

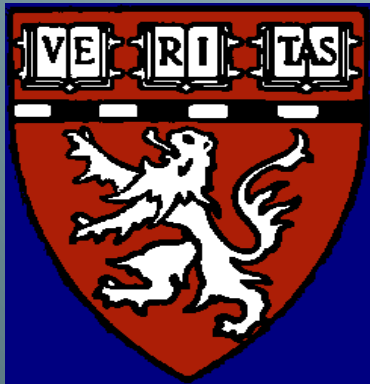
Intimate Partner Violence and Mild Traumatic Brain Injuries: What Does it Look Like and What Should We Do?

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Women rarely report that they sustained a TBI

- “I sustained a brain injury.” **Very unlikely!**
- “We were arguing and then I found myself getting up from the floor.” **Yes**
- “He punched me in my head.” **Yes**
- “I fell backwards and hit the wall.” **Yes**
- “I am not sure how I got to the other room.” **Yes**
- There are often no visible signs of injury (to naked eye or via imaging).
- Victims rarely seek medical attention. “Well -it’s not a broken arm.”

A TBI or concussion involves an external force to the brain and an alteration in brain function

- A traumatically induced physiological disruption of brain function, as manifested by at least one of the following:
 - any loss of consciousness (LOC);
 - any loss of memory for events immediately before or after the incident;
 - any alteration in mental state at the time of the incident (e.g., feeling dazed, disoriented or confused).
 - any focal neurologic deficit(s) that may or may not be transient (e.g., visual disturbances)

(Committee on Mild Traumatic Brain Injury,
American Congress of Rehabilitation Medicine 1993)

TBIs can result in a range of cognitive, physical and emotional problems

| Cognitive | Physical | Emotional |
|---|----------------------------|------------------------|
| Memory problems | Headaches/migraines | Anxiety/irritability |
| Taking longer to think | Fatigue and sleep problems | Depression/mood swings |
| Decreased concentration | Balance problems | Impulsive behavior |
| Impaired word finding | Dizziness | Restlessness |
| Impaired judgment | Nausea | Inappropriate behavior |
| Difficulty with initiation and follow through | Visual disturbances | Aggressive behavior |

Symptoms may occur days later and last for months or longer

TBIs unobserved behind closed doors are usually misinterpreted or missed

- Someone who may appear to be:
 - disoriented
 - confused
 - distractible
 - inconsistent
 - headaches
 - uncooperative
 - dizzy
 - off-balance

The type of questions asked should depend on purpose and time

- Is this for research or safety purposes?
- Do you have 1 minute or 1/2 hour?
- Some examples:
 - Brain Injury Severity Assessment (BISA) Interview (Valera & Berenbaum, 1997)
 - Ohio State University Identification Method (Corrigan & Bogner, 2007)
 - HELP Screening Tool (Picard, Scarisbrick & Paluck, 1999)

BISA focuses on alterations in brain function after a potential trauma to the brain

- After anything your partner did to you, did you:
 - Lose consciousness or black out?
 - Not remember part of or have memory loss for the incident?
 - Feel confused or disoriented?
 - Feel stunned or dazed?
 - See stars or spots?
 - Feel dizzy?
- [if 'Yes'] Can you tell me what happened?
 - Listen for things that could result in impacts to the brain (e.g., head hit the wall, he shook me violently, punched me in the head)
 - Number of times, first and last time, duration of LOC or amnesia

The HELP Screener tool approaches assessment from several angles less specific to IPV

- Have you ever had a **H**it to your head or been strangled (but violent shaken is ignored here)?
- Were you ever seen in the **E**mergency room because of a hit to your head or strangulation (but many do not or cannot seek treatment)?
- Did you ever **L**ose consciousness or experience a period of being dazed or confused because of a hit to the head or strangulation? (not required for TBI)
- Do you experience any of these **P**roblems in your daily life due to being hit in the head or strangulation?

Ohio State University TBI Identification Method is used for ALL types of TBI

- Hospital visits due to head or neck injury?
- Injured your head or neck due to a car injury?
- Injured head or neck from a fall or sports?
- Injured head or neck due to fight, shaken, shot?
- Ever been nearby an explosion (military)?
- If 'yes" ask about LOC and whether repetitive

Danger signs / Red Flags for TBI

Women rarely report being strangled

- “I was strangled.” Rarely
- “I was choked.” Sometimes
- “He put his hands on my neck.” Yes
- “He put his arm against my throat.” Yes
- “He pinned me against the wall with his hands on my neck.” Yes

Strangulation often leaves no visible marks or external injuries

- 50% of victims had no visible injuries
- Only 15% had photos of sufficient quality to be used in court.
- Victims sought medical attention within 48 hours in only 3% of cases.

Visible signs of strangulation often appear as red or bruised

- Red eyes (blood shot, bleeding in eyes)
- Redness on neck (short-lived)
- Tiny red spots (petechiae)
- Swelling of neck (perhaps internal bleeding)
- Bruising behind ears
- Small, round finger marks on neck (if manual)

There are a number of symptoms of strangulation that should be looked for

- Coughing, vomiting
- Voice changes, loss of voice
- Loss of consciousness
- Difficulty swallowing, breathing
- Raspy breathing
- Pain or tenderness
- Mental status changes (combativeness, amnesia)
- Involuntary urination/defecation
- Vision changes

Danger Signs / Red Flags for Strangulation

Anyone is capable of being a batterer

- Approximately 30% of men were professional men who were well respected in their jobs and communities:
 - Doctors
 - Psychologists
 - Lawyers
 - Ministers
 - Business executives
- New York Attorney General Eric Schneiderman – 4 previous romantic partners reported that he “repeatedly choked, hit or violently slapped them, all without their consent.”

Interact with women in a way that is sensitive to the possibility of a brain injury

- Minimize distractions, meet in quiet locations, short meetings, breaks
- Avoid loud noises and bright lights
- Repeat information
- Prioritize goals, make them smaller steps, and write them out
- Talk slowly and to the point
- Double check with her to be sure that she understood information

Interact with women in a way that is sensitive to the possibility of a brain injury

- Work on one task at a time and stick to the task at hand
- Be factual and concrete
- Allow extra time for her to complete tasks (e.g., fill out forms)
- Help her fill out forms and make phone calls
- Point out possible consequences of decisions, short- and long-term
- Provide respectful feedback on problem areas that affect her safety if she thinks she is functioning better than she is
- Encourage self-determination and identify strengths

Consider potential effects of TBIs when safety planning

- Break plans down into small steps and sequence
- Review plans frequently and in detail to help compensate for problems with memory, motivation, initiative and follow-through
- Incorporate needs and abilities into plans for her to live, work or drive on her own
- Be realistic in how much she can accomplish in a given day
- Provide extra support and coaching when she needs to deal with the justice system or family court (e.g., role play)
- Reach out to a domestic violence shelter with information on TBI and potential accommodations

There do appear to be some more consistently reported problems across women

- Word finding difficulties
- Losing train of thought
- Sleeping a lot
- Anxiety and depression
- Balance issues

**Recognizing a TBI is the best way to lead to
health and recovery!**

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- Last few slides are only if people want examples and there is time

Jody

- Age 69; had Associates degree and good vocabulary
- Severe abuse for about 4 years; at least 1 time per week or more he would hit her anywhere above the shoulder; “fists all over the head”; “it was like being in a war”; “like being in a ring with a boxer”
- At age of 56 started having tremendous word-finding difficulties; needs help from friends to say word; “can’t speak correctly”
- Depression and anxiety since beatings to the head
- Calling police would make it worse; they could only give her a 10 minute head start
- “Hard to get out because of money, fear, children, shame, no place to go”

Maria

- Age 46; he isolated her and did not let her leave the apartment; smashed her head against doors and walls for no reason; chased her with shotgun, strangled her, petechiae and he made her lie about it; threw her off porch
- 2-3 times per month for 1.5 years she would experience being “woozy” from abuse; would wake up from being strangled (10x)
- Reading comprehension of a senior in college and now she is sounding out words because they are not making sense to her; words she used to be able to read, she now has to go to a dictionary for; words she has “read a million times”; scares her!
- Terrible word finding difficulties; forgetting names of people she knew well and had relationships with; forgetting train of thought when talking to others; anxiety and panic attacks for no reason

Christine

- Age 73 but in a skilled nursing facility since the age of 56
- Isolated her and abused her
- “He hit my head with a silver brush”; “lived in terror every day”
- 8 years after the abuse ended cognitive deficits began to show; a few years later strange behavior and delusional; quit work; sold house in one day; later collapsed and has been in a dementia-like state since that time; no progression; no clear diagnosis

Tracy

- 41 year old white female with an 8 year old son.
- Worked at a company where she needed to handle millions of dollars each day- cannot make mistakes, need accuracy and precision. She was very good at this and worked her way up after managing several other smaller and start-up companies.
- Her TBI story –had a car accident when she was 20 in which she sustained a concussion. Was fine after that. Later on, she was beaten by her partner who chose the spot where she hit her head in the car accident to repeatedly hit her. His “favorite” spot. After he strangled her, she was diagnosed with Thoracic Outlet Syndrome but rather than attributing it to the strangulation, it was attributed to the car accident 15 years prior! She experiences much pain from this. Last year – hit in same spot with baseball when she was playing with her son, has not been the same since then and cannot work.

Tracy

- Currently, she cannot even look at the numbers and understand what they are, struggles with helping her son with his 2nd grade math HW cannot look at a computer screen, lighting bothers her, suffers from terrible migraines and chronic fatigue, could sleep all day if possible, hard to cook anything unless it is really simple, proud if she does a load of wash and remembers to put the laundry in the dryer.
- No concept of time.
- Used to be very articulate with a good vocabulary and now struggles with having the word she wants to say in her head, and not being able to get it out.
- Balance is off.
- If tired, she reports that it almost sounds like she is talking jibberish.

Patty

- 58 year old white female with a daughter
- Bright woman with a 4.0 for latter part of college career.
- Served as a radiology technician
- Was attacked by partner – retina detached and eye hemmhoraged needed surgery and was out of work. Things have gotten worse. Initially assumed difficulties were related to eye issues but now realizes it was TBI
- Made a mistake in her work and so are saying she is unfit. Now they are insisting she come back to work full-time or they will fire her – unfortunately, working full time as well as other issues , make it impossible for her to return back to work full time
- Things such as extreme sensitivity to fluorescent lights, short term memory loss, and difficulty with executive skills functioning and multitasking, have made it more difficult to perform the most important aspects of my job.

Patty

- Needs to sleep all the time
- Balance is off
- No focus
- Has to stop and figure out where she is
- House is a mess
- Can't pay bills