

Rachel Ramirez, LISW-S  
Ohio Domestic Violence Network

## Invisible Injuries: Traumatic Brain Injury, Strangulation and Domestic Violence



Being choked, strangled or hurt in the head can cause a brain injury.

Getting help can save your life. Learn more by scanning the code.

OH DVN

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## Who am I?

Director of Health And Disability Programs  
18 years in DV work  
Trauma-informed capacity building

A **passionate** advocate for survivors of domestic violence impacted by brain injury



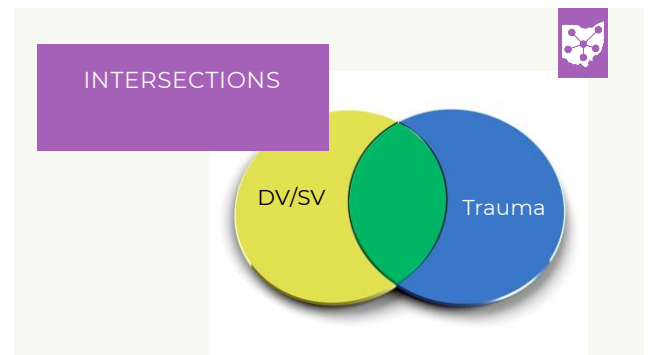
RACHEL RAMIREZ

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This is terrible to experience, hard to talk about, and its us too.

# #FACT

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## The three E's of trauma

- EVENT**  
An event, series of event, or set of circumstances
- EXPERIENCE**  
That is experienced by an individual as physically harmful or threatening
- EFFECTS**  
And has lasting adverse effects on the individual's functioning and physical, emotional, social, or spiritual wellbeing

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Survivors have experienced significant, ongoing psychological trauma.



**MUST KNOW**

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## The 4 R's of trauma-informed approaches

### REALIZE

The widespread impact of trauma and potential paths to recovery.

### RECOGNIZE

Signs and symptoms of trauma in survivors, staff, and organization

### RESPOND

Fully integrate knowledge about trauma into policies, procedures and practices.

### RESIST RE-TRAUMATIZATION

Intentionally and actively avoiding re-traumatization

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Brain injury has not been a part of the trauma-informed conversation.



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WHAT DO YOU THINK?

How often do people you work with get hurt in the head, neck, and face—including strangulation?



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What we learned in Ohio

<https://www.youtube.com/watch?v=zp7uBCj65ko&t=85s>

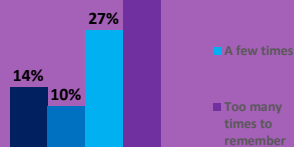


A SIGNIFICANT MISSING  
PIECE

10

HAVE YOU EVER BEEN HIT OR HURT IN THE HEAD?

YES  
86%



Nemeth JM, Mingo C, Kulow E, Brown A, Ramirez R. Provider Perceptions and Domestic Violence (DV) Survivor Experiences of Traumatic and Anoxic-Ischaemic Brain Injury: Implications for DV Advocacy Service Provision. *Journal of Aggression, Maltreatment & Trauma*. 2019;28(8):744-763. doi: [10.1080/10887691.2019.1634444](https://doi.org/10.1080/10887691.2019.1634444)

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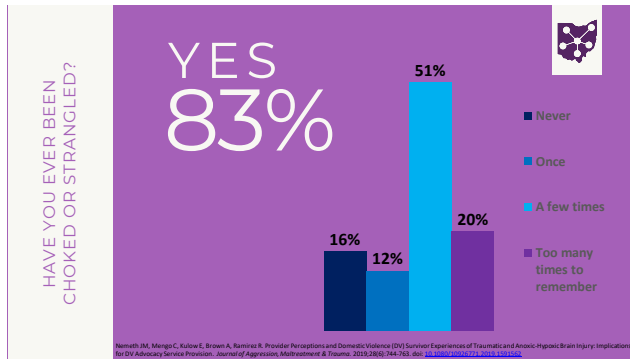
TOO MANY TO COUNT

49%

HOW MANY TIMES?

Nemeth JM, Mingo C, Kulow E, Brown A, Ramirez R. Provider Perceptions and Domestic Violence (DV) Survivor Experiences of Traumatic and Anoxic-Ischaemic Brain Injury: Implications for DV Advocacy Service Provision. *Journal of Aggression, Maltreatment & Trauma*. 2019;28(8):744-763. doi: [10.1080/10887691.2019.1634444](https://doi.org/10.1080/10887691.2019.1634444)

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Most domestic violence survivors experience concussions and strangulation.

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Most **survivors are unaware** that brain injury could be impacting their lives and their ability to access services.

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**Service systems are unaware** that brain injury could be impacting a survivor's life and their ability to access and successfully engage in services.

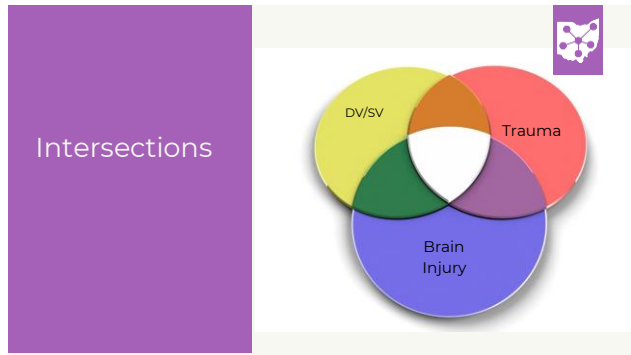
17



"If the right person had the right knowledge, this all could have been avoided."

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# NEUROLOGICAL FRAMEWORK

# PSYCHOLOGICAL FRAMEWORK

The slide features a purple background. On the left, the text 'NEUROLOGICAL FRAMEWORK' is in white. Below it is an image of wooden blocks spelling 'TRAUMA'. On the right, the text 'PSYCHOLOGICAL FRAMEWORK' is in white. Below it is an image of a notepad with 'Holistic Approach' written in red cursive.

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# WON'T OR CAN'T?

Changes how we see things

SERVICE PROVISION  
PERSPECTIVE

The slide has a purple background. The title 'WON'T OR CAN'T?' is in white. Below it is the subtitle 'Changes how we see things'. To the right is an image of two wooden mannequins. The one on the left is holding a speech bubble with the number '6', and the one on the right is holding a speech bubble with the number '9'. Below the mannequins is a small image of a metal ring. On the far right, the text 'SERVICE PROVISION PERSPECTIVE' is written vertically in white.

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- Confused
- Unmotivated
- Disorganized
- Needs to get it together
- Not paying attention
- Demanding
- Doesn't care
- Don't want it enough
- Don't learn from past errors
- "Non-complaint"

SERVICE PROVISION  
PERSPECTIVE

The slide has a purple background. On the left, a list of behaviors is written in white. To the right is an image of two wooden mannequins, one holding a speech bubble with the number '6' and the other with the number '9'. Below the mannequins is a small image of a metal ring. On the far right, the text 'SERVICE PROVISION PERSPECTIVE' is written vertically in white.

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# Our life consists of things we....

Want or like to do....

Need to do....

And are expected to do.

The slide has a purple background. The title 'Our life consists of things we....' is in white. Below it are three images: a young boy smiling, a plate of food, and a family sitting on a couch. Below each image is a phrase: 'Want or like to do....', 'Need to do....', and 'And are expected to do.'.

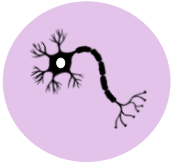
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# And our amazing brain makes all of this possible

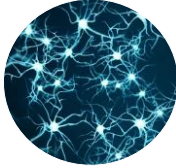
The slide has a blue background. The title 'And our amazing brain makes all of this possible' is in white. To the right is an image of a cartoon brain with arms and legs, wearing red sneakers.

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## Basic Brain Organization



Brain Cells =  
Neurons



Neurons  
connect...



And form efficient  
pathways

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A healthy  
brain is like  
a city with  
zero traffic  
jams



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## The brain needs nutrients & protection

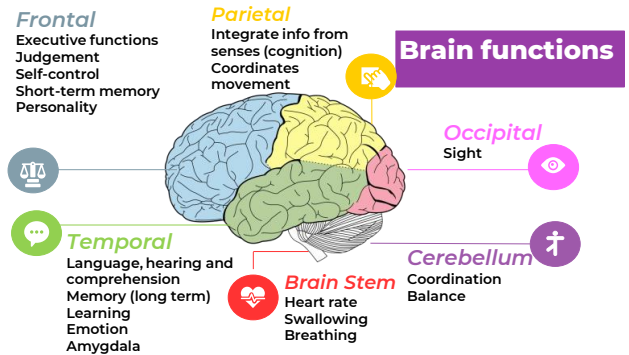


Blood vessels bring  
oxygen & nutrients



Protected by the skull,  
tissues, and fluid

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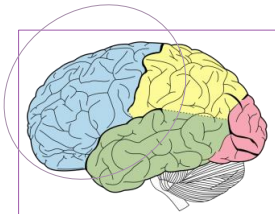


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### Frontal lobe

What makes us uniquely human

- Transfers information into memory
- Helps us "put on the brakes" on impulses
- Helps us do/not do something now because it's better for us in the long run



### Brain functions

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## Executive functioning

- Mental skills that include working memory, flexible thinking, and self control
- Essential for everyday tasks

Prioritizing  
Problem solving  
Time management  
Starting tasks  
Organizing and planning  
Multitasking  
Managing emotions  
Controlling impulses  
Social and sexual behavior  
Self-awareness



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When the  
brain is  
healthy



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When the  
brain  
gets hurt

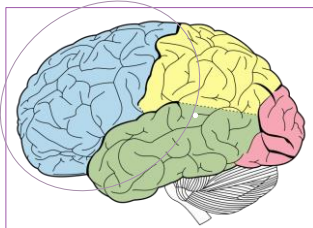


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## Frontal lobe

- Most likely part of our brain to be impacted by head trauma
- Bony ridges behind forehead cause frontal lobe damage
- Particularly sensitive to lack of oxygen

### Damage



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## Executive functioning

- Mental skills that include working memory, flexible thinking, and self control
- Essential for everyday tasks

Problem solving  
Time management  
Starting tasks  
Organizing  
Planning  
Managing emotions  
Controlling impulses and delaying gratification  
Self-awareness  
Prioritizing

All this becomes more difficult



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## Executive dysfunction

- Disrupted ability to manage thoughts, emotions, and actions
- Brain injury, trauma, mental health, and addiction all impact this.



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## CHARACTERISTICS OF HEAD TRAUMA FROM DOMESTIC VIOLENCE

Multiple traumatic events within an ongoing traumatic environment



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## What does head injury look like to survivors? "Did someone ever...?"



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## Brain Injury Changes How Survivors Think, Feel & Act



Thinking/  
Cognitive



Physical



Emotional

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## Voices of Survivors



NINA



REBECCA



PAULA

<https://vera.wistia.com/medias/a5ifq26rn6>



SIGNS AND SYMPTOMS THAT  
WERE NOTICED BUT NOT  
CONNECTED TO BRAIN  
INJURY

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## Emotional symptoms

Survivors may struggle with...

- Becoming easily frustrated
- Aggressive or inappropriate behavior
- Feeling anger and rage
- Mood fluctuations
- More impulsive
- Exacerbated mental health challenges
  - Anxiety
  - PTSD
  - Depression

What might  
this look like in  
your  
interactions  
with survivors?

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  - Depression

Which may look like...

- "Non-compliant"
- Say or do things without thinking
- Troubles getting along with others
- Challenging others
- May not follow directions
- Talk about hopelessness
- Withdrawal or isolation
- Talking about harming self or others

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## Emotional symptoms



Which may look like...

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- Troubles getting along with others
- Challenging others
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## Cognitive symptoms

Survivors may struggle with...

- Memory
- Taking longer to think or find words
- Comprehension
- Getting started on tasks and following through
- Maintaining attention
- Problem-solving
- Challenges with risk assessment or judgment
- Executive functioning

What might this look like in your interactions with survivors?

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## Cognitive symptoms

May look like...

- Getting easily distracted
- Difficulties concentrating
- Confusion
- Forgetfulness
- Unfocused
- Scatterbrained
- Not starting or following through
- Not interested or engaged
- Unmotivated or lazy
- Missing deadlines, appointments
- Not completing forms or tasks
- Losing train of thought, not following conversations



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## Physical symptoms

\* Specific to strangulation

Survivors may struggle with...

- Sensitivity to light & sound
- Vision problems
- Poor sleep quality
- Seizures
- Headaches/migraines
- Dizziness
- Poor balance
- Fatigue
- Difficulty swallowing\*
- Neck pain\*

What might this look like in your interactions with survivors?

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## Physical symptoms

\* Specific to strangulation

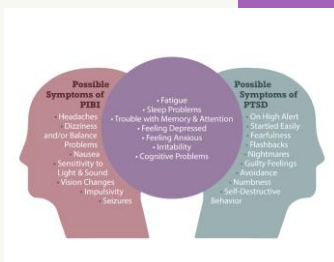
May look like...

- "I'm in a fog"
- Pain and discomfort
- Difficulties falling asleep, staying asleep & waking up
- Problems with eyesight or hearing
- No energy or tired all the time
- Feeling overwhelmed
- Bothered by noise or lighting
- Tripping/bumping into furniture
- Too tired for in normal activities



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## PTSD and Brain Injury



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Now What?

## Addressing Head Injuries

within your system

NEXT STEPS

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WHAT DO YOU THINK?

What are some of the ways in which your system is difficult to access and fully participate in?



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An advanced service provision approach providing guidance and tools to raise awareness on brain injury

**care**  
CONNECT-ACKNOWLEDGE  
RESPOND-EVALUATE

**Trauma-informed**  
toolbox to help you raise awareness on brain injury caused by violence

**C** CONNECT with services by forming genuine and healthy relationships  
**A** ACKNOWLEDGE that head trauma and mental health challenges are common, provide information and education to survivors, and identify short and long term physical, cognitive, and emotional consequences.  
**R** RESPOND by accommodating needs related to traumatic brain injury, strangulation and mental health challenges, and provide effective, accessible referrals and advocacy for individuals who need additional care  
**E** EVALUATE accommodations and referrals and needs base regularly to see if adjustments need to be made

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When people are struggling with your services, consider head injury as one of the possible contributors.



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Provide education and information on domestic violence and head trauma to survivors and professionals.



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CARE tools at [www.odvn.org](http://www.odvn.org)



Kendall N, Saccolito A, Kufus C, Ramirez R, Nelson A, Oliver A, Wernert A, Kenneth JM. How CARE tools are being used to address brain injury and mental health struggles with survivors of domestic violence. *Journal of Head Trauma and Rehabilitation*.

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Being choked, strangled or hurt in the head can cause a brain injury.

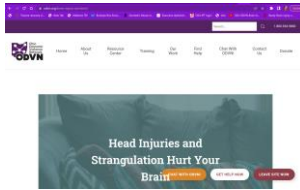
Getting help can **save your life**, learn more by scanning the code:

or visit [www.odvn.org/brain-injury-services/](http://www.odvn.org/brain-injury-services/)

**ODVN**

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[www.odvn.org/brain-injury-survivors](http://www.odvn.org/brain-injury-survivors)



Provide accommodations and advocate for them within your system.

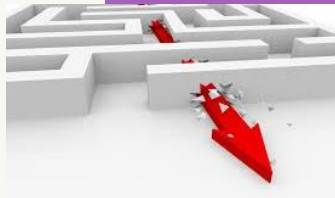


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## Accommodations

Provides support in a way that takes into account a person's unique needs.

Creates opportunities to address potential barriers to success.



Ohio Brain Injury Program Accommodations Guide

**CARE improves:**

**Staff feel:**

**CARE MAKES YOU A BETTER PROFESSIONAL  
AND IMPROVES YOUR AGENCY'S SERVICES**



CONNECT • ACKNOWLEDGE  
RESPOND • EVALUATE

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Use your CARE toolbox!



**care**  
CONNECT • ACKNOWLEDGE  
RESPOND • EVALUATE



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Rachel Ramirez, LISW-S

Director of Health and Disability Programs

Founder of The Center  
on Partner-Inflicted  
Brain Injury

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