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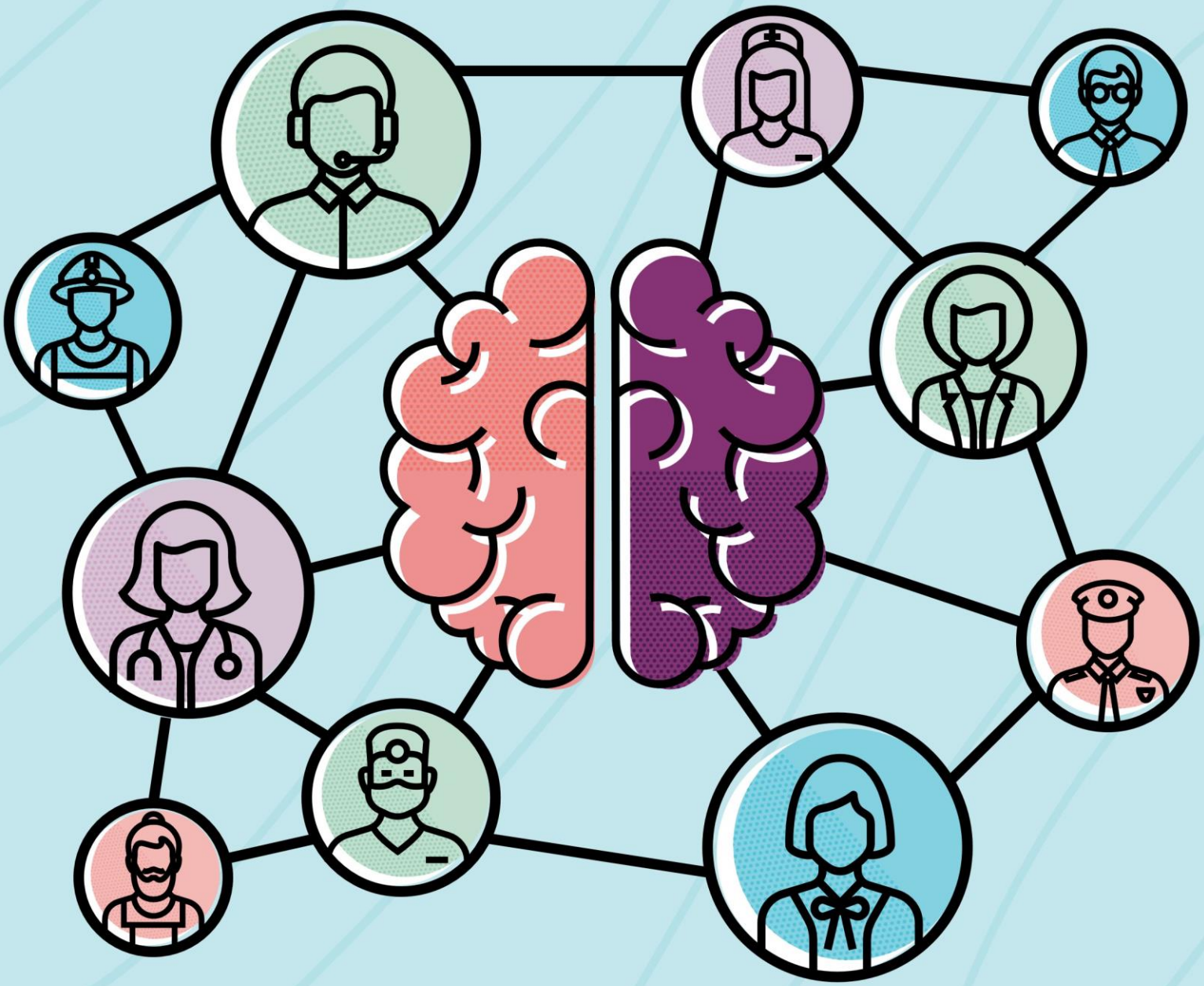
PENNSYLVANIA COALITION AGAINST DOMESTIC VIOLENCE

Pennsylvania Department of Health

Brain Injury Toolkit



Connecting Communities at the Intersection of Brain Injury and Domestic Violence

The creation of this toolkit was funded by the Administration for Community Living Traumatic Brain Injury State Partnership Program Grant.

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AN INTRODUCTION TO THE BRAIN INJURY TOOLKIT

The Department of Health and Pennsylvania Coalition Against Domestic Violence welcomes you to our collaborative toolkit designed for professionals from intersecting fields. This resource aims to empower individuals like you, recognizing the diverse roles you play, whether you're in the realm of domestic violence advocacy, brain injury support services, emergency medical services, social work, or substance use. Each section of this toolkit has been crafted to cater to your specific role.

The goal is simple yet profound: to facilitate meaningful collaboration among professionals who are, even if they are not aware of it yet, often working with survivors of domestic violence who have sustained some type of brain injury. Unlike approaches where partnerships form reactively, this toolkit encourages proactive engagement. By providing insights into potential indicators and resources, this toolkit is seeking to nurture a community of support around survivors.

In essence, this toolkit serves as a guidebook, emphasizing the importance of early collaboration and the creation of a network of assistance that reaches survivors swiftly, connecting them to vital services. Although there are limitations of individual services in terms of time and resources, uniting professionals and clarifying roles will enhance the support system. This will ensure survivors receive trauma-informed, comprehensive support for all their intersecting needs, rooted in survivors' choices about the options that are safest for them based on their unique situations.

This toolkit is designed for practical use. You don't need to read it cover to cover. Instead, dive into the sections that align with your profession and start building connections with other professionals referenced here. It's about fostering a proactive, interconnected approach to supporting survivors of domestic violence and brain injury.

Whether you're a newcomer or returning to this toolkit, you are welcomed. Your presence here signifies a shared commitment to making a difference. Together, let's pave the way for a collaborative and supportive future. Thank you for being a part of this essential initiative.

A Note on Language:

To explain types of brain injury, we will use "traumatic brain injury" and "non-traumatic brain injury." We are making this choice because this is the language used by providers and healthcare professionals. However, we want to acknowledge that we've come to realize that these labels might inadvertently restrict people from seeking necessary support and services. Often, survivors' experiences involve a combination of both types of injuries. Pigeonholing them into categories can hinder their access to resources.
So, while we are using this language in the toolkit, we encourage domestic violence advocates to focus on the effects of brain injury and not what category it might fall into.

Supporting Survivors with Brain Injuries: How ALL Advocates Can Help

How Does Brain Injury Intersect with Your Domestic Violence Work?

A Traumatic Brain Injury (TBI) occurs when the brain suffers injury from an external force, such as a blow or impact to the head. There are two main types of traumatic brain injuries:

1. Closed, where the force doesn't break the skull
2. Open, where the force breaks the skull and enters the brain

These injuries can result in alterations in brain function and show signs of damage.

Traumatic impacts can include:

- Bumping, hitting, or jolting the head, neck, or face.
- Punching, kicking, hitting, or striking a survivor's head against surfaces like car windows, toilets, or walls.
- Forced falls.
- Penetrations of the skull (e.g., shooting or stabbing)
- Forceful and repeated shaking.

The effects of traumatic brain injuries, especially those that have not been diagnosed or treated, are cumulative. While symptoms and resources might be specific to either traumatic brain injury or non-traumatic brain injury, we will often use the term "brain injury" to refer to both types of injury that a survivor may experience. It is worth noting that survivors of domestic violence may experience both traumatic and non-traumatic brain injuries during the same event — for example, if a survivor is strangled and has their head hit off an object. Survivors of domestic violence often experience repeated injuries over the course of their relationships with people who are abusive. Second impact syndrome occurs when a person with a concussion experiences another concussion before the previous concussion is 'healed.' While the effects of second impact syndrome are still being researched, it is known that these compounded effects of a concussion can have a significant impact on the health and safety of survivors.

TBI symptoms can manifest right away or weeks, months, and even years after the event, showing a wide range of physical and psychological effects.

Symptoms of a TBI that often require immediate medical attention include:

- Neck pain
- Loss of consciousness
- Confusion
- Severe headaches
- Repeated vomiting
- Unusual behavioral changes
- Seizures
- Double vision
- Weakness/tingling in limbs

Concussions, also called mild TBIs, are the most common type of brain injury. While often perceived as less severe, the impact of concussions should not be underestimated. In cases involving survivors of domestic violence, identifying, and addressing concussions can be challenging for medical professionals. The complexity comes from a combination of factors, including the subtle nature of symptoms, the overlapping psychological trauma experienced by survivors, and the lack of routine screening for brain injuries in such contexts. Consequently, concussions may go unnoticed or are misattributed, hindering the ability to provide comprehensive care for individuals who have experienced both domestic violence and brain injuries. Some healthcare providers may not consider that a survivor of domestic violence could have experienced a concussion, in part because this is not always discussed or identified as a potential cause of a concussion.

Symptoms of a concussion include:

- Headaches
- Nausea
- Speech problems
- Dizziness
- Sensory issues like blurred vision
- Cognitive and mood changes such as memory problems or anxiety

Moderate to severe TBI symptoms include:

- Prolonged loss of consciousness
- Persistent, severe headaches
- Convulsions
- Clear fluids draining from the nose or ears
- Slurred speech

Non-Traumatic Brain Injuries are caused by internal factors and are equally significant to a traumatic brain injury. Strangulation, denying oxygen to the brain without losing consciousness, and substance use leading to overdose are ways in which people who experience domestic violence may experience a non-traumatic brain injury.

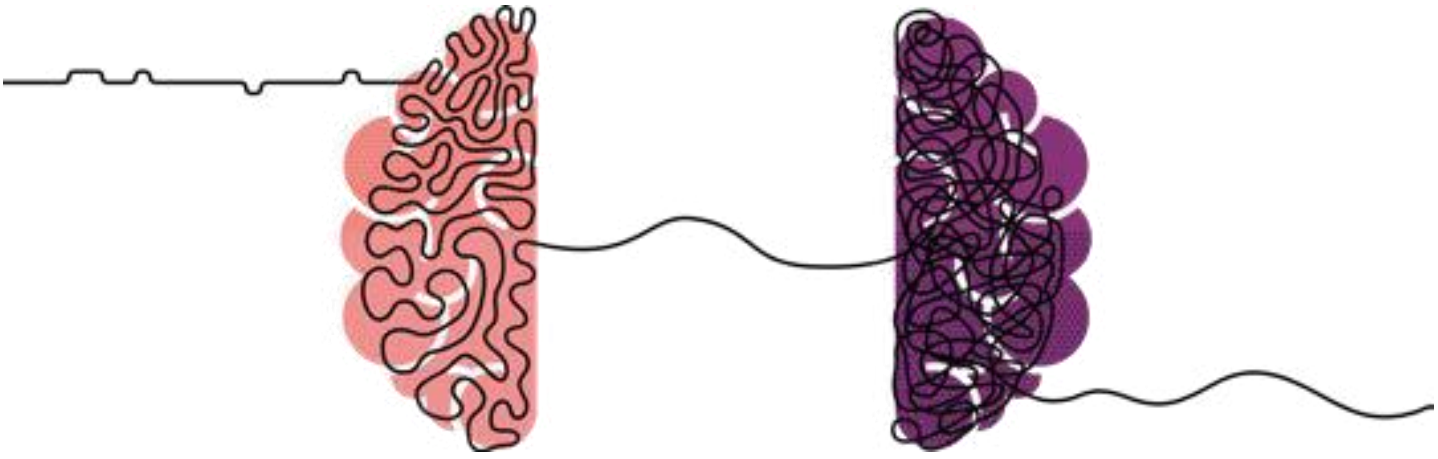
Indicators that a person may have a non-traumatic brain injury include:

- Vomiting
- Dizziness
- Headaches
- Difficulty speaking/Vocal changes
- Changes to vision

People who are abusive can worsen brain injury effects through psychological abuse, gaslighting, exposure to loud noises, isolation, and threats. Gaslighting, rooted in questioning a survivor's memory, particularly affects those with brain injuries. Threats of reporting them to authorities or causing further harm can worsen the impacts of a brain injury.

The effects of a brain injury are unique to every person who has experienced one. It is possible that survivors of domestic violence could have both a traumatic and non-traumatic brain injury. The role of domestic violence advocates is not to diagnose a brain injury. However, if domestic violence advocates notice possible symptoms of a brain injury, they should engage in a conversation with the survivor to see if there is a possibility of a brain injury and provide appropriate resources. See the Brain Injury Resource Discussion (BIRD) section for more information on how to do this.

Understanding these complexities is essential in supporting survivors effectively. Proper recognition, prompt medical attention, and psychological support are crucial in helping individuals recover from the physical and emotional impact of brain injuries. The strategies provided in this section are intended to offer practical guidance, fostering a supportive environment for survivors to ensure they have access to as many resources as possible.



TALKING TO DOMESTIC VIOLENCE SURVIVORS ABOUT BRAIN INJURY: BRAIN INJURY RESOURCE DISCUSSION (BIRD)

It is recommended that all domestic violence advocates use the Brain Injury Resource Discussion (BIRD) when they interact with all domestic violence survivors. This is moving away from only specific types of domestic violence advocates/services engaging in discussions about the possibility of brain injury. BIRD allows for a conversational screening about the possibility of brain injury that is rooted in what survivors have already shared with advocates. This does not mean that screening tools should not be used, but rather it expands the opportunities for discussions about brain injury instead of potentially restricting them. This allows for all types of advocates (i.e., legal, children's, housing, medical, etc.) to engage in these conversations with the survivors they are supporting. It also allows for this to be an ongoing, instead of a one-time discussion. For example, waiting until a survivor seeks shelter to ask about the possibility of a brain injury means that a survivor who is still in a relationship with their partner may be experiencing ongoing injury to their brain. Through continuous and ongoing discussions about brain injury with all survivors, it will provide the opportunity to connect them to brain injury supports they need, including understanding what might happen when they reach out for support.

When engaging in conversations about brain injuries with domestic violence survivors, employing empathetic and trauma-informed strategies is crucial. Here are several approaches to ensure a supportive dialogue when having these important discussions:

Normalize the Conversation:

Begin by normalizing the discussion. Assure survivors that talking about brain injuries is a common practice and not specific to their situation. This normalization helps reduce stigma and fosters a sense of understanding. All domestic violence program staff members should be prepared to discuss the possibilities of a brain injury with all survivors, regardless of their role. Discussing brain injuries is important for all survivors, including individuals who are still in relationships with the person who is abusing them and those who may have ended a relationship a considerable amount of time ago.

Relate Brain Injury to Domestic Violence:

Explain the intersection between brain injuries and domestic violence. Emphasize that discussing brain injury is essential for connecting survivors with appropriate resources and services. This approach not only educates survivors but also enables advocates to tailor their support effectively. Naturally, this conversation must be trauma-informed and survivor-centered. The goal is not to create anxiety or fear related to the possibility of a brain injury but to explain that everyone talks to survivors about this because of the propensity for this type of violence.

Ensure Informed Consent:

Clarify the purpose of the conversation and the sensitive nature of the questions you might ask, including details about physical violence and substance use. Stress that survivors are under no obligation to disclose anything they are uncomfortable sharing. It's vital to emphasize confidentiality, assuring survivors that their information won't be shared without their consent. Additionally, domestic violence programs are encouraged to post information about brain injury resources in their physical and digital spaces to ensure that connection to those resources is not reliant on the individual's disclosure.

Engage in a Realistic Conversation:

Acknowledge that discussing the circumstances leading to brain injuries can reactivate trauma. Approach the conversation tangibly and realistically. This is not about reading from a checklist. For example, if you are using the HELPPS screening tool with a survivor, it is unnecessary to ask every question; instead, focus on understanding the survivor's needs and connecting them with suitable services. The primary goal is to identify potential brain injuries and provide appropriate support, not to gather exhaustive medical or social histories. Please offer, encourage, and model "brain breaks" with all survivors, especially when engaging in discussions about the type of violence they have experienced. You can say something like "We can take a break whenever you need one, and we will always take a break during intake," etc.

Tailor Questions to Known Information:

Frame questions around the information already shared by the survivor. For example, if a survivor revealed incidents of head injuries caused by the abuser, there is no need to delve into further details. Recognize that different types of brain injuries necessitate different resources, and tailor your inquiries accordingly.

Address Substance Use and Non-Traumatic Brain Injuries:

In cases where non-traumatic brain injuries are possible, ask relevant questions such as whether the survivor has ever lost consciousness due to substance use or received Narcan/naloxone. This information is valuable for connecting survivors with specialized resources tailored to substance-related brain injuries. Emphasize that this information will only be used to ease connections to appropriate support and for safety planning.

Use Accessible Language:

Avoid using acronyms and jargon. For example, instead of saying "We talk to everyone about TBIs," you can say, "We talk to everyone about some of their experiences related to any possible injury to their heads." An advocate's goal is to empower survivors with knowledge, creating an environment where they feel informed and supported about the potential risks and implications of brain injuries.

Emphasize Connection, Not Diagnosis:

Highlight that your role is to facilitate connections to resources, not to diagnose brain injuries. Avoid making statements like, "I think you probably have a brain injury." Instead, focus on expressing concern and providing information about available resources. Encourage connection without making definitive promises. Consider saying, "There is a resource that I know about that might be able to help you. I am happy to share their information with you or to help you reach out to them directly," instead of "I know that this resource will help you." Due to the cognitive impacts of a brain injury, domestic violence advocates are encouraged to help survivors make connections to resources either by calling with the individual or asking the individual if they would like the advocate to call on their behalf. Advocates are encouraged to ask survivors if they would like any help in connecting with all available resources, especially those related to brain injury. When a survivor says they would like this type of help, have them sign a release following your program's rules.

Provide Information About Resources:

Offer survivors information about the Brain Injury Resource Line (BIRL) and emphasize its role in assisting anyone who suspects they have experienced a brain injury. Encourage survivors to consider reaching out to BIRL for more support and information tailored to their specific needs. Advocates can always reach out independently to BIRL to ask questions about possible resources. Of course, if advocates do not have a release, they should avoid sharing personally identifying information about a survivor, but they could ask broad questions. For example, an advocate can contact a brain injury resource, like BIRL, and ask "Can you tell me if there are any concussion clinics in my county?" or "I am working with a person who I think might have a brain injury. I think they are interested in getting some testing and treatment. Is there anyone in my county that I could reach out to about this?"

Tailor Support to Each Survivor:

Acknowledge the diversity of services and support available in different communities. Each survivor's journey is unique, and it's essential to tailor support to their specific circumstances. BIRL serves as a valuable resource, providing up-to-date information tailored to various communities. Advocates are encouraged to think broadly about the support that might be available to survivors related to a brain injury. For example, a sports medicine provider might be a great resource for a survivor with a possible concussion. Domestic violence programs should foster meaningful connections with these resources to ensure the success of warm referrals and support for survivors.

By employing these strategies, advocates at domestic violence programs can create a supportive environment that empowers survivors to navigate their experiences with brain injuries, fostering healing, understanding, and connection.

Empowering Survivors: Building Trust Through Trauma-Informed Communication

Navigating discussions about brain injuries with domestic violence survivors is a delicate process that demands empathy and respect. Here, we delve deeper into the strategies that advocates can use to continue to earn the trust of survivors and to ensure they are heard and supported:

Acknowledge Survivor Experience:

Begin conversations by expressing gratitude for survivors sharing their experiences. Acknowledge the courage it takes to discuss deeply personal events.

Brain Injury Specific Example: If someone has shared something that might indicate to you that they may have experienced a brain injury, you could say something such as: "There are a wide range of things that can happen after experiencing a hit to the head. For example, some people might get dizzy, feel nauseous, or have a headache—did you experience any symptoms like that after the most recent hit to your head?"

Some survivors may share information that a provider did not take that survivor's concerns about a possible brain injury seriously. It is important to not alienate survivors from healthcare providers, so saying something such as: "It sounds as though what you shared with your doctor wasn't heard. Would you be interested in talking with someone else about the possibility of a brain injury?"

Work to Create a Safe and Non-Judgmental Space:

Work to cultivate judgment-free spaces. This can mean identifying your own biases and working to manage them. You can emphasize to survivors that you want to create an environment in which they feel safe sharing information. Ask each survivor what can help them to feel this way and acknowledge this is a process. Survivors should feel secure in discussing their experiences without fear of criticism or judgment. Encouraging open dialogue builds trust and enables survivors to express themselves honestly. Seek support for yourself to continue to build safe, non-judgmental environments in which to support survivors.

Validate Survivor's Emotions:

Acknowledge and confirm survivors' emotions. Understand that discussing traumatic events may evoke strong feelings such as fear, anger, or sadness. Empathize with their emotions, letting them know that their feelings are valid and natural responses to the trauma they have endured. Remember that experiencing trauma and having a brain injury can affect people in a variety of ways, and sharing this information with survivors can be extremely helpful.

Encourage Self-Determination:

Empower survivors by giving them agency in the conversation. Let them decide the pace and depth of the discussion. Encourage them to share what they are comfortable with and respect their boundaries. Providing survivors with control over their narrative enhances empowerment.

Listen:

One of the most important things anyone can do with a survivor of domestic violence is to simply listen. Provide ample space and time to hear a survivor's experiences, especially when talking about the possibility of a brain injury. Do not begin a discussion when you only have a few minutes or are distracted by other tasks. Engage in active, meaningful listening.

Use Trauma-Informed Language:

Use trauma-informed language that conveys empathy and understanding. Avoid words or phrases that may reactivate trauma and choose language that acknowledges the survivor's resilience and strength. Empathetic communication can promote a sense of safety and reinforce a survivor's self-worth. An aspect of trauma-informed language is apologizing and moving on if you say something that is not trauma-informed. Avoid apologizing so profusely that a survivor feels they need to comfort you. Simply say you are sorry, move on, and avoid doing the same thing again.

Brain Injury Specific Example: "Every brain injury is different. Some people have symptoms that show up at different times. It sounds like you might be experiencing some new symptoms. Would you like to be connected to a person who could help?" or "We want to make sure we can connect you with the best resources. Have you ever talked about this with a healthcare provider in the past?" Asking this question can help you decide what experiences the survivor may have already had with providers related to brain injury and/or domestic violence.

Cultivate Your Cultural Responsiveness and Humility:

Cultural responsiveness means that you do not have to be an expert on the backgrounds, traditions, and histories of every survivor. It is not the responsibility of survivors to teach you about these identities. It does mean that you need to be deeply aware that the experiences, choices, and options available to every survivor come from a variety of intersecting identities. Ensure you are asking questions, not making assumptions, about what each survivor's individual needs are.

Brain Injury Specific Example: "I know that because we live in a rural area, it can be hard to find resources for brain injury. There are a lot of providers who might be able to meet with you using telehealth. Is that something you might want to talk more about? If you would like, we can help you to connect you virtually."

Honor Survivors' Strengths:

Highlight the survivor's resilience and strengths. Acknowledge their ability to cope and endure, emphasizing that you are here to listen. Ensure you are not talking to a survivor as if that is the only aspect of their identity.

Providing Reassurance and Support:

Offer reassurance and support throughout the conversation. Let survivors know that they are not alone and that there are resources and services offered to assist them. Reassurance fosters hope and reinforces the idea that support is available, encouraging survivors to reach out for help whenever they need it. If survivors do not want to connect with the resources and support you are offering, do not force a survivor to do so. Ask if you can keep looking for something that might be helpful for them.

Brain Injury Specific Example: "Navigating the effects of domestic violence and a brain injury can take a toll on our ability to manage day-to-day tasks. Thank you for sharing this information with me. I have some resources that might be able to help support you. Would it be okay for us to talk through them?"

Pro-Tip: ***Use sites like www.askjan.org and the information in this toolkit to help connect survivors, regardless of whether they have a diagnosis or are seeking one, to identify accommodations and support that are relevant and safe for them.***

Ensure Follow-Up and Continuity:

Ask for permission to follow up with survivors after the initial conversation. Demonstrating ongoing support and continuity conveys a genuine commitment to their well-being. When survivors are sharing information about their experiences with you, show your gratitude for this. Survivors' experiences with resources, support, and services can inform the work you do with them in the future. Additionally, information that is shared, especially about brain injury resources, can be valuable to inform whether you connect other survivors to them in the future.

If you are not the advocate who will be doing this regular follow-up, make every effort to explain that to the survivor in advance. When possible, please do this using a warm hand-off to the advocate who will be working with them next.

Brain-Injury Specific Warm Hand-off:

"Thank you for sharing so much with me. I want to introduce you to [name of person you are connecting them to]. They are the people here who work with people who have experienced what you have. I think they are wonderful; would it be okay for me to introduce you to them?"

Please note: *Trauma-informed warm hand-offs are important for all survivors. Make it clear that this is the process at your organization, not that you do not want to or cannot help them. Ensure that you are encouraging survivors to use your hotline whenever they need support.*

You must have conversations internally about what follow-up looks like in your organization. For survivors who might have a brain injury, it is critical to ensure that tangible, next contacts are clear and understandable.

By employing these conversational strategies, advocates can create a supportive environment where survivors feel validated, heard, and empowered. Building trust through compassionate, empathetic, trauma-informed conversations forms the foundation for survivors to access the assistance they need.

Incorporating Brain Injury-Informed Supports into ALL Your Work

We encourage every advocate to incorporate all brain-injury-informed methods into their work with all survivors, regardless of whether that survivor disclosed the possibility or a diagnosis of a brain injury. Below are some brain-injury-informed strategies that can be used by advocates.

Encourage a Holistic Advocacy Approach:

Adopt a holistic advocacy approach that encompasses physical, emotional, and psychological well-being. Recognize that survivors' needs are multifaceted and interconnected. Addressing these diverse needs from legal assistance, mental health support, and connections to healthcare resources ensures comprehensive support is being presented as an option. As always, ensure that survivors have access to information that is not reliant on disclosure and that continued support from your organization is not contingent on accessing that support.

Model and Encourage Rest:

Find ways to incorporate breaks into your work with survivors. Collaborate with other advocates to ensure that survivors are offered the opportunity to rest and take frequent breaks. Hold discussions internally about avoiding a culture of overwork, instead prioritizing the importance of rest. The separate effects of a brain injury and experiencing domestic violence alone are often exhausting. For survivors of one or both, the opportunity to take a break and encouragement to rest are crucial to supporting survivors' overall well-being.

Offer and Honor a Variety of Sensory Needs:

Ask survivors at each opportunity about all the sensory options you can offer. Some common examples include offering softer/brighter lighting, different textures/hardness of seating options, turning off monitors in the space, limiting outside noises when possible or acknowledging them when it is not possible to limit them, offering a variety of sensory fidget objects, and allowing survivors to name their own sensory needs. One way to do this is to simply ask each survivor you work with, "During our time together, what can I do to make you feel more comfortable?"

Provide Opportunities to Write Down or Record Information:

Have pens and paper available for survivors to jot down information, supply and normalize the use of planners/planning sheets, and offer to write down information that survivors express an interest in having. When appropriate, ask survivors if they would like you to write down information for them.

Engage in Collaborative Partnerships:

Foster collaborations with other community-based organizations, advocacy groups, and healthcare providers. Establishing strong networks ensures survivors have access to a wide array of services, from medical care to educational resources. Collaborative efforts amplify the support available to survivors, enhancing their chances of successful recovery. They also provide added strategies to incorporate brain-injury-informed support across all areas of your work. Examples of collaborative relationships may include substance use support and/or treatment organizations, healthcare providers, emergency medical technicians, and brain injury providers. These partnerships must be ongoing, meaningful, and robust. We provide strategies for collaboration in this toolkit's appendix.

A Note on Confidentiality:

In our work as advocates, we uphold the absolute privilege and confidentiality granted by Pennsylvania law. However, it is crucial not to let this confidentiality become a barrier to providing survivors with the help they need, especially in cases involving brain injuries. We must actively engage survivors in conversations about their needs and offer assistance where possible.

When survivors express the need for support, particularly about brain injuries, we should proactively inquire if they need assistance. It is essential to facilitate conversations about the benefits and drawbacks of our involvement, making the process transparent. Releases of information and informed consent are fundamental, ensuring survivors are part of the decision-making process.

Collaboration with local brain injury treatment providers or concussion clinics is valuable.

Understanding the referral process and clarifying our role as helpers is vital. We must empower survivors by offering assistance in making appointments and connections to necessary services. It's about making the support accessible, clear, and uncomplicated for survivors.

Remember, survivors own the privilege, and our role is to facilitate meaningful collaboration. By respecting confidentiality while actively engaging with survivors and obtaining proper consent, we can ensure that survivors receive the essential support they need, especially concerning brain injuries.

By embracing these advocacy strategies and continued engagement methods, domestic violence advocates can create an environment where survivors are supported, empowered, and equipped with the tools to address their unique needs to increase safety and access to support.

RESOURCES FOR BRAIN INJURY PROVIDERS

As professionals dedicated to the care and rehabilitation of individuals who have experienced brain injuries, your expertise plays a crucial role in guiding their recovery journey. It's important to recognize that some of the individuals you work with may have also experienced domestic violence, which compounds the complexity of their circumstances. Addressing the unique needs and challenges of survivors of both brain injury and domestic violence requires a compassionate and holistic approach.

By combining your knowledge of brain injury rehabilitation with trauma-informed care practices, you can provide a safe and supportive environment that fosters healing, empowerment, and resilience. This introductory guide aims to equip you with an understanding of domestic violence and insights and strategies to effectively support individuals at this intersection of brain injury and domestic violence, ultimately contributing to their overall well-being and quality of life.

Dynamics of Domestic Violence

Domestic violence is characterized by patterns of coercive control, where the abuser uses various tactics to dominate and control their partner. This includes physical violence, emotional abuse, financial control, and social isolation. The abuse often follows a cyclical pattern with phases of tension-building, acute violence, and reconciliation or honeymoon periods.

Forms of Abuse

Domestic violence is multifaceted and extends beyond physical violence. Each form of abuse can affect a survivor's physical and mental wellbeing, influencing the survivor's recovery.

- **Physical Abuse**
  This includes hitting, slapping, choking, and using weapons. Physical abuse is the most visible form, but often occurs alongside other types of abuse.
- **Emotional and Psychological Abuse**
  This includes verbal assaults, threats, intimidation, and manipulation. This form of abuse can severely impact the survivor's mental health and self-esteem.
- **Sexual Abuse**
  This includes any non-consensual sexual acts or coercive sexual behavior.
- **Financial Abuse**
  This involves controlling a survivor's access to financial resources, preventing them from working, or stealing their money.
- **Social Isolation**
  An abuser may isolate a survivor from their family, friends, and support networks to increase the survivor's dependency on them.

Barriers to Leaving

In addition to the physical and psychological trauma endured, survivors of domestic violence encounter significant barriers when contemplating leaving their abusers. Economic dependency often restricts their financial freedom, leaving them without resources to establish independent living arrangements. The pervasive fear of retaliation, which can escalate into lethal violence, further deters many from seeking help or disclosing their abuse. Psychological manipulation and gaslighting tactics employed by abusers contribute to a distorted self-perception and a sense of isolation, making it challenging for survivors to trust their own judgment or recognize the severity of their situation. Social stigma and cultural norms that minimize or justify domestic violence also undermine efforts to seek support or legal recourse.

These barriers not only complicate the process of leaving an abusive relationship but also underscore the critical need to be aware of these dynamics. Understanding and addressing the complexities faced by survivors will help you to empower survivors to make informed decisions about their safety and wellbeing and facilitate pathways to independence and recovery.

Prevalence of Brain Domestic Violence and Brain Injury

Domestic violence is a pervasive issue globally, affecting individuals regardless of age, gender, race, socioeconomic status, or cultural background. Statistics indicate that approximately 1 in 4 women and 1 in 9 men experience severe domestic violence in their lifetime. Among the injuries sustained from domestic violence, brain injuries are notably common. Studies estimate that between 30% and 70% of women who experience domestic violence suffer from brain injuries, often resulting from blows to the head, strangulation, or violent shaking.

The reason for such a wide range in the percentages of sustained brain injuries is that many survivors do not report their abuse due to fear of retaliation, shame, or financial dependence on the abuser. This leads to underreporting and a lack of accurate data on the true prevalence of domestic violence-related brain injuries. Another possible reason for the wide range is due to the misdiagnosed or overlooked brain injuries in medical settings. Survivors may present with vague symptoms like headaches, dizziness, or memory problems that are not immediately linked to a history of abuse.

The "FEATHERS" Approach

The "FEATHERS" approach is a comprehensive framework designed to guide you in offering effective and sensitive support to individuals who have experienced both brain injuries and domestic violence. Comprising eight key considerations, this acronym serves as a roadmap for creating a nurturing environment. Each element of "FEATHERS" encapsulates an essential aspect of care, from recognizing the impact of trauma to promoting autonomy, cultural sensitivity, and collaboration with professionals. By embracing the principles of "FEATHERS," you can confidently navigate the complexities of addressing domestic violence within the context of brain injury rehabilitation, ensuring that survivors receive the holistic care they need to rebuild their lives.

1. Fostering Safety

Survivors often have heightened concerns about safety and confidentiality due to experiences of abuse and control. Survivors may still be in contact with or residing with their abuser and fear potential repercussions if the abuser discovers their involvement with any type of services or supports. Fostering safety for survivors of domestic violence with a brain injury creates an environment that prioritizes trust, confidentiality, and empowers the survivor to seek help without fear of judgment or reprisal. It is critical to have clear and continuous discussions with the survivor about the processes you already have in place to protect their privacy and security. This is to provide survivors a thorough understanding of how their personal information and experiences will be handled with the utmost care and confidentiality. Knowing that their safety and privacy are prioritized, survivors will feel reassured that they are in a safe environment. This will also help them to engage openly in their care.

2. Education

Educating domestic violence survivors about their brain injuries empowers them with knowledge, promotes informed decision-making, and facilitates their recovery journey. Understanding the nature and effects of brain injury will help survivors make sense of their experiences and challenges, validating their symptoms and reducing feelings of confusion or self-blame. With the ability to recognize symptoms such as headaches, memory problems, and cognitive challenges early on, it equips survivors with strategies to manage cognitive, emotional, and physical symptoms associated with brain injury, enhancing their ability to cope and adapt to changes in their daily lives. Additionally, educating survivors about their brain injuries promotes self-advocacy, empowering them to communicate their needs effectively and seek appropriate support and accommodations.

3. Autonomy and Consent:

Survivors of domestic violence often experience a significant loss of control over their lives, which can be compounded by the cognitive and emotional challenges associated with a brain injury. By emphasizing autonomy, you can help restore a sense of agency and self-determination for these individuals. As part of a survivor's recovery journey, it is important to and for a survivor to be actively involved in decisions about their care, and that their consent is obtained for all interventions. This approach not only enhances or rebuilds their trust in the healthcare system but also encourages them to take an active role in their recovery process. By providing clear information and options, and respecting their choices, this will help to build their confidence and resilience. Ultimately, it is about honoring the survivor's voice and ensuring that their individual needs and preferences are central to the support they receive.

4. Trauma-Informed Trigger Interventions:

Triggers are situations, words, or actions that can evoke distressing memories or emotions related to trauma. It's important to note that triggers can be highly individualized, and what triggers one survivor may not trigger another. Trauma-informed care involves understanding and respecting these triggers, minimizing their impact whenever possible, and providing support to help survivors cope when triggers arise. Creating a safe and supportive environment that acknowledges and responds to triggers is crucial in the healing journey for survivors of domestic violence. Here are some common triggers that survivors of domestic violence might encounter and trauma-informed interventions to support them:

Trigger	Trauma-Informed Intervention
Sights and Sounds Certain sights or sounds that were present during the traumatic events, such as yelling, raised voices, slamming doors, or specific locations, can trigger strong emotional reactions.	• Create a calming and predictable environment by minimizing loud noises and providing a tranquil space. • Teach grounding techniques, such as deep breathing or focusing on sensory experiences, to help the survivor stay present.
Physical Contact Physical touch, even if well-intentioned, can be triggering for survivors who have experienced physical abuse. This could include hugging, grabbing, or sudden movements.	• Respect personal boundaries and ask for consent before initiating any physical contact. • Offer alternative forms of support, such as verbal reassurance or offering a comforting object.
Specific Dates Anniversaries of traumatic events, holidays, or dates that hold significant meaning in the context of the domestic violence can trigger memories and emotions.	• Acknowledge the significance of these dates and offer extra support during times of emotional distress. • Build a routine that offers predictability and structure, helping survivors manage stress during triggering event dates. • Encourage the use of calendars or daily schedules to keep track of important dates and appointments, including marking triggering dates and planning enjoyable activities on those dates. • Encourage the survivor to engage in self-care activities and rituals that help them cope with difficult anniversaries.
Trigger	Trauma-Informed Intervention

Similar Situations Any situation that resembles or reminds the survivor of the abusive experiences, such as arguments, conflict, or power imbalances, can be triggering.	• Help the survivor identify triggers and develop coping strategies to manage their reactions. • Teach mindfulness techniques to stay grounded in the present and prevent flashbacks.
Smells Certain smells associated with the traumatic events, such as a particular perfume or cologne, can trigger memories and emotional responses.	• Offer scents that the survivor finds comforting, such as essential oils, to create a positive sensory experience. • Encourage the survivor to practice relaxation techniques when encountering triggering smells.
Personal Objects Objects or belongings that were present during the abusive experiences might trigger memories and emotions when encountered again.	• If possible, avoid displaying objects that may trigger distressing memories. • Help the survivor choose meaningful replacements for triggering objects that can promote positive associations. • Collaborate with a survivor to create a therapeutic and safe space where the survivor can process their emotions and memories if they choose to.
Intimate Relationships Building new intimate relationships or engaging in intimate activities can sometimes trigger memories of past abusive relationships.	• Support the survivor in setting healthy boundaries and establishing trust in new relationships. • Offer information about healthy relationship dynamics and encourage open communication.
Loud Noises Loud or sudden noises can trigger heightened anxiety and stress for survivors who have experienced trauma.	• Provide noise-canceling headphones or earplugs to help the survivor manage their sensitivity to loud sounds. • Teach relaxation techniques that can be used to reduce anxiety in response to noise triggers. • Assist with planning outings into the community during quieter times to avoid triggering noise levels.
Isolation Feelings of isolation or being trapped can be triggered by situations that remind survivors of their past experiences of being controlled or manipulated.	• Help the survivor build a strong support network of trusted individuals who can offer encouragement and understanding. • Guide the survivor in joining local support groups or engaging in community events to foster connection. • Offer group therapy sessions that builds on social skills and forming appropriate connections with peers.

5. Honor Diversity and Culture:

Survivors from different cultural and ethnic backgrounds may perceive and respond to domestic violence differently due to their unique cultural norms, values, and religious beliefs. For instance, some cultures may have varying definitions of what constitutes abuse or may prioritize family harmony over individual safety. Religious beliefs might also influence a survivor's willingness to seek help, as teachings or community pressures may discourage reporting abuse or leaving a marriage.

Understanding these cultural and religious dynamics will provide a mechanism for you to address both brain injury and domestic violence in diverse communities. It allows you to approach survivors with sensitivity and respect, acknowledging that their perspectives on abuse and help-seeking are shaped by deeply held beliefs. This awareness helps in tailoring interventions that are culturally appropriate and effective, such as collaborating with community leaders or religious figures who can support survivors while respecting their faith.

Moreover, cultural competence enables you to navigate potential barriers to access services, such as language barriers or distrust of Western medical systems. Engaging with survivors in a culturally sensitive manner will build trust, empower survivors to seek help on their terms, and ultimately support their journey toward safety and healing within the context of their cultural and religious frameworks.

6. Establish and Maintain Key Partnerships and Collaboration:

Although you may not encounter many survivors of domestic violence very often, it is important to establish partnerships and collaborations with entities that do. This will assist survivors to receive comprehensive, integrated care that addresses their medical, behavioral, and safety needs. Partnerships with DV organizations, legal advocates, mental health professionals, and social service agencies enable you to offer a more holistic support network. These collaborations facilitate a coordinated approach, allowing providers to refer survivors to specialized services such as emergency shelters, legal assistance, trauma-informed counseling, and safety planning.

It is also important to maintain strong partnerships so that you stay informed about the latest resources and best practices in DV support, enhancing your ability to respond effectively to the unique challenges faced by survivors of domestic violence with brain injuries. Furthermore, these partnerships help bridge gaps in care, ensuring that survivors do not fall through the cracks of a fragmented system.

7. Resource Facilitation

Navigating the complexities of brain injury and its intersection with domestic violence can be overwhelming for survivors. The combination of physical, cognitive, and emotional challenges resulting from brain injury, compounded by the trauma of domestic violence, can create significant barriers
to accessing the support and services needed for recovery. Often, abusers will isolate survivors from their family, friends, and community supports. Moreover, the emotional impact of domestic violence, including fear, shame, and trauma-related symptoms, can further exacerbate feelings of overwhelm and distress.

You are in a unique position to recognize these dual challenges and connect survivors with comprehensive resources, such as domestic violence shelters, legal advocacy, behavioral health services, and support groups. Facilitating access to these connections will help to alleviate some of the burden on survivors, mitigate the risks of further abuse and improve their health and well-being.

RESOURCES FOR EMERGENCY MEDICAL SERVICES

In the realm of first response, the intersection of brain injuries and domestic violence requires a deeply empathetic and trauma-informed approach. Recognizing the profound and lasting effects of both trauma and brain injuries, this guide aims to empower first responders with the tools to navigate these complex situations. From the initial moments at the scene to the conclusion of your interaction, each step is designed to create an environment of safety, understanding, and support.

By incorporating trauma-informed practices, you not only address the immediate needs of those affected but also contribute to a pathway of recovery and resilience. Your commitment to recognizing the nuanced challenges presented by brain injuries and domestic violence plays a pivotal role in fostering an environment where survivors feel heard, validated, and empowered on their journey towards healing.

The role of first responders responding to survivors of domestic violence is pivotal. EMS providers have a unique opportunity to facilitate connections to services, even without explicit disclosure. This toolkit is crafted to provide EMS providers with the necessary skills to identify and navigate the intersection of domestic violence and potential brain injuries. It acknowledges the nuanced nature of survivor experiences and emphasizes the importance of recognizing signs beyond the obvious. The strategies detailed in this portion of the toolkit can be used with all patients to create safe and caring environments.

Acknowledging the intricacies of domestic violence, particularly its **intersections with substance use**, is paramount. Many survivors may not overtly display signs of abuse, and the toolkit underscores the need to approach each situation with a keen awareness of potential brain injuries, especially in cases involving substances, overdose, and Narcan/naloxone administration, wherein people may have experienced a loss of oxygen to their brain, which could result in an anoxic brain injury. Many people who use substances may have a history of violence. There are many reasons why this might occur. Addressing these reasons, while important, is not as critical as simply being aware of the intersection and your role in connecting all people who might have a brain injury, have experienced domestic violence, and/or have used a substance to connect them to resources that can support them.

The toolkit sets forth a mindset shift—understanding that the primary goal is not to coerce survivors into disclosure but to establish an environment where they feel safe and respected.

Domestic violence and brain injuries intersect in many ways, including physical injury such as strangulation and/or direct injury to the head, face, and neck. However, **there are also situations which, at first glance, may not appear to have a domestic violence element that do**. Most notably, in incidents like car accidents, abusive people may utilize vehicles as tools of control, causing accidents and, subsequently, potential brain injuries. In situations such as this, it is helpful to ask questions about the event, instead of simply trying to get someone to disclose domestic violence. The experiences described by your patients are better indicators of their needs than trying to get them to conform to a screening-based definition.

For example, if an EMT is responding to a car accident where the patient is conscious and able to communicate, asking the patient to describe what happened before the car accident can be a helpful mirror to their needs. A patient who is saying their former partner rear-ended them, causing them to drive off the road does not need to be screened for domestic violence because the situation they are describing is an act of domestic violence.

Additionally, since they have been involved in a motor vehicle accident, the possibility of a brain injury exists. Consider finding ways to share information by normalizing the situation and providing information about supportive services. One method that can be used to share information about supportive services is to say something like, “I am sorry to hear that happened to you. I know a lot of people who have experienced something similar. I’m here to help you medically, and I want to share some information that might be able to help you too.” To assist with connecting individuals to services and supports, there is a QR code in the appendix of this toolkit that can be shared with anyone in your care.

Individual EMS organizations are encouraged to collaborate with their local domestic violence programs (which can be found **at** PCADV.org/program-locator) **and with the Brain Injury Association of Pennsylvania** (biapa.org). Collaboration means more than knowing their name—EMS providers and domestic violence programs need to understand the work one another does, especially since, for many survivors, a domestic violence advocate and EMT are often the first professionals who respond to incidents of domestic violence. When collaboration occurs, it allows for meaningful, warm hand-offs to occur between systems. This could be an EMT telling a survivor that an advocate can meet them at the hospital if they choose to go or an advocate talking to a survivor on the hotline about the possibility of calling 911 and explaining what the survivor may expect when the ambulance arrives. Collaboration should be on going and occur before a crisis happens. While formal processes like MOUs are wonderful, it can be helpful to learn about one another's work before engaging in formal protocol development. This way, procedures can be rooted in the reality of the unique work and roles of the local EMS provider and domestic violence program.

The following information contains some strategies you can use to help identify patients' needs in a trauma-informed, survivor-centered manner. We suggest incorporating these strategies with all patients, not just in situations where domestic violence is suspected or confirmed.

Arrival at the Scene

At first, many abusive people will present themselves as calm and collected. They know how to use manipulation to gain power and control over a situation. It is important to be mindful of this as you approach the scene. We stress this because every environment has the potential to be one where domestic violence has occurred. This is not to negate the reality that some abusive people may use violence against first responders, but rather a reminder that the absence of aggression towards first responders is not a guarantee that there is an absence of other types of violence.

APPROACHING THE SURVIVOR	
What to Do	**Why It's Important**
Role Explanation: Introduce yourself as an EMT/Paramedic and clarify your role, emphasizing that your priority is to provide medical assistance and support.	Many survivors of domestic abuse perceive law enforcement as threatening. To reduce anxiety and increase the survivor's willingness to accept help.
Personal Space: Respect personal space by using open body language to convey empathy and try to position yourself at a patient's eye level or below.	Respecting the personal space of an individual that possibly has or is known to have experienced domestic violence prevents further feelings of intrusion or fear and communicates respect of their boundaries.
Permission: Ask for permission before touching someone, explaining why you are touching them. **Example:** "I would like to take your blood pressure; would that be okay with you?"	Asking for permission respects the survivor's autonomy and helps build trust, reducing potential triggers from unwanted physical contact.
Choices: Offer as many choices as possible. **Example:** "Would you like me to take your blood pressure on your left or right arm?"	Offering choices empowers the survivor, allowing them to maintain a sense of control over the situation and interactions.

CREATING A SAFE SPACE

What to Do	Why It's Important
Environment: Ensure the environment feels safe and secure, allowing the survivor to speak openly. Continuously assess the survivor's sense of safety and offer assistance in addressing any concerns.	Domestic violence situations can quickly escalate. Assessing for and creating a safe environment mitigates immediate danger, encourages open communication, and ensures the survivor feels comfortable disclosing sensitive information.
Control of Conversation: Provide the survivor the opportunity to share their experiences at their own pace without pressure for details and inform them that they are in control of the conversation and can stop at any time.	Empowering the survivor with control over the conversation enhances their sense of agency and safety. It also respects their readiness to disclose and minimizes the risk of re-traumatization. This is critical in domestic violence situations where control has been taken away.
Privacy: When possible, give anyone else in the home a task so you can have an opportunity to speak with your patient privately. Under no circumstances should domestic violence be discussed in the presence of others, even if you are not using that phrase. Try to have this conversation as soon as you can. If that is not possible, find a discrete way to let hospital personnel know this. **Example:** To a bystander in a home, you might be able to say, "Would you be able to get me the medications that [the patient] takes?" or ask if they could get your patient a glass of water.	Privacy reduces fear of retaliation and enables the survivor to speak more freely about their experiences.
Open-ended Questions: Use open-ended questions to encourage the survivor to share their experiences and concerns in their own words. **Examples of open-ended questions:** • "I'm here to listen and understand. If you're comfortable, could you tell me more about what happened? " • "Can you tell me about any interactions or situations that have caused you to feel unsafe or uncomfortable?" • "I'm here to support you. If you're ready, share anything that's been distressing for you."	Open-ended questions promote a comprehensive understanding of the situation, can guide appropriate care, and empower the survivor in decision-making processes.

Please note: All calls involving domestic violence should include asking about strangulation. Many survivors of domestic violence experience strangulation but may not share this information if not asked, especially if there are other health concerns. You can ask something like, "At any point, did they put their hands or anything on your throat?" Depending on your protocols, you may need to ask additional questions, but the information that the possibility of strangulation-related injury exists would be helpful to share if a survivor wishes to go to the hospital.

RECOGNIZING TRAUMA RESPONSES	
What to Do	**Why It's Important**
Awareness of Manifestations: Be aware that trauma can manifest in various ways, such as silence, tears, or agitation.	Recognizing these responses will help you to understand the survivor's emotional state and respond with appropriate sensitivity and support.
Remaining Non-Judgmental and Avoiding Assumptions: Avoid making assumptions about the survivor's emotional reactions or blaming the survivor for the situation. Use language that places the responsibility on the abuser rather than questioning the survivor's actions.	Trauma affects individuals differently; avoiding assumptions allows for a more empathetic and supportive approach tailored to the survivor's needs. By shifting the language to place responsibility on the abuser, it will help to avoid further victimization and validates the survivor's experience.
Memory and Recall: Understand that traumatic events can impact memory and recall; survivors may not remember details consistently.	Traumatic events often affect memory and recall. Survivors of trauma may not remember or may remember sporadically. This means that what they can recall may change the more you speak with them or that more information might come back to them. This is perfectly normal.

ASSESSING FOR BRAIN INJURY	
What to Do	**Why It's Important**
Gentle Inquiry: If you suspect a possible brain injury, ask gently about any head injuries or discomfort. **Examples:** • "Sometimes when people experience difficult situations, it can affect them physically. Have you noticed any changes in how you're feeling?" • "We're taking things at your pace. Can you describe if there was any impact on your head or body during the incident?"	Gentle inquiry respects the survivor's physical and emotional well-being, encouraging openness and trust in sharing sensitive information.
Symptom Assessment: Inquire about symptoms like dizziness, confusion, memory loss, or vision changes.	Identifying these symptoms early ensures appropriate medical attention and supports the survivor's recovery and safety.
Observational Assessment: Observe for visible signs of trauma such as bruising, swelling, or lacerations on the head or face.	Visual assessments provide crucial information about potential injuries that the survivor might not verbalize.

ASSESSING FOR BRAIN INJURY (CONT.)	
What to Do	**Why It's Important**
Cognitive Evaluation: Gently evaluate cognitive function by asking simple questions to assess orientation (e.g., name, date, location).	Assessing cognitive function helps identify potential brain injuries and the need for further medical evaluation.
Balance and Coordination: If safe and appropriate, evaluate the individual's balance and coordination.	Issues with balance and coordination can indicate a possible brain injury and require prompt medical attention.
Documenting Symptoms: Accurately document any symptoms or signs of brain injury observed or reported by the survivor.	Thorough documentation ensures that all relevant information is communicated to medical professionals for ongoing care.

CONNECTION TO RESOURCES	
What to Do	**Why It's Important**
Providing Information: Offer information about local domestic violence programs, support groups, and hotlines.	Connecting the survivor to resources ensures they have access to ongoing support and assistance.
Specialized Support: Share contact details for organizations specializing in brain injury support if relevant.	Specialized support addresses specific needs related to brain injury and enhances the survivor's care.

DOCUMENTING WITH SENSITIVITY	
What to Do	**Why It's Important**
Accurate Documentation: Document injuries, statements, and observations accurately and compassionately.	Accurate documentation is essential for ongoing medical care and legal proceedings, ensuring the survivor's experiences are respectfully recorded.
Trauma-Informed Language: Use language that respects the survivor's emotional state and experiences.	Trauma-informed language ensures documentation is sensitive and considerate of the survivor's trauma.
Best Practices: Collaborate with local domestic violence programs to identify best practices for documenting DV situations.	Partnering with DV programs enhances documentation accuracy and supports comprehensive survivor care.

PREPARING FOR TRANSITION	
What to Do	**Why It's Important**
Informing Next Steps: Let the survivor know that your interaction is ending and explain the next steps.	Clear communication about what to expect next helps reduce anxiety and prepares the survivor for the transition.
Hospital Transport: If transporting to a hospital, explain what will happen there and what to expect.	Providing information about the hospital process reduces uncertainty and helps the survivor feel more in control.
Sharing Information: Ask if there is anything they would like to share with the hospital staff upon transfer.	Ensuring the survivor's voice is heard regarding their care, reinforces their autonomy and involvement in their own care.

CLOSURE OF INTERACTION	
What to Do	**Why It's Important**
Expressing Gratitude: Thank the survivor for their trust in sharing their experience.	Expressing gratitude validates the survivor's courage and helps strengthen their sense of empowerment.
Reinforcing Strengths: Highlight their strengths and reassure them of available support services.	Reinforcing strengths and support services helps the survivor feel validated and supported in their ongoing journey.

As we have discussed, the goal of working with survivors of domestic violence is not to encourage them to leave but rather to help connect them to supports. Although you might work with the same patient again, you must recognize that many survivors are not willing or able to leave abusive partners. Each interaction should be as trauma-informed and survivor-centered as the first interaction. Survivors are actively keeping themselves safe, and for many survivors, this means remaining in the relationship, especially when their abusers have control over many aspects of a survivor's life.

Please note:

EMS providers play a distinct role as healthcare professionals, and while some people have inquired about using the lethality assessment protocol (LAP), it's important to note that LAP is a tool designed for law enforcement. The toolkit emphasizes that EMS providers should engage in meaningful, tailored conversations based on their healthcare relationship with patients. Unlike LAP, which relies on domestic violence disclosure, EMS providers are encouraged to pay attention to indicators and signs, enabling them to ask specific, relevant questions based on the individual's situation. In summary, LAP is not suitable for EMS use, and any inquiries can be directed to the toolkit authors for clarification.

RESOURCES FOR HARM REDUCTION, TREATMENT, AND RECOVERY

The intersection of domestic violence, substance use, and brain injury is crucial, especially considering the link between substance use and domestic violence. There may be many reasons why people who experience domestic violence use substances. People who are abusive may use a survivor's substance use as a coercive tactic. Survivors who use substances may be afraid to seek support from both domestic violence and substance use organizations out of fear that they will lose their children, involve law enforcement, and that they will be forced to make decisions that can impact their safety. It is essential to recognize the link between substance use and domestic violence as having potential for brain injuries, not just from physical trauma but also from events like overdose-induced oxygen deprivation.

Survivors of domestic violence may avoid seeking medical help post-overdose due to systemic fears. Substance use professionals should approach this intersection with trauma-informed, survivor-centered care. Instead of relying on disclosure, normalize discussions about domestic violence prevalence and brain injury possibilities. Offering brain injury-informed resources can make a significant impact on overall health and safety.

How Does Brain Injury Intersect with Your Substance Use Work?

Non-Traumatic Brain Injuries are injuries that occur from internal factors rather than an external blow to the head. Strangulation, denying oxygen to the brain without losing consciousness, and substance use leading to overdose are ways in which people who experience domestic violence may experience a non-traumatic brain injury. For example, if someone was administered Narcan, then they may have experienced enough of a loss of oxygen to their brain to have caused a brain injury.

Some indicators that a person may have a non-traumatic brain injury include:

- Vomiting
- Dizziness
- Headaches
- Difficulty speaking/ Vocal changes
- Changes to vision

A Traumatic Brain Injury (TBI) occurs when the brain suffers injury from an external force, such as a blow or impact to the head. There are two main types: closed, where the force doesn't break the skull, and open, where the force breaks the skull and enters the brain. These injuries can result in alterations in brain function and show signs of damage. Traumatic impacts can include bumping, blowing, or jolting the head, neck, or face, punching, kicking, hitting, or striking a survivor's head against surfaces like car windows, toilets, or walls. Forced falls, penetrations of the skull (e.g., shooting or stabbing), forceful and repeated shaking, are also common causes of TBI among people who have experienced domestic violence. The effects of traumatic brain injuries, especially those that have not been diagnosed or treated, are cumulative. So, while will speak in terms of symptoms and resources being specific to either traumatic brain injury or non-traumatic brain injury, we will often use the term "brain injury" to refer to both types of injury that a survivor may experience.

Symptoms of a TBI include:

- Neck pain
- Loss of consciousness
- Confusion
- Severe headaches
- Repeated vomiting
- Unusual behavioral changes
- Seizures
- Double vision
- Weakness/tingling in limbs

Concussions, also called mild TBIs, are not able to be identified using diagnostic testing. This can make it challenging for healthcare providers to see that someone may have a concussion. Some providers may not consider that a survivor of domestic violence could have experienced a concussion, in part because this is not always discussed or identified as a potential cause of a concussion.

Symptoms of a concussion include:

- Headaches
- Nausea
- Speech problems
- Dizziness
- Sensory issues like blurred vision
- Cognitive and mood changes such as memory problems or anxiety

Moderate to severe TBIs symptoms include:

- Prolonged loss of consciousness
- Persistent, severe headaches
- Convulsions
- Clear fluids draining from the nose or ears
- Slurred speech

The effects of a brain injury are unique to every person who has experienced one. It is possible that survivors of domestic violence could have both a traumatic and non-traumatic brain injury. Typically, it will not be your role to diagnose a brain injury. Instead, if you notice possible symptoms of a brain injury, engage in a conversation with the client to see if there is a possibility of a brain injury and provide appropriate resources.

Strategies for Providing Trauma-Informed, Survivor-Centered Spaces at the Intersection of Domestic Violence and Brain Injury

Normalize the Conversation:

Begin by normalizing the discussion. Assure clients that talking about domestic violence and brain injuries is a common practice and not specific to their situation. This normalization helps reduce stigma and fosters a sense of understanding. All people who work with individuals who use substances should be empowered to have these conversations.

Learn About and Share Any Barriers to Your Confidentiality:

Discuss whom, if anyone, you may have to disclose what they tell you. Use plain language to do this. Commit to not discussing or reporting anything that you are not required to report unless your client asks for your assistance in making a report. For example, do not report a client who is experiencing domestic violence to CYS because you assume that their child is also being harmed, or contact law enforcement if a client discloses domestic violence. If you are unsure about your reporting requirements, review or ask about your organization's policies. Additionally, this is a great opportunity to engage in collaboration with partner organizations to ensure that policies are fully trauma-informed and center client's choices as much as possible.

Relate Brain Injury to Domestic Violence and/or Substance Use:

Explain the intersection between brain injuries, substance use, and domestic violence. Emphasize that discussing this intersection is essential for connecting clients with appropriate resources and services. This approach not only educates clients but also enables providers to tailor their support effectively.
Naturally, this conversation must be trauma-informed and survivor-centered. The goal is not to create anxiety or fear related to domestic violence or a possible brain injury but to explain that everyone talks to clients about this because it affects so many people.

Ensure Informed Consent:

Clarify the purpose of these conversations and the sensitive nature of the questions you might ask. Stress that clients are under no obligation to disclose anything they are uncomfortable sharing. Additionally, you are encouraged to post information about brain injury and domestic violence resources in your physical and digital spaces to ensure that connection to those resources is not reliant on disclosure.

Engage in a Realistic Conversation:

Acknowledge that discussing domestic violence and brain injuries can reactivate trauma. Approach the conversation tangibly and realistically. This is not about reading from a checklist. For example, if you are using a domestic violence screening tool with a client, ensure that you are conversationally asking the questions, instead of asking it like a checklist. Focus on understanding the client's needs and connecting them with suitable services. The primary goal is to identify domestic violence and any potential brain injuries to provide appropriate support, not to gather exhaustive medical or social histories.

Tailor Questions to Known Information:

Frame questions around the information already shared by your client. For instance, if a client revealed incidents of head injuries caused by an abusive person, there is no need to delve into further details. Recognize that different clients may have different needs related to domestic violence and brain injury and tailor your referrals to supports accordingly.

Address Substance Use and Non-Traumatic Brain Injuries:

In cases where non-traumatic brain injuries are possible, ask relevant questions, such as whether the client has ever lost consciousness due to substance use or received Narcan/naloxone. This information is valuable for connecting survivors with specialized resources tailored to substance-related brain injuries. Emphasize that this information will be used to ease connections to appropriate supports.

Use Accessible Language:

Avoid using acronyms and jargon. For example, you can say, "We talk to everyone about some of their experiences related to any possible injury to their heads" instead of "We talk to everyone about brain injuries." For domestic violence, you can say, "We talk to everyone about the relationships in their lives" instead of saying "We talk to everyone about domestic violence." Your goal in talking with clients is to share knowledge and create an environment where they feel informed and supported about the potential risks and implications of brain injuries and domestic violence.

Emphasize Connection, Not Diagnosis:

Highlight that your role is to facilitate connections to resources, not to diagnose brain injuries. Avoid making statements like, "I think you probably have a brain injury." Instead, focus on expressing concern and providing information about available resources. Encourage connection without making definitive promises. Consider saying, "There is a resource that I know about that might be able to help you. I am happy to share their information with you or to help you reach out to them directly" instead of "I know that this resource will help you." Due to the nature of brain injuries, people in helping roles are encouraged to help clients make connections to resources. Providers are encouraged to ask their clients if they would like any help in connecting with all available resources, especially those related to brain injury and domestic violence.

Provide Information about Resources:

Offer clients information about the Brain Injury Resource Line (BIRL) and emphasize its role in assisting anyone who suspects they have experienced a brain injury. Encourage clients to consider reaching out to BIRL for more support and information tailored to their specific needs. Offer information that connects clients to your local domestic violence program, which can be found at **PCADV.org**. Share the National Domestic Violence Hotline: **thehotline.org**.

As a provider, you can always reach out independently to BIRL or domestic violence programs to ask questions

about resources. You do not have to provide personal information about yourself or your client when reaching out to these resources.

Tailor Support to Each Client:

Acknowledge the diversity of services and support available in different communities. Each client's journey is unique, and it's essential to tailor support to their specific circumstances. BIRL and local domestic violence programs serve as a valuable resource, providing up-to-date information tailored to various communities. You are encouraged to think broadly about the supports that might be available for clients related to a brain injury and/or domestic violence. For example, a sports medicine provider might be a great resource for a survivor with a possible concussion. We encourage you to foster meaningful connections with domestic violence and brain-injury-related resources to ensure the success of warm referrals and support for clients.

By employing these strategies, providers at substance-use-related organizations can create a supportive environment that empowers clients to navigate their experiences with brain injuries and domestic violence to foster healing, understanding, and connection.

Empowering Clients: Building Trust Through Trauma-Informed Communication

Navigating discussions about brain injuries and domestic violence is a delicate process that demands empathy and respect. Here, we delve deeper into the strategies that you can use to continue to earn the trust of clients and to ensure they are heard and supported:

Acknowledge Lived Experience:

Begin conversations by expressing gratitude for clients sharing their experiences. Acknowledge the courage it takes to discuss deeply personal events.

Brain Injury Specific Example: If someone has shared something that might indicate to you that they may have experienced a brain injury, you could say something such as: "There are a wide range of things that can happen after experiencing a hit to their head. For example, some people might get dizzy, feel nauseous, or have a headache—did you experience any symptoms like that after your most recent hit to your head?" Some people may share information that a provider did not take their concerns about a possible brain injury seriously. Unfortunately, because of the lack of education about the intersection of substance use, domestic violence, and brain injury, it is not uncommon for people to go undiagnosed when seeking help from healthcare. It is important to not alienate survivors from healthcare providers, so saying something such as: "It sounds as though what you shared with your doctor wasn't heard. Would you be interested in talking with someone else about the possibility of a brain injury?"

Work to Create a Safe and Non-Judgmental Space:

Work to cultivate judgment-free spaces. This can mean identifying your own biases and working to manage them. You can emphasize to clients that you want to create an environment in which they feel safe sharing information. Ask each client what can help them to feel this way and acknowledge this is a process. People should feel secure in discussing their experiences without fear of criticism or judgment. Encouraging open dialogue builds trust and enables clients to express themselves honestly. Seek support for yourself to continue to build safe, non-judgmental environments in which to support the people with whom you work.

Validate Emotions:

Acknowledge and confirm the client's emotions. Understand that discussing traumatic events may evoke strong feelings such as fear, anger, or sadness. Empathize with their emotions, letting them know that their feelings are valid and natural responses to the trauma they have endured. Remember that experiencing trauma, including domestic violence, and having a brain injury can affect people in a variety of ways, sharing this information with survivors can be extremely helpful.

Encourage Self-Determination:

Empower clients by giving them agency in the conversation. Let them decide the pace and depth of the discussion. Encourage them to share what they are comfortable with and respect their boundaries. Providing clients with control over their narrative enhances empowerment. People who use domestic violence often erode survivor's choices to gain power over them. Allowing clients the opportunity to make the choices that are safest and best for them helps to ensure that, as a provider, you are not replicating the same behaviors that people who are abusive use.

Listen:

One of the most important things anyone can do with a survivor of domestic violence is to simply listen. When a client discloses domestic violence, provide ample space and time to hear their experiences, especially when talking about the possibility of a brain injury. Do not begin a discussion when you only have a few minutes or are distracted by other tasks. Engage in active, meaningful listening.

Use Trauma-Informed Language:

Use trauma-informed language that conveys empathy and understanding. Avoid words or phrases that may reactivate trauma and choose language that acknowledges the client's resilience and strength. Empathetic communication can promote a sense of safety and reinforce a client's self-worth. An aspect of trauma-informed language is apologizing and moving on if you say something that is not trauma-informed. Avoid apologizing so profusely that clients feel they need to comfort you.Simply say you are sorry, move on, and avoid doing the same thing again.

Brain Injury Specific Example: "Every brain injury is different. Some people have symptoms that show up at different times. It sounds like you might be experiencing some new symptoms. Would you like to be connected to a person who could help? "or "We want to make sure we can connect you with the best resources. Have you ever talked about this with a healthcare provider in the past?" Asking this question can help you decide what experiences the survivor may have already had with providers related to brain injury and/or domestic violence.

Cultivate Your Cultural Responsiveness and Humility:

Cultural responsiveness means that you do not have to be an expert on the backgrounds, traditions, and histories of every client. It is not a client's responsibility to teach you about their intersecting identities. This means that you need to be deeply aware of the experiences, choices, and options available to every client rooted in their identities. Ensure you are asking questions, not making assumptions, about what everyone's needs are.

Brain Injury Specific Example: "I know that because we live in a rural area, it can be hard to find resources for brain injury. There are a lot of providers that might be able to meet with you using telehealth. Is that something you might want to talk more about? If you would like, we can help you to connect virtually."

Honor Survivors' Strengths:

Highlight your client's resilience and strengths. Acknowledge their ability to cope and endure, emphasizing that you are here to listen. Ensure you are not talking to a client who has discussed domestic violence as the sole aspect of their identity or experiences.

Providing Reassurance and Support:

Offer reassurance and support throughout the conversation. Let clients know that they are not alone and that there are resources and services offered to assist them. Reassurance fosters hope and reinforces the idea that support is available, encouraging survivors to reach out for help whenever they need it. If they do not want to connect with the resources and support you are offering, do not force someone to do so. Ask if you can keep looking for something that might be helpful for them.

Brain Injury Specific: "Navigating the effects of domestic violence [and/or a brain injury] can take a toll on our ability to manage day-to-day tasks. Thank you for sharing this information with me. I have some resources that might be able to help support you. Would it be okay for us to talk through them?"

Pro-Tip: ***Use sites like www.askjan.org and the information in this toolkit to help connect clients, regardless of whether they have a diagnosis or are seeking one, to identify accommodations and support that are relevant and safe for them.***

Ensure Follow-Up and Continuity:

Ask for permission to follow up with clients after this initial conversation. Demonstrating ongoing support and continuity conveys a genuine commitment to their well-being. When people are sharing information about their experiences with you, show your gratitude for this. Clients' experiences with resources, support, and services can inform the work you do with them in the future. Additionally, information that is shared, especially about brain injury resources and domestic violence programs can be valuable to inform whether you connect other survivors to them in the future.

By employing these conversational strategies, you can create a supportive environment where people who have experienced domestic violence and possibly brain injuries feel validated, heard, and empowered. Building trust through compassionate, empathetic, trauma-informed conversations forms the foundation for these survivors to access the assistance they need.

Remember to take time to care for yourself after these discussions. Hearing a survivor's story and holding empathetic space can reactivate trauma for people. You can always reach out to a domestic violence program for support anytime, even if you do not experience domestic violence yourself. No one should have to navigate the effects of domestic violence alone, including people whom survivors trust with their stories. All calls to domestic violence hotlines are held in confidence. No one is forced to give any identifying information when reaching out to domestic violence programs.

Incorporating Brain Injury-Informed Supports into ALL Your Work

We encourage every professional to incorporate brain-injury-informed methods into their work with all clients, regardless of whether that person has disclosed the possibility or a diagnosis of a brain injury. Below are some brain-injury-informed strategies that can be used by harm reduction and substance use professionals.

Encourage A Holistic Advocacy Approach:

Adopt a holistic advocacy approach that encompasses physical, emotional, and psychological well- being. Recognize that clients' needs are multifaceted and interconnected. Addressing these diverse needs whenever possible ensures comprehensive supports are being presented as options. As always, ensure that clients have access to information about domestic violence and brain injury that is not reliant on disclosure and that continued support from your organization is not contingent on accessing that support.

Model and Encourage Rest:

Find ways to incorporate breaks into your work. Collaborate with colleagues to ensure that clients are offered the opportunity to rest and take frequent breaks. Hold discussions internally about avoiding a culture of overwork, instead prioritizing the importance of rest. The separate effects of a brain injury and experiencing domestic violence alone are often exhausting. For survivors of one or both, the opportunity to take a break and encouragement to rest are crucial to supporting survivors' overall well-being.

Offer and Honor a Variety of Sensory Needs:

Ask clients at each opportunity about all the sensory options you can offer. Some common examples include offering softer/brighter lighting, different textures/hardness of seating options, turning off monitors in the space, limiting outside noises when possible or acknowledging them when it is not possible to limit them, offering a variety of sensory fidget objects, and allowing people to name their own sensory needs. One way to do this is to simply ask each person with whom you work, "During our time together, what can I do to make you feel more comfortable?"

Provide Opportunities to Write Down or Record Information:

Have pens and paper available for clients to jot down information, supply and normalize the use of planners/planning sheets, and offer to write down information that they express an interest in having. When appropriate, ask if they would like you to write down information for them.

Engage in Collaborative Partnerships:

Foster collaborations with other community-based organizations, advocacy groups, and healthcare providers. Establishing strong networks ensures clients have access to a wide array of services, from medical care to educational resources. Collaborative efforts amplify the support available to everyone at the intersection of substance use, brain injury, and domestic violence. This enhances everyone's access to safety and autonomy. Examples of collaborative relationships in which you may engage include domestic violence programs, healthcare providers, emergency medical technicians, and brain injury providers. These partnerships must be ongoing, meaningful, and robust. We provide strategies for collaboration in this toolkit's appendix.

Strategies for Collaboration

We encourage people who work for domestic violence programs, EMS providers, harm reduction organizations, substance use treatment providers, and those who work with individuals with brain injuries to engage in meaningful collaboration. While we value educational sessions, it is encouraged that learning moves beyond transactional one-and-done sessions. It is crucial to work together towards mutual understanding of the work you do and how you can all come together to support people who have experienced a brain injury, especially when this has occurred because of domestic violence.

Working in collaboration does not mean that you must breach any of your patient privacy or client confidentiality rules. You can work together to identify the best ways in which to provide referrals, including the signing of releases. Collaborating means that you can work to address trends, identify overarching needs, and work on challenges in ways that do not require anyone to discuss a specific client or patient.

1. Engage in tabletop scenario exercises. Work together to create hypothetical, realistic situations to discuss at meetings with one another that highlight the roles you all play.
2. Move away from a siloed vision of helping the people you serve. Everyone has a role to play. Work together to support one another in the work you are doing at the intersection of domestic violence, substance use, emergency care, and brain injury. When everyone understands the role they have to play and that they do not have to be experts in a field outside of their own, this creates an environment wherein all people have increased access to resources and care.
3. Identify, discuss, and work on solutions to barriers to providing services. For example, if transportation to healthcare systems is challenging in the areas in which you work, sharing this information with key transportation officials in your community as a group can be more impactful than each one of your organizations holding these discussions and working towards solutions.
4. Attend one another's events as supporters. There might be opportunities to share information with the community about your work at these events but even "showing up" goes a long way to learn more about your fellow collaborator's work.
5. Tag and share information about one another on social media.
6. Lean into one another's expertise.
7. Use some of the following to guide discussions:
    - Please refer people who need _____ to my organization.
    - The biggest misconception about my work is _____ .
    - Something we would like people to stop saying/doing/thinking is _____ .
    - Our greatest concern is _____ .
    - Something we have been learning more about is _____ .
8. Engage in simulations long before any of you will be engaging in a referral to one another. These are great opportunities for clinical and non-clinical simulations.
9. Ensure that collaboration happens at a variety of organizational levels, not simply leadership or frontline staff. Input from all roles within organizations helps connect people to safe, supportive resources.
10. Find ways to celebrate the successes of collaboration and address any barriers or challenges that might arise.

Where to Turn for Help

Professionals supporting individuals that have experienced domestic violence and brain injuries need timely access and tailored resources that offer support and guidance. This section lists key organizations, services, supports, and tools that can help you connect survivors to the right care. Whether it is training, specialized services, or community support, these resources are designed to assist you in providing informed, compassionate care.

Brain Injury Resources:

Brain Injury Resource Line: The Brain Injury Resource Line (BIRL) is staffed by volunteers who can provide information about resources that may be of help to people with a brain injury. This can be accessed by anyone who wants to support the individual. BIRL can be reached by calling: 1-800-444-6443. Callers will be asked to leave a message and the call will usually be returned within three workdays. BIRL is maintained by the Brain Injury Association of Pennsylvania (BIAPA).

1-800-444-6443

Brain Injury Association of Pennsylvania (BIAPA): The mission of the Brain Injury Association of Pennsylvania is to prevent brain injuries and to foster an inclusive community of education, advocacy, supports, and research to maximize the quality of life for those with brain injuries and their families. More information can be found on at:

https://www.biapa.org/

PA Department of Health: The Department of Health is committed to expanding public knowledge regarding Traumatic Brain Injury (TBI) and increasing coordination and integration within existing service delivery systems, thereby enhancing the infrastructure needed for persons with TBI and their families. To learn more about services available for individuals with brain injury and their families, please contact the toll-free Brain Injury Help Line at 1-866-412-4755 and speak with a Brain Injury Specialist. Specialists are available from 8:30 a.m. to 4 p.m. Monday through Friday.

1-866-412-4755

Domestic Violence Resources:

Pennsylvania Coalition Against Domestic Violence: PCADV is a member-led coalition comprised of local domestic violence programs that serve all sixty-seven counties in the Commonwealth. These local programs provide supports, resources, and information to people who experience domestic violence and those who support them. To find a program in your area, please visit: www.pcadv.org/find-help.

To learn more or request training about the intersections in this toolkit, please reach out to PCADV's Technical Assistance and Education team by emailing: TA-Education@pcadv.org.

www.pcadv.org/find-help

TA-Education@pcadv.org

Substance Use Resources:

Pennsylvania's Department of Drug and Alcohol Programs: This Department oversees treatment and intervention for people who use substances and are seeking help. They also provide information about harm reduction strategies, including accessing Naloxone. Their website also includes a treatment search feature.

https://www.ddap.pa.gov/pages/default.aspx