

Part 2: Invisible Injuries: The Complex Interaction of Behavioral Health, Domestic Violence, Traumatic Brain Injury, and Strangulation

Rachel Ramirez, LISW-S
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Great Lakes Mental Health Technology
Transfer Center

March 15, 2023



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At the time of this presentation, Miriam E. Delphin-Rittmon, Ph.D., served as Acting Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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Language Matters

The MHTTC Network uses a ranging, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf



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Presenter

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I was here for
the first
session.



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Share
something
you learned
or
remembered
in the chat
box



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This is terrible violence to experience, and hard stuff to dig into.

#FACT



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Who am I?

- Director of Health And Disability Programs
- 18 years in DV work
- Trauma-informed capacity building
- Now a passionate advocate for survivors of domestic violence impacted by brain injury



RACHEL RAMIREZ



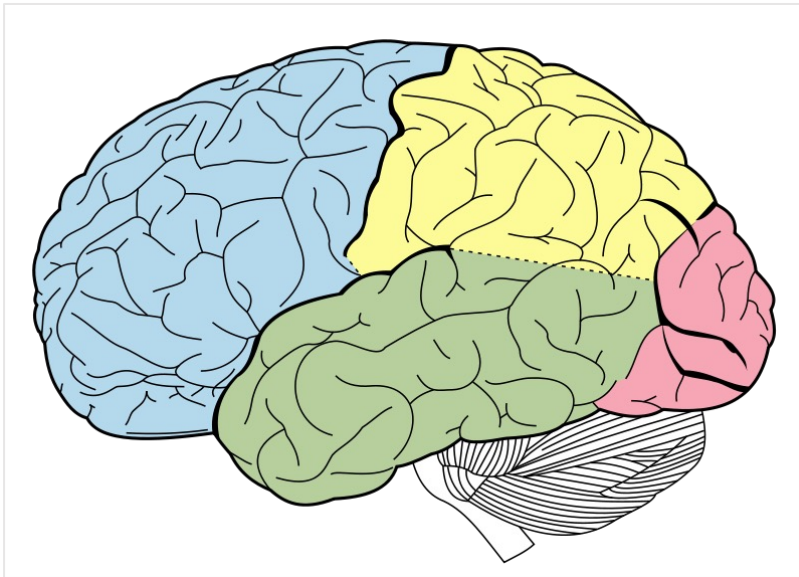
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Overview of last session



- The missing piece of brain injury
- Ohio research
- Survivor experiences and program experiences
- Brain functions
- Executive functions



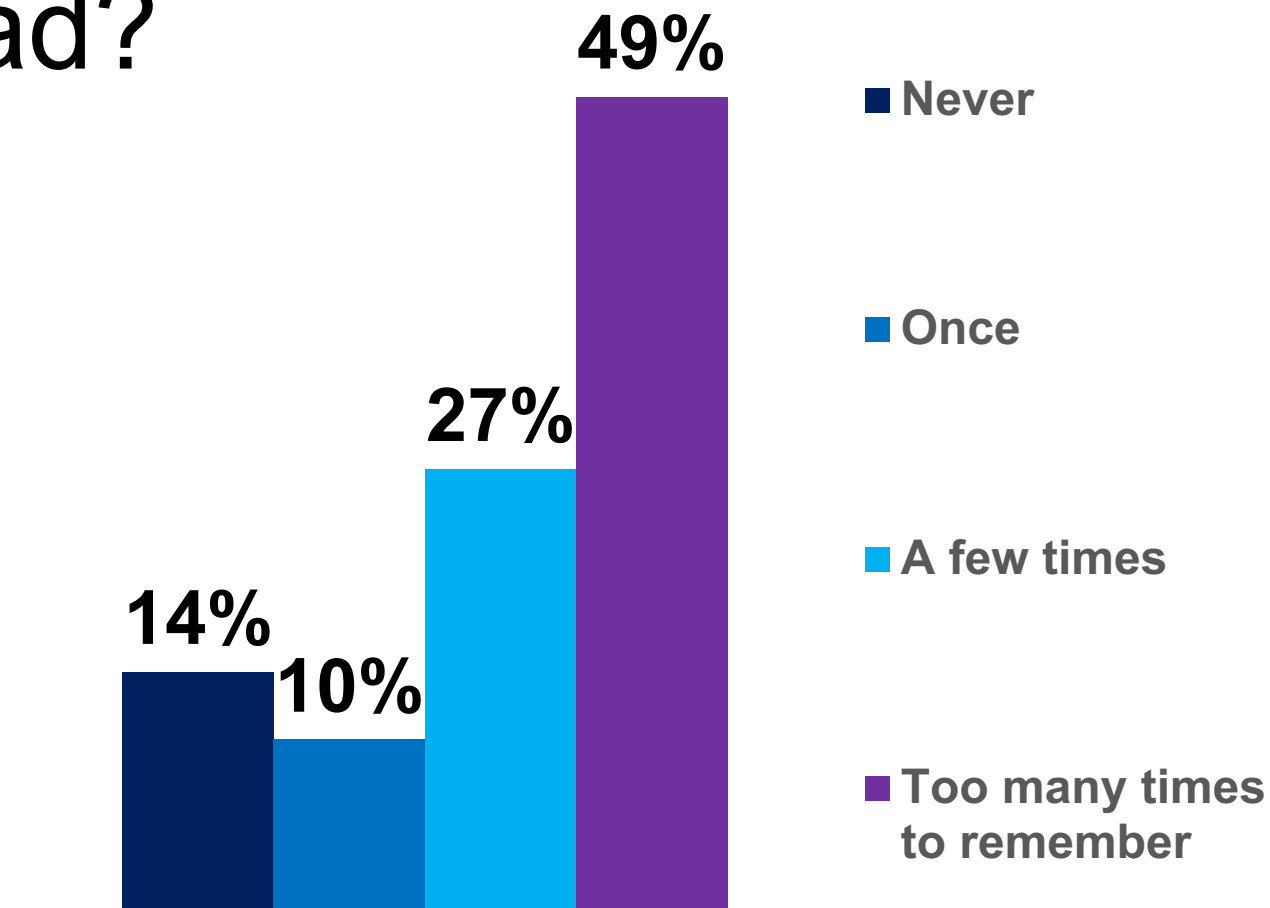
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Have you ever been hit or hurt in the head?

YES
86%



Nemeth JM, Mengo C, Kulow E, Brown A, Ramirez R. Provider Perceptions and Domestic Violence (DV) Survivor Experiences of Traumatic and Anoxic-Hypoxic Brain Injury: Implications for DV Advocacy Service Provision. *Journal of Aggression, Maltreatment & Trauma*. 2019;28(6):744-763. doi: [10.1080/10926771.2019.1591562](https://doi.org/10.1080/10926771.2019.1591562)



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How many times?

TOO MANY TO COUNT

49%

Nemeth JM, Mengo C, Kulow E, Brown A, Ramirez R. Provider Perceptions and Domestic Violence (DV) Survivor Experiences of Traumatic and Anoxic-Hypoxic Brain Injury: Implications for DV Advocacy Service Provision. *Journal of Aggression, Maltreatment & Trauma*. 2019;28(6):744-763. doi: [10.1080/10926771.2019.1591562](https://doi.org/10.1080/10926771.2019.1591562)



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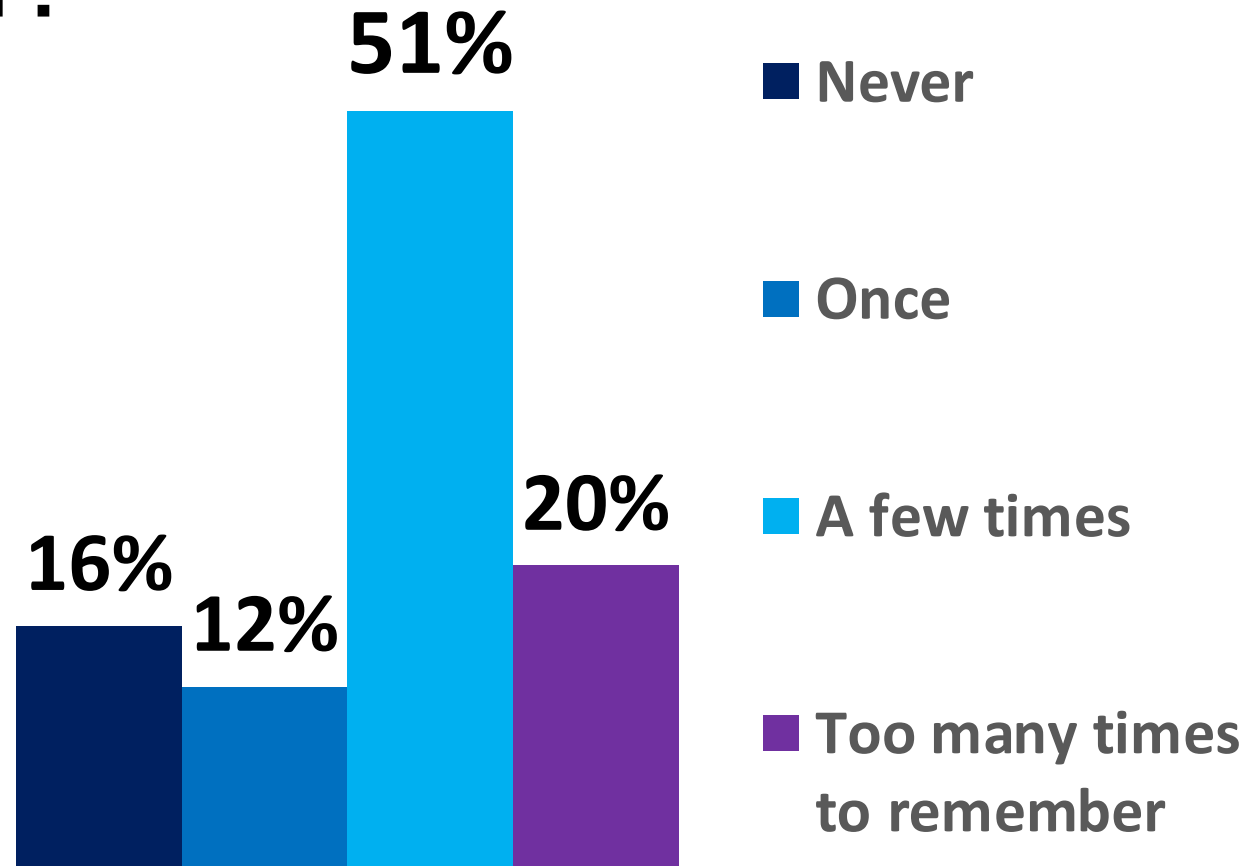
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Have you ever been choked or strangled?

YES
83%



Nemeth JM, Mengo C, Kulow E, Brown A, Ramirez R. Provider Perceptions and Domestic Violence (DV) Survivor Experiences of Traumatic and Anoxic-Hypoxic Brain Injury: Implications for DV Advocacy Service Provision. *Journal of Aggression, Maltreatment & Trauma*. 2019;28(6):744-763. doi: [10.1080/10926771.2019.1591562](https://doi.org/10.1080/10926771.2019.1591562)



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DEFINITION

Partner-Inflicted Brain Injury

When person's brain is hurt through intentional **strangulation** and/or **blows to the head** by their partner. This can cause a **traumatic brain injury, concussion, or other type of brain injury.**

Edwards C. Partner Inflicted Brain Injury as a Consequence of Intimate Partner Violence. http://d-scholarship.pitt.edu/30591/1/EdwardsCM_ETD_12_2016pdf.pdf



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Brain functions

Frontal

Reasoning
Judgment
Learning and recalling info
Social understanding
Personality
Executive function*



Temporal

Language, hearing and comprehension
Memory (long term)
Learning
Emotion
Amygdala



Parietal

Integrate info from senses (cognition) Coordinates movement

Occipital

Sight



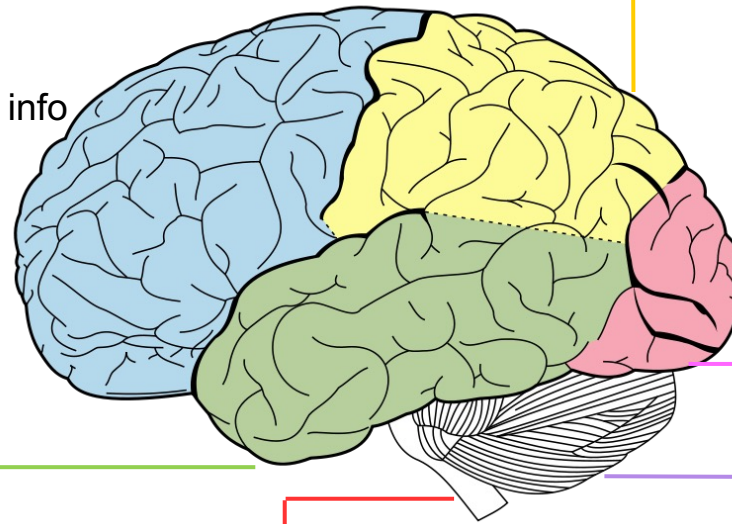
Cerebellum

Coordination
Balance



Brain Stem

Heart rate
Swallowing
Breathing



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Executive Functioning

- Mental skills that include working memory, flexible thinking, and self control
- Essential for everyday tasks

The 8 Executive Functions

Self-Control The ability to stop and think before acting	Self-Monitor The ability to view and evaluate oneself
Emotional Control The ability to manage feelings to achieve goals and complete tasks	Flexibility The ability to adapt to changing conditions by revising plans or changing strategies
Task Initiation The ability to start and finish tasks without procrastinating	Organization The ability to develop and use systems to keep track of materials and information
Working Memory The ability to use information held in memory to complete a task	Planning & Time Management The ability to create steps to reach a goal

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When your brain has been hurt...

The 8 Executive Functions

- Self-Control**: The ability to stop and think before acting
- Self-Monitor**: The ability to view and evaluate oneself
- Emotional Control**: The ability to manage feelings to achieve goals and complete tasks
- Flexibility**: The ability to adapt to changing conditions by revising plans or changing strategies
- Task Initiation**: The ability to start and finish tasks without procrastinating
- Organization**: The ability to develop and use systems to keep track of materials and information
- Working Memory**: The ability to use information held in memory to complete a task
- Planning & Time Management**: The ability to create steps to reach a goal

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**All this
becomes
more
difficult**



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Executive Dysfunction

- Disrupted ability to manage thoughts, emotions, and actions
- Mental health, addictions, trauma, and brain injury impact this

Executive Dysfunction
Some examples of executive dysfunction include:

 <p>Focusing too much on just one thing.</p>	 <p>Being easily distractible.</p>	 <p>Daydreaming or "spacing out" when you shouldn't be.</p>
 <p>Struggling to switch between tasks.</p>	 <p>Problems with impulse control.</p>	 <p>Trouble starting difficult or boring tasks.</p>

Cleveland Clinic



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Accommodations

- Provides support in a way that takes into account a person's unique needs.
- Creates opportunities to address potential barriers to success.





A trauma-informed approach is based on the recognition that many behaviors and responses expressed by survivors are directly related to traumatic experiences.

The Center for Mental Health Services National Center for Trauma-Informed Care





DOMESTIC VIOLENCE

The dynamics of
abuse and the trauma
it causes



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Voices of Survivors



NINA



REBECCA



PAULA

<https://vera.wistia.com/medias/l4unkniwb9>

VIOLENCE
DIRECTED AT THE
HEAD, NECK AND
FACE



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WHAT IS DOMESTIC VIOLENCE?

A pattern of
assaultive
and coercive
behaviors



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WHAT IS DOMESTIC VIOLENCE?



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Mental Health Coercion

Coercion

Forcing someone, by some method or other, to do something or abstain from doing something against their will.

<https://www.youtube.com/watch?v=aEf0xSdUc6g>



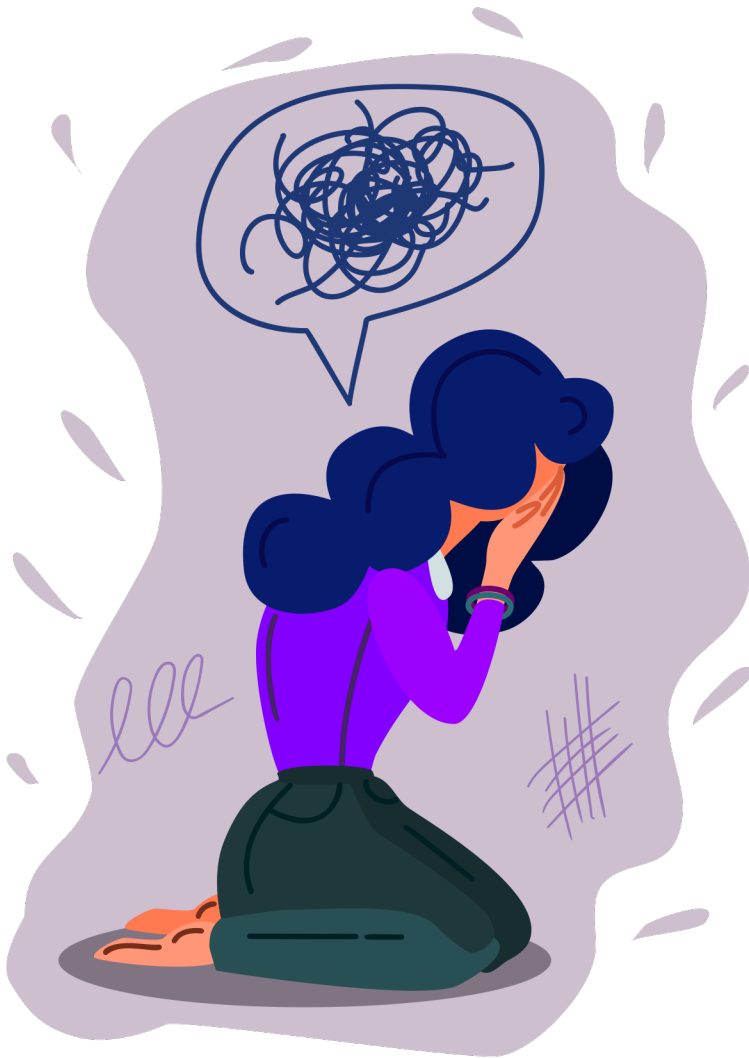
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Substance use coercion



- Introduces substances
- Forces survivors to use more than they want
- Undermines sanity and sobriety
- Inducing dependency and debility
- Controls access to treatment/services
- Undermines relationships



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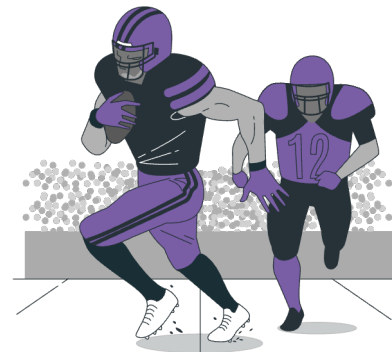


What causes concussions or traumatic brain injuries?



For every
1
NHL player

5,500
survivors of DV
sustain a brain injury
each year



What does head injury look like to survivors?

“Has your partner ever...?”

Hit or hurt you in the head?

Hit you in the head with something?

Pushed you into furniture or walls?

Made you fall?



Violently shaken you?

Put their hands around your neck?

Slammed your head into something?

Done something that made it hard to breathe?



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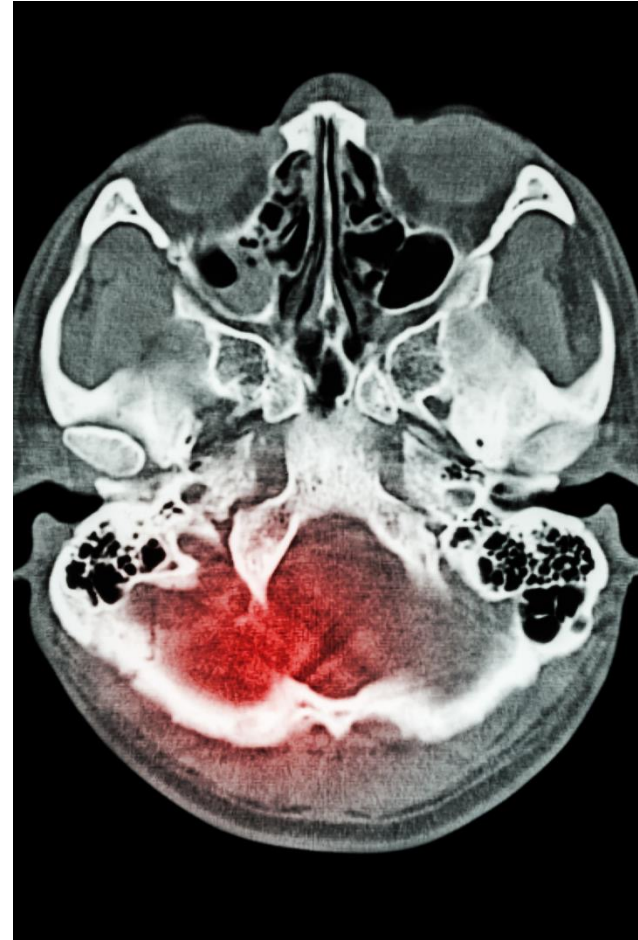
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Realities of Substance Use

Overdose
causes brain
injuries

That can impact a
person's life for months,
years, decades, or
forever.



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Brain Injury Changes How Survivors *Think, Feel & Act*



**Thinking/
Cognitive**



Physical



Emotional



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Voices of Survivors 2



NINA



REBECCA



PAULA

<https://vera.wistia.com/medias/a5ifq26rn6>

SIGNS AND SYMPTOMS THAT WERE NOTICED BUT NOT CONNECTED TO BRAIN INJURY



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Physical symptoms

*Specific to strangulation

Survivors may struggle with...

- Significant sleep problems
- Nauseas or vomiting
- Sensitivity to light & sound
- Vision problems (blurry or fuzzy)
- Seizures
- Headaches/migraines /head pressure
- Dizziness
- Poor balance
- Feeling tired or no energy
- Hoarse voice*
- Difficulty swallowing*
- Neck pain*

Which may look like...

- Pain and discomfort
- Difficulties falling asleep, staying asleep & waking up
- Problems with eyesight or hearing
- Getting easily distracted
- Difficulties concentrating
- Feeling overwhelmed
- Bothered by noise or lighting
- Tripping/bumping into furniture
- Too tired for in normal activities



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Emotional Symptoms

Survivors may struggle with...

- Becoming easily frustrated, upset or agitated
- Aggressive or inappropriate behavior
- Anger and rage
- Mood fluctuations
- More impulsive
- Exacerbated mental health challenges
 - Anxiety
 - PTSD
 - Depression

Which may look like...

- “Non-compliant”
- Say or do things without thinking
- Troubles getting along with others
- Challenging others
- May not follow directions
- Talk about hopelessness
- Withdrawal or isolation
- Threats to harm others or self



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Cognitive Symptoms

Survivors may struggle with...

- Memory
- Not thinking clearly
- Taking longer to think or find words
- Comprehension
- Getting started on tasks and following through
- Maintaining attention
- Problem-solving
- Challenges with risk assessment or judgment
- Executive functioning

Which may look like...

- Not start on or following through with plans
- Not interested or engaged
- They don't care
- Unmotivated or lazy
- Mentally fatigue easily
- Missing deadlines, appointments
- Not completing tasks or forms
- Losing train of thought, not following conversations
- Flight of ideas



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What do you think?

Survivors in our
services
struggle the
most with...



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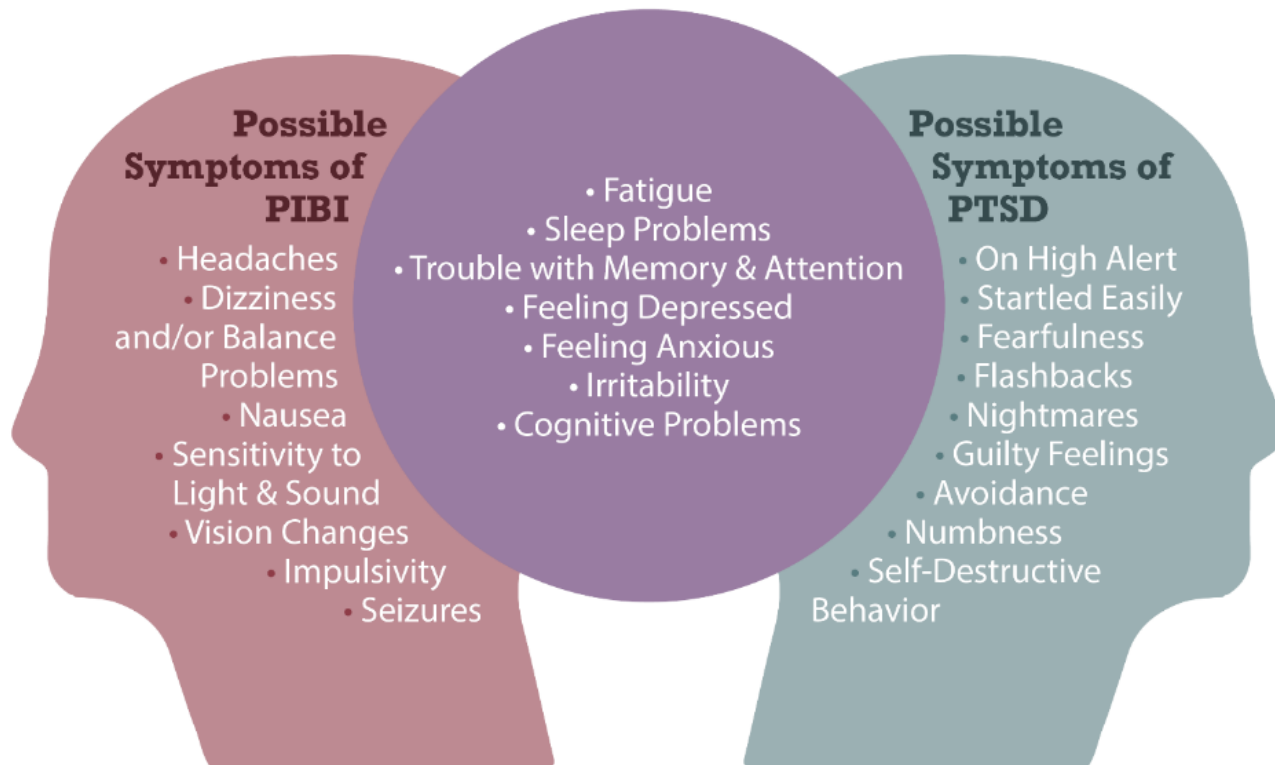
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PTSD and Brain Injury



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What happens when the brain is hurt?



Traumatic Brain Injury
(TBI)



Strangulation
(Anoxic-Hypoxic Brain
Injuries)



Changes in normal
cognitive function



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A TBI INVOLVES:

External force to
the head

and

disrupted brain
function



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Disrupted brain function looks like..

- Any loss of consciousness
- Any loss of memory of events immediately before or after the incident
- Any alteration in mental state (dazed, disoriented, or confused)
- Visual disturbances—temporary or permanent



Committee on Mild Traumatic Brain Injury, American Congress of Rehabilitation Medicine 1993



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Traumatic Brain Injury (TBI)

- Blow, bump or jolt to the head
- Stretches, pulls, and damages tissue
- Inflammation causes widespread damage
- Neurons cannot regrow → slowly form new connections
- “When you’ve seen one brain injury, you’ve seen one brain injury.”



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When we think concussion we think this...



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Oxygen deprivation brain injuries

Significant
impact on
frontal lobe

- Brain is incredibly oxygen dependent
- When brain is deprived of oxygen and nutrients to brain → hypoxic-anoxic brain injury
- Violence and overdoses two main causes
- Significant impact on executive functions, including delaying gratification, “putting on the brakes” and regulating emotions.”



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Strangulation

Significant
safety and
lethality risks

- Causes damage very fast with little pressure
- Unconscious after a few seconds
- Survivors often unaware or unsure if they lost consciousness, might be difficult to communicate and comprehend
- Altered consciousness + lack of visible injuries + no access to medical care + lack of screening anywhere = **minimization & brain injuries go undetected and unidentified**



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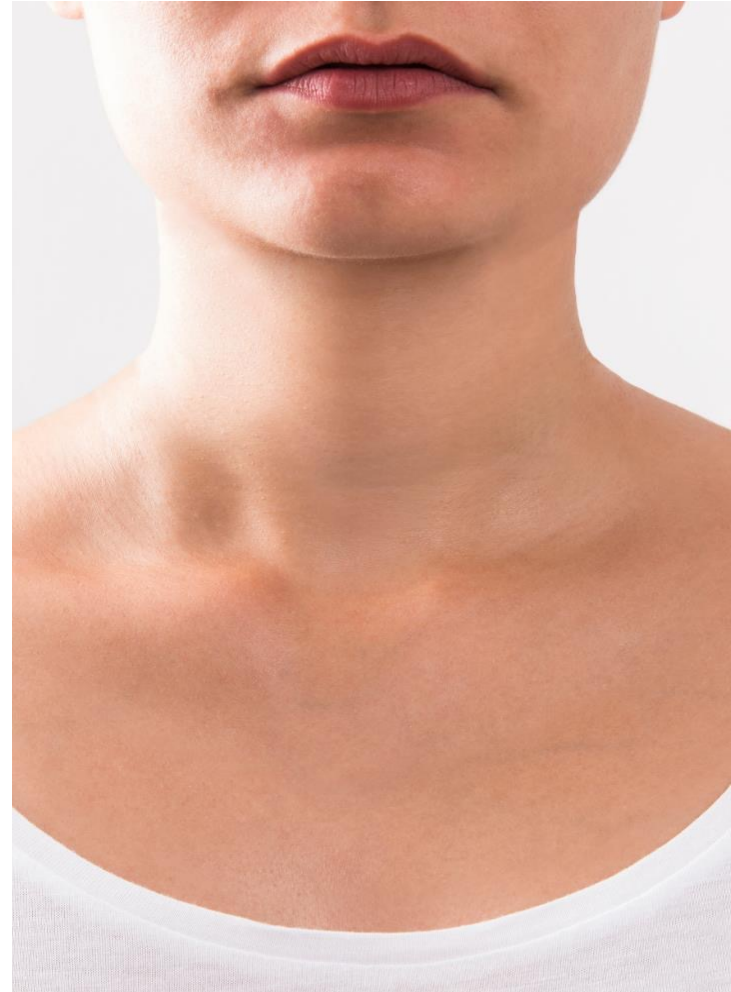
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Realities of Strangulation

Strangulation is
traumatic and
used to enforce
power, control
and dominance

It stays with a survivor
forever



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Realities of Strangulation

Strangulation is associated with increased lethality risk and safety concerns

Abusers who strangle are the most dangerous abusers



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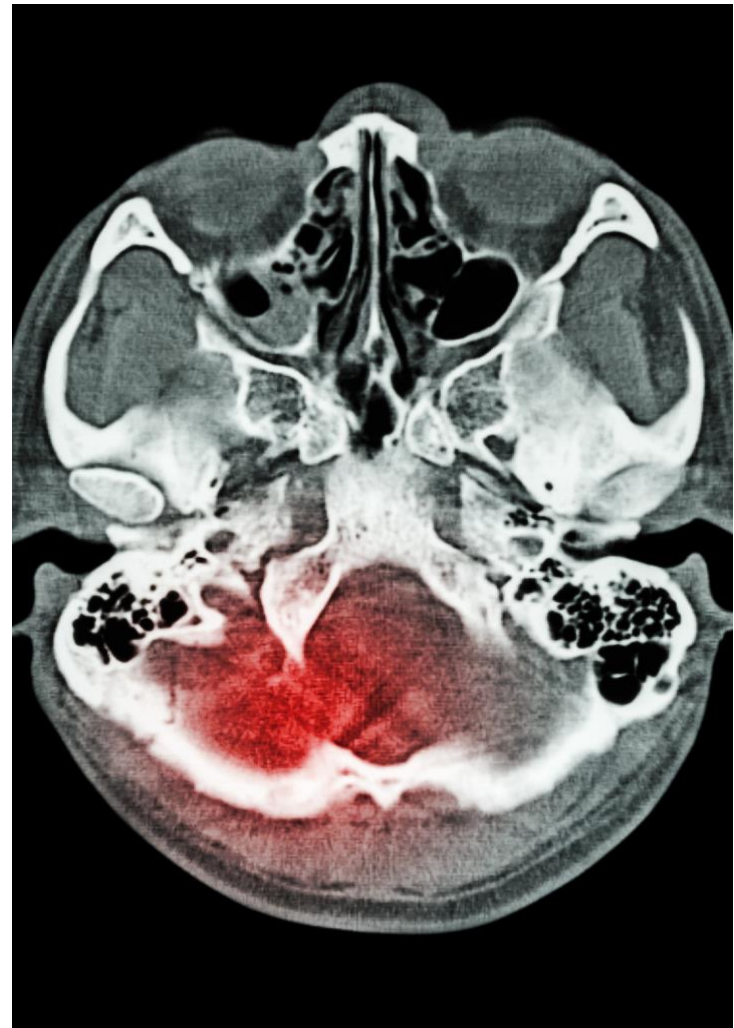
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Realities of Strangulation

Strangulation
causes brain
injuries

That can impact a
survivor's life for months,
years, decades, or forever



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Brain injury can have long lasting effects

Mild is still important

- 75% of BI + mild
- Every BI looks & heals differently
- Can impact so many different areas

Multiple Brain Injuries

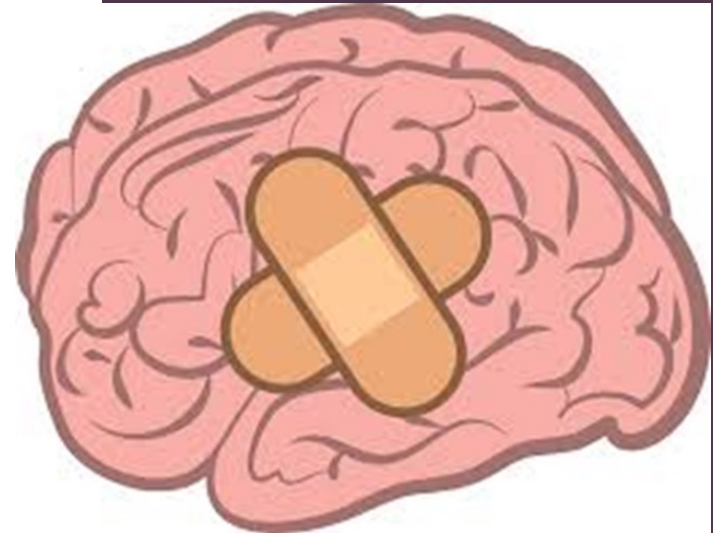
- Survivors at greater risk for multiple BI
- Compounds symptoms
- Slows recovery



Recovery after a head injury

Affected by various factors

- Response after the injury
- Number of brain injuries
- Other bodily injuries
- Psychological factors
- General life stress
- Biological sex-women tend to have extended recovery time



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Body and Brain Responses

Individualized

Immediate symptoms

- Right after the injury
- Brain injury symptoms
- Trauma-related symptoms

Secondary Symptoms

- Once trying to get back to life

Long term impact

- Can last weeks, months, years, or forever



Now What?

ADDRESSING HEAD INJURIES

within your organization



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Seeking help is an amazing act of strength, courage, and resistance.

#FACT



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Now What?

Addressing Domestic Violence and Head Injuries

within your organization



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Sleep



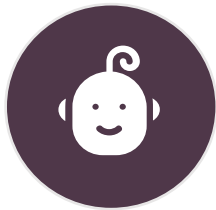
Securing
Housing



Participating
in services



Managing
legal systems



Caretaking



Safety
planning

Head Injury impacts survivors' daily activities

And makes it difficult for
survivors to take care of
themselves & those they
care about



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Maintaining relationships



Managing physical & mental health



Self care



Finding & keeping jobs



Education



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Voices of Survivors



NINA



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<https://vera.wistia.com/medias/enss4sg6ci>

ADVICE FOR
SERVICE
PROVIDERS



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Always two steps when we see something



Ask:

- What happened from the client's perspective?
- What might help?



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An advanced service provision approach providing guidance and tools to raise awareness on brain injury



care

CONNECT•ACKNOWLEDGE
RESPOND•EVALUATE

Trauma-informed

toolbox to help you raise awareness on brain injury caused by violence



C

CONNECT with survivors by forming genuine and healthy relationships

A

ACKNOWLEDGE that head trauma and mental health challenges are common, provide information and education to survivors, and identify short and long term physical, cognitive, and emotional consequences,

R

RESPOND by accommodating needs related to traumatic brain injury, strangulation and mental health challenges, and provide effective, accessible referrals and advocacy for individuals who need additional care

E

EVALUATE accommodations and referrals and touch base regularly to see if adjustments need to be made

OVC 2016-XV-GX-K012



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Accommodations

- Provides support in a way that takes into account a person's unique needs.
- Creates opportunities to address potential barriers to success.



Ohio Brain Injury Program Accommodations Guide



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Accommodations for:

- Possible brain injuries
- Domestic violence and coercive control
- Trauma
- Behavioral Health Concerns



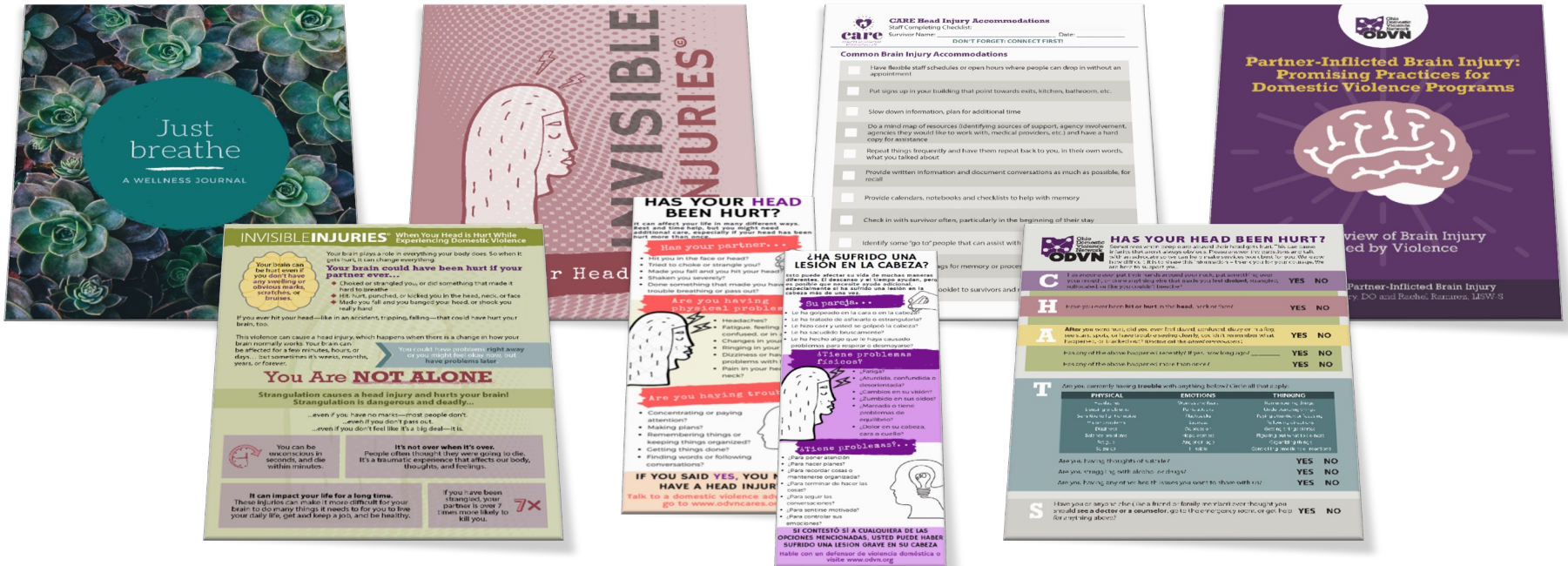
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CARE tools at www.odvn.org



Kemble H, Sucaldito A, Kulow E, Ramirez R, Hinton A, Glasser A, Wermert A, Nemeth JM. How CARE tools are being used to address brain injury and mental health struggles with survivors of domestic violence. *Journal of Head Trauma and Rehabilitation.*



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ODVN

ACUTE HEAD INJURIES

RECENT HEAD TRAUMA OR STRANGULATION

CHRONIC HEAD INJURIES

HISTORY OF HEAD TRAUMA OR STRANGULATION, BUT NOT RECENT



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Survivor Education

- Better understanding & acknowledgement
- Normalize brain injury

- Key information about brain injury
- Can be used to start a conversation
- Or can be left out for survivors

Addresses:

- TBI and strangulation
- Physical, cognitive & emotional symptoms
- Next steps
- Danger signs and when to see a doctor

HAS YOUR HEAD BEEN HURT?

It can affect your life in many different ways. Rest and time help, but you might need additional care, especially if your head has been hurt more than once.

Has your partner...

- Hit you in the face, neck or head?
- Tried to choke or strangle you?
- Made you fall and you hit your head?
- Shaken you severely?
- Done something that made you had trouble breathing or black out?

Are you having physical problems?



- Headaches?
- Fatigue, feeling dazed, confused, or in a fog?
- Changes in your vision?
- Ringing in your ears?
- Dizziness or balance problems?
- Seizures?
- Pain in your head, face or neck?

INVISIBLE INJURIES™ When Your Head is Hurt While Experiencing Domestic Violence

Your brain can be hurt even if you don't have any swelling or obvious marks, scratches, or bruises.

Your brain plays a role in everything your body does. So when it gets hurt, it can change everything.

Your brain could have been hurt if your partner ever...

- ◆ Choked or strangled you, or did something that made it hard to breathe
- ◆ Hit, hurt, punched, or kicked you in the head, neck, or face
- ◆ Made you fall and you banged your head, or shook you really hard

If you ever hit your head—like in car wreck, accident, tripping, falling—that could have hurt your brain, too.

All of these things can cause a head injury, which happens when there is a change in how your brain normally works. Your brain can be affected for a few minutes, hours, or days... but sometimes it's weeks, months, years, or forever.

You could have problems right away or you might feel okay now, but have problems later.

You Are NOT ALONE

Strangulation causes a head injury and hurts your brain!
Strangulation is dangerous and deadly...

...even if you have no marks—most people don't
...even if you don't pass out.
...even if you don't feel like it's a big deal—it is.

It's not over when it's over.
People often thought they were going to die. It's a traumatic experience that affects our body, thoughts, and feelings.

It can impact your life for a long time.
These injuries can make it more difficult for your brain to do many things it needs to for you to live your daily life, get and keep a job, and be healthy.

If you have been strangled, your partner is over 7 times more likely to kill you. 7x



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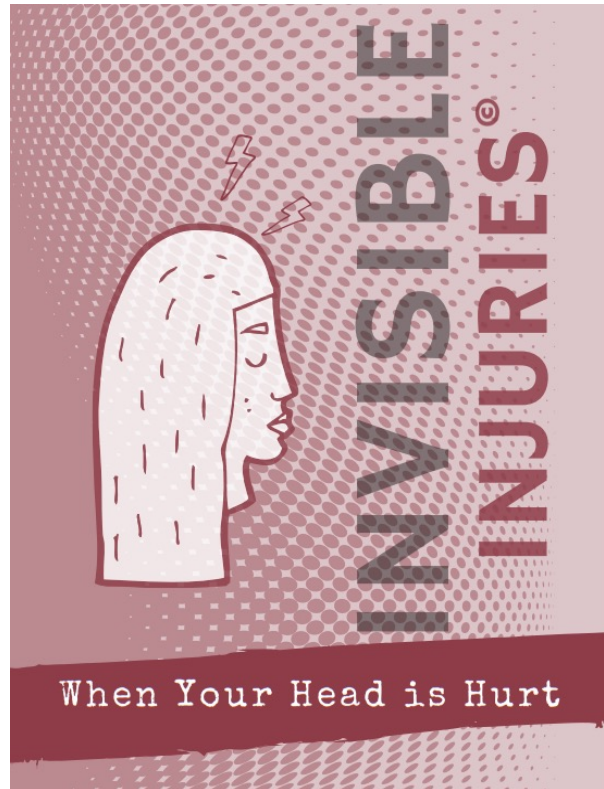
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Survivor Tools

- Promote wellness & mental health
- Help with organization and remembering



Just Breathe

- Promote wellness & mental health
- Addresses:
 - Coping strategies
 - Self care plan
 - Tips for motion & relaxation

Invisible Injuries

- Brain injury basics
- Problems & strategies
- Symptom logs
- Safety planning
- Goals and planners



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Network

Advocate tools

- Direct questions on head injury
- Identify recent head injury
- Guides accommodations and more accessible services

CHATS

- Identify possible head injuries by asking about:
 - **C**hoking or strangulation
 - **H**its to the head
 - **A**fter your head was hurt (alterations in consciousness)
 - **T**roubles a survivor is struggling with
 - **S**everity of injury and impact and desire to seek additional care

Additional questions on

- Suicide
- Substance use
- Other health issues



HAS YOUR HEAD BEEN HURT?
Sometimes when people are abused their head gets hurt. This can cause injuries that aren't always obvious. Please answer the questions and talk with an advocate so we can help make services work best for you. We know how difficult it is to share this information – thank you for your courage. We are here to support you.

C Has anyone ever put their hands around your neck, put something over your mouth, or done anything else that made you feel **choked**, strangled, suffocated, or like you couldn't breathe? **YES NO**

H Have you ever been **hit or hurt** in the **head**, neck or face? **YES NO**

A **After** your were hurt, did you ever feel dazed, confused, dizzy or in a fog, see stars, spots, or have trouble seeing clearly, couldn't remember what happened, or blacked out? (Doctors call this *altered consciousness*.) **YES NO**

Has any of the above happened recently? If yes, how long ago? _____ **YES NO**

Has any of the above happened more than once? **YES NO**

T Are you currently having **trouble** with anything below? Circle all that apply:

PHYSICAL	EMOTIONS	THINKING
Headaches	Worries and fears	Remembering things
Sleeping problems	Panic attacks	Understanding things
Sensitive to light or noise	Flashbacks	Paying attention or focusing
Vision problems	Sadness	Following directions
Dizziness	Depression	Getting things started
Balance problems	Hopelessness	Figuring out what to do next
Fatigue	Anger or rage	Organizing things
Seizures	Irritable	Controlling emotions or reactions

Are you having thoughts of suicide? **YES NO**

Are you struggling with alcohol or drugs? **YES NO**

Are you having any other health issues you want to share with us? **YES NO**

S Have you or anyone else (like a friend or family member) ever thought you should **see a doctor or a counselor**, go to the emergency room, or get help for anything above? **YES NO**



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Advocate tools

- CARE Head Injury Accommodations
- Specific guidance for specific situations

 **CARE Head Injury Accommodations**
 Staff Completing Checklist: _____
 Survivor Name: _____ Date: _____
DON'T FORGET: CONNECT FIRST!

Common Brain Injury Accommodations

- Have flexible staff schedules or open hours where people can drop in without an appointment
- Put signs up in your building that point towards exits, kitchen, bathroom, etc.
- Slow down information, plan for additional time
- Do a mind map of resources (identifying sources of support, agency involvement, agencies they would like to work with, medical providers, etc.) and have a hard copy for assistance
- Repeat things frequently and have them repeat back to you, in their own words, what you talked about
- Provide written information and document conversations as much as possible, for recall
- Provide calendars, notebooks and checklists to help with memory
- Check in with survivor often, particularly in the beginning of their stay
- Identify some "go to" people that can assist with anything that comes up
- Have staff wear nametags for memory or processing challenges
- Give Invisible Injuries Booklet to survivors and review with them

CARE Begins with Connection

Challenges	Suggested Accommodations
Difficulty Making Connections <ul style="list-style-type: none"> • Does not open up • Is guarded or reserved • Doesn't engage with you or others • Hesitant to share 	<input type="checkbox"/> Be patient, building relationships takes time and trust has to be earned. Don't take anything personally. <input type="checkbox"/> Acknowledge that people's experiences with trauma, abuse and getting help can make it difficult to trust others, including advocates <input type="checkbox"/> Validate challenges and feelings and highlight the person's strengths <input type="checkbox"/> Ask what helps you with _____ (feeling more comfortable here, your memory, paying attention, etc.) <input type="checkbox"/> Ask, "What has worked for you, and how?" Ask, "What hasn't worked for you, and how?"

Physical Health Challenges

Challenges	Suggested Accommodations
Physical Health Challenges <ul style="list-style-type: none"> • Dizziness • Headaches • Physical pain or soreness • Balance problems • Nausea or vomiting • Seizures 	<input type="checkbox"/> Check in regularly to see if headaches, dizziness, pain or balance problems get better. Encourage survivors to fill out symptom log in Invisible Injuries booklet <input type="checkbox"/> Ask if there has been anything helpful that they have in the past to manage these symptoms <input type="checkbox"/> Help identify if there are any activities that bring on or worsen problems, and make plans to avoid them as much as possible <input type="checkbox"/> Set up room or space to minimize tripping (e.g. clear clutter from walkways, no cords on the ground, provide lighting for spaces at night, etc.) <input type="checkbox"/> Encourage medical evaluation and if problems continue, facilitate the survivor getting to the doctor

Head Injury Accommodations

- Common Brain Injury Accommodations
- Connection challenges
- Physical Health Challenges
- Emotional Challenges
- Thinking/Cognitive Challenges



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Important things to say

I'M SORRY THAT HAPPENED
TO YOU AND VIOLENCE IS
NEVER YOUR FAULT

YOU DESERVE TO BE
TREATED WITH DIGNITY AND
RESPECT, NO MATTER WHAT

I BELIEVE YOU AND YOU ARE
NOT ALONE



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CARE WORKS AND IMPROVES TRAUMA- INFORMED PRACTICES

in the areas of

Head trauma
Strangulation
Mental Health
Substance Use
Suicide

Because advocates directly
address & accommodate brain
injury!



Nemeth and Ramirez,
Unpublished data, 2021



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