

Understanding TBI and Domestic Violence

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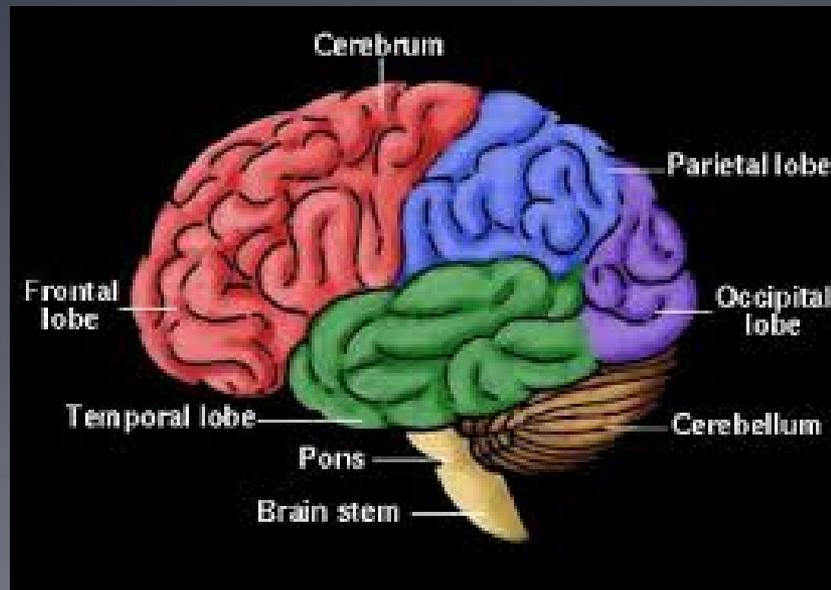
Video

- <http://www.youtube.com/watch?v=Ahg6qcgoy4>
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Objectives

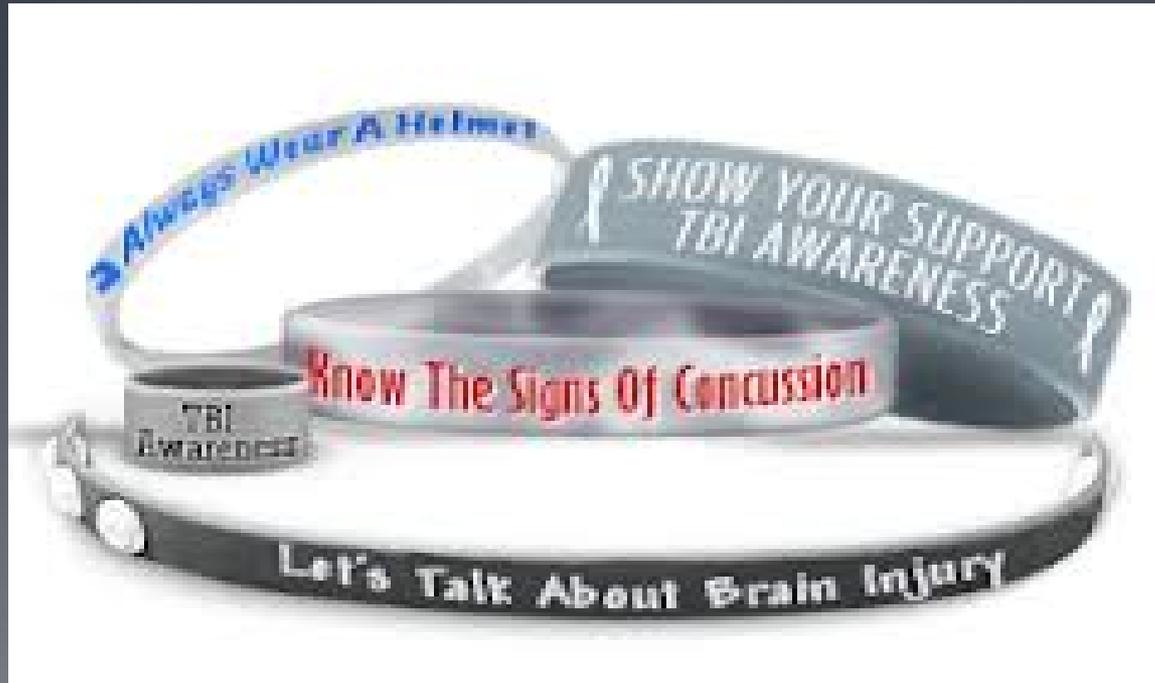
- Brain Injury 101
 - Mechanisms and Severity most common in DV
 - Effects of TBI on DV Survivors
 - UMOM, BRAINS, Halle, Chrysalis project
 - Strategies for advocates
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- Every 23 seconds a brain injury occurs in the United States

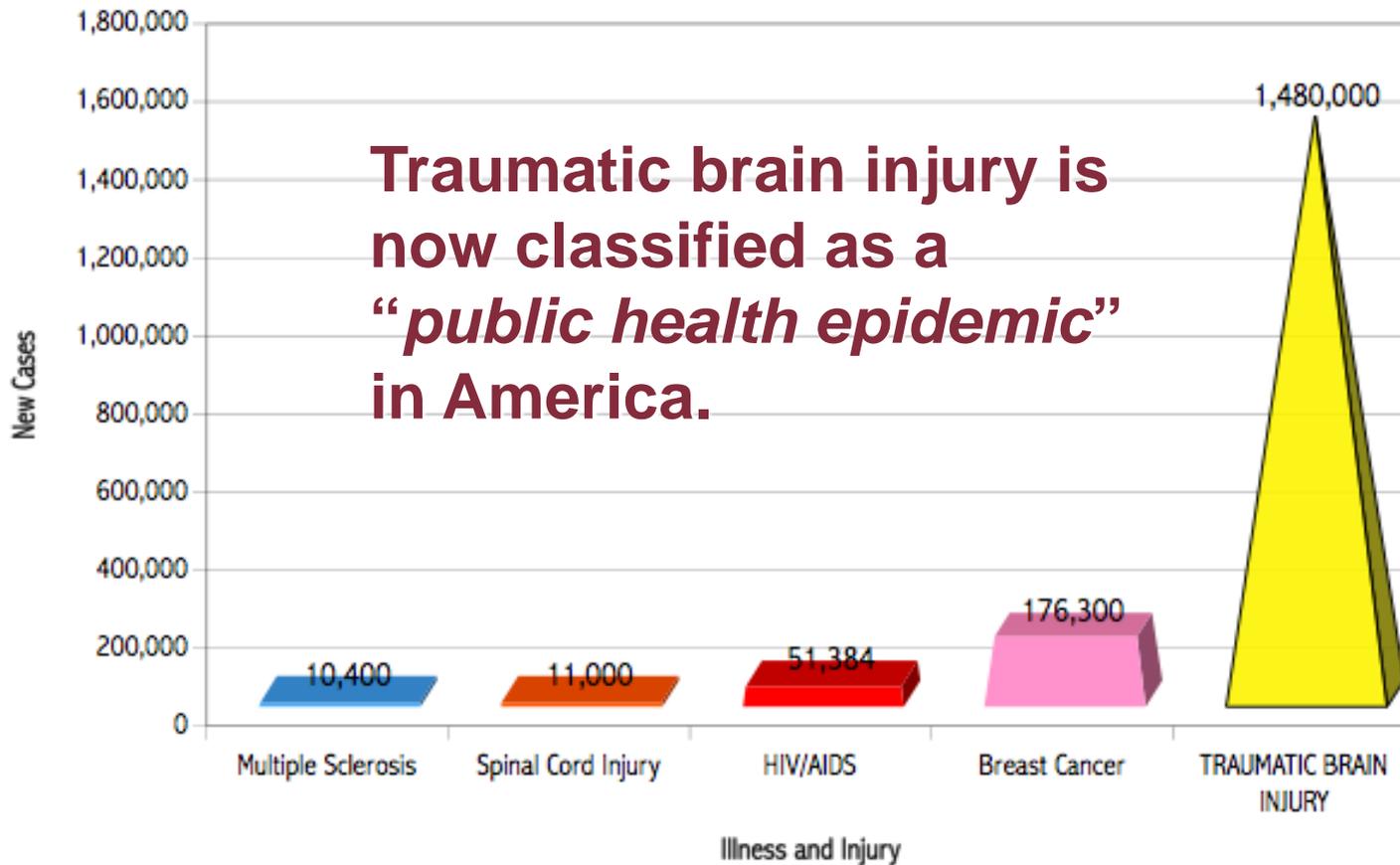


Brain Injury Awareness

- Making brain injuries eight times more likely than breast cancer and 34 times more likely than HIV/AIDS.



Comparison of Annual Incidence

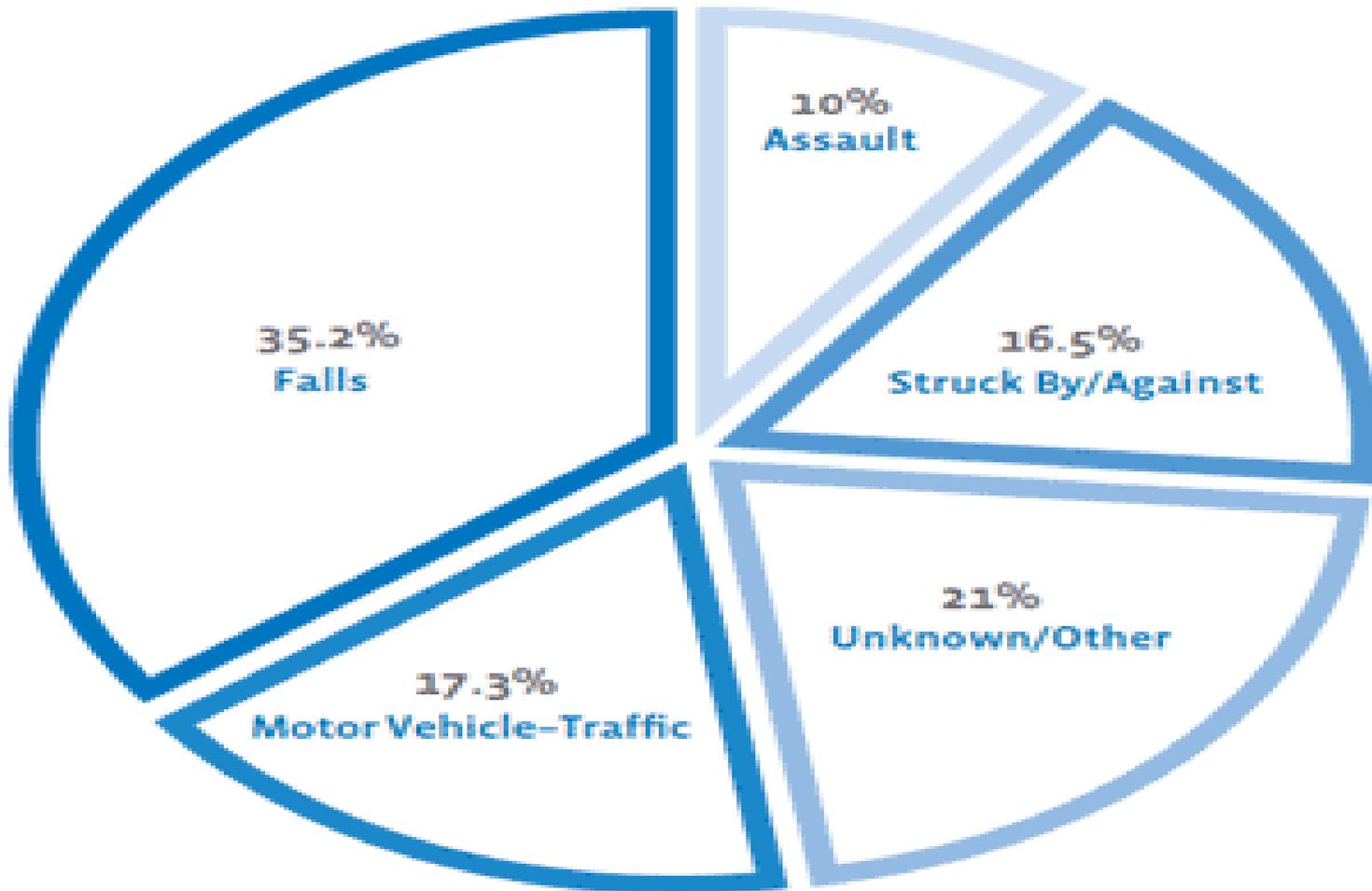


Data and Research

TBI Incidence & Prevalence - USA



Mechanisms of Injury

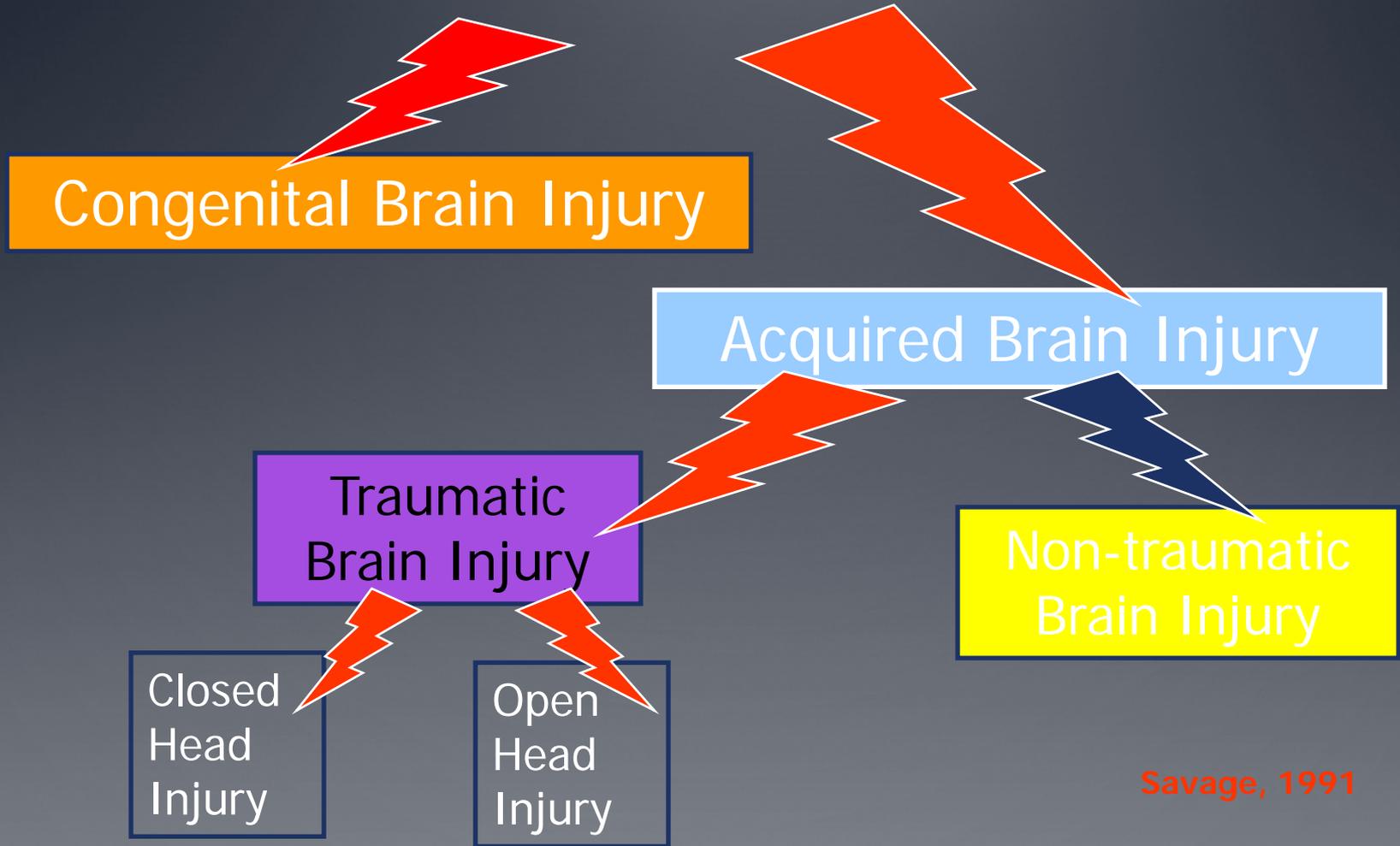


Who's At Risk?

- Approximately 18% of all TBI-related emergency department visits involved children aged 0 to 4 years
 - Approximately 22% of all TBI-related hospitalizations involved adults aged 75 years and older
 - Males are more often diagnosed with a TBI (59%)
 - Blasts are a leading cause of TBI for active duty military personnel in war zones
-

Understanding Brain Injury

Brain Injury Types



Savage, 1991

Traumatic Brain Injury?

- A traumatic brain injury (TBI) is caused by a blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI. The severity of a TBI may range from “mild,” i.e., a brief change in mental status or consciousness to “severe,” i.e., an extended period of unconsciousness or amnesia after the injury.

Phineas Gage 1823-1860



If you've seen one brain injury, you've seen one brain injury.



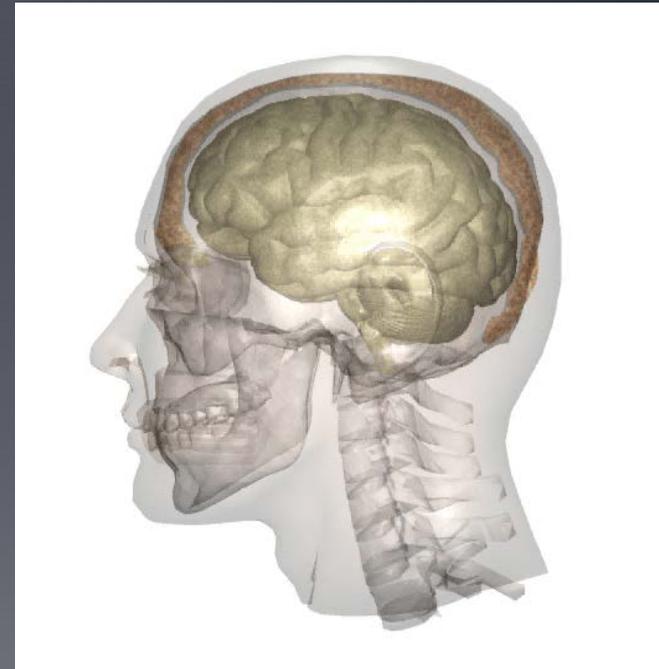
TBI Severity Definition

- “Mild”-“a head injury that left the person dazed, confused, but resulted in no unconsciousness or LOC <30 min
 - “Moderate”-LOC that lasts a few minutes to a few hours. May be followed with weeks of confusion-can be associated with contusions or hematomas, effect can be long lasting
 - “Severe”-coma, contusions, hematomas, axonal injury
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Understanding Brain Injury

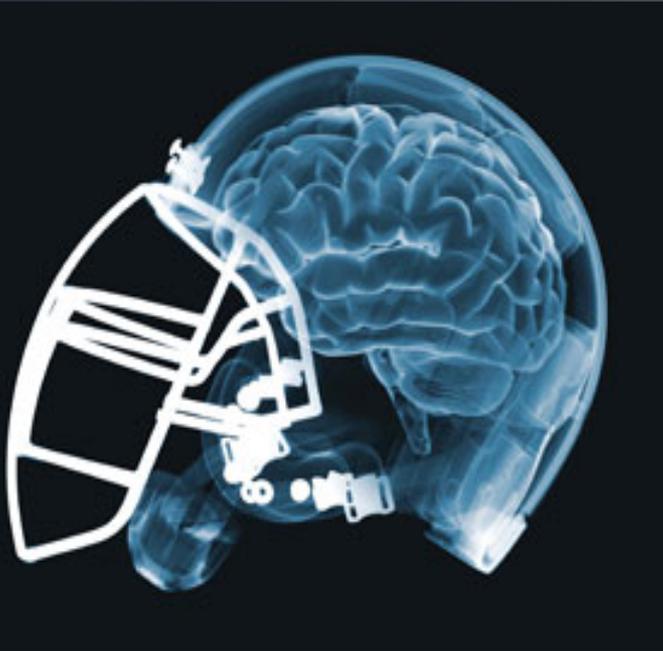
COUP - CONTRECOUP Injury

- Coup – contrecoup injury from acceleration - deceleration forces such as motor vehicle crashes or shaken baby syndrome.
- <http://www.youtube.com/watch?v=XCJ1tIUxK8c>



Understanding Brain Injury

Concussion



- May or may not result in a loss of consciousness.
- Clear structural damage may or may not be present.
- Can result in dysfunction in the absence of structural damage.
- A clustering of symptoms is known as **post-concussive syndrome (PCS)**.

Mild TBI

- 97% of people with mild TBI or concussion see resolution of symptoms within 3-7 days
 - 3% will have longer lasting symptoms
 - Cumulative effect
 - Psychiatric issues
 - History of complex migraines
-

Understanding Brain Injury

Concussion

- Repeated concussions, such as **repeated incidents** of abuse and sports related injuries, can have cumulative effects.
- Symptoms related to post-concussive syndrome can lead to significant life-long impairments and debilitating effects on those who survive them.

What do DV survivors, football players and homeless people have in common?

- Vulnerability to cumulative effects of repeated concussions
 - History of 3 previous concussions increases risk of repeated concussions 3 fold
 - Symptoms following repeat concussions may be more serious and resolve at a slower rate
 - Worse case-Second Impact Syndrome
-

Understanding Brain Injury

Non-Traumatic

- Examples of **non-traumatic brain injury** from medical conditions include:
 - Infectious disease (e.g., meningitis, encephalitis)
 - Brain tumor
 - Cerebral-vascular dysfunction (e.g. stroke, cardiac disorders)
 - Toxic chemical or drug reactions (e.g., lead poisoning, carbon monoxide poisoning)
 - Anoxic injury

Understanding Brain Injury

Hypoxia/anoxia

- Suffocation
- Suicide attempts
- Near drowning
- Other injuries (cardio or pulmonary) can reduce blood flow and oxygen to the brain
- Lack of oxygen/blood flow for more than 3 - 4 minutes causes generalized damage

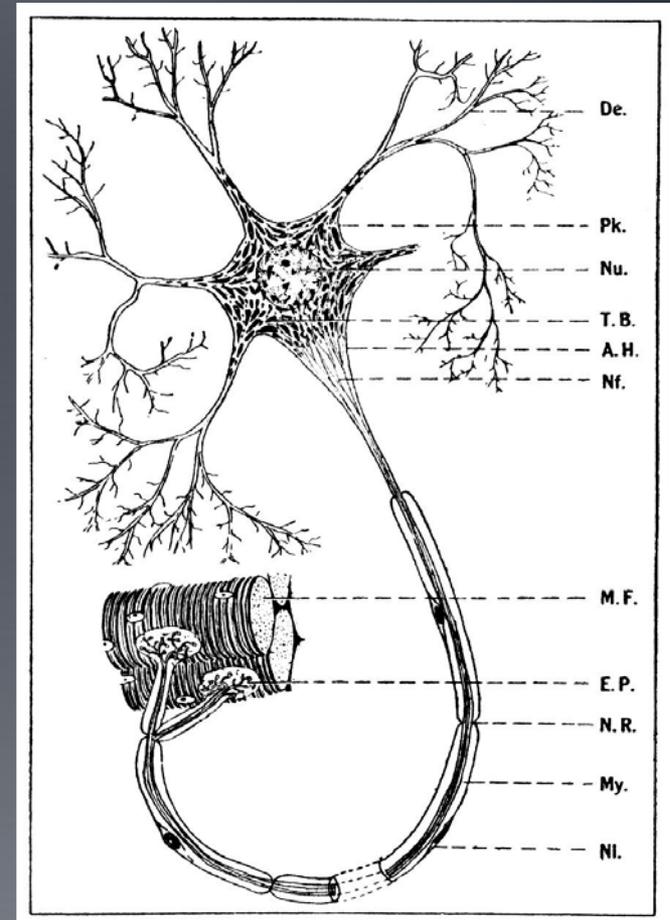
What came first?

- Persons with disabilities are 4 to 10 times more likely to become a victim of violence, abuse, or neglect than persons without disabilities (Petersilia 2001).
 - Persons with a TBI may engage in at-risk drinking or drug use that place them in situations or relationships that lead to episodes of victimization (Kwasnica and Heinemann 1994; Li et al. 2000).
 - A TBI can cause cognitive problems that reduce one's ability to perceive, remember, or understand risky situations that could lead to an incident of physical or sexual violence (Kim 2002; Levin 1999).
-

Understanding Brain Injury

Areas of Impact

- Physical
- Cognitive
- Emotional/Behavioral



Impacts of Brian Injury

Physical

- Impaired Mobility
- Impaired Sensory Experiences-overstimulation
- Seizure disorders – alterations in brain functioning between seizures - may introduce a variety of psychiatric dimensions.
- Fatigability – physical and mental
- Chronic Pain
- Headaches
- Sleep Disorders (especially important during adolescence. Sleep – critical for adolescent brain development and brain function. Sleep or lack of can effect new learning and memory.)
- Dizziness

Impacts of Brain Injury

Common Cognitive Deficits

- Reduction in abstract reasoning capacity
- Difficulty grasping the main point of a discussion
- Difficulty applying points of interest to one's life
- Reductions in complex information processing skills
- Impaired attention and concentration
- Heightened distractibility
- Difficulty with new learning and short term memory
- Increased mental fatigue
- Subtle communication problems (e.g. tangentially)
- Judgment problems
- Visual-spatial impairments, including trouble with directions, mechanical tasks, or visual field defects
- Low fatigue thresholds
- Problems with planning and organizing
- Initiation deficits
- Confusion and perplexity
- Problems with flexibility of thinking
- Basic intellectual deficits as measured by IQ
- Slowness in thinking and performance

What cognitive deficits may look like....

- Difficulty remembering info
- Difficulty keeping appointments
- Difficulty following instructions
- Difficulty or inability to read/write
- Difficulty finding their way to appointments
- Difficulty Relating to others “social failure”
- Difficulty Taking meds as prescribed
- Difficulty with waiting
- Difficulty maintaining good boundaries
- “difficult to engage” “poor historian”
- Difficulty learning new information or the rules
- Problems recalling already learned information
- Difficulty initiating

Understanding Brain Injury

Impacts of Brain Injury: Emotional/Behavioral Changes

- Disinhibition
- Suspiciousness
- Impulsivity
- Lack of awareness of deficit and unrealistic appraisal
- Reductions in or lack of the capacity for empathy; inability to experience emotions
- Childlike emotional reactions or behavior
- Uncontrolled laughing or crying; mood swings (emotional lability)
- Preoccupation with one's own concerns (egocentrism)
- Poor social judgment
- Rage reactions
- Euphoria
- "Flat" affect
- Agitation
- Reduced or altered sense of humor
- Low frustration tolerance
- Misperception of other people's facial expressions/intentions; inability to perceive emotions
- Hyper-sexuality or hypo-sexuality
- Catastrophic emotional reactions

More common behavioral Issues

- Perseveration
 - Egocentrism
 - Lack of Insight
 - Lack of initiation
-

Common Psychosocial problems after brain injury

- Educational/Vocational Problems
 - Interpersonal difficulties
 - Intra-Personal Difficulties
 - Family Issues
 - Intimacy
 - Dependency Issues
 - Alcohol and Drugs
 - Loss of Self esteem
 - PTSD
-

Domestic Violence and TBI



Literature Review

- 5 peer reviewed studies
 - 23-97%
-

Literature Review

- Presence of brain injury determined by number of minutes during LOC
 - 35 women
 - Brain Injury Questionnaire, Beck Anxiety Questionnaire, Inventory of PTS
 - 28 included, 6 were excluded
 - 21% reported TBI as a result of battery
 - Findings supported that women with TBI demonstrated greater levels of PTS symptomology than women without
-

Literature Review

- Valera and Berenbaum, 2003
 - 99 battered women were assessed using neuropsychological, psychopathology and abuse history measures
 - $\frac{3}{4}$ of the sample sustained at least one partner related brain injury and $\frac{1}{2}$ sustained multiple partner related brain injury
 - 57 women: brain injury severity was negatively associated memory, learning, cognitive flexibility
 - Positively associated with general distress, worry, PTS symptomology
-

Literature Review

- Jackson, Nuttall, Philp & Diller, 2002
 - 53 battered women, 92% reported having received blows to the head
 - 40% reported LOC
 - Correlations between frequency of being hit in the head and severity of cognitive symptoms were significant
-

Literature Review

- Muelleman, Lenaghan & Pakieser, 1996
 - 9,057 women between the ages of 19 and 65 who presented to the ED's of 10 hospitals
 - 280 injured, battered women were identified during the study period 11.2 % were to be determined to be positive for battering
 - Battered women were more likely to be injured in the head, neck, thorax and abdomen than were women injured by other mechanisms
 - 20% with head abrasion or contusion 32% with face laceration
-

Literature Review

- Monahan and O'Leary, 1999
 - Descriptive case study
 - Residents in a DV shelter over a one month period-35% prevalence rate
 - Head injured battered women had more difficulty than the non head injured women with decision making
-

Domestic Violence and TBI

- Brain Injury Association of America Reports:
 - 51 Women were surveyed out of 169 women who came to three ED's over a 7-9 month period with injuries related to assault or abuse
 - Overall 35% of the participants were identified as having a mTBI
-

Women Reporting to ER's for Injuries Associated with DV

- 30% of battered women reported a loss of consciousness at least once
 - 67% reported residual problems that were potentially head injury related
 - How many did not go to the ER?
-

Domestic Violence and TBI

- Poor Women are at a higher risk for violence as poverty increases stress and lowers a person's ability to take control of their own environment and seek protective care
 - Study out of John Hopkins found:
 - 436 sheltered homeless and low income housed women
 - 84% of these women had been assaulted
 - 63% had been assaulted by parental caretakers
 - 60% had been physically attacked by intimate male partner
-

Income and Brain Injury

- Among residents of San Diego County, California the incidence and external causes of serious brain injury were related to the median family income of the census tract of residency. Low income tracts had high incidence rates--a finding not changed by adjustment for age and race/ethnicity. <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.76.11.1345>

Leading Causes in Domestic Violence or any kind of Abuse

- Greater than 90% of all injuries secondary to DV occur to the head, neck or face region-(Monahan & O'Leary, 1999)
 - Forcefully hitting partner on the head with an object
 - Smashing her head against a wall
 - Pushing her downstairs
 - Shaking her
 - Strangling her

-New York State Office for the prevention of DV

Seldom Assault only once

- A study in DV shelters in NY showed:
 - 92% had been hit by their partners more than once
 - 83% had been both hit in the head and severely shaken
 - 8% had been hit in the head over 20 times in the past year
-

Victims with brain injuries living in shelter

- May become confused or anxious secondary to noise and other people in crisis
 - May become disruptive
 - May have trouble remembering the rules
-

Substance Abuse

- Before their injury, people who sustain a TBI are twice as likely as others in the community to have issues with substance abuse – the use may have led to the injury (-- Mount Sinai Medical Center).
 - Some studies suggest that use may get worse 2 to 5 years post injury (--Ohio Valley Center for Brain Injury Prevention and Rehabilitation).
-

Psychiatric Co Morbidities and Brain Injuries

- Research is showing that there is a high prevalence of individuals reporting TBI with co occurring substance disorder and severe mental illness, one study reports up to 72%
 - Symptoms like paranoia, obsessional disorder, depression
 - PTS
-

“TBI, mental illness, substance abuse, PTSD – they all go together like peanut butter and jelly.” -- George



Suicide and TBI

- Pts with TBI are 4 times as likely to commit suicide
 - One study screened 172 participants with TBI using the Beck Scale for Suicide Ideation
 - 35% had significant levels of hopelessness
 - 23% had suicide ideation
 - 18% had made a suicide attempt
-

WHAT ARE WE DOING ABOUT IT????

- **BRAINS**

UMOM New Day Centers mission is to provide homeless families and individuals with safe shelter, housing and supportive services to assist them in reaching their greatest potential.

The Diane Halle center for family justice

The Diane Halle Center for Family Justice promotes the well-being and protects the human rights of children and families through multi-disciplinary initiatives in education, advocacy, and scholarship. The Center provides free or reduced-fee legal representation, advice and support to victims of family violence, child abuse, sexual assault, sex trafficking, and other vulnerable populations that the private market would otherwise fail.

And NOW...

- CHRYSLIS-For over 30 years, Chrysalis has been serving the needs of women, children and men throughout the Valley, who are trying to break the cycle of domestic violence and abuse. Chrysalis offers an array of services, including a 24-hour crisis shelter, transitional housing for up to 24 months, outpatient counseling, victim advocacy, lay legal advocacy, offender treatment, and community education and prevention programs. Women, children and men are taught to identify unhealthy relationships in their lives and seek proper help and assistance.
 - **SJHMC OP Rehab**
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Goal of Intervention

- Was this worse than a mild injury?
 - Are there other variables that can prolong recovery?
 - What can we do to help?
-

HELPS BRAIN INJURY SCREENING TOOL

Consumer Information: _____

Agency/Screener's Information: _____

H Have you ever **Hit your Head** or been **Hit on the Head**? Yes No

Note: Prompt client to think about all incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse, and also for service related injuries. A TBI can also occur from violent shaking of the head, such as being shaken as a baby or child.

E Were you ever seen in the Emergency room, hospital, or by a doctor because of an injury to your head? Yes No

Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.

L Did you ever **Lose consciousness** or experience a period of being dazed and confused because of an injury to your head? Yes No

Note: People with TBI may not lose consciousness but experience an "alteration of consciousness." This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.

P Do you experience any of these **Problems** in your daily life since you hit your head? Yes No

Note: Ask your client if s/he experiences any of the following problems, and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

- | | |
|---|--|
| <input type="checkbox"/> headaches | <input type="checkbox"/> difficulty reading, writing, calculating |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> poor problem solving |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> difficulty performing your job/school work |
| <input type="checkbox"/> depression | <input type="checkbox"/> change in relationships with others |
| <input type="checkbox"/> difficulty concentrating | <input type="checkbox"/> poor judgment (being fired from job, arrests, fights) |
| <input type="checkbox"/> difficulty remembering | |

S Any significant **Sicknesses**? Yes No

Note: Traumatic brain injury implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, West Nile virus, stroke, seizures. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, or near suffocation.

Scoring the HELPS Screening Tool

A HELPS screening is considered positive for a *possible* TBI when the following 3 items are identified:

- 1.) An event that could have caused a brain injury (yes to H, E or S), and
- 2.) A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to L or E), and
- 3.) The presence of two or more chronic problems listed under P that were not present before the injury.

Note:

- A positive screening is **not sufficient to diagnose TBI** as the reason for current symptoms and difficulties - other possible causes may need to be ruled out
- **Some individuals could present exceptions** to the screening results, such as people who do have TBI-related problems but answered "no" to some questions
- Consider positive responses within the context of the person's self-report and documentation of altered behavioral and/or cognitive functioning

The original HELPS TBI screening tool was developed by M. Picard, D. Scarsbrick, R. Paluck, 9/91, International Center for the Disabled, TBI-NET, U.S. Department of Education, Rehabilitation Services Administration, Grant #H128A00022. The Helps Tool was updated by project personnel to reflect recent recommendations by the CDC on the diagnosis of TBI. See http://www.cdc.gov/nclpc/pub-res/tbi_toolkit/physicians/mtbi/diagnosis.htm.

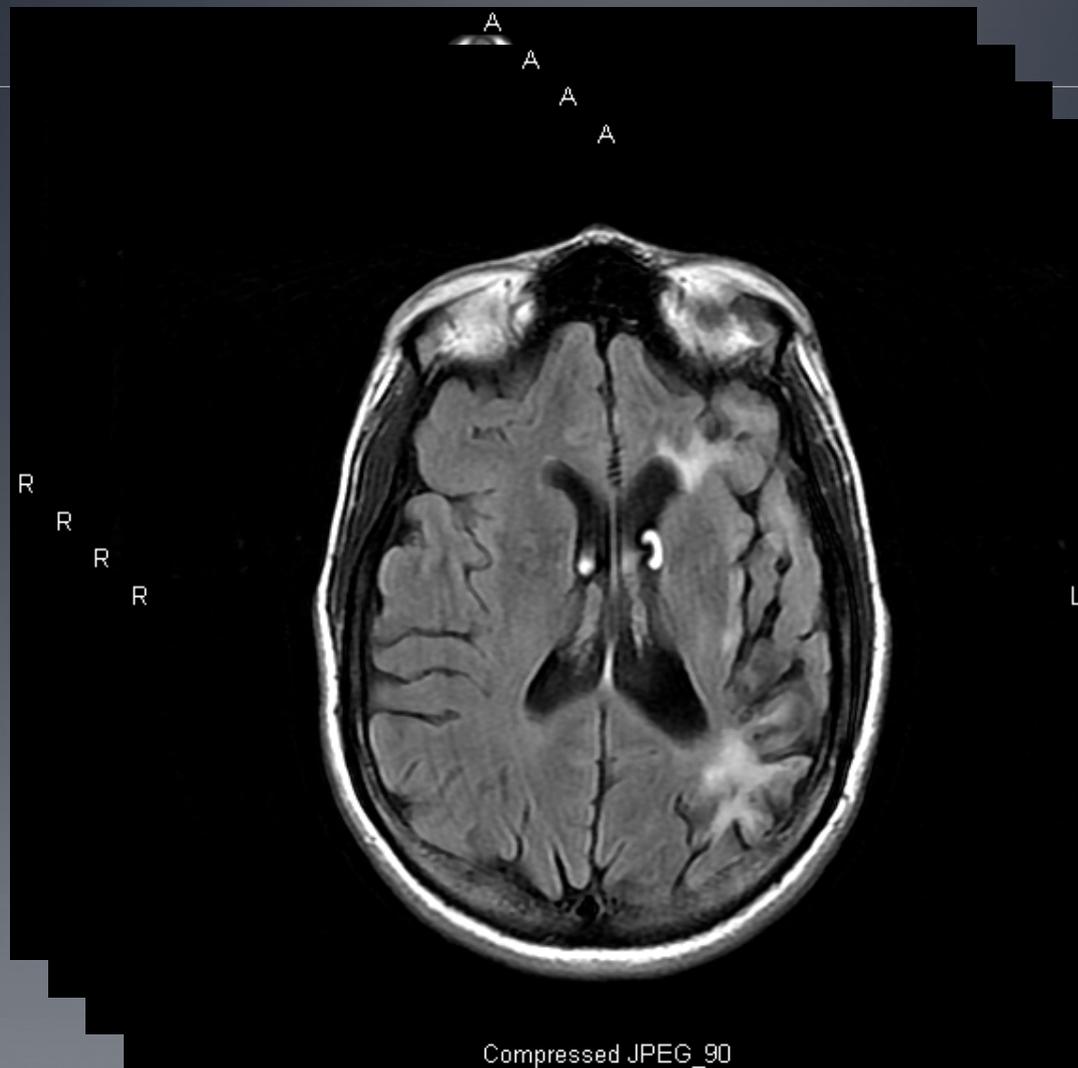
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Other ways to Assess

- Scar Inventory
- Missing Teeth
- “long forgotten head injury”
- special education



KS



JB





Strategies for working with BI and other cognitively impaired people

- WRITE EVERYTHING DOWN-IF ITS SAFE
 - Help develop a memory system, phone, calendar etc.
 - Develop and use checklists
 - Break tasks and goals into small, tangible steps
 - Allow extra time for completing tasks
 - Provide feedback immediately, respectfully and positively
 - Minimize distractions
 - Keep meeting short and direct
-

Safety planning

- What difficulties could arise from planning with someone with a brain injury?
-

Additional Strategies

- Be concrete; break information into small pieces
 - Focus on one task at a time; stick to that topic
 - Double check to make sure she understands
-

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