DOMESTIC VIOLENCE AND BRAIN INJURY: A SERVICE PROVIDER'S GUIDE

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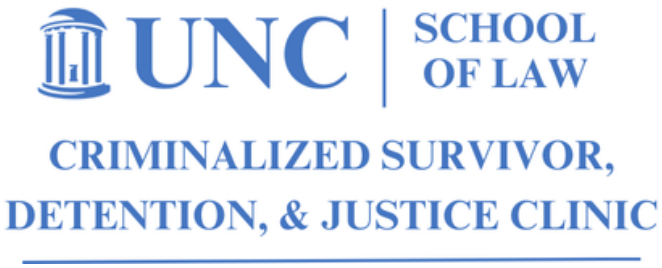

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I. Introduction

Brain injury is a serious and often undiagnosed consequence of intimate partner violence (IPV). One survey of women recruited from domestic violence shelters found that nearly 75% of them had sustained at least one brain injury from physical blows or strangulation, and approximately half had suffered multiple brain injuries.[1] Another study found that the number of domestic violence survivors who have experienced a traumatic brain injury (TBI) is 12 times higher than the number of brain injuries experienced by military personnel and athletes combined.[2] It is estimated that women in the U.S. may cumulatively withstand approximately 1.6 million instances of traumatic brain injury from intimate partner violence every year.[3] Brain injury causes physical, psychological, and behavioral problems that can impact every aspect of a survivor's life, especially their service needs.

Despite the unique vulnerability of domestic violence survivors to brain injury, a 2019 study found "a general lack of TBI awareness and understanding among IPV service providers," with the majority of providers surveyed having received no brain injury training or education.[4] Screening for brain injury is an effective health promotion strategy for IPV survivors when accompanied by accommodations and resources for those who screen positive.[5] The purpose of this guide is to provide information about the causes and prevalence of brain injuries in survivors, describe the ways that brain injury manifests in survivors, and provide recommendations for domestic violence service providers to screen and accommodate survivors' brain injuries. Additional resources for service providers as well as survivors are included at the end of the guide.

II. Causes of Brain Injury in Survivors

Traumatic brain injury (TBI) usually results from a violent blow or jolt to the head or body. Common causes of TBI in domestic violence survivors include experiencing the following violent acts: punches or blows to the head or face, headbutting, head or body slamming, causing a fall, or severely shaking a survivor. When a person experiences a sudden jolt or blow to the head, the brain undergoes rapid acceleration and impacts the interior of the skull. This brain movement tears apart delicate brain tissue.[6] Less severe tissue damage results in a concussion, which disrupts normal brain functioning. More severe damage can result in coma, persistent vegetative state, or even death. Repetitive concussions can also result in chronic traumatic encephalopathy (CTE), a condition that causes brain tissue to deteriorate over time, sometimes leading to death.[7]

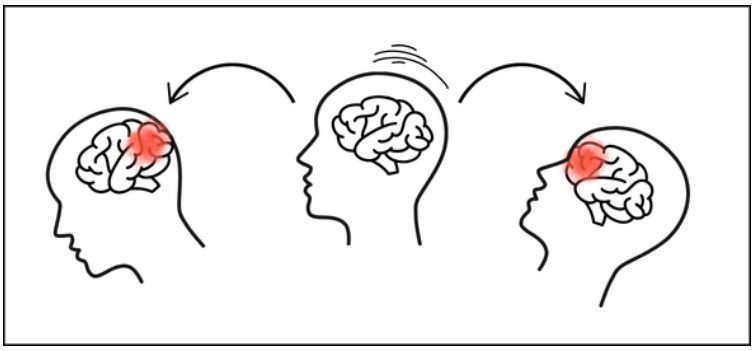


Fig. 1: Sudden movements can cause the brain to impact the inside of the skull, damaging brain tissue.

Survivors of IPV also experience acquired brain injury (ABI). The most common cause of ABI in survivors is strangulation.[8] Brains need a constant flow of oxygen to function, and restricting vital oxygen flow can quickly cause brain tissue to die, and can result in permanent injury or death in a matter of minutes.[9] Brain injury can occur when the blood vessels in the

neck are compressed, even if breathing is not restricted. Strangulation is an extremely common form of physical abuse inflicted on survivors, but the severity of its consequences is poorly understood.

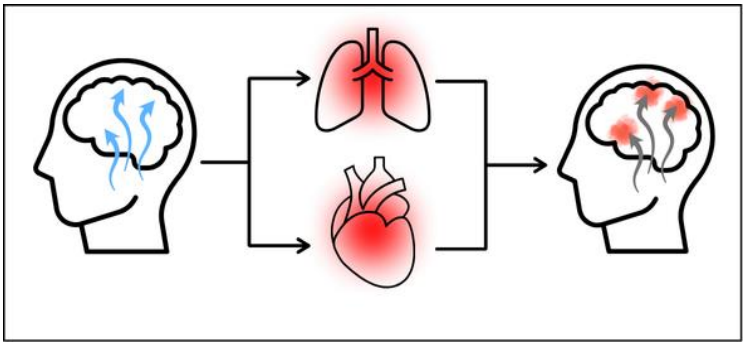


Fig. 2: Compressing the airway or the blood vessels in the neck through strangulation restricts oxygen flow to the brain, damaging brain tissue.

Survivors may experience both TBI and ABI, and damage to the brain is compounded with each incident of head trauma or strangulation. For the rest of this guide, the term "brain injury" is used to refer to both TBI and ABI, as both are commonly present in survivors.

III. Manifestations of Brain Injury in Survivors

Survivors of IPV who have suffered brain injury may display a range of both physical and behavioral symptoms which may be misunderstood by providers who are not aware of their brain injury.

A significant obstacle in understanding the intersection between brain injury and domestic violence is the problem of male bias in neuroscience research. Brain injuries that are not a result of contact sports or military service are less frequently reported or identified.[10] However, recent studies centered around women demonstrate that brain injuries present differently in women than in men.[11] In addition to men and women often exhibiting different

symptoms of brain injury, brain injuries that are not a result of contact sports or military service are less frequently reported or identified.[12] Because new studies have established the high prevalence of brain injury in domestic violence survivors, domestic violence service providers are in a uniquely powerful position to identify and advocate for brain injured survivors. Providers' frontline work identifying brain injury in survivors can also help revolutionize the medical understanding of brain injuries in women. Therefore, it is crucial for service providers and advocates to be able to recognize the most common presentations of brain injury in survivors.

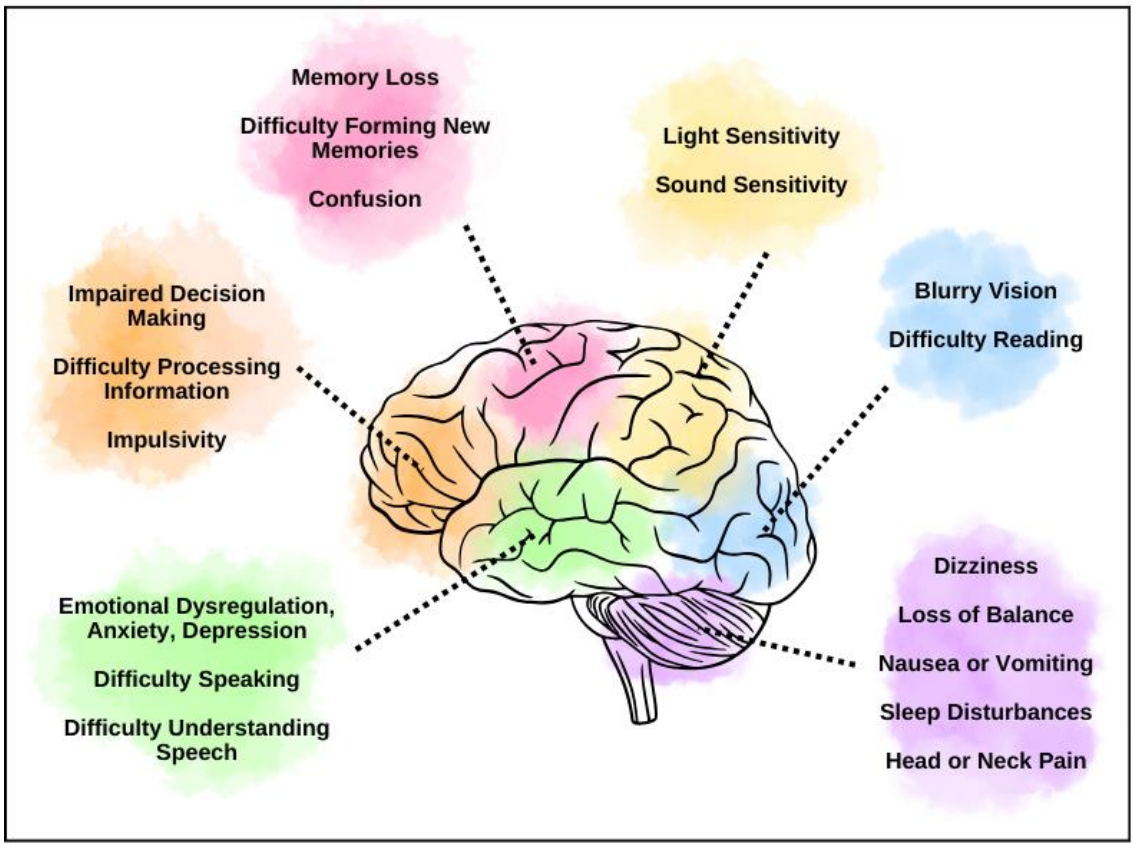


Fig. 3: Common acute and long-term symptoms of brain injury

Immediately after suffering a brain injury, survivors may experience the following: headache, dizziness, confusion, blurred vision, ringing in the ears, loss of balance, difficulty speaking, or short-term memory loss. More severe acute symptoms may also include loss of consciousness or seizures.[13] Physical symptoms of brain injury can appear or continue weeks, months, and years after the brain injury occurred.[14] Long-term physical manifestations of brain injury often include chronic headaches, sensitivity to light or sound, sleep disturbances, dizziness, fatigue, seizures, memory loss or difficulty forming memories, neck pain, and nausea or vomiting.[15]

Intertwined with these physical symptoms are psychological symptoms. The brain is responsible for memory, thought, emotions, and behavior. Damage to the brain results in damage to the brain's ability to properly function in these roles. Cognitive symptoms of brain injury can include the following: impaired decision-making, poor memory, difficulty processing information, forgetfulness, difficulty reading, and impulsivity.[16] Emotional dysregulation as a result of brain injury can manifest as outbursts, mood swings, aggression, or apathy.[17] Survivors also experience depression, anxiety, and PTSD which is worsened by brain injury.[18] Psychological and behavioral symptoms are exacerbated by a survivor's domestic circumstances as well as financial, legal, and other stressors. Survivors may also miss appointments, fail to follow up, or not understand directions as a result of their brain injury.[19]

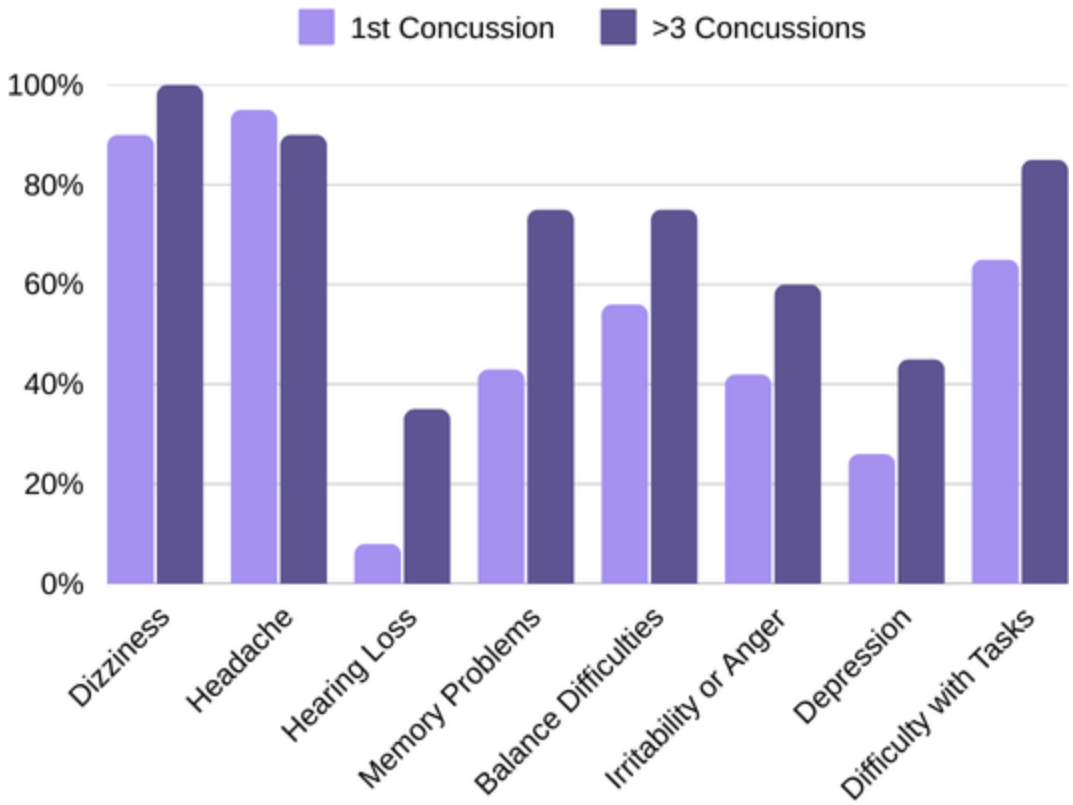


Fig. 4: Prevalence of reported symptoms following mild TBIs.[20]

IV. Criminality in Survivors with Brain Injury

Approximately 45% of people involved in the criminal legal system have a history of brain injury.[21] Because brain injury causes disinhibition, emotional dysregulation, and diminished decision-making capacity, many brain injured survivors exhibit criminalized behaviors. These risk factors are compounded by trauma, financial instability, housing insecurity, and domestic abuse. Consequently, many survivors find themselves facing criminal charges.[22] Incarcerated women who have been convicted of a violent crime are more likely to have sustained a pre-crime brain injury than other populations, with one study finding a mean of two brain injuries with loss of consciousness per individual.[23]

Survivors with brain injury face distinct challenges once involved in the criminal justice system. Brain injury disrupts memory, leading to an inability to properly communicate what happened or confusing recollections, both of which harm a survivor's legal case.[24] Cognitive symptoms inhibit a survivor's ability to participate in their legal defense, and may result in further charges such as failure to appear or contempt. Brain injury will negatively impact a survivor at all stages of criminal proceedings, and the chronic, cumulative nature of brain injury often leads to repeated contact with the criminal justice system.[25]

V. Working with Survivors with Brain Injury: Recommendations

While medical diagnosis and treatment are important in cases of brain injury, many survivors do not have access to such care for a variety of reasons. However, non-medical domestic violence providers can implement meaningful accommodations that will help survivors with brain-injury navigate the resources available to them and escape abuse. Brain injury-informed services and advocacy have the potential to be significantly more effective than existing programs in supporting survivors of IPV.

A. Screening for Brain Injury

While medical diagnosis is outside the purview of most domestic violence service providers, identifying brain injury in survivors who are seeking services can be accomplished through non-medical "screening tools," sets of questions and checklists that provide insight into the likelihood that a survivor has experienced brain injury.[26] These tools have been developed and tested by brain injury experts, and some have been specifically tailored to apply to survivors of IPV.

There are seven publicly available screening and assessment tools that have been previously used for IPV survivors[27]: the Brain Injury Severity Assessment (BISA)[28]; the Brain Injury Screening Questionnaire with IPV module (BISQ-IPV)[29]; the Boston Assessment of Traumatic Brain Injury for Female Survivors of IPV (BAT-L/IPV)[30]; the Ohio State University Traumatic Brain Injury Identification Method (OSU TBI-IUD)[31]; the HELPS screening tool[32]; the HELPS-IPV adaptation[33]; and the CHATS screening tool.[34] These tools are further identified in the appendix.

Screening tool	No. of questions	Format	IPV specific prompts?	Target population
BISA	15	Semi-structured interview	Yes, but not strangulation	IPV survivors
BISQ-IPV	9	Self-reported questionnaire	Yes, including strangulation	IPV survivors
BAT-L/IPV	11	Semi-structured interview	Yes, including strangulation	IPV survivors
OSU TBI-ID	5	Semi-structured interview	No	General
HELPS	5	Structured interview and questionnaire	No	General
HELPS-IPV	20	Structured interview and questionnaire	Yes, including strangulation	IPV survivors
CHATS	5	Questionnaire	Yes, including strangulation	IPV survivors

Figure 5: Table of commonly used brain injury screening tools.

Screening tools can be implemented only with the full consent of the survivor. Before screening, advocates should explain the purposes of screening and that the information gathered during screening will not be shared without the survivor's consent. Program providers should make sure to communicate the following prior to screening: brain injury is extremely common in survivors; brain injury can have a wide range of symptoms that may not appear immediately; awareness of brain injury can help providers better understand and advocate for a survivor's needs; recognizing brain injury symptoms in survivors allows providers to tailor programs to best assist survivors; and screening helps survivors recognize brain injury symptoms they are experiencing and how to best care and advocate for themselves.

If desired, program providers can have survivors sign an agreement that guarantees the confidentiality of the information shared during screening and the results, specifies that the screening results are not a medical diagnosis and do not guarantee medical treatment, and declaring that the screening process is intended only to initiate a conversation, with the survivor deciding what, if any, treatment they might want to seek, and to provide better advocacy services for the survivor.

In choosing which screening tool to use, programs may decide to use a short tool, such as HELPS, during survivor intake, and utilize a more detailed tool, such as BISA, when the appropriate time, setting, and attention can be given to the process. Screening tools typically take the form of a list of questions to be asked during a counseling or advocacy session. While self-administered questionnaires can be provided to survivors, conversational screenings often provide better insight into a survivor's symptoms and needs. If more detailed screenings cannot be conducted due to lack of resources, simply distributing self-administered tools and resources will still increase positive outcomes for survivors.

Once the screening is complete, providers should ask whether the survivor wants to keep the tool. If they do, providers should furnish a way to store the documents securely; if they do not wish to keep the tool, the documents can be shredded. Results should not be shared with any other parties without the survivor's express permission. Using the results of the screening, advocates and survivors should collaborate on what accommodations may be helpful.

B. Practices and Accommodations for Brain Injured Survivors

Screening results will help shed light on a survivor's individual needs with regards to brain injury symptoms, including physical, practical, and counseling accommodations. In addition to providing accommodations specifically requested by survivors, broadly offering the simple accommodations on the following page (i.e., without a positive screening result) can help survivors who do not want to screen, who are reluctant to request accommodation, or who have not considered such accommodation. Most importantly, providers must be mindful of how underlying brain injury motivates survivors' behavior and how frustrating brain injury symptoms can be. Without insight into possible brain injury, TBI and ABI symptoms may look like bad decisions, disrespect, not caring, forgetfulness, or not taking things seriously. In reality, these are just manifestations of violence inflicted on survivors. Below are some simple accommodations which can help ameliorate the impacts of brain injury symptoms in survivors.


Problem:
Sensory and
Motor Issues
Accommodations:
Dimmable lights or sunglasses
Earplugs or noise-cancelling headphones
Large text and low-contrast documents
Wall-mounted handrails
Easily accessible seating
Accommodations:
Provide frequent breaks during activities
Keep instructions and information
brief and simple
Combine tactile activities or tools during
discussions and meetings
(e.g., stress ball, coloring book, knitting)
Problem:
Limited
Attention
Problem:
Limited Information
Processing
Accommodations:
Slow down explanations and
repeat information
Provide one idea or task at a time
Check-in periodically for understanding
Provide both visual and
auditory information
Accommodations:
Encourage writing down information
Keep items organized and clearly labelled
Repeat information
Post clear signage and directions
Maintain consistent schedules
and provide reminders
Problem:
Memory Loss and
Disorganization
Problem:
Impulsivity and
Emotional Dysregulation
Accommodations:
Provide incentives for short-term goals
Respond immediately to
inappropriate behavior
Be clear when setting expectations
and consequences
Be patient: symptoms are not malicious

Appendix A: Screening Tools

Brain Injury Severity Assessment (BISA) Interview

For the following assessment, "yes" responses will require further probing. For each "yes" response, the following information should be obtained for each alteration or loss of consciousness:

1) specifics of the incident;

2) how long the alteration or loss of consciousness lasted;

3) how many such incidents have ever occurred;

4) the time frame within which the incidents have occurred including the following: the most recent incident, when the first such incident occurred, approximate times when other incidents in between occurred. Remember that it is important to acquire information on the first, last and time in between incidents.

Now I would like to ask you a little more about things that may have happened to you after something that your partner may have done to you after you had an argument or disagreement or something like that. Some of the questions I ask may be difficult to answer or remember, so please just take your time in answering and do your best.

After anything that your partner has ever done to you, have you ever lost consciousness or blacked out? (If yes...)

Could you tell me more about that and about what happened?

When did that happen?

How long did the blackout last?

Has that ever happened before?

When was the first time that ever happened?

When was the last time that happened? [If she says no to the above question or provides no response, consider probing based on abuse severity info (e.g., if it was reported that he punched her in the head repeatedly)]

After anything that your partner ever did to you, did you ever feel dizzy...? (If yes...)

Could you tell me more about that and about what happened?

What was that like for you?

What does it feel like for you to be dizzy?

When did that happen?

How long did the dizziness last?

Has that ever happened before?

When was the first time that ever happened?

When was the last time that happened?

After anything that your partner ever did to you, did you ever feel stunned, really disoriented or have the sense of not knowing where you were or what time it was? (If yes...)

Could you tell me more about that and about what happened?

What does it feel like for you to be stunned or disoriented?

When did that happen?

How long did this feeling last?

Has that ever happened before?

When was the first time that ever happened?

When was the last time that happened?

After anything that your partner ever did to you, did you ever "see stars or spots"...? (If yes...)

Could you tell me more about that and about what happened?

What was it like seeing stars (or use spots, whichever term she used)?

Could you describe that for me?

When did that happen?

How long were you "seeing stars (or spots)"?

Has that ever happened before?

When was the first time that ever happened?

When was the last time that happened?

After anything that your partner ever did to you, did you ever have any problems remembering things that happened right before or after that happened? (If yes...)

Could you tell me more about that and about what happened?

What types of things couldn't you remember?

When did that happen?

For how long were you not able to remember?

Has that ever happened before?

When was the first time that ever happened?

When was the last time that happened?

After anything that your partner ever did to you, did you ever have to go to the hospital? Did you ever feel that you should have gone to the hospital even if you didn't go to the hospital? (If yes...)

What happened?

Could you describe that a little for me?

When did that happen?

Has that ever happened before?

When was the first time that ever happened?

When was the last time that happened?

Other Brain Injury Incidents [If previous reports of loss of consciousness] Other than things that you just told me about, can you remember any times when you lost consciousness or blacked out? [If yes, ask…]

What happened?

Could you describe that a little for me?

When did that happen?

How long did the blackout last?

Has that ever happened before?

When was the first time that ever happened?

When was the last time that happened?

[If the woman has reported no abusive incidents of blacking out at all, ask] Can you remember any times when you lost consciousness or blacked out? (If yes...)

What happened?

Could you describe that a little for me?

When did that happen?

How long did the blackout last?

Has that ever happened before?

When was the first time that ever happened?

When was the last time that happened?

Can you remember any times that you might have hit your head, had your head hit with something, or were shaken up? [if yes…]

Could you tell me a little about what happened?

When did that happen?

How long were you unconscious?

Has that ever happened before?

When was the first time that ever happened? When was the last time that happened? How about times where you felt dizzy? (If yes...)

What happened then?

Could you describe that for me?

When did that happen?

How long were you feeling dizzy?

Has that ever happened before?

When was the first time that ever happened?

When was the last time that happened?

How about times where you felt stunned, really disoriented, or had the sense of not knowing where you were or what time it was? (If yes...)

What happened?

Could you describe what happened and what it felt like for you to feel stunned or disoriented?

When did that happen?

How long did you have this feeling?

Has that ever happened before?

When was the first time that ever happened?

When was the last time that happened?

How about times where you "saw stars or spots"? (If yes...)

What happened?

What was it like seeing stars (or use spots, whichever term she used)?

Could you describe that for me?

When did that happen?

How long were you "seeing stars (or spots)"?

Has that ever happened before?

When was the first time that ever happened?

When was the last time that happened?

How about problems remembering things right before or after an accident or specific event? (If yes...)

Could you tell me a little more about that?

What types of things couldn't you remember?

When did that happen?

How long were you unable to remember things?

Has that ever happened before?

When was the first time that ever happened?

When was the last time that happened?

Have you ever had to go to the hospital after an accident you had?

Did you ever feel that you should have gone to the hospital even if maybe you didn't go to the hospital? (If yes...)

Could you tell what happened?

When did that happen?

How long were you at the hospital?

Has that ever happened before?

When was the first time that ever happened?

When was the last time that happened?

Was there ever a time as a child when you felt any of the things I just mentioned such as losing consciousness, feeling dizzy, disoriented, or seeing stars or spots?

Were there any times when you had to go to the hospital or thought that you should have gone to the hospital for any reason? (If yes...)

Could you tell me what happened?

When did that happen?

How long did you have the problem?

Has that ever happened before?

When was the first time that ever happened?

When was the last time that happened?

HELPS Brain Injury Screening Tool

HELPS BRAIN INJURY SCREENING TOOL

Consumer Information: _____

_____

_____

Agency/Screener's Information: _____

_____

H Have you ever **H**it your **H**ead or been **H**it on the **H**ead? ☐ 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 **E**mergency 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 **L**ose 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 **P**roblems 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.

- ☐ headaches
- ☐ dizziness
- ☐ anxiety
- ☐ depression
- ☐ difficulty concentrating
- ☐ difficulty remembering
- ☐ difficulty reading, writing, calculating
- ☐ poor problem solving
- ☐ difficulty performing your job/school work
- ☐ change in relationships with others
- ☐ poor judgment (being fired from job, arrests, fights)

S Any significant **S**icknesses? ☐ 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. Scarisbrick, 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/ncipc/pub-res/tbi_toolkit/physicians/mtbi/diagnosis.htm.

This document was supported in part by Grant 6 H21 MC 00039-03-01 from the Department of Health and Human Services (DHHS) Health Resources and Services Administration, Maternal and Child Bureau to the Michigan Department of Community Health. The contents are the sole responsibility of the authors and do not necessarily represent the official views of DHHS.

Ohio State University TBI Identification Method – Interview Form

Name: _____ Current Age: _____ Interviewer Initials: _____ Date: _____

Ohio State University TBI Identification Method — Interview Form

Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.
   ☐ No ☐ Yes—Record cause in chart
2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?
   ☐ No ☐ Yes—Record cause in chart
3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?
   ☐ No ☐ Yes—Record cause in chart
4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?
   ☐ No ☐ Yes—Record cause in chart
5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.
   ☐ No ☐ Yes—Record cause in chart

Interviewer instruction:
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer instruction: If the answer is "yes" to any of the questions in Step 1 ask the following additional questions about each reported injury and add details to the chart below.

Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 3

Interviewer instruction: Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

If yes, what was the typical or usual effect—were you knocked out (Loss of Consciousness - LOC)?

If no, were you dazed or did you have a gap in your memory from the injury?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began? Ended?

Step 1	Step 2						
	Loss of consciousness (LOC)/knocked out				Dazed/Mem Gap		Age
Cause	No LOC	< 30 min	30 min-24 hrs	> 24 hrs	Yes	No	

If more injuries with LOC: How many?_____ Longest knocked out?_____ How many ≥ 30 mins.?_____ Youngest age? _____

Step 3	Typical Effect		Most Severe Effect				Age	
Cause of repeated injury	Dazed/ memory gap, no LOC	LOC	Dazed/ memory gap, no LOC	LOC < 30 min	LOC 30 min - 24 hrs.	LOC > 24 hrs.	Began	Ended

Adapted with permission from the Ohio State University TBI Identification Method (Corrigan, J.D., Bogner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. J Head Trauma Rehabil, 22(6):318-329.

(Continuation from reverse side, if needed)

Name: _____ **Current Age:** _____ **Interviewer Initials:** _____ **Date:** _____

Step 1	Step 2						
	Loss of consciousness (LOC)/knocked out				Dazed/Mem Gap		Age
Cause	No LOC	< 30 min	30 min-24 hrs	> 24 hrs	Yes	No	

If more injuries with LOC: How many?_____ Longest knocked out?_____ How many ≥ 30 mins.?_____ Youngest age? _____

Step 3	Typical Effect		Most Severe Effect				Age	
Cause of repeated injury	Dazed/ memory gap, no LOC	LOC	Dazed/ memory gap, no LOC	LOC < 30 min	LOC 30 min - 24 hrs.	LOC > 24 hrs.	Began	Ended

Interpreting Findings

A person may be more likely to have ongoing problems if they have any of the following:

- **WORST**
  One moderate or severe TBI
- **FIRST**
  TBI with loss of consciousness before age 15
- **MULTIPLE**
  2 or more TBIs close together, including a period of time when they experienced multiple blows to the head
- **RECENT**
  A mild TBI in the last weeks or a more severe TBI in the last months
- **OTHER SOURCES**
  Any TBI combined with another way that their brain function has been impaired

For more information about TBI or the OSU TBI Identification Method visit:

- Ohio Valley Center at OSU
  www.ohiovalley.org/informationeducation
- BrainLine.org
  www.brainline.org

(Updated July 2013)

CHATS: Has Your Head Been Hurt

Ohio Domestic Violence Network ODVN | The Center on Partner-Inflicted Brain Injury

HAS YOUR HEAD BEEN HURT?

When your head, neck, or face gets hurt, the injuries might not be visible or show up right away but can impact your brain and your life in many ways. Please complete this CHATS form and work with your advocate to get support after a head injury.

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
Have you ever passed out or lost **consciousness** from an overdose or drug use, a medical issue, or something else?	YES	NO

H

Have you ever been **hit or hurt** in the **head, neck, or face**?	YES	NO
Have you ever **hurt your head, neck, or face** in any other way? Like hitting your head on something, in a fall or accident, while using alcohol or drugs, severe shaking, or a car crash?	YES	NO

A

After you 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:

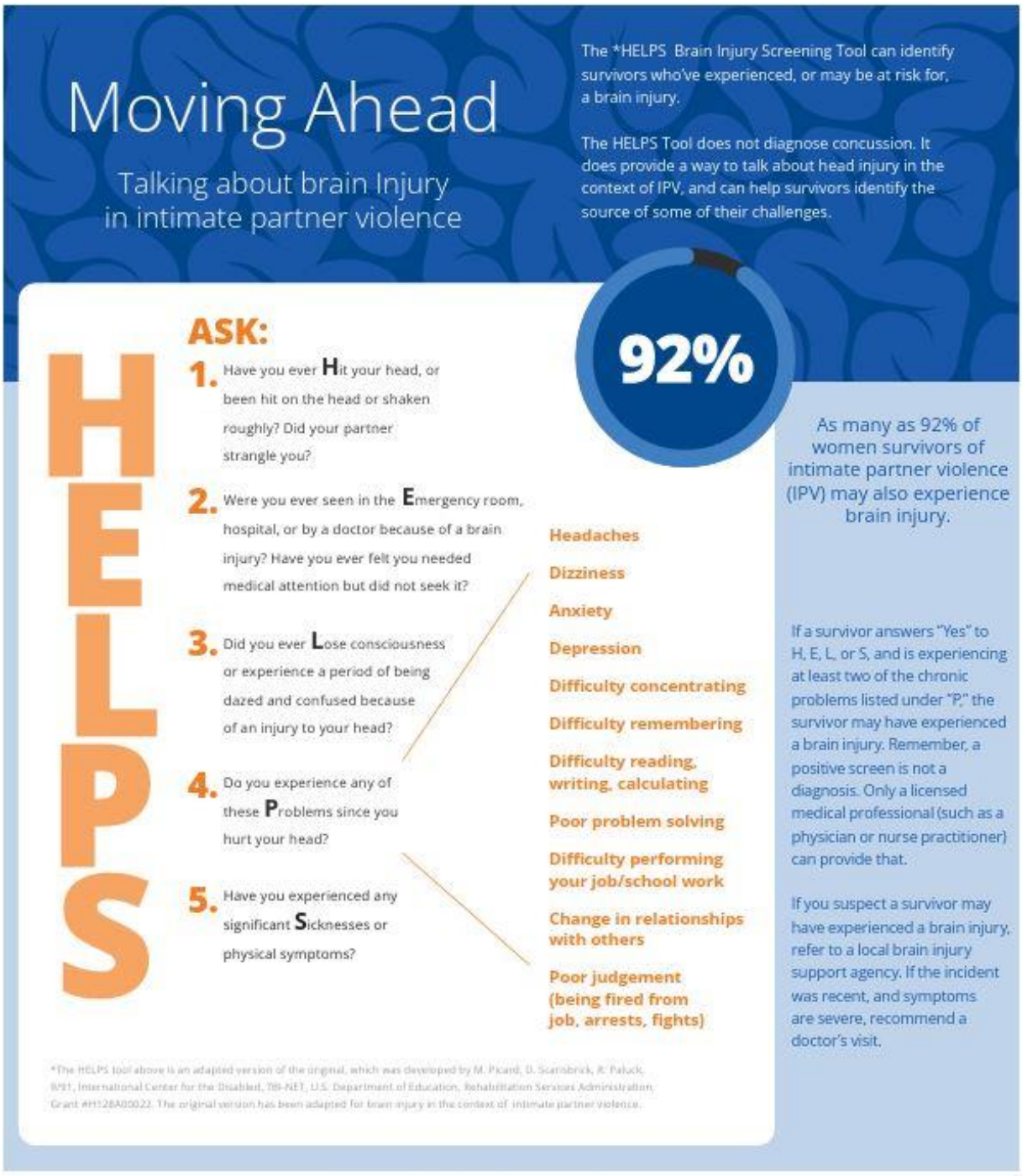
PHYSICAL	EMOTIONS	THINKING	ACCESS TO
Headaches	Worries and fears	Remembering things	Food
Sleeping problems	Panic attacks	Multi-tasking	Health Care/Insurance
Sensitive to light or noise	Flashbacks	Paying attention or focusing	Employment
Vision problems	Sadness	Problem solving	Housing
Dizziness	Depression	Getting things started	Utilities
Balance problems	Hopelessness	Figuring out what to do next	Transportation
Fatigue	Anger or rage	Organizing things	Childcare
Seizures	Irritable	Controlling emotions or reactions	Phone

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

Even if you did not go, 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
Do you want to **see** anyone for or need help with anything above?	YES	NO

HELPS: Moving Ahead – Talking about brain injury in intimate partner violence



Appendix B: Additional Resources for Survivors

Employment for Survivors, Abused & Brain Injured. https://www.abitoolkit.ca/supporting-survivors/employment/

Head Injuries and Strangulation Hurt Your Brain, Ohio Domestic Violence Network. https://www.odvn.org/brain-injury-survivors/

Invisible Injuries: When Your Head is Hurt, Ohio Domestic Violence Network. https://www.odvn.org/wp-content/uploads/2020/04/ODVN_Resource_InvisibleInjuries_web.pdf

Resources for Survivors. Abused & Brain Injured. https://www.abitoolkit.ca/resource-library/survivor-resources/

Traumatic Brain Injury Factsheets. Model Systems Knowledge Translation Center. https://msktc.org/tbi/factsheets

NC BRAINS (North Carolina Brain Resources and Injury Needs Screening). Disability Rights North Carolina. https://disabilityrightsnc.org/our-work/tbi-nc-brains-initiative/

Appendix C: Additional Resources for Providers

Annie Liontas, *Reckoning with the Connection Between Brain Injuries and Criminal Behavior*, N.Y. Times, Nov. 30, 2024.

Campbell et al., *The effects of intimate partner violence and probable traumatic brain injury on central nervous system symptoms*. Journal of Women's Health, 27, 761–767 (2018).

Christa Hillstrom*, The Hidden Epidemic of Brain Injuries from Domestic Violence*, N.Y. Times (Mar. 1, 2022), https://perma.cc/A9LF686E.

Colantonio, et al., *Brain Injury and Intimate Partner Violence*, Journal of Head Trauma Rehabilitation, Vol. 37, No. 1, pp. 2-4 (2022).

Gael Strack and Casey Gwinn, *The Consequences of Strangulation Assaults: What Professionals Need to Tell Victims,* Domestic Violence Report, Vol. 30, No. 2 (January 2025).

Kwako, er al., *Traumatic brain injury in intimate partner violence: A critical review of outcomes and measures*. Trauma, Violence, & Abuse, 12, 115–126 (2011).

Oakley et al., *Traumatic Brain Injury Screening and the Unmet Health Needs of Shelter-Seeking Women with Head Injuries Related to Intimate Partner Violence,* Women's Health Reports, Vol. 2, No. 1 (Dec. 2021).

Luke Montgomery and Rachel Ramirez, *Partner-Inflicted Brain Injury: Promising Practices for Domestic Violence Programs*, Ohio Domestic Violence Network.

Murray, et al., *Practice update: What Professionals Who Are Not Brain Injury Specialists Need to Know About Intimate Partner Violence–Related Traumatic Brain Injury*, Trauma, Violence, & Abuse. 17(3) (2016).

Oakley et al*., Traumatic Brain Injury Screening and the Unmet Health Needs of Shelter-Seeking Women with Head Injuries Related to Intimate Partner Violence*, Women's Health Reports, Vol. 2, No. 1 (Dec. 2021).

U.S. Department of Justice Office on Violence Against Women, *A National Protocol for Intimate Partner Violence Medical Forensic Examinations* (May 2023).

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[4] Haag, et al., *Battered and Brain Injured: Assessing Knowledge of Traumatic Brain Injury Among Intimate Partner Violence Service Providers*, Journal of Women's Health, Vol. 28, No. 7 (2019).
[5] Oakley et al., *Traumatic Brain Injury Screening and the Unmet Health Needs of Shelter-Seeking Women with Head Injuries Related to Intimate Partner Violence,* Women's Health Reports, Vol. 2, No. 1 (Dec. 2021).
[6] Concussion Alliance, *What Happens to Your Brain When You Get a Concussion?* https://www.concussionalliance.org/what-happens-to-your-brain
[7]Mayo Clinic, Chronic traumatic encephalopathy https://www.mayoclinic.org/diseases-conditions/chronic-traumatic-encephalopathy/symptoms-causes/syc-20370921
[8] Wilbur et al., *Survey results of women who have been strangled while in an abusive relationship*, Journal of Emergency Medicine, Vol. 21, Issue 3, pp. 297-302 (Oct. 2001).
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[32] M. Picard et al., HELPS Brain Injury Screening Tool, https://www.abitoolkit.ca/assets/images/HELPS-tool.pdf
[33] Supporting Survivors of Abuse and Brain Injury Through Research, *Moving Ahead: Talking about brain injury in intimate partner violence*, https://www.abitoolkit.ca/assets/pdfs/2023-SOAR-HELPS-ENac.pdf
[34] The Ohio Domestic Violence Network Center on Partner-Inflicted Brain Injury, *Has Your Head Been Hurt?* https://www.odvn.org/wp-content/uploads/2024/07/CHATS_May2024b.pdf (May 2024).