

- Intolerance
- Socially inappropriate behavior

How do I recognize if my client experienced a Brain Injury?

A "Brief Screening for Possible Brain Injury" was developed for use by domestic violence shelter staff as a tool to pre-screen survivors who may have experienced a brain injury during the course of a domestic violence incident. This tool is the first step. Part 1 questions the victim about events where a blow to the head may have occurred. Part 2 concerns common post TBI symptoms. If the screening results are positive you should consider referral to the Alabama Head Injury Foundation at 1-800-433-8002 for further assessments.

What approach should be used to address challenges of resulting from a TBI?

Depending on the specific symptoms your client is experiencing, there are a number of things you can do to help them compensate for the brain injury. Examples of compensations for challenges individuals with a brain injury may experience are as follows:

Physical-

- Allow extra time for your client to get from place to place.
- Keep the environment quiet with noises and bright lights to a minimum.
- Keep sessions with the client short.
- Schedule rest periods and breaks from planned activities.



Thinking-

- Work on one task at a time.
- Meet in a quiet room to limit distractions.
- Have client become active in discussions and plan development, rechecking to ensure comprehension.
- Slow down your speed of discussion to allow time for client to process what you are saying.
- Allow the client additional time to provide written and/or verbal responses.
- Encourage client to prepare an "agenda" for your meetings in advance, when issues/questions occur to her.
- Cue client if she is experiencing difficulty finding the words to express her ideas or thoughts.
- Provide written documentation/information to supplement verbal discussions.
- Encourage client to write down instructions/information in a notebook she keeps with her.
- Present information in factual manner, avoid abstract concepts.
- Provide several solutions to the problem and encourage client to make the best choice.
- Help client to prioritize and organize tasks.

Emotional/Behavioral-

- Minimize anxiety with reassurance, education and structure.
- Provide neutral, but direct feedback if client behaves inappropriately.

Where can I go for help in serving my client who acquires a brain injury?

If you suspect your client may have acquired a traumatic brain injury your first point of contact should be the:

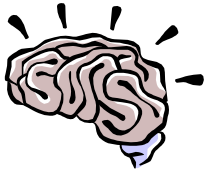
Alabama Head Injury Foundation
 HelpLine 1-800-433-8002

This statewide team of family resource coordinators serve all ages affected by brain injury.

Traumatic Brain Injury and Domestic Violence Facts:

What is Traumatic Brain Injury?

A traumatic brain injury (TBI) is an injury to the head that results from a blow to the head of sufficient force to create blunt trauma, such as being hit in the head with a baseball bat or having one's head slammed against a hard object, the result of trauma secondary to a penetrating object into the brain itself, for example, a bullet entering the brain or the result of rapid movement of the brain within the skull, e.g., repetitive shaking of the body/head.



What is Domestic Violence?

Domestic violence is a deliberate pattern of abusive tactics used by one partner in an intimate relationship to obtain and maintain power and control over the other. (Alabama Coalition Against Domestic Violence)

How are Traumatic Brain Injury and Domestic Violence linked?

Research studies on the incidence of traumatic brain injury in domestic violence cases have revealed: greater than 90% of all injuries secondary to domestic violence occur to the head, neck or face region. (Monohan and O'Leary 1999). In a 1998 study by Jackson and Phillips of 53 women living in a domestic violence shelter on average the women experience five (5) brain injuries in the prior year. Almost 30% reported 10 injuries the prior year. Valera, in 2003, found that of the 99 battered women he studied, 75% sustained at least one partner related brain injury and 50% sustained multiple partner-related injuries.

Unfortunately repeated brain injury is typical of ongoing domestic violence leading to increased thinking, physical and emotional dysfunction over time, with the most disabling problems in the thinking process.

How do Domestic Violence victims become Brain Injured?

For victims of domestic violence, physical assault and/or use of violence are the assumed major causes of traumatic brain injury. The following are some ways in which victims of domestic violence sustain a brain injury:

- Blow to the head with any object
- Pushed against a wall or any other solid surface
- Punched in the face or head
- Strenuous shaking of the body
- Falling and hitting your head
- Being strangled
- Near drowning
- Being shot in the face or head



How does a Brain Injury and Domestic Violence increase the victim's risk of continued harm?

Abused individuals typically lack the knowledge of the long-term consequences of a brain injury and therefore do not seek specialized services. In addition service providers are often unaware of the high risk of a traumatic brain injury in victims. As a result professionals fail to link the psychodynamic issues presented by the victims and the challenges emerging from an undiagnosed brain injury. Without linking domestic violence and brain injury, they fail to recognize brain injury so are unable to refer for appropriate brain injury services and related rehabilitation services. Thus the lack of knowledge about brain injury serves to increase the likelihood of failure in intervention and rehabilitation success. In addition, once individuals experience one TBI they have an increased risk of having another TBI. Several things may happen after a TBI; the person's reaction time may be slower, judgement may be off, she may be more impulsive and inattentive to what might increase her likelihood of a second injury. The risk of repeated TBI is even greater for individuals who are victims of domestic violence since the most common target of abuse is the head, neck, and face. Repeated brain injuries increase symptoms. Each time the domestic violence victim comes into the shelter they may be a less functional as a result of a traumatic brain injury.

What are the symptoms of a Brain Injury?

An individual sustaining a brain injury generally experiences a period of altered mental state or a brief loss of consciousness following the blow to the head. Some of the common initial symptoms are as follows:

- Headaches
- Dizziness
- Slowed processing of information
- Forgetfulness
- Fatigue
- Sensitivity to noise and lights

Most of the symptoms will disappear after a period of time.

What are the most common problems a victim of Domestic Violence and a Brain Injury might exhibit?

The person may be more difficult to engage in planning, and show poorer follow-through on tasks. She may have greater difficulty adjusting to group living with shared responsibilities. She may be more likely to "not remember" prior discussions or routines. She may exhibit greater behavioral control issues. These things can result in the person having difficulty profiting from a shelter program.

What are the most common problems after a Brain Injury?

Physical Changes: Specific physical changes are more frequently reported after a TBI. These changes include:

- *Overall slowing/Clumsiness*-- A person can have motor difficulties, meaning that they have trouble moving their arms, legs, and so forth. This may be a generalized weakness or it can be very specific to one part of the body. In most cases motor difficulties tend to improve fairly quickly.
- *Decreased vision/hearing/smell*- All can be affected by a TBI.
- *Dizziness*- A person can experience significant dizziness as a result of a head injury caused by trauma to the inner ear.
- *Headaches*- A fairly common problem among people with traumatic brain injury and can persist for

many weeks or months.

- *Fatigue*- It is not uncommon for people with traumatic brain injury to have significant fatigue to the extent that they tire very quickly. Things that are easy for us to do physically may require much more effort for them.
- *Increased sensitivity to noise or to bright lights*

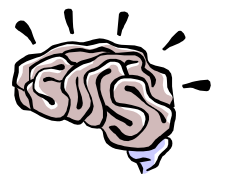
The most common and persistent complaints are headache and excessive fatigue.

Thinking Changes: Reduced attention and processing speed are two common changes after a TBI.

- *Attention problems*- difficulties with concentration, paying attention to visual details, and dividing one's attention between two differing tasks.
- *Processing speed*- A person may report that all actions have slowed down... moving, talking, thinking and reading. They often feel that they are in slow motion.
- *Communication*- People may complain of problems with word finding and having trouble staying organized when talking with others.
- *Learning and memory*- These are almost universal problems after a brain injury. Information learned before the TBI remains intact, however memory for new information after the TBI is impaired.

Executive Functioning: A person often has an impairment in various combinations of the following that create the most difficulty in day-to-day functioning:

- difficulty planning and setting goals
- difficulty being organized
- difficulty being flexible
- difficulty problem solving
- difficulty prioritizing
- decreased awareness of thinking changes in self



The individual may still function under the idea of who they were before the injury without the same functioning ability.

Emotional/Behavioral/Social changes: The most common emotional changes following a brain injury are depression and anxiety. These are sometimes exhibited as sadness, loss of interest, feelings of worthlessness and hopelessness. These may be the result of difficulties in reasoning as a result of the TBI. If an individual is no longer able to do things they took for granted after a TBI they can become frustrated and even depressed. In addition, if an individual can't reason their way out of a situation they may become anxious.

After a brain injury an individual may have difficulty with self-monitoring. This may result in a rapid loss of emotional control. As adults the emotions we all feel, but not always express, are under control because of a gating mechanism. We may feel certain emotions but not necessarily exhibit them. When somebody has a significant brain injury, the gating mechanisms keeping those emotions under control are often disrupted. The gates are knocked askew and things come out that the person used to be able to control. Hence their emotions are displayed very readily. This can extend to the point of being irritable.

Other changes after a brain injury may include:

- Difficulty with self-initiation
- Impatience
- Inability to get along with others
- Increased risk taking
- Increased impulsivity
- Irritability or agitation