Brain Injury and Domestic Violence

Domestic Violence is recognized as a leading cause of Traumatic Brain Injury (TBI). Abusers target the head, neck and face more than any other area of the body, which creates the potential for brain injuries. Brain Injury must be considered when working with survivors.

## 20 Million

As many as 20 million women each year could sustain a brain injury caused by domestic violence.

85%

In 1 study of women who experienced DV, 85% experienced blows to the head; for 50% of them, it was too many times to count.

83%

In the same study, 83% were strangled (which can lead to a brain injury from lack of oxygen), 88% were strangled multiple times.

26%

Men are victims of domestic violence, too. 26% of men report domestic abuse in their lifetime.

## **Best Practice**

Domestic Violence personnel should:

SCREEN for prior history of Brain Injury ASSESS Cognitive & Functional Impairment EDUCATE staff on Brain Injury EDUCATE the person about their Brain Injury PROVIDE and TEACH Accommodations CONNECT person served with Community Resources

## COMMON PROBLEMS

After Brain Injury, we often see problems with:

Attention, memory and new learning Slowed speed of processing Organization, problem solving & impulsivity Irritability, frustration & agitation Balance, dizziness & headaches Poor awareness of deficits & difficulties Difficulty being flexible, poor self-monitoring

What to Look For

Domestic Violence personnel may see:

Missing information because they cannot pay attention Difficulty assessing danger, making decisions related to safety Slow to follow directions because they cannot process quickly Difficulty adapting to living in a shelter Falling into things, often getting hurt Vulnerability to being exploited by others Gets stuck on an idea or a way of doing something, does not recognize mistakes

15.5 MILLION children witness domestic violence per year. Women often seek shelter before treatment for injury.

Common Accommodations for Brain Injury Challenges.

Here are some common and simple accommodations:

Working for shorter periods of time Getting rid of distractions around you, like noise or movement Taking notes (on paper, in a notebook, on a phone or computer) Using a phone to set timers to remember appointments Repeating information to the person Slowing down when talking; giving them more time to respond Giving the person a list of house rules, written directions, or pictures to help them understand and remember Coaching the person with the injury to "Stop, think and plan" then act Coaching the person to take deep breaths when feeling angry or anxious **Tools for Best Practice** 

Brain Injury Screening Resources:

NASHIA's OBISSS: <u>https://www.nashia.org/obisssprogram</u> - The OBISSS is highly recommended. It is made up of the OSU screening tool, a Symptoms Questionnaire and Strategies. It can be used electronically, on a computer, phone or ipad. It can be self-administered.

OSU TBI Identification Method: <u>https://wexnermedical.osu.edu/neurological-</u> <u>institute/neuroscience-research-institute/research-centers/ohio-valley-center-for-brain-injury-</u> <u>prevention-and-rehabilitation/osu-tbi-id</u>

Brain Links' Strategies & Accommodations Tool: https://www.tndisability.org/rehabilitation

Symptom Questionnaire and Cognitive Strategies: Adult: <u>bit.ly/3FLkz0V</u> Juvenile: <u>bit.ly/4iS2bSC</u>

Tennessee Resources

Brain Links' Website with many resources: tndisability.org/brain

Brain Links' Toolkits (for Service Professionals and Survivors): <u>https://www.tndisability.org/brain-toolkits</u>

TN Department of Health TBI Program: https://tinyurl.com/3v5jrdt3

Tennessee Brighter Futures' Resource Pages & Training for Brain Injury: <u>https://www.tndisability.org/tbf-brain-injury</u>

Resource Pages & Training for Domestic Violence: https://www.tndisability.org/tbf-domestic-violence

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References:

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