TBI?
- What assistive devices does she use? Some people with TBI use wheelchairs, but most do not. Many use memory aids, such as voice recorders, timers and blackberries.
- Is it safe for her to take notes or keep notepads by the phone?
- Does she have a way to keep her service animal safe, if she has one?

### ***Managing her mood***

- Is she short-tempered, irritable or aggressive? If so:
  - Does she pick fights with her partner that he uses as an excuse to become abusive?
  - Has it strained her relationships with family and friends, depriving her of needed support?

### ***Financial independence***

- Is she able to work? If so, how supportive is her employer in terms of both the domestic violence and the TBI?
- Does she have difficulty holding a job?
- Is she getting whatever benefits she might be entitled to?
- Has she filed an application with the Crime Victims Board (LINK to <http://www.cvb.state.ny.us/helpforcrimevictims/helpforcrimevictims.aspx>)? CVB may pay for services if the TBI was caused by a criminal act. Help her fill out an application and compile needed documentation.

### *Leaving*

- Does she have a plan to take her service animal and assistive devices with her?
- Is she able to drive or use public transportation on her own? If not, how will she access transportation?
- Does her emergency escape bag include (as needed):
  - Spare batteries for assistive devices?
  - Back-up assistive devices, and specific information on how and where to get replacements or repairs?
  - Instructions for use of technical equipment?
  - Medications, medical information, and medic alert systems?
  - Contact information for medical personnel, TBI advocates and other service providers?
  - Social Security award letter, payee information and benefit information?
  - Supplies for her service animal – food, medications, leashes, vet’s contact information, etc.<sup>7</sup>

Safety plans should be reviewed frequently and in detail, to help compensate for problems with memory, motivation, initiative and follow-through. An action plan that involves several steps should be sequenced: first do A, then B, then C. In addition, it helps to remember the following:

- A victim who has a TBI may not be aware of how it is affecting her, and may think she is functioning better than she is. Provide respectful feedback on problem areas that affect her safety.
- *Depression* is common, and may be related to the TBI, the abuse, or both. Remind her of her strengths, which depressed people tend to forget.
- *Fatigue* is common, and may be related to the TBI, the depression, or both. Be realistic about how much – or how little – she may be able to do in a given day.

### **Advocacy**

The stress of being in court may exacerbate symptoms like disorganization, aggressiveness or confusion, and lead the judge to see her as mentally ill or hold her accountable for things that are not within her control. If she also has PTSD related to the abuse, it may be even harder for the judge to understand her behavior, take the abuse seriously, or see her as a reliable witness against her partner.

She may have trouble retaining custody of her children, even if she is able to care for them. As stressful as the court process is for any woman at risk of losing her children, it can be even more difficult for a woman with a brain injury. It will also be harder for her to cope with the stress of confronting her abusive partner in court.

---

<sup>7</sup> Empire Justice Center, Building Bridges: A Cross-Systems Training Manual for Domestic Violence Programs and Disability Service Providers in New York, 2006

In advocating for a victim with a TBI in court, bear in mind that:

- She may need you to help her prepare ahead of time for court appearances, but she may not remember the preparation that was done.
- She will need clear directions for where to go, when to be there, and what to expect.
- She may need you to provide on-hand support and coaching during court sessions.
- She may want you to reach out to her attorney, the prosecutor's victim-witness liaison, or others involved in her case, to help them understand how the TBI affects her ability to work with them.

## Resources

Brain Injury Association of New York State: <http://bianys.org>

Brain Injury Association of America: [www.biausa.org](http://www.biausa.org)

Brain Injury Resource Center, <http://www.headinjury.com/welcome.htm>, provides information, links to online support, and many specific tools for individuals to use in understanding and advocating for themselves. Also offers a Head Injury Hotline, 206-621-8558.

National Association of State Head Injury Administrators Technical Assistance Center, [www.nashia.org](http://www.nashia.org)

National Disability Rights Network, [www.ndrn.org](http://www.ndrn.org).

NYS Crime Victims Board, <http://www.cvb.state.ny.us/helpforcrimevictims/helpforcrimevictims.aspx>

Northeast Center for Special Care – links to information about traumatic brain injury and domestic violence, <http://www.northeastcenter.com/links-domestic-violence-and-tbi.htm>.

The Brain Injury Information Network, <http://www.tbinet.org/resources.htm> - links to many other online resources.

## For further information

Alabama Head Injury Foundation, *Traumatic brain injury and domestic violence facts*.  
<http://www.rehab.state.al.us/Home/Services/VRS/TBI/Traumatic%20Brain%20Injury%20and%20Domestic%20Violence/TBI%20and%20DV%20Facts.pdf>

Arosarena, O.A., Fritsch, T.A., Hsueh, Y., Aynehchi, B., & Haug, R. (2009). Maxillofacial injuries and violence against women, *Archives of Facial Plastic Surgery*, 11(1): 48-52.

Brain Injury Association of Virginia, *Tip card on traumatic brain injury and domestic violence*.  
<http://www.biaav.net/Default.aspx?SiteSearchID=1183&ID=/search.htm>

Carr, M. (2000). Increasing Awareness about Possible Neurological Alterations in Brain Status Secondary to Intimate Violence, *Brain Injury Source* 4 (2), 30-37.

CDC, National Center for Injury Prevention and Control, *Victimization of persons with traumatic brain injury or other disabilities: A fact sheet for professionals*.  
[http://www.cdc.gov/ncipc/tbi/FactSheets/VictimizationTBI\\_FactSheet4Professionals.htm](http://www.cdc.gov/ncipc/tbi/FactSheets/VictimizationTBI_FactSheet4Professionals.htm).

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

Empire Justice Center, *Building Bridges: A Cross-Systems Training Manual for Domestic Violence Programs and Disability Service Providers in New York*, 2006

Funk, M. & Schuppel, J. (2003). Strangulation injuries, *Wisconsin Medical Journal*: 102 (3), 41-45.  
[http://www.wisconsinmedicalsociety.org/WMS/publications/wmj/issues/wmj\\_v102n3/funk.pdf](http://www.wisconsinmedicalsociety.org/WMS/publications/wmj/issues/wmj_v102n3/funk.pdf)

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

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

Mechanic, M.B., Weaver, T.L., & Resick, P.A. (2008). Risk factors for physical injury among help-seeking battered women, *Violence Against Women*, 14 (10), 1148-1165 (relevant page is 1160).

Picard, N., Scarisbrick, R. & Paluck, R., (1999). *HELPS (Grant # H128A0002)*. Washington, DC: US Department of Education Rehabilitation Services Administration, International Center for the Disabled.

Stern, J. (2004). Traumatic brain injury: An effect and cause of domestic violence & child abuse. *Current Neurology and Neuroscience Reports*, 4, 179–181.

Valera, E.M. & Berenbaum, H. (2003) Brain injury in battered women, *Journal of Consulting and Clinical Psychology*. Vol 71(4), 797-804.

Virginia Commonwealth University, Traumatic Brain Injury Model System. Many useful fact sheets.  
<http://www.tbi.pmr.vcu.edu/FactSheets/Index.htm>.