



Working with Victims with Brain Injuries in Domestic Violence Shelters

Domestic violence victims who have a traumatic brain injury (TBI) may need help coping with the high levels of stress and stimulation that can exist in a shelter. Living communally is challenging, especially when other residents are dealing with trauma, high levels of stress and fear, and with distressed children.

Because TBI affects different people differently, residents will have different needs. [Screening for TBI](#) during shelter intake will help you identify ways to make the shelter more accessible and user-friendly.

MINIMIZING THE RISK OF FALLS

When someone has sustained a recent TBI, it is *critical* to avoid getting another one while the first is still healing – and that can be a long process. Also, people with a TBI may have balance problems, and are at higher risk of falling.

Shelters should take steps to reduce the risk of falls for all residents.

- Remove tripping hazards, such as throw rugs and children's toys.
- Keep hallways, stairs and doorways free of clutter.
- Put nonslip mats in bathtubs and showers.
- Install grab bars next to toilets and in tubs and showers.
- Install handrails on both sides of stairways, and non-slip treads on the steps.
- Provide adequate lighting inside and outside.
- Replace flickering lights (which may bring on seizures).

TALKING WITH VICTIMS WHO HAVE A TBI

- Maximize structure and know what you want to accomplish.
- Minimize distractions – noise, interruptions, bright lights, etc.
- Make sure that the lighting is not bothering her or triggering headaches.
- Don't rush – speak more slowly than usual, and use shorter sentences. But don't talk down to her – she'll know you are doing it.
- Stick to the main points – don't overload her.
- Be concrete.
- Repeat as needed and check for understanding.
- Write things down, make lists, and provide written copies of policies and house rules.
- Schedule appointments at the time of day when she functions best.

IDENTIFYING OTHER INJURY-RELATED ISSUES

When you identify that a victim has sustained a TBI, ask her:

- What problems does she have as a result?
 - People with brain injuries often have trouble with attention, memory and follow-through. This may show up as lack of attention to children's needs or behavior, not cleaning up after oneself, forgetting where things are, or needing frequent reminders of the house rules.
- What specific tasks are difficult for her and what supports does she need?
- Are there environmental factors – such as large, open spaces, bright lighting or noise – that you could easily change that would help reduce her symptoms or make living in the shelter easier for her?
- What is her sleep/wake cycle like? Does she often have insomnia? Does she get fatigued easily?
- What triggers her symptoms (such as seizures or aggressiveness)?
- Is there anything specific that staff should look for to alert them that she needs immediate help?

DISRUPTIVENESS

People who have a TBI may have difficulty with over-stimulation – bright lights, noise, too much happening at once, stress, or strong emotion. They may be impulsive, and speak or act without thinking, or have other behavioral issues that result from injury to particular parts of the brain. Any of these may disrupt shelter routines. Shelter staff needs to understand that the victim can't control these problems, any more than she can control other injury-related problems.

Strategies:

- Be *calm*.
 - Try to create an environment that is calm, nurturing, and not over-stimulating.
 - Don't react emotionally if she has an emotional outburst;
 - Take her to a quiet area, so she can calm down and regain control.
- Be *respectful*. Treat her like an adult.
 - Ask – in private – for permission to make suggestions.
- Be *constructive*.
 - Specifically say what the problem behavior is, and what you'd like her to do instead.
 - *Don't* say her behavior is 'inappropriate' – it's condescending and vague.
 - Offer reassurance that the problem can be overcome.
- Be *realistic* about her abilities and limitations.
 - Everything may take longer, and she may be easily frustrated.
 - Ask about her self-management plan.

If the individual has been through rehab, she may have learned a step by step self-management plan to use, on her own or with help, when difficulties arise. Such plans involve learning to recognize:

- *Early signs that she is becoming upset.* – such as rapid breathing or tension.
- *When behavioral issues are most likely to occur* – specific times of the day, or particular situations, such as being tired or sick.
- *Specific triggers*, such as complicated tasks, or time pressures.
- *What she can do when she recognizes that she is getting upset* – such as take deep breaths or step out of the room.
- *Potential consequences of her actions.* If she doesn't get control of herself, what is likely to happen next?
- *What she would like others to do if they notice that she is having problems*, such as redirect her to a particular activity or remind her to “use the plan.”ⁱ

Every individual's self-management plan is different. Some are very simple; others are more complex. Talking with her about it can help you learn about her difficulties and strengths, and identify ways you can easily provide support. She may need wrap-around services, and assistance in juggling multiple, complex service systems.

FOR MORE INFORMATION



If you are having difficulty meeting the needs of a domestic violence victim who has a brain injury, please consult the Brain Injury Association of New York State, as www.bianys.org or 518-459-7911.

If you are not in New York, the Brain Injury Association of America (www.biausa.org) can connect you with your state's Brain Injury Association.



The New York State Office for the Prevention of Domestic Violence also provides additional information on the intersection of traumatic brain injury and domestic violence at <http://opdv.state.ny.us/professionals/tbi/index.html>.

ⁱAdapted from Morrow, M.J., Behavioral challenges after brain injury. Brain Injury Association of America. For more details visit www.biausa.org/literature_43279/behavioral_challenges