NYSCADV

NEW YORK STATE COALITION AGAINST DOMESTIC VIOLENCE

*Over 30 Years of Building Coalition and Promoting Social Change*

TECHNICAL ASSISTANCE FOUNDATIONS

# THE INTERSECTION OF BRAIN INJURY AND DOMESTIC VIOLENCE

The use of physical violence to establish and maintain power and control over an intimate partner is a widely recognized form of domestic violence. Survivors often report horrific acts of abuse, including (but not limited to) repeated hits to the head, neck and face, strangulation, smothering, shaking, and penetrating head wounds. Domestic violence advocates witness the devastating psychological and physical effects of these attacks upon survivors. It is within the past ten years, through collaboration with brain injury service providers, that the intersection between such intimate partner violence and brain injury (BI) has been acknowledged.

Service provision to survivors who are living with a brain injury is unique and nuanced, as the advocate must balance the privileging of safety and confidentiality with the need for coordination of services and accommodation of brain injury related challenges. This short guide provides foundational information about brain injury and the possible complications that this disability can provide to domestic violence survivors. Furthermore, this guide includes suggestions for providing informed services to domestic violence survivors living with a brain injury, and further resources to access for more information.

> *Women with disabilities experience the highest rate of personal violence...of any group in our society today. Yet, they are often invisible in crime statistics, find domestic and sexual violence programs inadequately prepared to fully understand and meet their needs...and are all too commonly devalued and unsupported because of societal prejudice.*
>
> (University of Minnesota, 2000)

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## *Brain Injury: The Basics*

An acquired brain injury is a type of injury to the brain that is not hereditary or degenerative. Included in this category are injuries obtained through anoxia, or deprivation of oxygen (for example, strangulation). Traumatic Brain Injury (TBI) is a type of damage to the brain which results when the head:

- hits a stationary object (for example, slammed into a wall or table)
- is hit (for example, struck with a blunt object, like a baseball bat or lamp)
- is penetrated (for example, gunshot or knife wound)
- is violently shaken (for example, severe whiplash)

Domestic violence service providers recognize that these acts of physical violence are frequently perpetrated against survivors. There is a known cumulative effect of brain injuries. Research indicates that a history of brain injuries exponentially increases the likelihood of further brain injuries. In fact, the effects of repeat brain injuries often compound, resulting in more serious disabilities. A domestic violence victim may not know that she has a brain injury, especially if she was denied access to medical care, or refused treatment. Unfortunately, many brain injuries are undiagnosed or misdiagnosed.

***Common Challenges Associated with Brain Injury***

Remember that each person is different, and each brain injury is different. Not all people will exhibit the same combination of problems or concerns related to the brain injury. As is common practice with domestic violence service provision, each survivor living with a brain injury should be treated individually from a strengths-based, empowerment approach. Remember that people's needs can change across time, and that recovery from a brain injury is not sequential. Below is a snapshot of the most common problems associated with brain injury, and should not be seen as a comprehensive listing.

*Possible Physical Disabilities*

- Balance and visual difficulties
- Slurring of speech
- Fatigue
- Sleep

*Possible Cognitive Disabilities*

- Short term memory loss
- Difficulty with concentration and attention
- Difficulty with abstraction and conceptualization
- Heightened distractibility

*Possible Executive Functioning Disabilities*

- Problems with long term goal setting
- Difficulty with task completion
- Issues with long term planning
- Problems with self-monitoring

*Possible Behavioral and Affective Disabilities*

- Increased impulsivity
- Increased tension and anxiety
- Depression
- Decreased frustration tolerance

*Possible Psychosocial Disabilities*

- Educational/vocational problems
- Interpersonal difficulties (intimacy, dependency, substance abuse)

***Leading Causes of TBI***

***28%** - Falls*
***20%** - Motor Vehicle or Traffic*
***19%** - Struck By or Against*
***11%** - Assault*
***9%** - Unknown*
***7%** - Other*
***3%** - Pedal Cycle*
***2%** - Other Transport*
***1%** - Suicide*

(CDC, 2007)

## *Brain Injury and Domestic Violence*

A domestic violence survivor living with a brain injury must negotiate a very complex set of life circumstances. The brain injury is a temporary or permanent disability that serves as a constant and inescapable reminder of her batterer and the abuse suffered. In addition to the other physical and emotional consequences of the abuse, the survivor must also integrate a new set of challenges related to the brain injury. Along with navigating the real concerns for safety, autonomy, and independence, domestic violence survivors living with a brain injury may also cope with additional employment and economic concerns related to the BI.

Consider other challenges that domestic violence survivors face, for example, child custody proceeding or criminal court testimony. Successful utilization of the justice system often requires the ability to communicate incidences of abuse from memory using detailed, sequential, rapid, clear communication. These functions may be compromised by the brain injury. These challenges may diminish the survivor's credibility in the courtroom, and have dire outcomes to the survivor's life.

Batterers will use every life circumstance to their advantage to further manipulate and control victims. The presence of a brain injury provides new opportunities for tactics of power and control. For example, new forms of manipulation may include making the victim doubt her own perceptions and memory of the abuse, using statements such as: "That never happened," or "You're crazy." The BI may also be used as a further tool of isolation, explaining away her accounts of abuse and subsequent need for support and help as a symptom of the brain injury.

Finally, we know that survivors must combat many forms of oppression, including sexism, racism, classism, and heterosexism. In addition, ableism (the privileging of the experiences of the able-bodied, and the subsequent discrimination and devaluing of those who are differently-abled) is another form of oppression experienced by domestic violence survivors living with a brain injury. Ignorance, prejudice, and active discrimination provide more barriers for survivors seeking safety, support, and help from service providers and systems.

*Of women reporting to emergency rooms for injuries associated with domestic violence,*
***30%***
*reported a loss of consciousness at least once.*

***67%***
*reported residual problems that were potentially head-injury related.*

(Corrigan, 2003)

## *Providing Services to Survivors with Brain Injury*

**Revisit Survivor-Centered Advocacy and Empowerment Philosophy**
Domestic violence service providers should revisit the core concepts of empowering survivor-centered advocacy when working with a survivor living with a brain injury. Every individual comes for services with unique challenges and strengths, and it is imperative for advocates to truly understand and accommodate this uniqueness. Do not assume that a survivor diagnosed with a BI will have certain deficits. Similarly, do not assume that a survivor does not have a BI because there is no formal diagnosis. Remember that a diagnosis is simply a label—it is a formality and not central to our work as advocates. As always, it is the role of the advocate to truly listen to what the survivor living with a BI is expressing, focus on strengths, and provide feedback in a respectful and positive way.

**Build Organizational Capacity and Policies**
Commit to learning more about the realities of brain injury, as well as other disabilities that may be affecting domestic violence survivors. Seek out technical assistance and training from organizations that are known experts in this field. Spend time during staff meetings discussing organizational polices and procedures for women with disabilities seeking services.

**Re-evaluate Shelter Rules**
Be careful about misunderstanding with shelter rules or other behavioral concerns as willful non-compliance. This behavior may have an underlying link to a brain injury. Perhaps the survivor with a brain injury will require special advocacy or case management within the shelter itself—for example, being respectfully and consistently reminded of communal living responsibilities, or being provided a date book, planner, or post-it notes to help in with her memory. Ask the survivor what accommodations help her most. As per the Americans with Disabilities Act, shelters are required to provide such accommodations for those with a disability—including a brain injury.

**Advocate and Educate Against Oppression**
As you learn about the realities of traumatic brain injury, and its intersection with domestic violence, commit to educating others. Systems advocacy is oftentimes a core function of domestic violence advocates, and this generally includes an educational component. Consider incorporating traumatic brain injury into these discussions with other professionals in a respectful way.

***For a survivor with a TBI, it may be harder to…***

- *Assess danger*
- *Make safety plans*
- *Hold a job*
- *Leave an abusive partner*
- *Live independently*
- *Remember appointments*
- *Live in shelter*
- *Access services*
- *Navigate the criminal justice system*
- *Care for children*

(NYS OPDV, 2009)

## *Providing Services to Survivors with Brain Injury (continued)*

**Re-format Safety Planning**
Abstract thought may be hard for those living with a brain injury, and a safety planning discussion is full of hypothetical scenarios and theoretical circumstances. For example, advocates may ask a survivor to predict the batterer's actions and reactions, hide emergency items and remember where to retrieve them, and envision an emergency escape plan to be remembered and executed in crisis. Advocates have discussions like these with survivors everyday, but these crucial safety planning discussions framed in this way may be very challenging for a survivor living with a brain injury.

To help facilitate a more productive safety planning discussion, minimize outside distractions (phone, interruptions, noise, fluorescent lighting) during safety planning discussions. Keep your meetings short, and understand that these abbreviated meetings may need to take place more frequently. Keep the meetings focused on a single topic, and direct the conversation to stay on the one task. Make all discussions and future action items concrete, and simplify information into small, manageable pieces. Finally, summarize the information at the end of your discussion, and check that she understands.

**Develop New Community Partnerships**
Make community connections to further provide access to survivors living with a brain injury. Consider building collaborations with your state brain injury association and local brain injury service providers.
Learn more about:

- Traumatic Brain Injury Medicaid waiver programs
- Community-based rehabilitation programs
- Return-to-Work vocational planning programs
- Independent living centers

### *Consider Screening*

The HELPS tool is often used to quickly screen for brain injury. Consider asking survivors the following questions to help determine the likelihood of a brain injury. "Yes" answers to any of the following questions should prompt outreach for evaluation for a brain injury. *Please remember that this screening tool is simply a quick guide, and does not determine or diagnose a brain injury. Please seek a brain injury service provider for more information.*

**H- Were you ever HIT on the head?**
**E- Did you ever seek EMERGENCY room treatment?**
**L- Did you ever LOSE consciousness?**
**P- Are you having PROBLEMS with concentration or memory?**
**S- Did you experience SICKNESS or other problems following the injury?**

*The entire HELPS screening tool, including the complete scoring system, can be found in the NRCDV Special Collection: TBI and DV at www.vawnet.org.*

### *Our Collaboration: The Brain Injury Association of New York State and the New York State Coalition Against Domestic Violence*

The Brain Injury Association of New York State (BIANYS) and the New York State Coalition Against Domestic Violence (NYSCADV) continue their two-year collaboration to educate others about the intersection of brain injury and domestic violence. They provide cross training and educational handouts to both brain injury and domestic violence service providers, including material packets distributed during both Brain Injury Awareness month (March) and Domestic Violence Awareness month (October). BIANYS and NYSCADV have presented numerous trainings about the intersection of traumatic brain injury and domestic violence, including two webinars hosted by the National Resource Center on Domestic Violence. For more information about this nationally recognized collaboration, please contact the BIANYS or NYSCADV at the information listed below.

## *Resources*

**Brain Injury Association of New York State. Judith Avner, Executive Director,** 10 Colvin Avenue, Albany, NY 12206, javner@bianys.org, www.bianys.org, 518-459-7911, 800-228-8201.

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