

Connecting Domestic Violence and Brain Injury

A Professional's Guide to Screening & Intervening for Brain Injury

The Brain Injury Association of Virginia (BIAV), along with the Virginia Department of Health, has been investigating the intersection between brain injury and domestic violence **since 2020**. Our goal is to identify this population through screening, find out what their needs are, and provide them with support.

Between January and September of 2021, **65 screenings** were completed at sexual and domestic violence agencies across the state of Virginia. **Seventy-six percent** of those who were hit in the head, choked, and/or strangled screened positive for brain injury, and almost **one out of four** reported being hit, choked, or strangled **more than six times**.

It is estimated that as many as **31,500,000 women** in the United States live with a brain injury caused by intimate partner violence, and **21,000,000 of these women** have likely sustained multiple brain injuries (Valera et al., 2019). Knowing how to identify and work with an individual who has sustained a brain injury can lead to a more productive relationship with them, and to better outcomes.



What is a brain injury?

A brain injury is acquired through traumatic or non-traumatic results. A traumatic brain injury (TBI) is an alteration in brain function caused by external forces. Brain injury can result from common methods of abuse including being hit, slammed, shaken, or strangled. Multiple blows to the head increase the likelihood someone may experience a brain injury that changes their cognition, sensation, behavior, and motor function. Additionally, untreated brain injuries can lead to further injury and health complications.

Causes and Symptoms

Potential causes for Traumatic Brain Injury

- Punched in the face or head
- Hit in the head with an object
- Pushed against a wall or other surface
- Shaken violently
- Falling and hitting the head or face
- Being strangled or choked
- Shot in the face or head

Signs & Symptoms of Traumatic Brain Injury

- Persistent headache
- Confusion
- Neck pain
- Slowed thinking, acting, speaking, or reading
- Short term memory loss
- Trouble paying attention, concentrating, making decisions, or solving problems
- Fatigue
- Loss of balance
- Blurred vision
- Ringing in the ears
- Signs of strangulation: voice, swallowing, breathing, vision, behavioral, and/or hearing changes





1 in 3 women and 1 in 4 men will experience physical violence by an intimate partner in their lifetime. Within the LGBTQ community, intimate partner violence occurs at a rate equal to or higher than that of heterosexual and/or cisgender communities.

Brain Injury Deficit Management Strat	Brain Injury Deficit Management Strategies	BRAIN INJURY ASSOCIATION OF VIRGINIA
Deficit	Problems Arising	Management Strategies
Speed of Information Processing	 The person may Take longer to complete tasks Take longer to answer questions Be unable to keep track of lengthy conversations 	 You can Make allowances and give the person extra time Present only one thing or ask only one question at a time Not interrupt or answer for the person Verify that the person is keeping up with the conversation
Fatigue	 Tire quickly (physically & mentally) Have reduced tolerance and ability to cope Become irritable Have other problems exacerbated 	 Encourage the person to take breaks Schedule more demanding or essential tasks when the person is at their best
Mental Tracking	Have difficulty following instructionsLose track of what they are thinking or doingGet information confused	 Keep activities short and uncomplicated Ask specific or direct questions Provide reminders of the next step or task
Memory	 Have difficulty learning new things Be forgetful Lose things Have difficulty recalling what they've learned 	 Repeat information as necessary Encourage use of external memory aids (journals, calendars, time tables) Maintain 'special places' for belongings Give reminders and prompts to assist recall
Attention	 Appear not to listen Miss details Forget what people have said Have difficulties concentrating Be unable to cope with more than one thing at a time Be easily distracted Change the subject often Get bored easily 	 Shorten instructions/activities so they can be completed Write down instructions accurately and in a way that can be easily understood later Encourage the person to engage in only one activity at a time Reduce external distractions Bring the person's focus back to the current task
Problem Solving	 Have difficulty working out solutions to problems Be unable to generate new ideas Have a disordered approach to problem solving 	 Help identify an achievable outcome for the task, ensure there is a purpose Avoid giving open-ended tasks Assist the person to break a task down into smaller components Reduce the demands made upon the person (one thing at a time)
Communication	 Have trouble initiating conversation Have trouble understanding non-verbal communication/body language Take statements literally 	 Encourage participation by asking "What do you think about that?"; use open-ended statements such as "Tell me about" Giver verbal cues to communicate intent of conversation Use simple and direct language and avoid talking in abstract terms; avoid the use of sarcasm
Planning & Organizing	 Have difficulty preparing for a task Be unable to work out the steps involving a task Have problems with organizing their own thoughts and explaining things to others 	 Provide a written structure or guideline outlining the steps in order Help develop a timetable (weekly, daily) to establish a routine of activities Encourage the person to take time to think before they speak
Reasoning	 Have a rigid and concrete thinking style Be resistant to change Have a simplistic understanding of emotions Show poor judgement and poor decision making skills 	 Explain changes in routine in advance, giving reasons Avoid using emotional undertones Provide real life examples when offering explanations
Solit Monitoring	Show poor adherence to rules	 Provide feedback promptly and in a respectful

Self-Monitoring

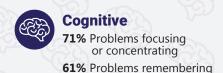
- Show poor adherence to rules

 Not realize they have made errors
 'Hog' conversations; be verbose and keep talking
 when others are no longer interested
 Have lower tolerance for frustrating situations
- Provide feedback promptly and in a respectful manner when errors occur
 Create and use signals to let them know they are talking too much
 Encourage turn-taking in conversations
 Gently redirect behavior to a different topic or activity

The most common symptoms experienced by Virginians who were screened for brain injury and reported strangulation and/or a hit to the head, neck, or face were:



65% Dizziness





71% Feeling confused

Screening Questions

If you know or suspect that someone has sustained a brain injury, use the following questions to determine if additional assistance is needed.

- Have you ever had a hit to your head, been strangled or choked?
- Were you ever seen in the emergency room, hospital, or by a doctor for a hit to your head or because of strangulation or choking?
- Did you ever black our or lose consciousness because of a hit to the head or due to choking or strangulation?
- Did you ever experience a period of being dazed and confused because of a hit to the head or due to choking or strangulation?
- Are you having trouble concentrating, organizing, or remembering things?
- Are you experiencing emotional changes such as irritability, sadness, or lack of motivation?
- Are you experiencing headaches, vision, and/or hearing problems or loss of balance?

Impacts of Brain Injury

It's important to identify and address brain injury because of the impact that symptoms can have in an individual's cognition and behavior, which can lead to treatment challenges.

Brain Injury can impact an individual's

- Level of independence
- Educational or vocational engagement
- Social interaction
- Family interaction
- Life satisfaction

What Next?

People who have sustained a brain injury need the right team to recover well and this team should include professionals who specialize in brain injury. BIAV can provide you with help addressing some of the common challenges your clients with brain injury can experience. Contact BIAV for personalized information and referral to local brain injury resources for your clients, and for technical assistance as a professional.



1.800.444.6443

biav.net

info@biav.net

2810 North Parham Road Suite 260 Richmond, Virginia 23294