

# Intimate Partner Violence/Domestic Violence and Brain Injury

What Professionals Need to Know



[bianj.org](http://bianj.org)





# Defining brain injury

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The brain controls everything we say, do, think, and feel. It keeps us alive through breathing, circulation, digestion, hormones, and the immune system. Through the brain, we experience emotion and express ourselves. Every brain is unique and sensitive to its environment. If the brain is injured, it can impact the way a person thinks, acts, and feels and it can change everything about a person in a matter of seconds, depending on the type and severity of injury.

A person with a brain injury is either diagnosed with a traumatic or non-traumatic injury, depending on the cause of the injury. The severity of their injury is categorized as mild, moderate, or severe, which is used in predicting the injury's impact on the individual. A person with a mild brain injury may experience a brief loss of consciousness whereas a person with a moderate brain injury may be unconscious for up to 24 hours and have contusions (bruises) on their brain. A person with a severe injury may experience an extended period of unconsciousness and have amnesia after the injury.

## **Traumatic brain injury (TBI)**

A TBI is caused by an external force such as a bump, blow or jolt to the head, that disrupts the normal function of the brain. TBI can be defined as closed (non-penetrating) or open (penetrating). The severity of a traumatic brain injury (TBI) may range from mild (i.e., a brief change in mental status or consciousness) to severe (extended period of unconsciousness).

## **Acquired brain injury (ABI)**

ABI is an injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. This type of injury is one that has occurred after birth. ABI can result in cognitive, physical, emotional or behavioral impairments that may lead to permanent or temporary changes in functioning. Common causes of an ABI include stroke, tumor, aneurysm, infections of the brain (i.e., meningitis, encephalitis), drug overdose, and toxic exposure (i.e., lead, carbon monoxide).



# Possible effects of brain injury

If someone has experienced any form of assault, such as strangulation, falling, hitting, pushing, etc., they may have a brain injury. Some possible effects of brain injury are written below, but please note that some of the consequences mentioned can also be a result of emotional issues related to abuse. Someone who has experienced or is experiencing any of the following symptoms should contact a healthcare provider:

## Cognitive

- Loss of consciousness
- Disorientation or alteration in consciousness
- Memory problems
- Reduced attention and concentration
- Slowed processing speed
- Reduced reaction time
- Feeling foggy
- Repeating questions or answering more slowly than usual

## Emotional

- Depression or sadness
- Anxiety or nervousness
- Personality change
- Mood swings/emotional ability
- Irritability
- Showing less interest in previously enjoyed activities

## Physical

- Headache
- Nausea or vomiting
- Fatigue or drowsiness
- Dizziness
- Problems with balance
- Visual disturbance
- Sensory symptoms (ringing in ears, loss of taste or smell)
- Sensitivity to light or noise

Some additional symptoms that someone who has been abused could experience are a raspy or hoarse voice, markings on their neck, abrasions around their mouth and nose, or petechiae (a rash or broken blood vessels on a person's face).



# Challenges for survivors

Survivors of abuse may not seek medical help, because there is a misconception that a hit on the head is not problematic unless consciousness is lost. Survivors are often alone after they are injured and may not seek medical care for injuries due to safety, isolation, or economic reasons. Survivors may also be fearful and feel ashamed. Abuse is never the fault of the targeted person.

## **Brain injury can make it harder for a survivor of abuse to:**

- Assess danger and defend themselves against assaults.
- Make and remember safety plans.
- Go to school or hold a job (possibly increasing financial dependency on the abuser).
- Leave an abusive partner and live on their own.
- Access services.
- Retain custody of their children.
- Adapt to living in a shelter. (They may become stressed, anxious, confused, or disruptive. In a shelter setting, they may have trouble understanding or remembering shelter rules.)





# Challenges for professionals

Despite the many symptoms that can result from having a brain injury, it is often an invisible injury that may not be recognized. Sometimes it is challenging for healthcare providers to detect when an individual has a brain injury simply because a person can appear physically fine.

When you begin to interact with a person, you may notice their unique physical, cognitive, behavioral, and emotional qualities. For example, if you are working with a survivor to create a safety plan, you may gradually notice that they have trouble focusing, planning, or even remembering the plan you both created. Brain injury can also make it difficult for a survivor to recall events and explain their story to healthcare providers, friends, family, law enforcement, etc. As a result, survivors may be viewed as an unreliable source. Therefore, it is important for professionals to keep this in mind and use various strategies to help compensate for memory loss and other challenges.



# Screening tools for TBI

Regardless of physical appearance, individuals who experience any form of assault should be screened for brain injury. There are tools available that are used to screen individuals for TBI. However, specific questions may need to be asked to inquire if a person has sustained an ABI.

## **HELPS is an acronym for the most important questions to ask:**

**H** = Were you hit in the head or was your head hit against an object?

**E** = Did you seek emergency room treatment?

**L** = Did you lose consciousness? (Not everyone who suffers a brain injury loses consciousness.)

**P** = Are you having problems with concentration and memory?

**S** = Did you experience sickness or other physical problems following the injury?

If you suspect a person has a brain injury, or they answer “yes” to any of these questions, help them get an evaluation by a medical professional. With consent, you may reach out to a brain injury service provider for information about domestic violence to work together.

## **Additional online resources:**

- **For more information about the HELPS Screening Tool and to review the instructions for use, please visit:** <http://www.doj.state.or.us/wp-content/uploads/2017/08/traumatic-brain-injury-and-domestic-violence.pdf>
- **HELPS Screening Tool in Spanish:** <https://www.idph.iowa.gov/Portals/1/Files/ACBI/Traumatic%20Brain%20Injury%20in%20Domestic%20Violence%20Programs%20-%20Screening%20Pilot.pdf>
- **For more information about the TBI Identification Method-Interview Form please visit:** <https://www.idph.iowa.gov/Portals/1/Files/ACBI/Traumatic%20Brain%20Injury%20in%20Domestic%20Violence%20Programs%20-%20Screening%20Pilot.pdf>

The TBI Identification Method was created by The Ohio State University to help identify a person’s lifetime exposure to TBI.



# Screening for ABI

Inquiring about an ABI may be more challenging because signs and symptoms can be more subtle. It is recommended to ask individuals if they have been strangled, choked, and/or suffocated as well as look for physical markings. Scratch marks, fingernail marks, or abrasions near a person's nose or lips could be a sign of suffocation.

ABI due to strangulation may cause changes to a person's breathing, hearing, voice, and vision. There may be changes in their behavior. For example, someone may become more impulsive, agitated, or develop post-traumatic stress disorder symptoms. They may report that they have been experiencing headaches, dizziness, and memory loss. If individuals report these signs and symptoms to you, they may have a brain injury and should consult with a healthcare provider.

You may want to review their medical history by asking if they have had strokes, tumors, aneurysms, infections of the brain, drug overdose, and toxic exposure (i.e., lead, carbon monoxide). Although these causes may not be directly related to abuse, it would be helpful for survivors and individuals to know that they may have an ABI.

## Working with survivors with brain injury

The following strategies can help when a survivor has difficulty with attention, concentration, information processing, memory, and executive functioning.

- Minimize distractions, such as phone calls, interruptions, and bright lights.
- Meet with them alone unless they want someone else included.
- Keep meetings short and build in breaks.
- Work on one task at a time and stick to the topic at hand.
- Be factual and concrete; break information down into small pieces.
- Double-check to be sure they understood you – repeat, repeat, repeat.
- If safety allows, write important information down in a journal or calendar, such as court dates, contact numbers, directions, order of protection information, to-do lists, etc.
- Develop checklists.
- Help them prioritize goals.
- Break tasks down into sequential steps; write out steps to problem-solving tasks.
- Help them fill out forms and make important phone calls.
- Allow extra time for them to complete tasks (e.g., to fill out a form).
- Point out possible consequences of decisions, short- and long-term.
- Provide respectful feedback on problem areas that affect their safety, if they think they are functioning better than they are.





## Summary

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Many survivors of abuse may not realize they sustained a brain injury because they never “passed out”, but a brain injury can occur without the loss of consciousness. Encourage all survivors of abuse to seek medical attention and be screened for brain injury by a healthcare professional.

**Professionals and survivors who are seeking more information on brain injury can reach out to the Brain Injury Alliance of New Jersey at 1-800-669-4323 or [info@bianj.org](mailto:info@bianj.org).**

Professionals and survivors who are seeking more information on abusive relationships can contact the NJ Domestic Violence Hotlines or their county domestic violence agency. The New Jersey Domestic Violence Hotline can refer individuals to their local programs for additional support as well.



# New Jersey domestic violence hotlines

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If someone is in an abusive relationship, these Hotlines can provide support and resources.

## **New Jersey Address Confidentiality Program (ACP) Hotline**



NEW JERSEY DEPARTMENT OF  
CHILDREN AND FAMILIES

The New Jersey Address Confidentiality Program Hotline provides access to domestic violence information and services, including application procedures, referral and advocacy.

Hotline: 1-877-218-9133 – Toll Free-Non-Emergency

Website: [www.nj.gov/dcf/women/acp](http://www.nj.gov/dcf/women/acp)

## **New Jersey Coalition Against Sexual Assault (NJCASA) Hotline**



The New Jersey Coalition Against Sexual Assault (NJCASA) connects individuals affected by sexual violence with professionals that provide assistance and referrals. Calls are routed to the closest rape crisis care center.

Hotline: 1-800-601-7200 – 24 hours a day, 7 days a week

Website: [www.njcasa.org](http://www.njcasa.org)

## **New Jersey Domestic Violence Hotline**



Available 24 hours a day, 7 days a week. The New Jersey Domestic Violence Hotline provides confidential access to domestic violence information and services, including crisis intervention, referral, and advocacy. Bilingual and accessible to the deaf and hearing impaired.

Hotline: 1-800-572-7233

Website: [www.njcedv.org](http://www.njcedv.org)

# Additional resources

## Brain Injury Alliance of New Jersey (BIANJ)

BIANJ provides support, resources, and information on brain injury, as well as BIANJ programs. Everything discussed is confidential. The Helpline is not intended to replace professional and/or medical advice. BIANJ also provides a free workshop that describes the relationship between brain injury and domestic violence.

Helpline: 1-800-669-4323

Email: [info@bianj.org](mailto:info@bianj.org)

Website: [www.bianj.org](http://www.bianj.org)



## Centers for Disease Control Violence Prevention (CDC)

The CDC provides information on violence prevention for various age groups.

Website: [www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)



## National Resource Center on Domestic Violence (NRCDV)

NRCDV provides a wide range of free, comprehensive, and individualized technical assistance, training, and specialized resource materials and key initiatives designed to enhance current domestic violence intervention and prevention strategies.

Hotline: 1-800-799-7233

Website: [www.nrcdv.org](http://www.nrcdv.org)



## New Jersey State Police

If you or someone you know is in an abusive relationship, the New Jersey State Police has a specific unit that works with survivors and their families to make sure their needs and rights are upheld. They also provide resources and referrals to individuals and spread awareness about domestic violence in the community.

Hotline: 609-882-2000 (Victim Service Unit Contact Information)

Website: [www.njsp.org](http://www.njsp.org)



# Support services

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## Helpline: 1-800-669-4323

BIANJ offers support, information about brain injury and connection to resources. The helpline operates Monday through Friday from 9am to 5pm. The helpline can be accessed by phone, live chat on [bianj.org](http://bianj.org), and email at [info@bianj.org](mailto:info@bianj.org).

## BIANJ CARES

BIANJ CARES offers Connections, Assistance, Resources, Education and Support to individuals of all ages and families impacted by brain injury. This free statewide program provides one-on-one support by caring staff to assess current needs and help reach personal goals.

## Support Groups

Support groups allow people with brain injury and their family members to meet others who are in similar situations, gain emotional support, friendship, as well as information and resources relevant to brain injury. Support groups meet throughout the state.

## Educational Trainings

BIANJ offers workshops and trainings throughout the state to increase awareness about brain injury. These include:

- Presentations for people impacted by brain injury
- Professional and family conferences
- Webinars and online courses

## Prevention

Prevention programs are designed for all ages to educate and increase awareness about preventing brain injury, such as:

- Transportation safety
- Seniors and falls
- Concussion
- Additional workshops as requested

## Advocacy

BIANJ empowers individuals to get involved and advocate for legislative policy to support people impacted by brain injury.

**For questions and a full listing of our programs and services, contact us at 1-800-669-4323, [info@bianj.org](mailto:info@bianj.org), or by live chat at [bianj.org](http://bianj.org).**



## **Brain Injury Alliance of New Jersey (BIANJ)**

825 Georges Road, 2nd Floor, North Brunswick NJ 08902

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