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**INTIMATE PARTNER VIOLENCE AND
BRAIN INJURIES**
PANEL DISCUSSION WITH
EXPERTS & ADVOCATES



Desiree Gorbea-Finalet
Disability Rights NC: Brain Injury Expert



Erica Davis
Brain Injury Association of NC: Neuro Resource Facilitator



Kelly Newcomb
Author of *Defending Battered Survivors with Brain Injuries: An Educational Guide for Advocates in North Carolina* & UNC Law Alum



Grayson Elliott
Brain Injury Advocate & Current UNC Undergraduate

A discussion to help educate and inform future lawyers about the intersection of intimate partner violence, brain injuries and criminalized survivors.

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 **April 6, 2026**
12.00 PM  **Room 5046**
UNC School of Law

Hosted by **Criminalized Survivor, Detention and Justice Clinic & LSASDV**

Lunch Provided

WELCOME!

Please grab some lunch and find seat!

Thank you for being here!

Kelly Newcomb

UNC School of Law Alum

*Author of **Defending Battered Survivors with Brain Injuries: An Educational Guide for Advocates in North Carolina***

The background features a complex abstract design. On the left, there are several overlapping geometric shapes: a dark purple triangle at the top left, a blue square with concentric circles, a light grey semi-circle, a pink square with diagonal lines, a blue square with a grey triangle, a pink square with horizontal lines, and a dark purple triangle at the bottom left. A white dot is connected by a thin white line to the top-left corner of the dark purple triangle. The main title is centered in the upper right quadrant.

BRAIN INJURIES in IPV SURVIVORS

Kelly Newcomb, JD

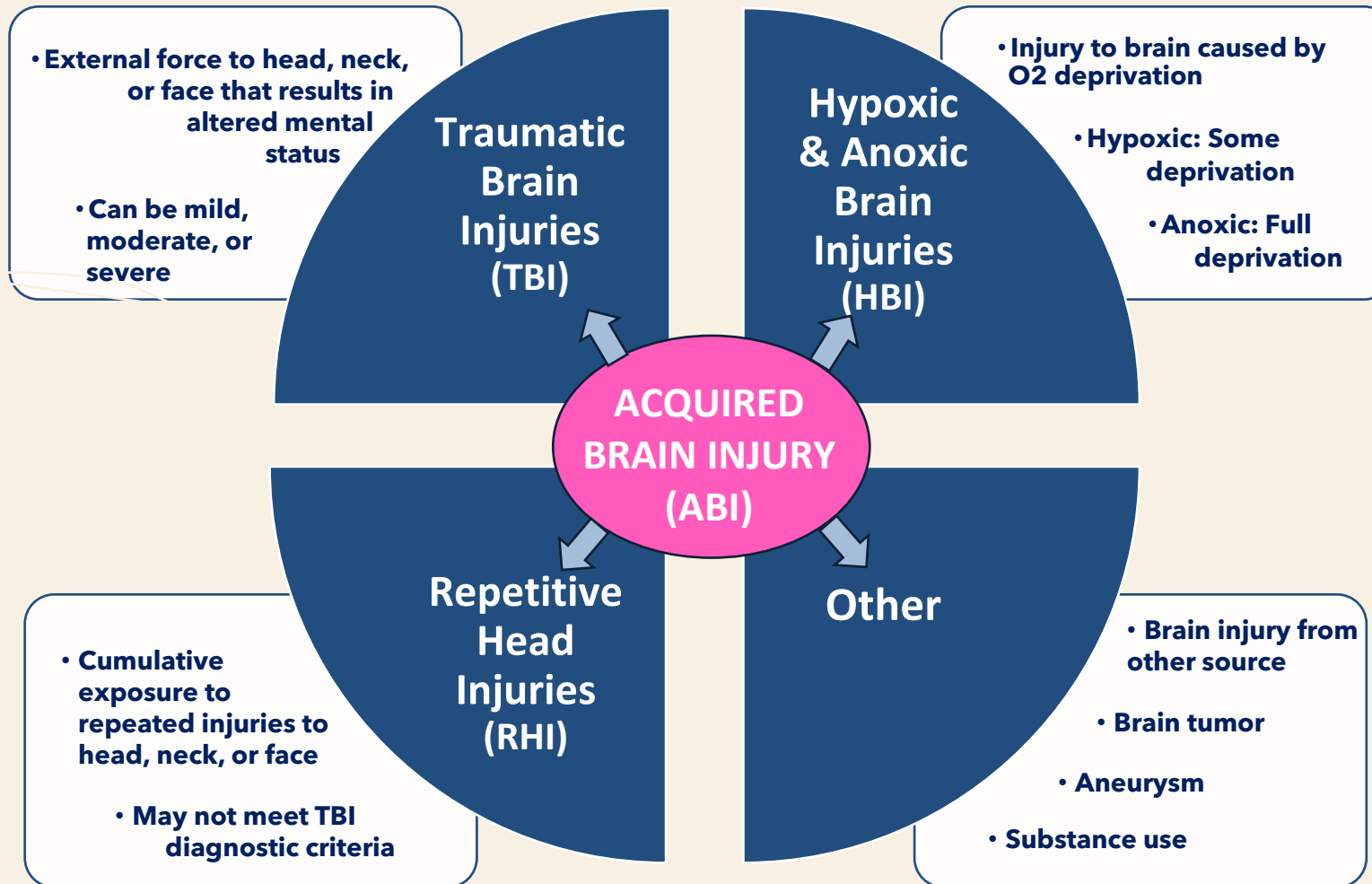


OVERVIEW

- **TYPES & PREVALENCE**
of brain injuries
- **EFFECTS**
of brain injury in survivors
- **BARRIERS**
to health & safety
- **RELEVANCE**
of BI research and importance of expert witnesses

BRAIN INJURIES

TYPES & PREVALENCE



TRAUMATIC BRAIN INJURY

- **May result from abuser's direct or indirect contact**
- **23 Million women live with IPV related TBI in US**
- **Of US women w/ history of IPV:**
 - 75% sustain at least one partner-related TBI
 - 50% sustain repetitive TBI
- **Glasgow Coma Scale**
 - Measured on scale 13-1
 - Measures loss of consciousness and cognitive deficits



HYPOXIC & ANOXIC BRAIN INJURIES

- **May occur during:**
 - Compression of jugular veins, carotid arteries, or trachea during manual or ligature strangulation
 - Suffocation
 - Nonfatal drowning
- **Studies have suggested up to 80% of IPV survivors have been strangled**
- **Incidence of NFS may be even higher:**
 - IPV underreported
 - Many survivors and first responders may not associate strangulation with BI

REPETITIVE HEAD INJURIES

- **Very little research on RHI in IPV survivors**
- **Cumulative effects of RHI may be as serious as TBI**
- **RHI may result in CTE and other neurodegenerative diseases**
- **2022 study of soccer players with RHI suggests:**
 - Women experienced a diminished rate of learning
 - May be more susceptible to the “adverse effects of RHI on brain structure and function” than biological males

PHYSICAL & PHYSIOLOGICAL EFFECTS

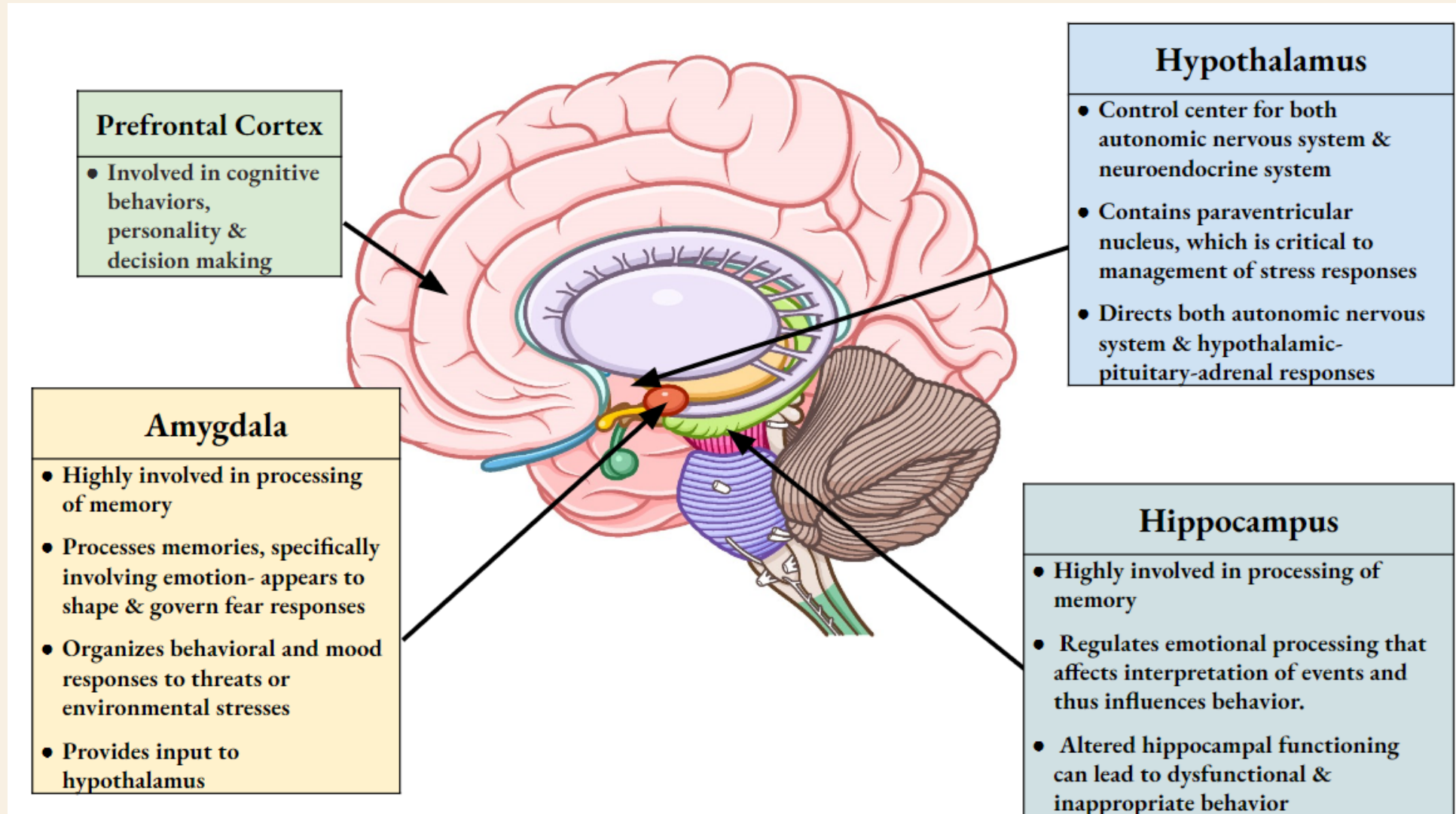
Physical Changes

- Lower cortical thickness
- With repeat injury, degeneration and decreased brain function from structural damage
- Significant neurovascular, inflammatory and neurological consequences including cell death
- Injured cells may experience damage to DNA, leading to irregular protein production, and to epigenetic changes that profoundly change the cells' function.

Symptoms

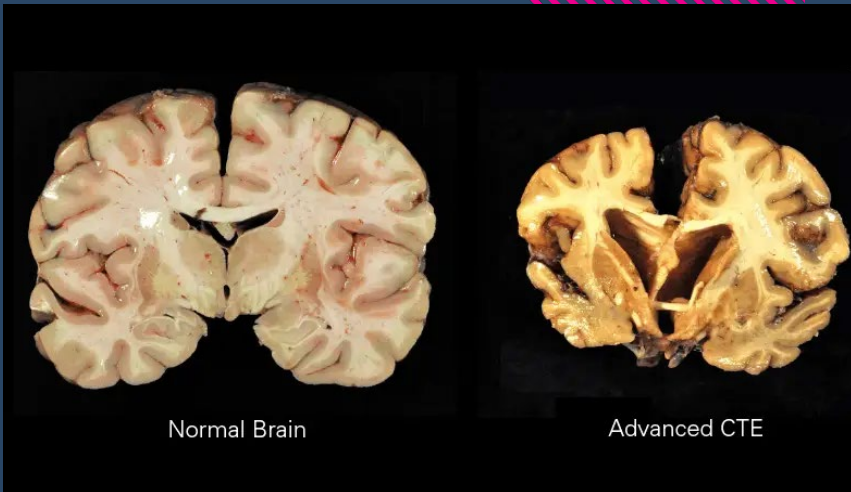
- Cognitive dysfunction - may be temporary or persistent
- Decreased executive functioning
- Memory loss
- Increased aggression
- Lack of help-seeking
- Inhibited ability to rapidly switch behavior
- Difficulty "anticipating the consequences of their actions, problems making appropriate decisions or limited ability to formulate effective plans and strategies"

IMPACTED STRUCTURES

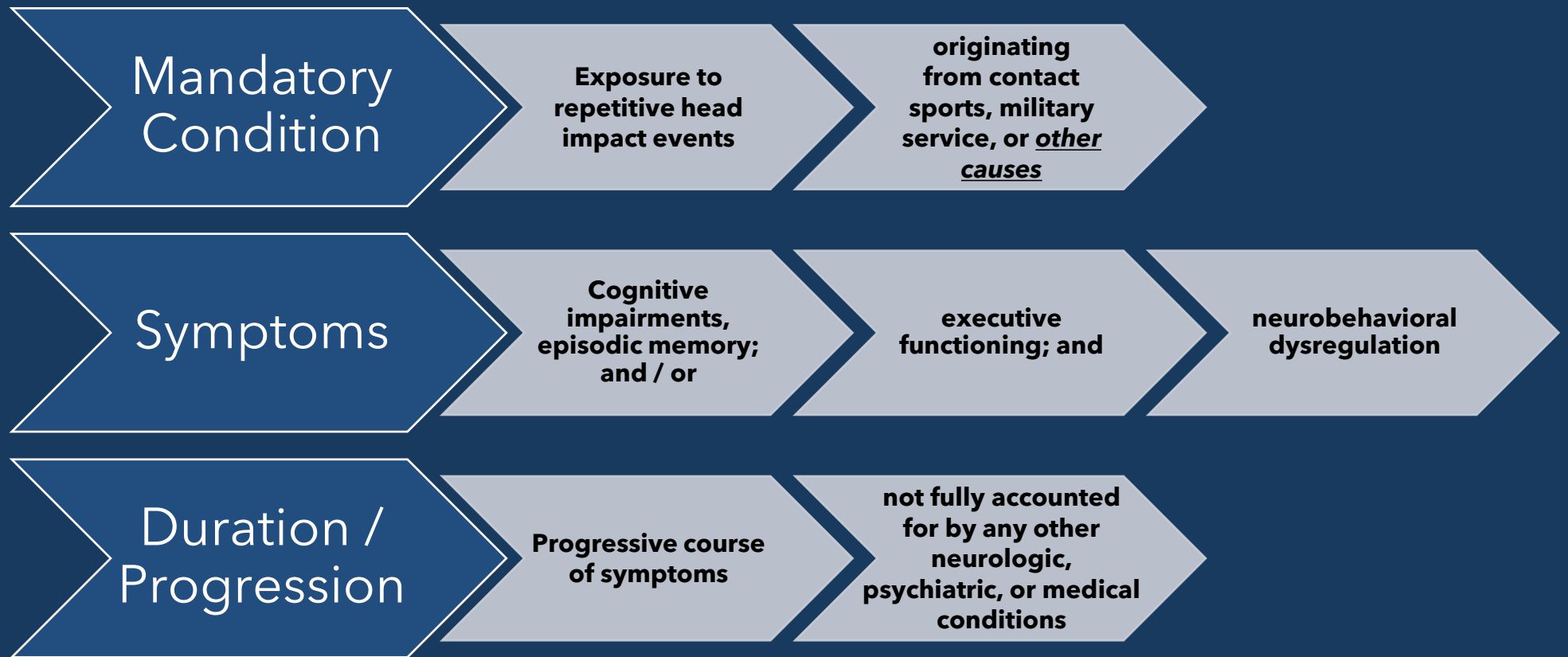


CHRONIC TRAUMATIC ENCEPHALOPATHY (CTE)

- **Neurodegenerative disorder**
 - occurs as a latent consequence of cumulative repetitive head impacts (RHIs), including concussion and subconcussion
- **Usually associated with multiple TBI**
 - some reports suggest single moderate-severe TBI can induce CTE-like pathologies
- **Some confirmed CTE subjects have no history of concussion**
 - suggests subconcussive hits and cumulative exposure to trauma are sufficient to lead to CTE
- **Overall, the number of years of RBI exposure, not the number of concussions, is significantly associated with CTE pathology**
- **Can only be diagnosed after death**
- **Very few brains of female victims of IPV have been examined for CTE**



TRAUMATIC ENCEPHALOPATHY SYNDROME (TES)



CO-EXISTING CONDITIONS & RELATED IMPACTS

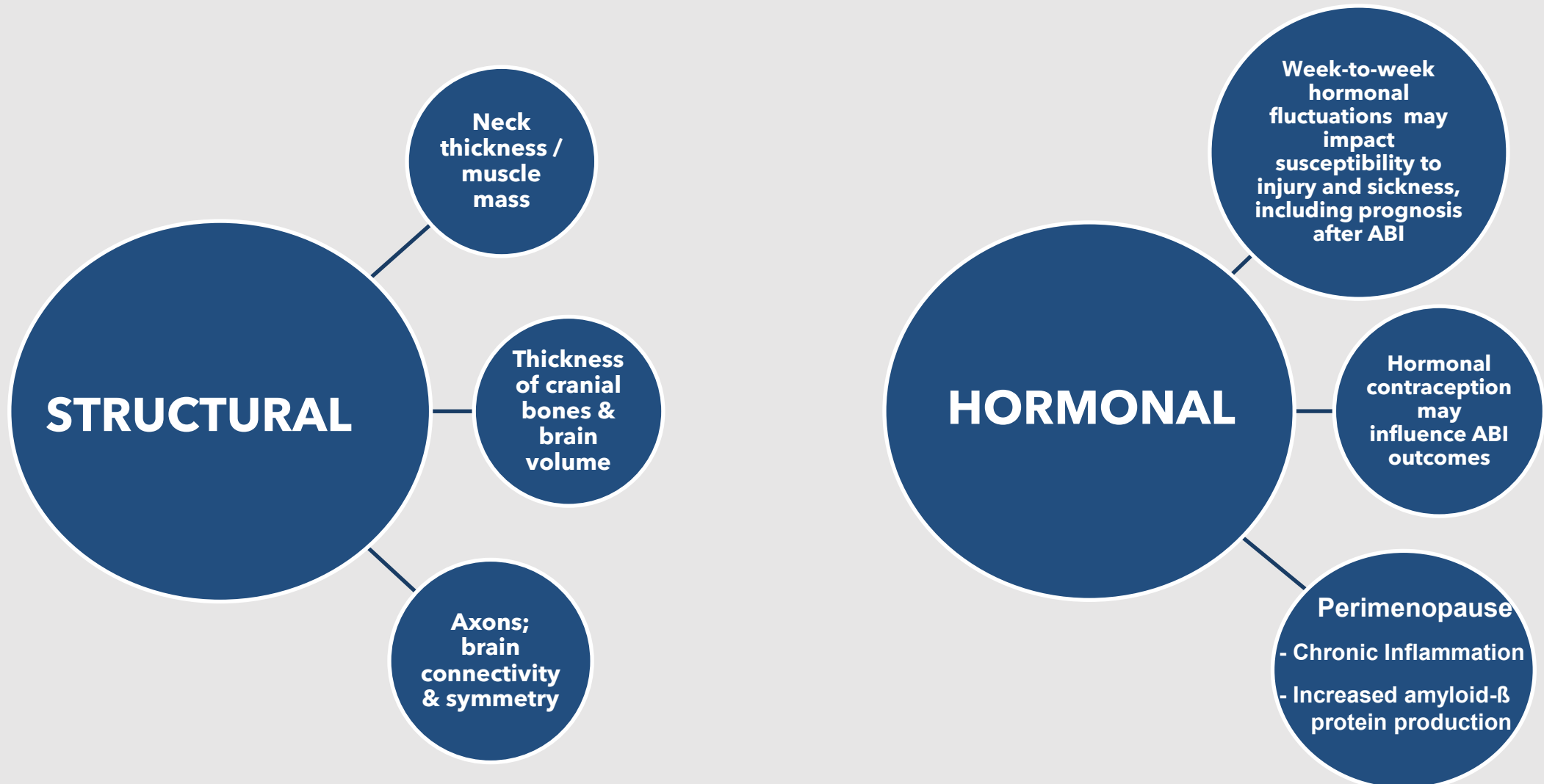
- **Most ABI research conducted on athletes and servicemembers**

- Physical Condition
- Resource Disparity

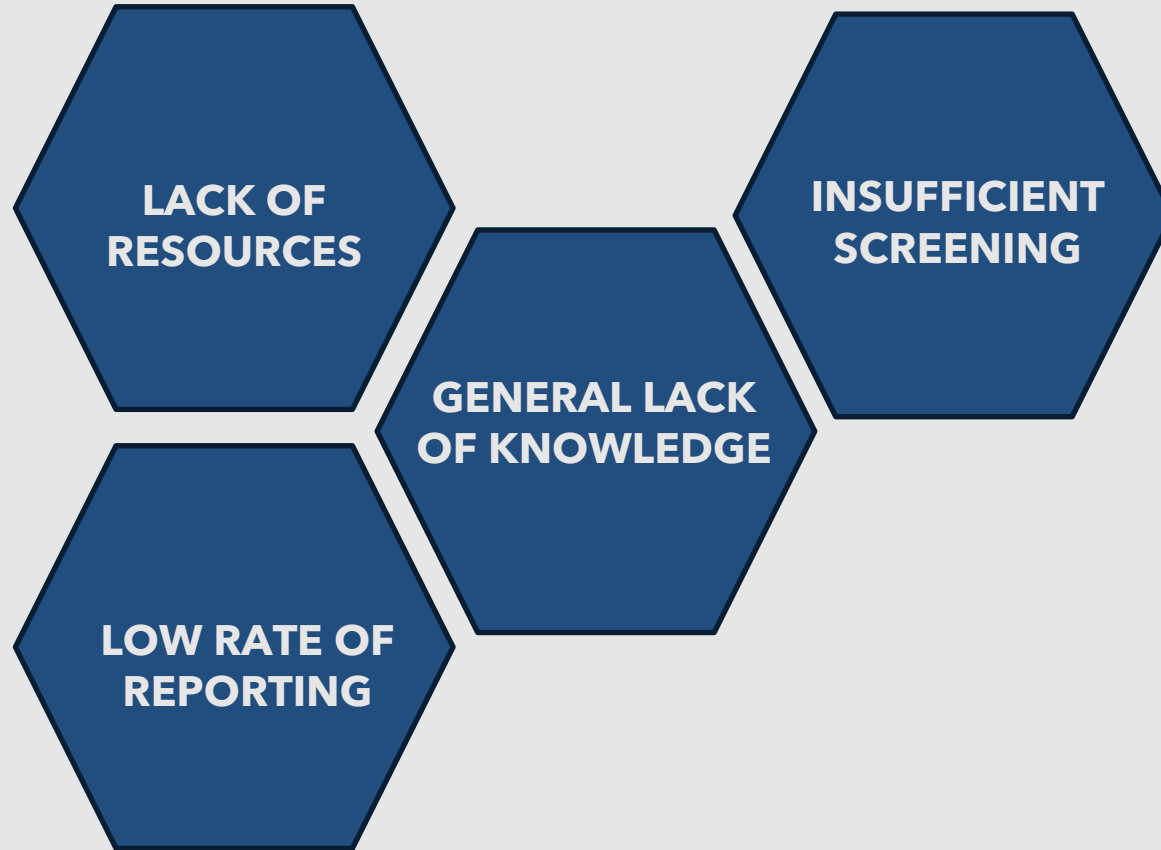
- **PTSD**

- Sustaining BI increases likelihood of PTSD
- Symptom overlap
- Increased severity

INFLUENCE OF BIOLOGICAL SEX & AGE



BARRIERS TO HEALTH & SAFETY



LOW RATE OF REPORTING

Structural Violence

Social and systemic structures that serve to "constrain and exclude groups"

Shame, fear, & distrust:
"Why do I want to retraumatize myself and have no one believe me?"

Cognitive Barriers

Executive functioning

Impaired memory

Practical Barriers

Few available DV resources

Lack of health insurance, gas, healthcare

INSUFFICIENT SCREENING

- **Survivors of IPV unlikely to report violence to frontline workers unless directly asked**
- **“Most domestic violence shelters and emergency department settings do not assess for TBI, nonfatal strangulation, or other brain injuries from IPV. . . [and] there is a lack of training to adequately screen for and address IPV-related ABI.”**
- **Disconnect between when IPV screening is performed vs. when it might best serve to identify brain injuries**

LACK OF INFORMATION & "RESOURCE SILOING"



SOCIAL WORKERS

Children Safety

Bureaucracy

Trust

High case loads

MEDICAL PROVIDERS

HIPAA

Needs of Other Patients

Trust

FIRST RESPONDERS

Triage

Public Safety

Acute Care

Bureaucracy

Responder Safety

DV SHELTERS

Confidentiality

Largely community funded

Trust

Survivor & Staff Safety

RESEARCHERS

Ethics

Confidentiality

Trust



IMPORTANCE OF EXPERT EVIDENCE

- **Explain impacts of ABI**
- **Tie to elements of charged crimes**
- **Explain barriers to leaving**
- **Explain impact on survivor's affect & cognition → enhances credibility**

KEY TAKEAWAYS

- A significant number of survivors experience ABI
- Historically, ABI research has not fully accounted for survivors' experiences
- Emerging research suggests:
 - ABI is underdiagnosed in survivors
 - Survivors may be uniquely susceptible to effects of ABI; and
 - ABI may impact a survivor's ability to leave an abusive situation
- DV advocates should continually apprise themselves of the most recent developments in ABI research, especially where survivors are involved in the criminal legal system





QUESTIONS?

Kelly Newcomb

kellycnewcomb@gmail.com

[https://scholarship.law.campbell.edu/clr/vol47/iss2/
1/](https://scholarship.law.campbell.edu/clr/vol47/iss2/1/)

Desireé Gorbea-Finalet

Disability Rights NC: Brain Injury Expert

OBISSS IN NORTH CAROLINA | NC B.R.A.I.N.S.



- ❖ NC BRAINS | North Carolina Brain Resources and Injury Needs Screening
- ❖ A statewide public awareness campaign aimed at improving North Carolina's brain injury identification systems, advancing provider education, and connecting individuals to community-based services to enhance the quality of life for people affected by brain injury.



QR Code to Program Website

WHAT DOES THIS CAMPAIGN PROVIDE?

| OBISSS Screener | Provider Trainings | Educational Materials | Psycho-Educational Classes |
|--|--|--|--|
| <ul style="list-style-type: none"> • Statewide access to OBISSS in a variety of populations. <ul style="list-style-type: none"> • Substance Use, • Intimate Partner Violence, • Adult Criminal Legal • General Community | <ul style="list-style-type: none"> • Campaign offers 8 different trainings related to BI and sub-populations. <ul style="list-style-type: none"> • CEU's available. • Trainings are offered statewide in-person and virtual. | <ul style="list-style-type: none"> • Program created 10 free educational briefs on BI and specialty topics. <ul style="list-style-type: none"> • Examples: <ul style="list-style-type: none"> • Vulnerable Populations, • First Responders, • Refugees, | <ul style="list-style-type: none"> • The campaign adopted a brain injury-focused psycho-educational course model. We have taught 1 course, with 2 more in the process. <ul style="list-style-type: none"> • Adult Men & Women |

❖ For more NC BRAINS information, please contact the program creator and Project Manager:

❖ Desireé Gorbea-Finalet,

❖ desiree.Gorbea-finalet@disabilityrightsn.org

❖ 743-895-0032

Grayson Elliott

UNC Undergraduate & Brain Injury Advocate

Invisible Injuries: The Overlap Between Intimate Partner Violence and Brain Trauma

Grayson Elliott

UNC Law School Panel on Intimate Partner Violence and Brain Injuries
Monday, April 6th 2026



Safe Living Space
Research Team



UNC
SCHOOL OF LAW

Our Team



Grayson Elliott

Grayson Elliott is a sophomore at the University of North Carolina at Chapel Hill, pursuing a B.S. in Neuroscience and a B.S.P.H. in Health Policy and Management. At Safe Living Space, Grayson serves as Co-Lead of the Safe Living Space Research Team, where his current research focuses on defining traumatic brain stem injury as a clinically significant subtype of traumatic brain injury. He has also lead efforts to develop medical history and neurological assessment elements of Safe Living Space's BrainScreen App. Committed to translating research into broader public health transformation, Grayson has contributed to a SCOTUS Amicus Briefing, assisted in providing recommendations to the CDC, and currently advises the development TBI care guidelines for the New York City Mayor's Office. Outside of his work with Safe Living Space, Grayson serves as a research fellow at the UNC Sheps Center, and a student research at Massachusetts General Hospital.



Edie E. Zusman, MD, MBA, FAANS

Dr. Zusman, Adjunct Professor of Neurological Surgery, Touro University School of Medicine, is a nationally respected trauma neurosurgeon known for her clinical research on brain injury resulting from domestic/intimate partner violence and family violence/child abuse. Dr. Zusman started Northwestern University Medical School at the age of 19, did general surgery internship and neurosurgery residency at the UC Davis level 1 trauma center in Sacramento, CA. She served as Chief of Neurosurgery at the Mayo Clinic Network Affiliated NorthBay in Solano County where she lead the TBI and Concussion Clinic and is currently Director of Neurotrauma for Neuroscience Partners. Dr. Zusman has been invited to present her research findings on Brain Injury at Stanford University, international neurosurgery conferences, and as a subject matter expert/key note speaker for military/government and organizations serving survivors of physical trauma including DV/IPV, Sexual Assault, Child Abuse, and Trafficking, Military and First Responders, Motor Vehicle Accidents, Falls and Sports Concussions. Dr. Edie Zusman founded and serves as CEO/Executive Director of Safe Living Space in 2021, an educational philanthropy to address the incredible gap in brain injury evaluation and care.

Brain Injury Can Be Invisible

Symptoms

What the survivor describes



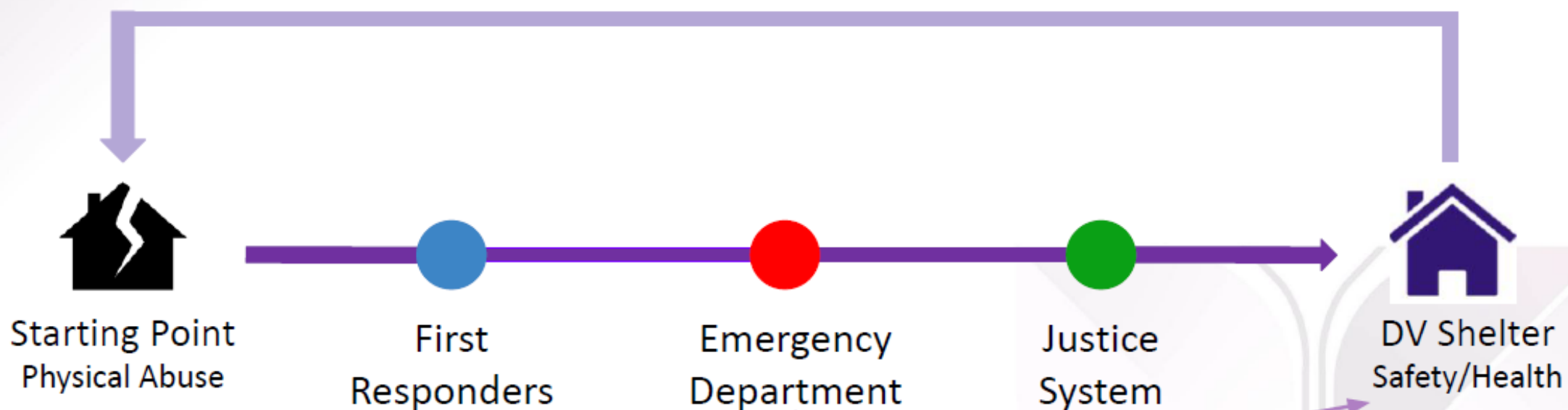
- Headache
- Dizziness/nausea
- Insomnia
- Emotional dysregulation
- Forgetfulness/amnesia
- Photosensitivity
- Anxiety
- Depression

**The CDC endorses
each of these
symptoms as a sign
of TBI**

But there is a disconnect



Perpetuation of Invisible Brain Injury



Can brain injury awareness disrupt this cycle and keep people safe from multiple brain injuries?



Methods: Implementing ABI screening

- We designed a head of household client intake process as part of an expanded brain trauma aware assessment
 - ◆ Seven shelters in NYC
 - ◆ Primary aim: determine the prevalence of head and neck injuries
- IRB exempt prospective assessment for quality improvement to assess resource/training needs
- June 2023 - Oct 2025 (26 months)



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Research Team



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GREATER NEW YORK

Key Finding

833

Total respondents
(June 2023 - Oct
2025)

52%

Percentage of respondents who
experienced at least one injury to the head
or neck within the last year

34%

Percentage of respondents who have
experienced three or more head/neck
injuries



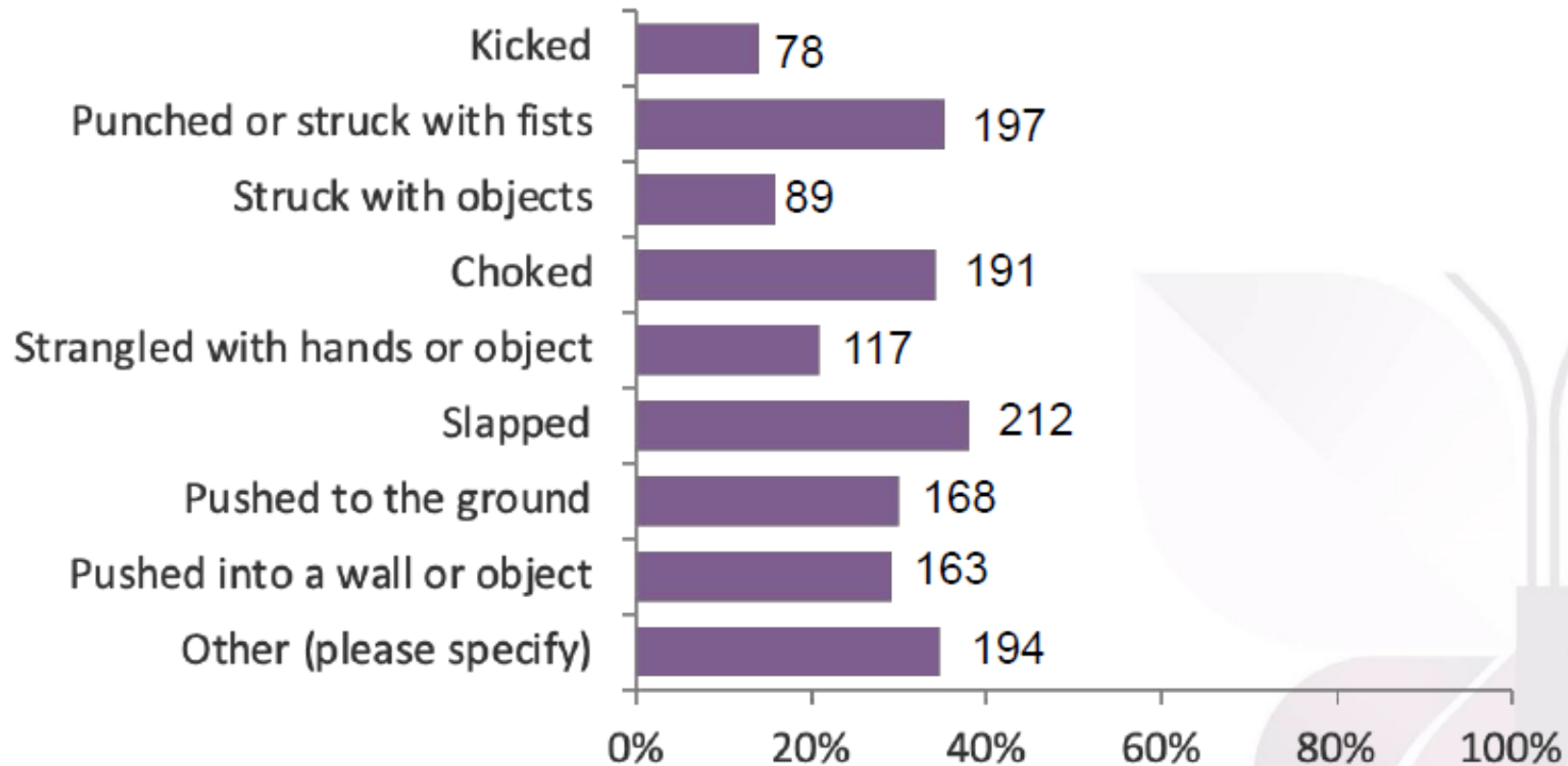
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Results: Brain Injury Mechanisms

Q: Have you experienced any of the following in the past year?



Answered: 559 Skipped: 274



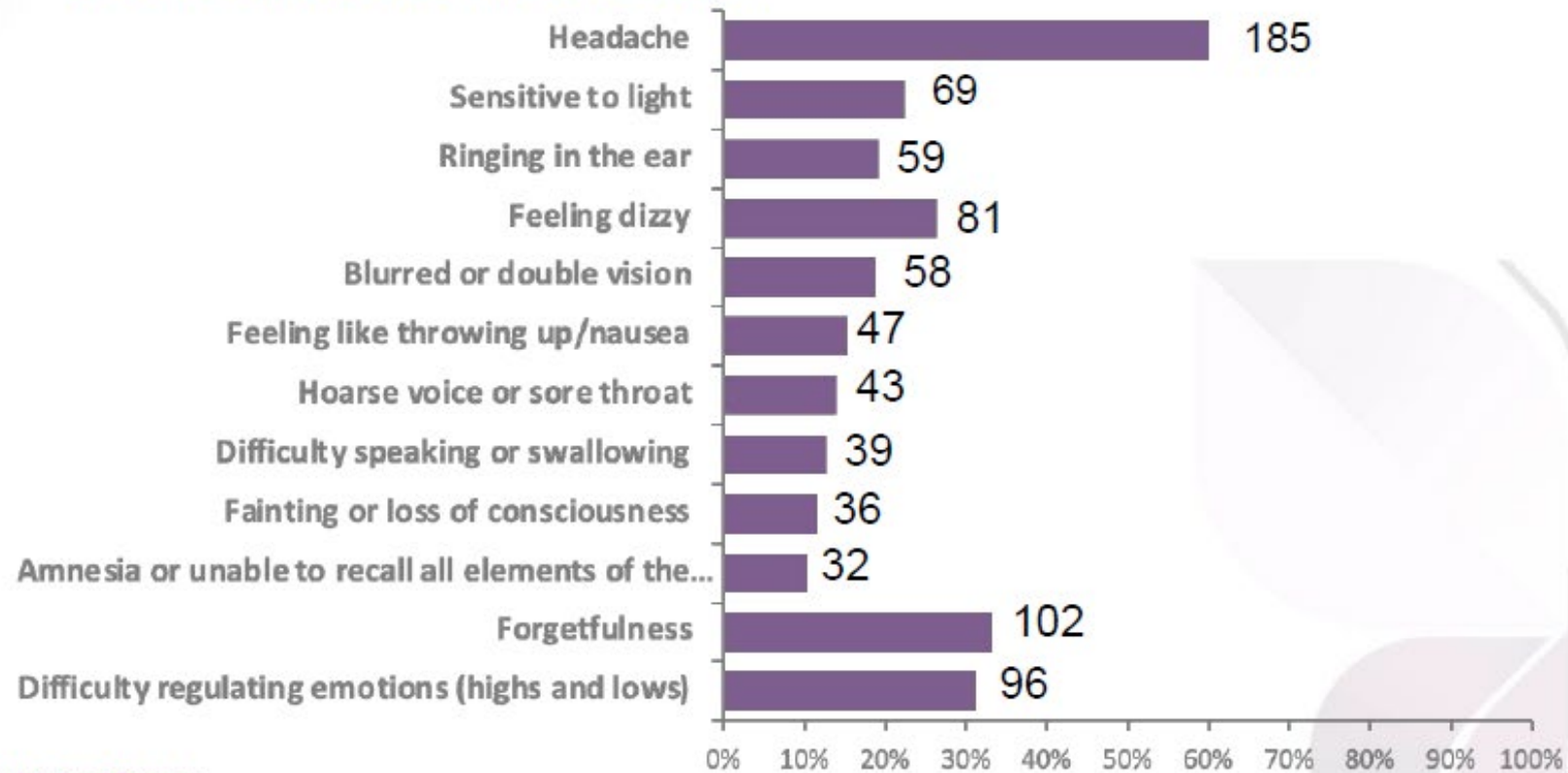
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Results: Brain Injury Symptoms

Q: Have you experienced any of the following symptoms associated with your most recent head or neck trauma?



Answered: 308 Skipped: 525



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Results: Characterizing Presentation

- ➔ Percentage with at least one injury and one symptom (observed): **21%**
- ➔ Percentage with at least one injury and one symptom (reported): **32%**
- ➔ Percentage with at least one injury and one symptom either reported OR observed: **32%**



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Limitations

- A hit to the head or neck does not always indicate a concussion
 - ◆ Staff was more comfortable asking about injuries the the head and neck, and clients were more comfortable sharing this information than when we asked about brain injuries directly



Impact to date

- New York City Council passed funding to train first responders in NYC to assess for brain injury on all DV/IPV calls
- Pictured right: VOA-GNY at a celebratory rally



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Implications and Future Directions

More sensitive screening methods for AIBI



Increased awareness of AIBI from first responders, advocates and healthcare providers



Breaking the cycle of invisible TBI and developing a pipeline for survivors to receive appropriate care and support



SafeLivingSpace.org



We are looking forward to collaborate and bring brain injury assessments into the intake process where high risk populations receive services including insecurely housed, substance abuse, DV/IPV, foster care and human trafficking

Please contact the SLS research team at Research@SLSpace.org or Dr. Zusman directly at Edie@SLSpace.org or 5106888431

Erica Davis

Brain Injury Association of North Carolina: Neuro Resource Facilitator



BRAIN INJURY ASSOCIATION OF NORTH CAROLINA

- The Brain Injury Association of North Carolina is often referred to as "BIANC"
- We are a 501(c)(3) non-profit organization and an affiliate of the Brain Injury Association of America (BIAA)
- We were founded in 1982 by families and concerned professionals, who realized the need for more information, resources, training, and advocacy about brain injury.
- Our mission is to offer help, hope, and a voice for persons living with brain injury and their families.
- Education, Training, Outreach, Community, Resource Facilitation, Awareness, Prevention, and Legislative Advocacy.

Intimate Partner Violence and Brain Injury

What should future lawyers know?

UNC School of Law
Criminalized Survivor,
Detention, and
Justice Clinic



Quick Facts

Brain Injury (BI) is a common but underrecognized consequence of intimate partner violence (IPV) caused by blows to the head, neck, or face, or alternatively, strangulation.

There are several categories of brain injury that survivors are often exposed to:

- Traumatic Brain Injury (TBI): caused by external force to the head, neck, or face
- Hypoxic/Anoxic Brain Injury (HBI): caused by lack oxygen, often from strangulation
- Repetitive Head Injuries (RHI): repeated injury to the head, neck or face

Effects of BI on Survivors

BI can cause cognitive impairments, including memory loss, reduced attention, and impaired executive function. These cognitive impairments can range in severity, and they can result in difficulty planning, making decisions, regulating emotions, and weighing the consequences of actions properly. BI brain injuries, especially when coupled with trauma from IPV, can also cause depression and PTSD symptoms. There is also a risk of long-term medical consequences: for example, suffering from strangulation poses a risk of stroke, even years later.

Connection to the Criminalized Survivor

A criminalized survivor is a person whose status as "offender" overlaps with and is often directly related to their experiences as a victim. Their involvement in the criminal legal system is connected to or shaped by their status as a criminalized survivor. These victims are arrested, prosecuted, and punished for actions that arise from that abuse often undertaken as a means of survival.

Justice-involved women have high rates of IPV-related brain injuries, which are associated with incarceration, poor health outcomes, unemployment, instability, and social disruption. Changes in cognition and behavior resulting from BI can make a survivor seem less sympathetic, or even flawed, to an uninformed audience.

BI symptoms are often misunderstood in legal settings, and understanding the link between IPV and BI can help explain certain behaviors, including:

- **Inconsistent memory or testimony:** Difficulty answering questions in a clear, linear way or forgetfulness about dates, times, or sequences of events
- **Difficulty following along with court proceedings:** Trouble concentrating during interviews, hearings, or trial
- **Delayed responses of confusion:** Appearing evasive when the person is actually struggling to process information

Thank you
for your
attendance!

Take a
look at our
resource page on
the way out!

Why is it important for future lawyers to be aware of BIs?

Barriers to Identification, Care, and Justice

BI are underreported and underdiagnosed in IPV survivors. Many injuries are not visible or do not involve loss of consciousness, and there is a startling lack of awareness among survivors, IPV service providers, prisons, and legal actors about the connection between IPV and BI. Survivors, thus, have limited access to both screening and treatment. .

What can Lawyers and Advocates do?

- Advocate for proper brain injury screening for IPV survivors
- Utilize expert testimony regarding the neurological and cognitive effects of BI
- Adjust communication strategies; consider accommodations for clients with BIs

Further Resources and Reading

- NC BRAINS: <https://disabilityrightsnc.org/our-work/tbi-nc-brains-initiative/>



- Stanford Criminal Justice Center, Law & Policy Lab: *Fatal Peril: Unheard Stories from the IPV-to-Prison Pipeline & Other Voices Touched by Violence*



- Brain Injury Association of North Carolina (BIANC): <https://www.bianc.net/>



- UNC School of Law's Criminalized Survivor, Detention and Justice Clinic: *Domestic Violence and Brain Injury: A Health Care Provider's Legal Guide*



- Kelly Newcomb's Legal Research Paper: *Defending Battered Survivors with Brain Injuries: An Educational Guide for Advocates in North Carolina*



- More on UNC Schools of Law's Criminalized Survivor, Detention and Justice Clinic:



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