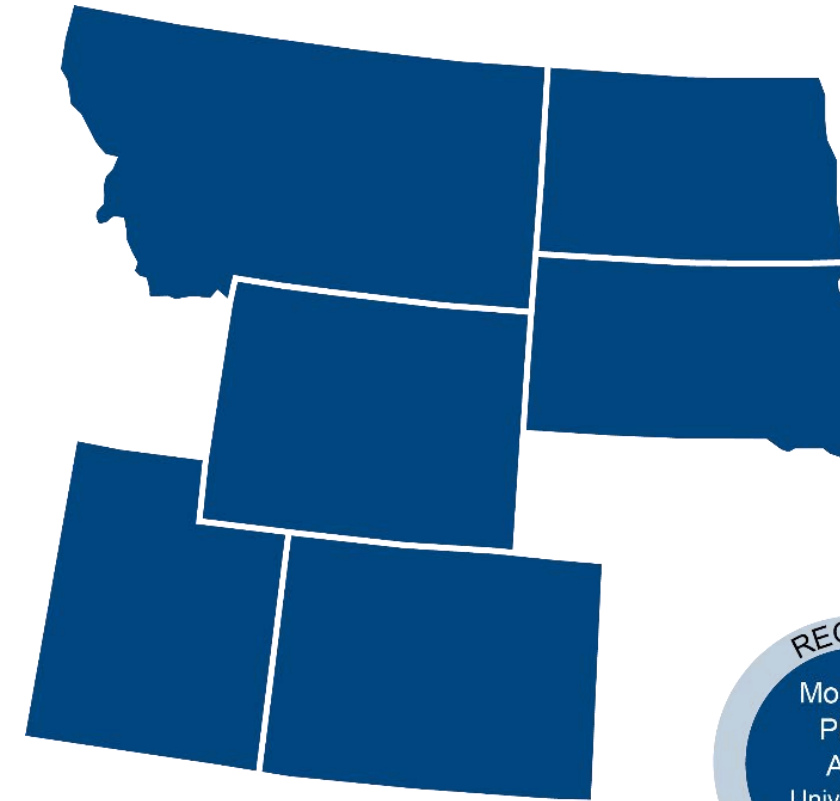
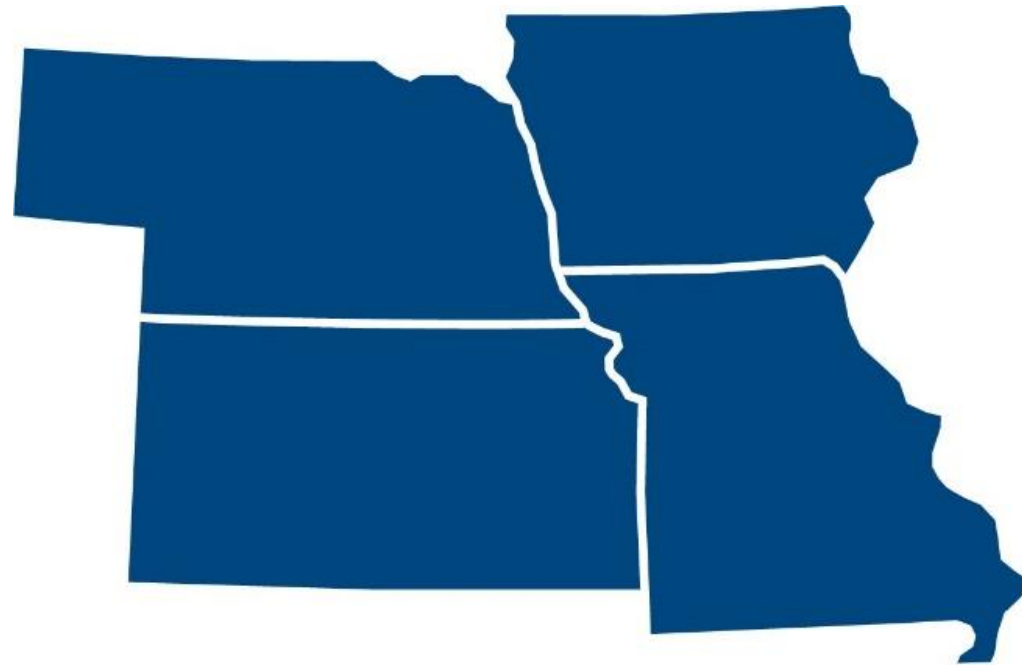




Hidden in Plain Sight: The Connection Between Domestic Violence, Brain Injury, Substance Use and Addiction

Presented by
Rachel Ramirez, MA, MSW, LISW-S
Julianna Nemeth, PhD

Mid-America ATTC & Mountain Plains ATTC



Mid-America (HHS Region 7)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

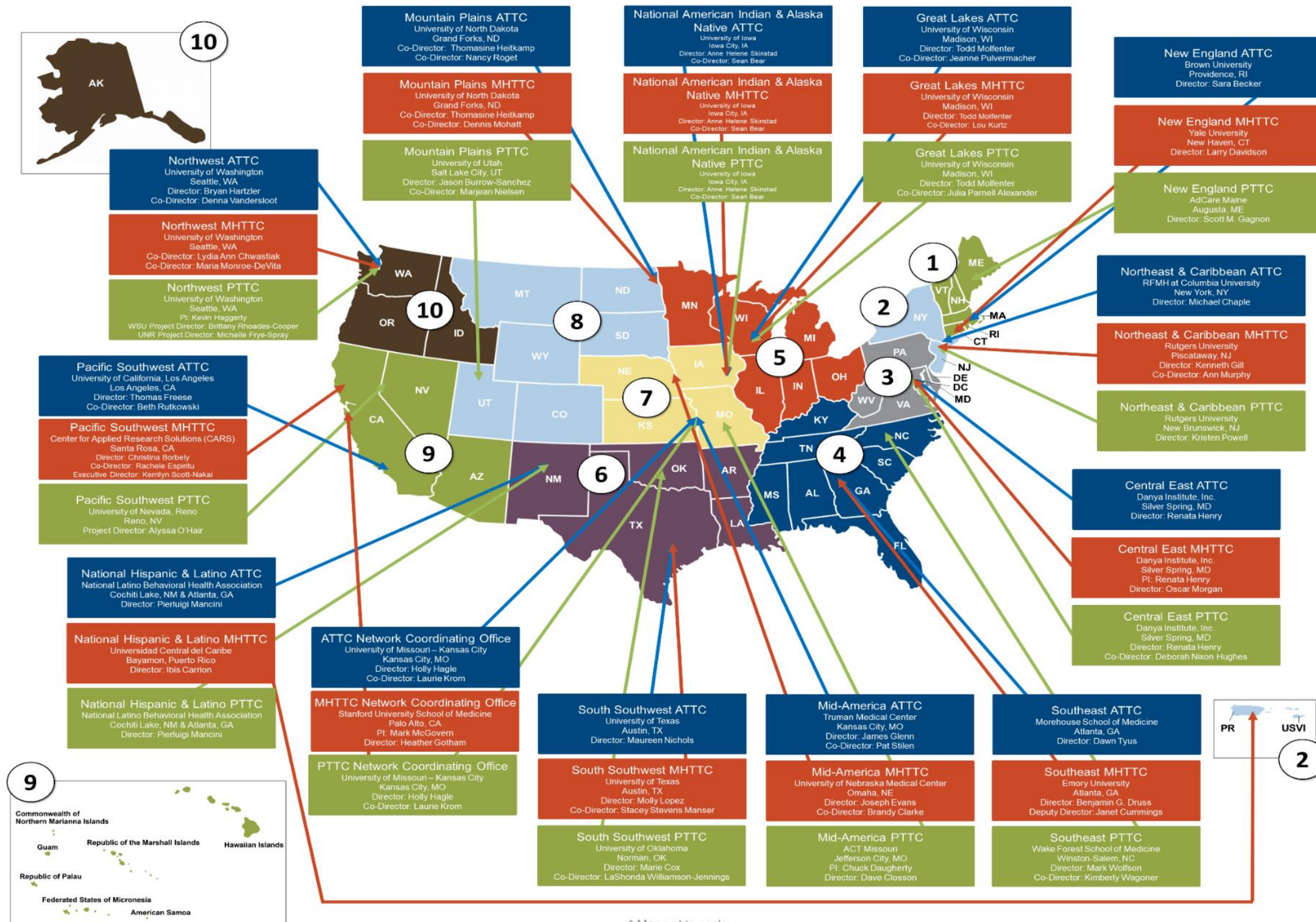


Mountain Plains (HHS Region 8)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Technology Transfer Center Network



* Map not to scale.

Disclaimer and Funding Statement

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Disclosures

Successful Completion

This live webinar offers 1.5 contact hours. To receive contact hours, participants must complete the activity in its entirety and complete the Evaluation/Request for Credit Form. CHES and NAADAC certificates as well as Certificates of Completion will be emailed within four to six weeks after submission of the Evaluation/Request for Credit form.

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There is no commercial support for this training.

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The University of Missouri-Kansas City School of Nursing and Health Studies, Mid-America Addiction Technology Transfer Center, NCHEC and NAADAC do not approve or endorse any commercial products associated with this activity.



Disclosures

Conflict of Interest:

In accordance with continuing education guidelines, the speakers and planning committee members have disclosed commercial interests/financial relationships with companies whose products or services may be discussed during this program.

Speakers: Rachel Ramirez and Julianna Nemeth have nothing to disclose.

Planning Committee:

Pat Stilen, Bree Sherry, Carissa Ruf, Angela Bolen, Abby Moore, Thomasine Heitkamp, and Sharon Colbert have nothing to disclose. Jacki Witt serves on the advisory board for Mayne Pharmaceuticals. (Resolved). Kristin Metcalf-Wilson serves on the board for Mayne and Afaxys Pharmaceuticals board (Resolved).

Accreditation Statements

NAADAC

This course has been submitted to NAADAC for approval by the Addiction Technology Transfer Center (ATTC) Network Coordinating Office, as a NAADAC Approved Education Provider, for # 1.5 CE(s). NAADAC Provider #64973, Addiction Technology Transfer Center (ATTC) Network Coordinating Office, is responsible for all aspects of its programming.”

Certified and Master Certified Health Education Specialists (CHES & MCHES)

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Other CEs

- Iowa Board of Certification
- Missouri Credentialing Board
- Kansas Behavioral Sciences Regulatory Board
- Nebraska (deemed alcohol and drug specific – accepted for continuing education for licenses alcohol and drug counselors in NE)
- NASW
- CRC

Housekeeping Items

- All attendees are muted and attendees cannot share video during this session.
- Remember to ask questions using the Q&A feature
- How to access training materials

Objectives

At the end of this activity participants will be able to...

1. Describe at least three ways that domestic violence can contribute to the substance misuse challenges and addiction.
2. Learn how to use the CARE framework as a guide for working with people experiencing brain injury, domestic violence, and addiction.
3. Identify resources (including CARE tools) to assist you in educating, identifying, and accommodating for brain injury in your programming.



Hidden in Plain Sight:

**The Connection Between Domestic Violence, Brain Injury,
Substance Use and Addiction**

Presented by Rachel Ramirez, MA, MSW, LISW-S and Julianna Nemeth, PhD

Rachel Ramirez, LISW-S

Founder and Director, The Center on Partner-Inflicted Brain Injury
Ohio Domestic Violence Network
rachelr@odvn.org



After 10 years at the statewide coalition on domestic violence, I learned about the intersection of traumatic brain injury, strangulation, and domestic violence and it has changed my life. I work to raise awareness on the impact of brain injury on survivors, and equip those who work with domestic violence better meet survivors' needs.



Julianna Nemeth, PhD, MA

Assistant Professor (she/her/hers)

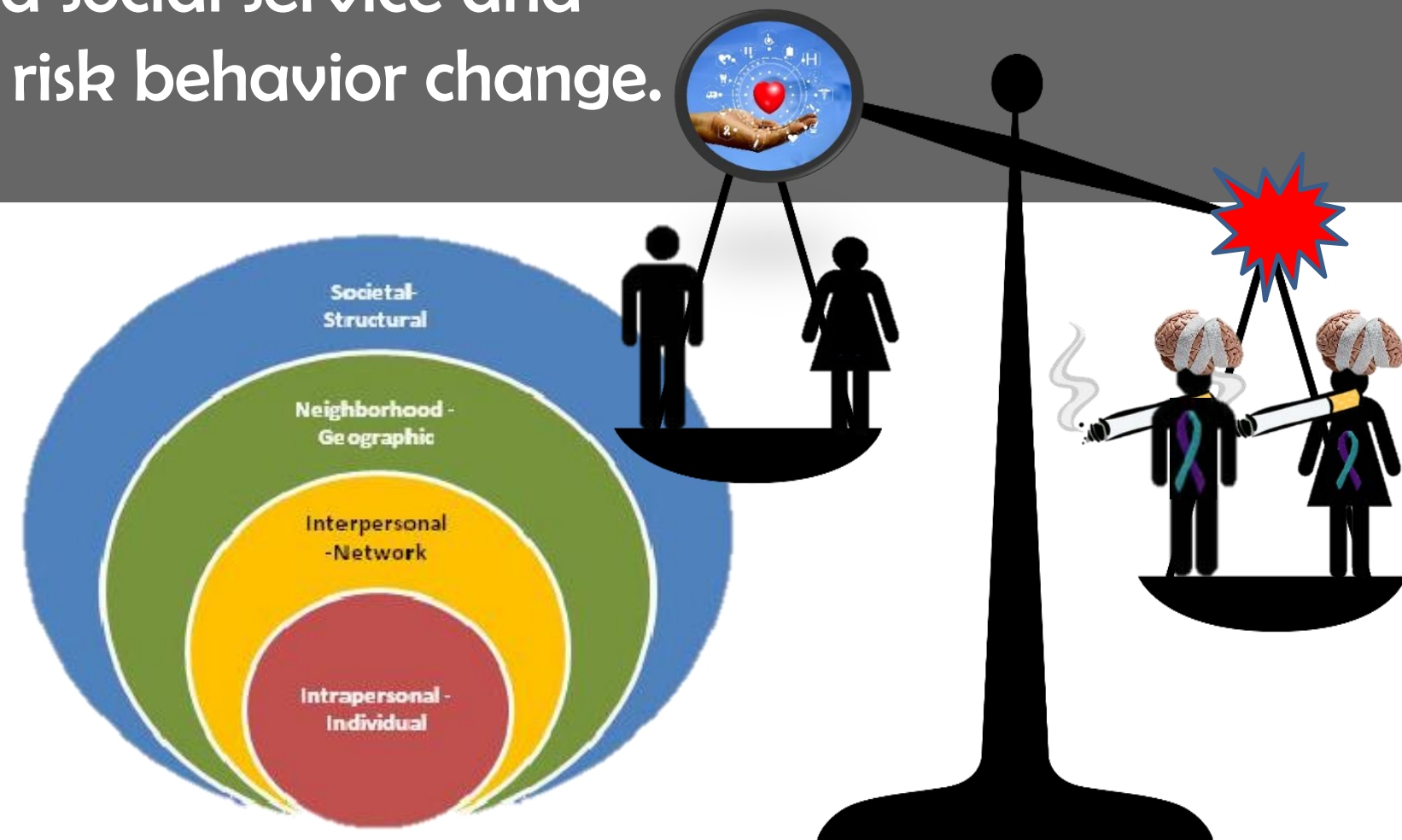
Health Behavior and Health Promotion, OSU College of Public Health

nemeth.37@osu.edu



Recognizing structural injustices,
I am a Health Equity Intervention Scientist dedicated to help survivors of interpersonal violence who live with chronic brain injuries:

- 1) access safety, health and social service and
- 2) find success with health risk behavior change.





Ohio
Domestic
Violence
Network

ODVN

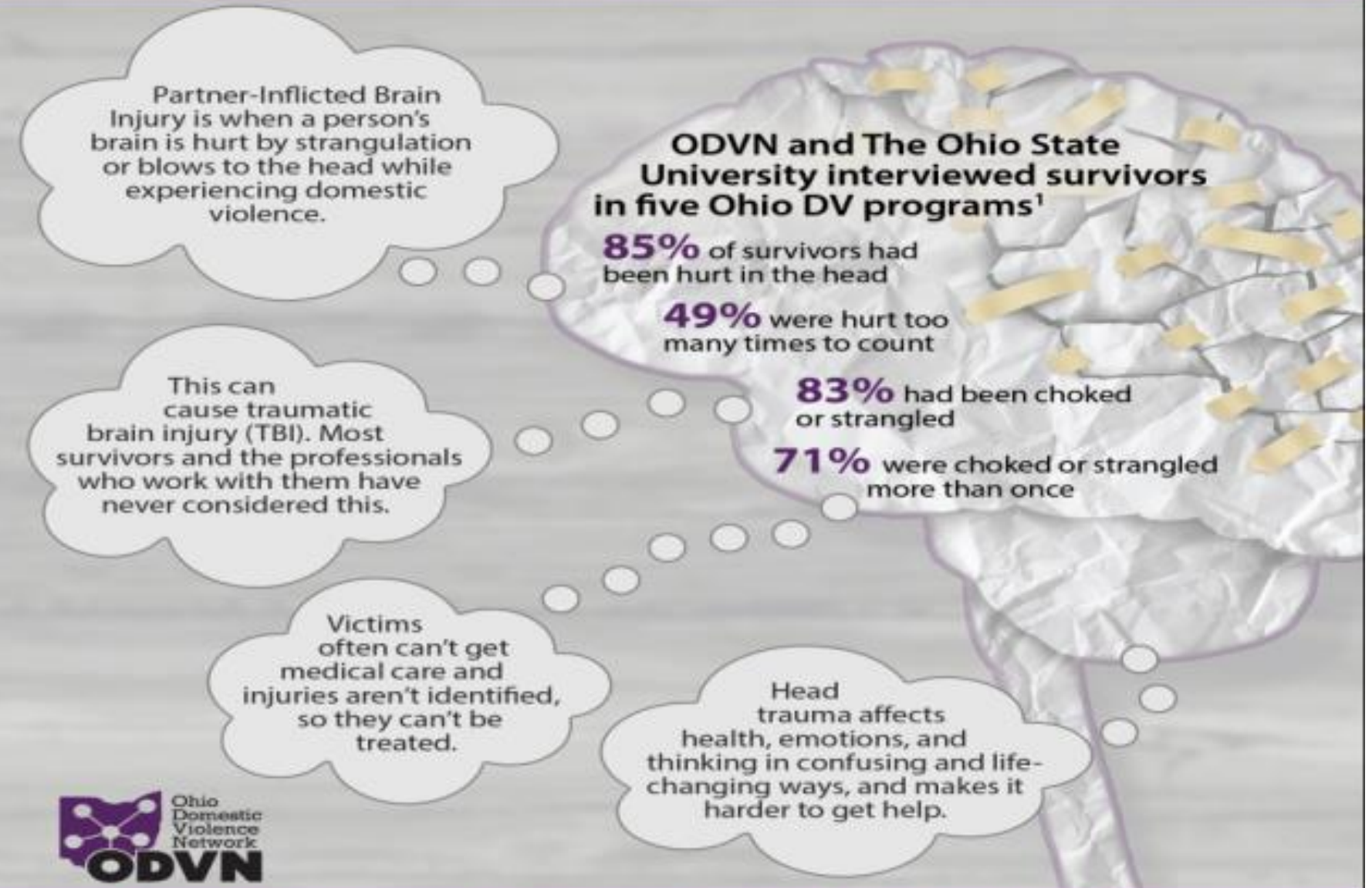




ODVN's Center on Partner-Inflicted Brain Injury

Leading the charge to
recognize brain injury
caused by domestic
violence

Domestic Violence Hurts the Brain



The Center on Partner-Inflicted Brain Injury

This project of the Ohio Domestic Violence Network provides statewide, national and international leadership to raise awareness on the emerging area of brain injury caused by domestic violence.

The Center works to increase collaboration among systems and provide training, technical assistance, consultation, research, and resource development for researchers and practitioners.



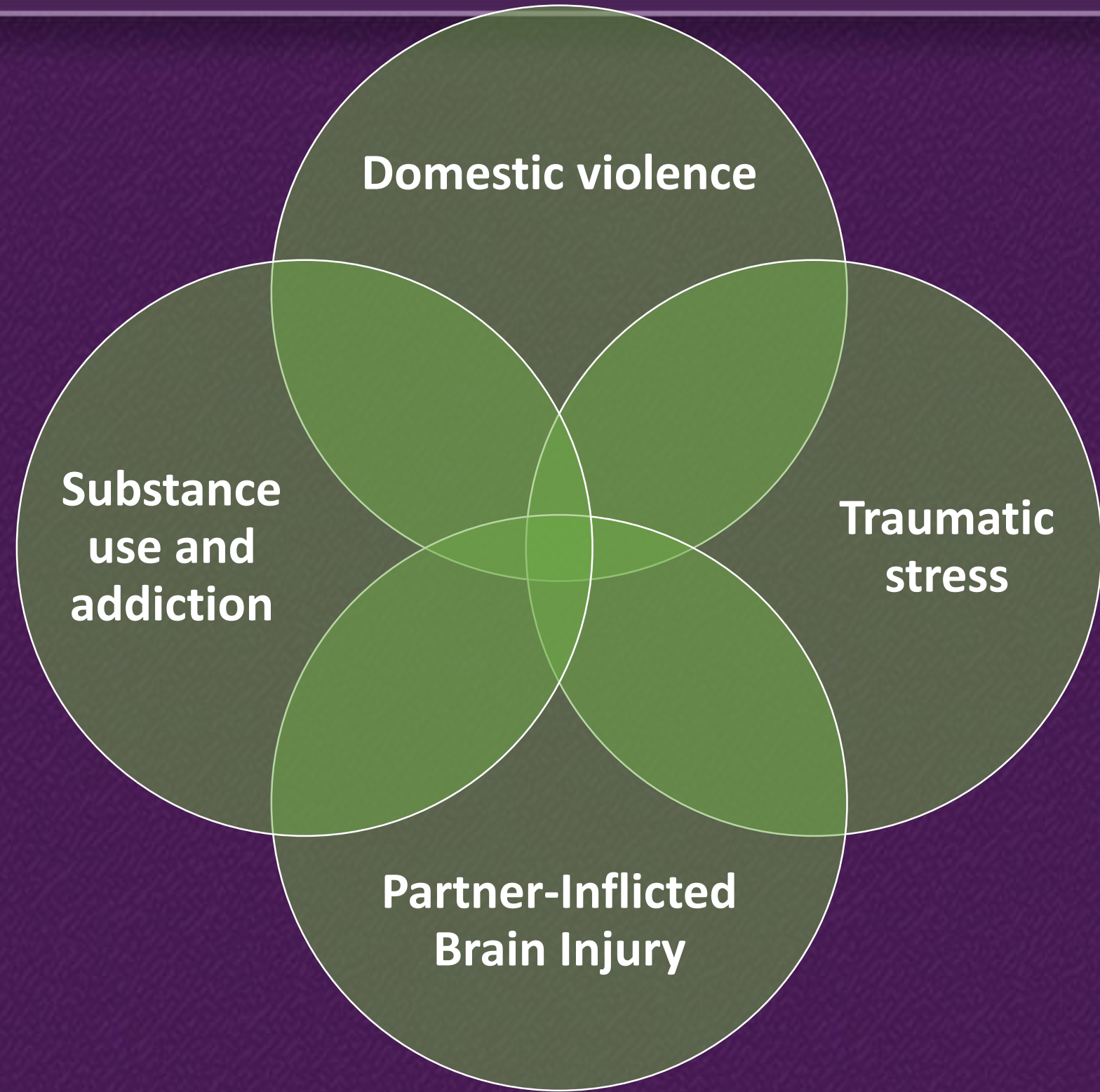
Outline of today

- The intersections
- Domestic violence and substance use
- The missing piece: partner-Inflicted brain injury
- Ohio's CARE framework
- Ohio's CARE tools



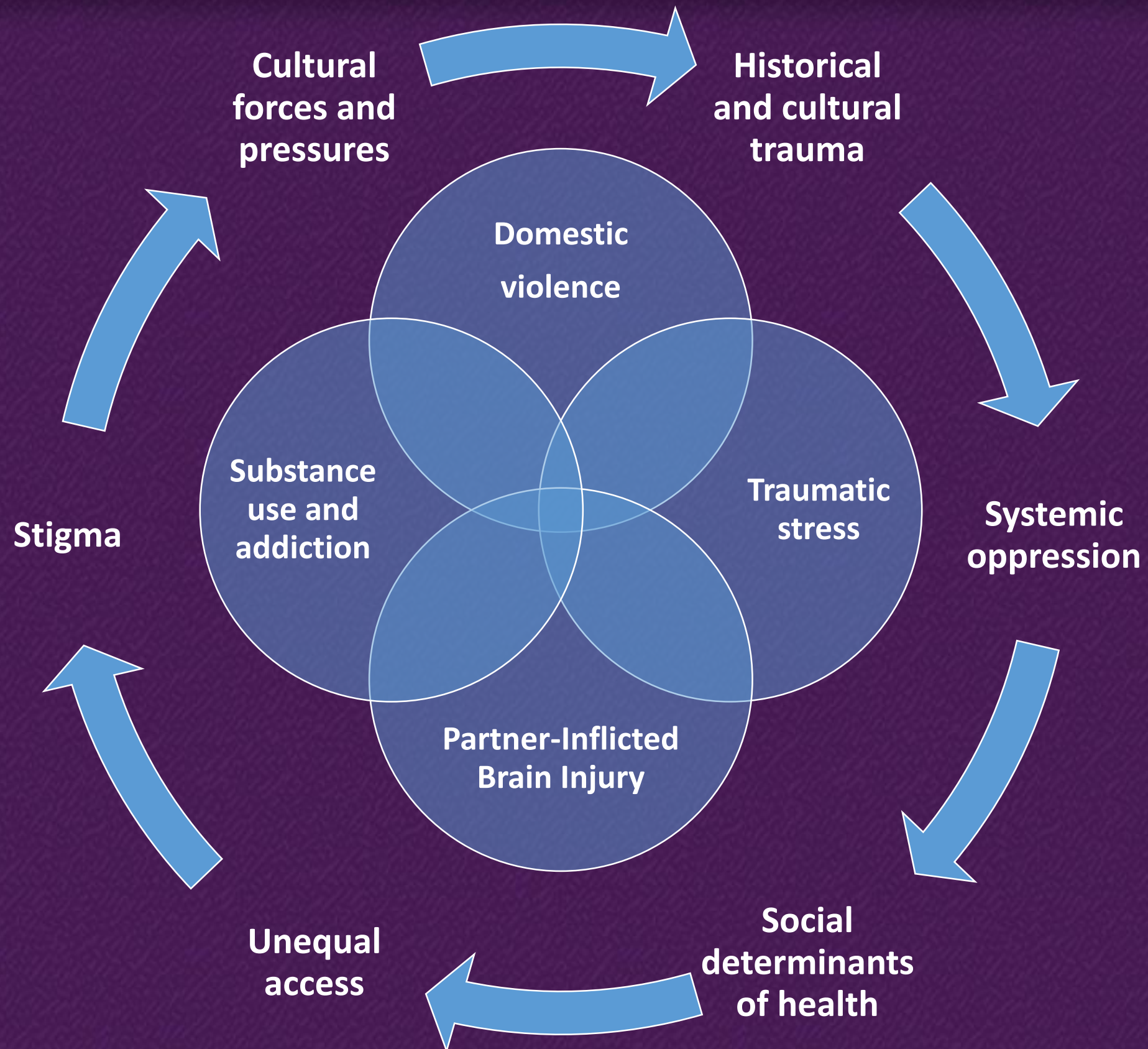


**Its all
connected**

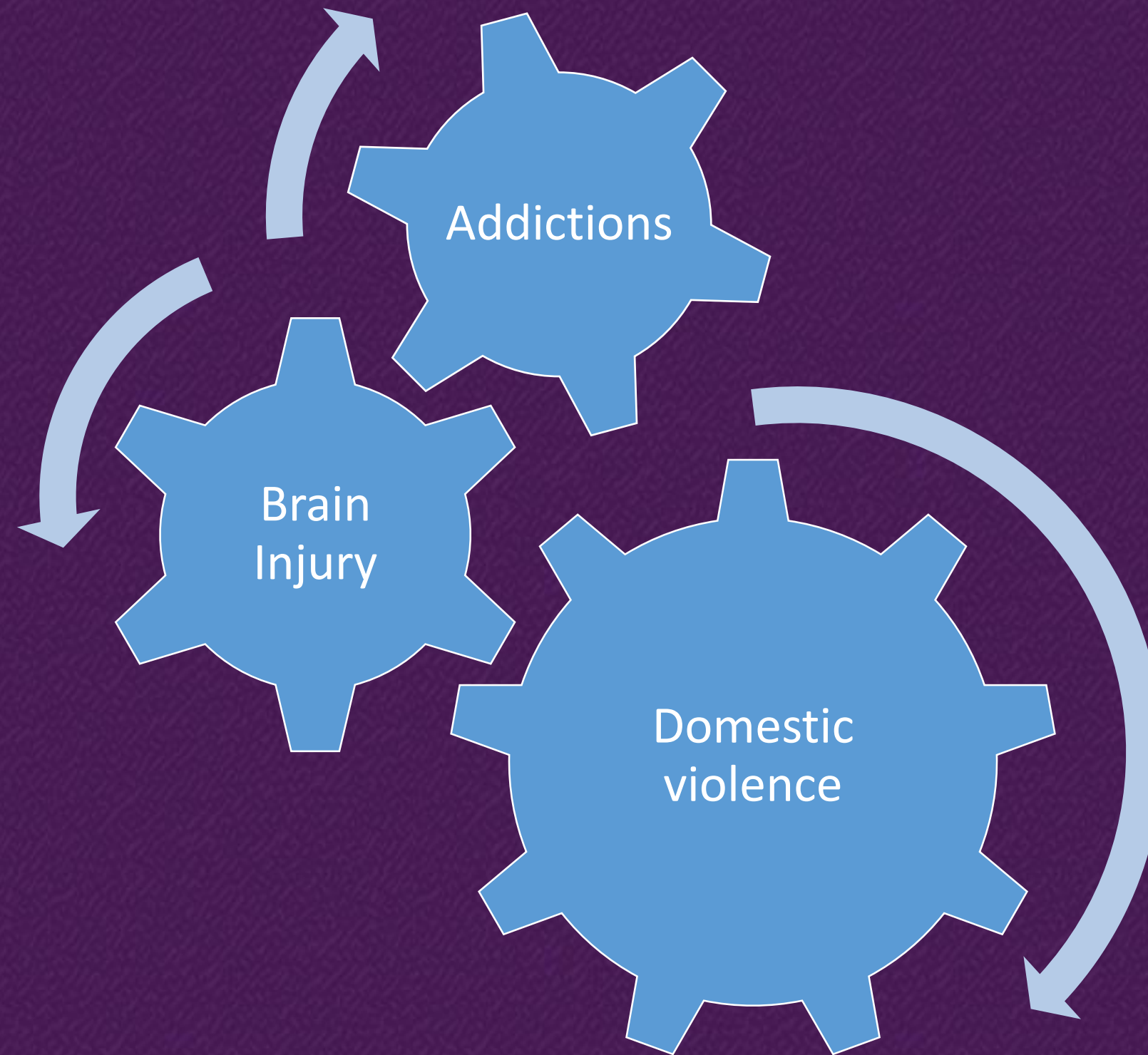




In an even larger web



But we are in our separate corners



The Context MATTERS

Trauma-Informed Approaches, Coercive
Control and Traumatic Stress



A complex puzzle

Trauma-
informed
frameworks lay
the foundation

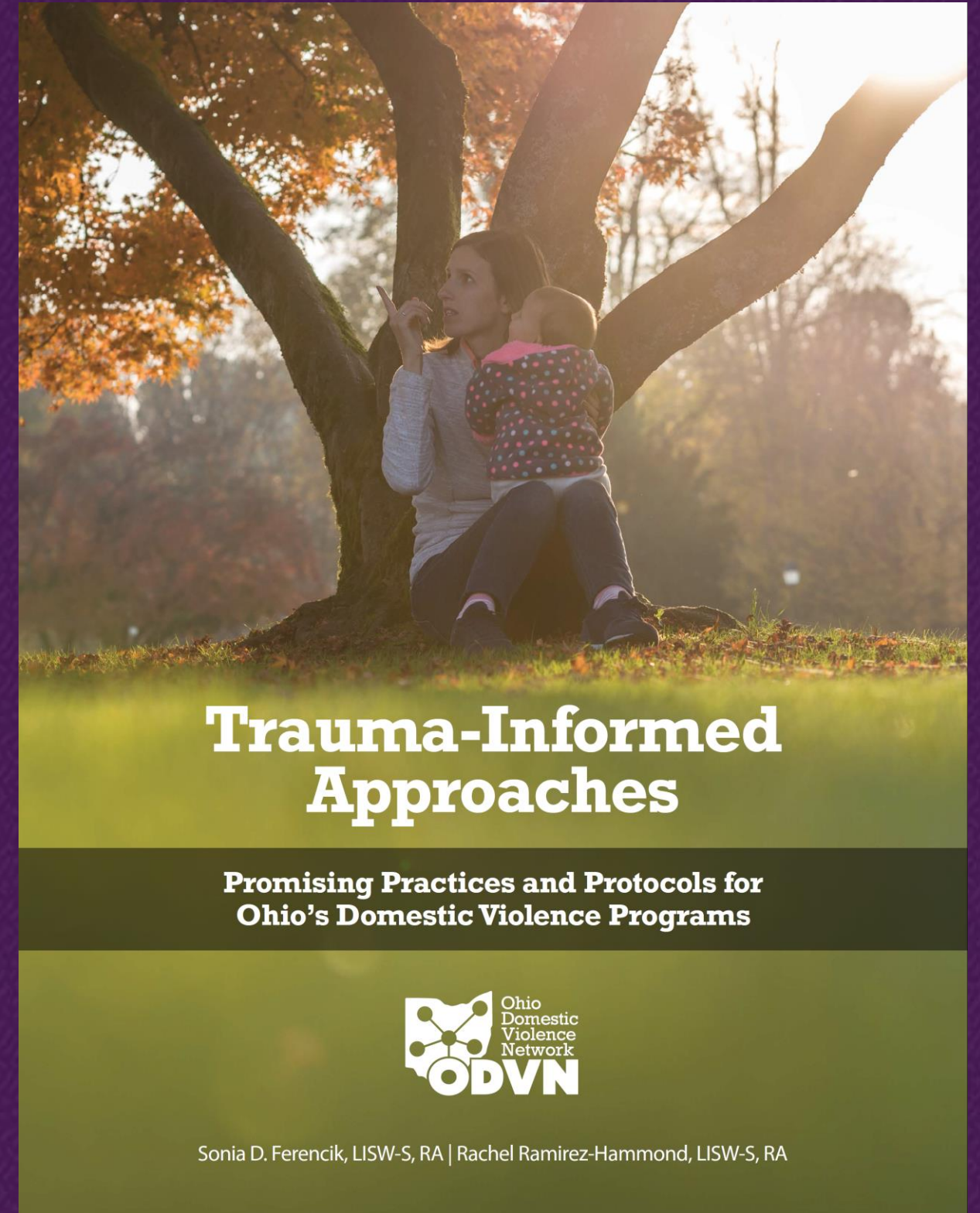


- Physical and Emotional Safety
- Environment of Agency & Mutual Respect
- Access to Information on Trauma
- Opportunities for Connection
- Emphasis on Strengths
- Cultural Responsiveness & Inclusivity
- Support for Parenting



Content includes:

- Caring for the advocate
- Responding to trauma
- Promising practices
- Protocols
- Appendices



DV is traumatic

An overwhelming experience that affects our:

- Body
- Mind
- Heart
- Soul





How many women in America experience physical or sexual violence at the hands of a partner at some point in her life?



WOMEN EXPERIENCE DOMESTIC VIOLENCE

A public health crisis



It can happen to anyone

- Mostly women...but
- Not everyone is impacted in the same way
- Rarely isolated
- Escalates in frequency and severity
- Causes physical harm and death
- The ripple effect
- These are our clients, but also our mothers, sisters, daughters, co-workers, friends, relatives and colleagues

What is domestic violence?



A pattern of coercive and assaultive behaviors



including physical, sexual and psychological attacks, as well as economic coercion



that adults and adolescents use against their intimate partners.





Coercive control a key tactic of domestic violence

- My movements
- My thoughts
- My feelings about myself and others
- Mental health
- Substance use
- Physical health
- Reproductive coercion



Gaslighting
the attempt of
one person
to overwrite
another person's
reality.

TheMindJournal.com

Gaslighting

That didn't happen.
And if it did, it wasn't that bad.
And if it was, that's not a big deal.
And if it is, it's not my fault.
And if it was, I didn't mean it.
And if I did, YOU deserve it.



Kim's story



By the time DV gets
identified

It's bad.



**Leaving
is not a
magical
solution**

One study showed...

Alcohol dependent

13.5% abused vs. 1.4% % non-abused

Illicit drugs

22.4% abused vs. 2.8% % non-abused





According to one study, how many times more likely is a victim of domestic violence to meet the criteria for opioid use disorder?



DV
and
substance
use

ITS
COMPLICATED

Highly correlated

Possibly bi-directional

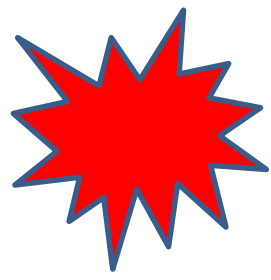
High rates of DV in behavioral health
treatment

High rates of behavioral health
challenges in DV services

**BRAIN INJURY
HAS BEEN
MISSED
COMPLETELY**

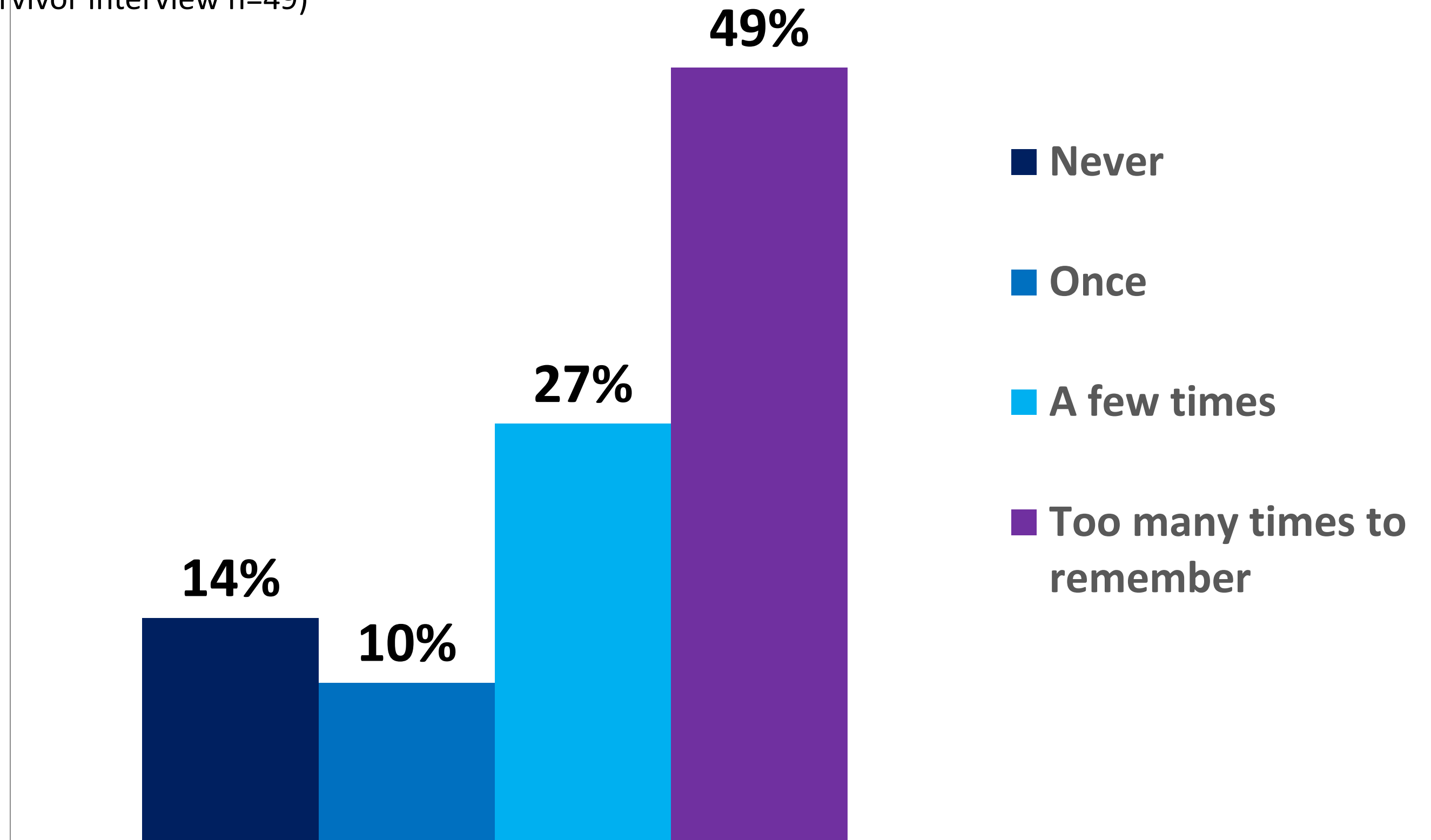
High rates of head trauma and strangulation that can cause chronic brain injuries





How many times in your life have you ever been hit in the head or were made to have your head hit another object?

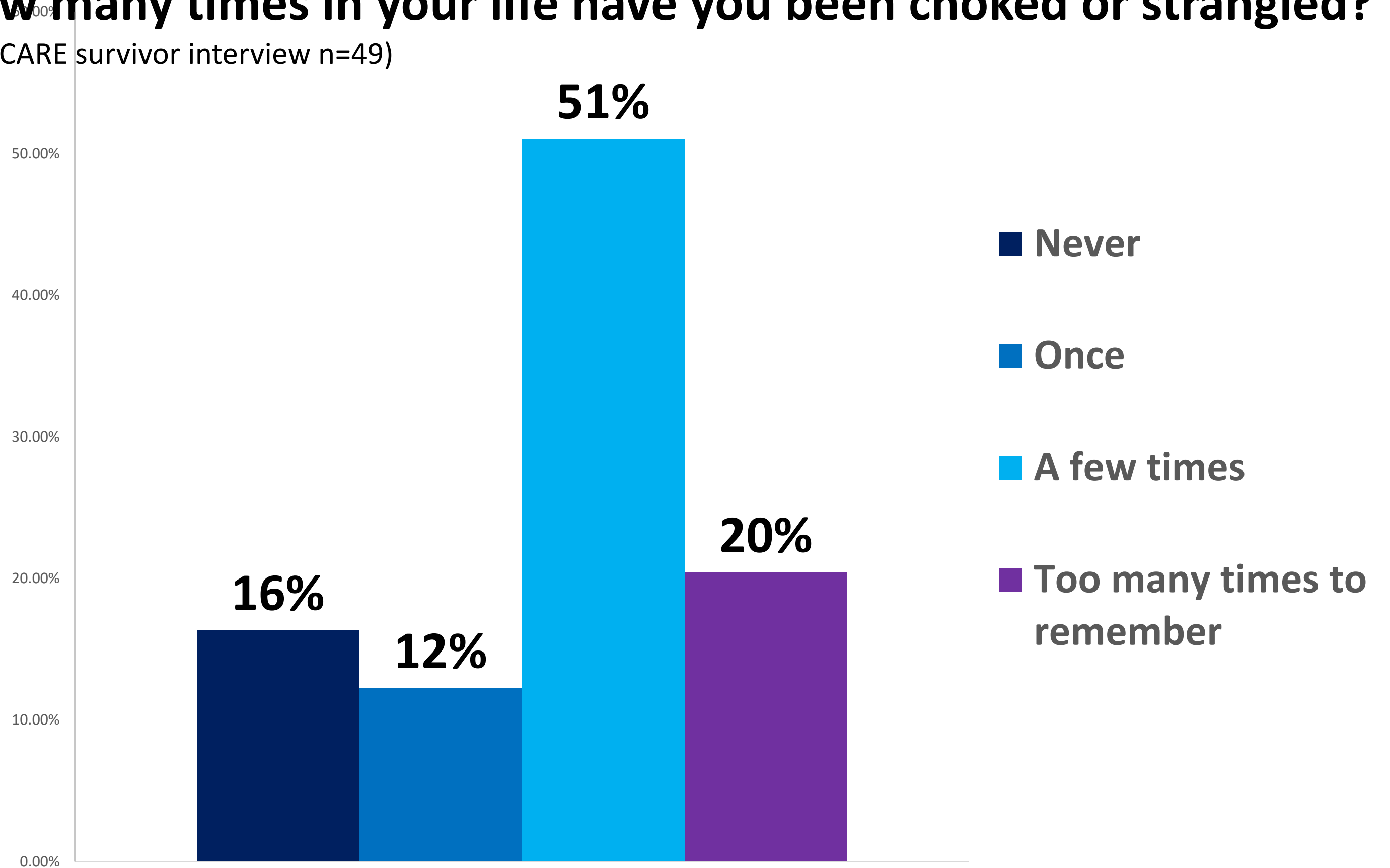
(pre-CARE survivor interview n=49)





How many times in your life have you been choked or strangled?

(pre-CARE survivor interview n=49)



How do abusers
use coercion
and control
around
substance use?





Use **force** to expose victims to substance use

Mengo, C., Yoon, S., Kaitlin, C., Beaujolais, B, Flores, Y., Nemeth, J., Ramirez, R., Lancaster, K., Shockley
McCarthy, K., Pei, F., Marsh, S., Emily, K., & Ferencik, S (In progress). Substance use coercion among
survivors of domestic violence in residential settings.



Use **threats** to
hurt victims or
get them in
trouble

Mengo, C., Yoon, S., Kaitlin, C., Beaujolais, B, Flores, Y., Nemeth, J., Ramirez, R., Lancaster, K., Shockley
McCarthy, K., Pei, F., Marsh, S., Emily, K., & Ferencik, S (In progress). Substance use coercion among
survivors of domestic violence in residential settings.



Substances help survivors **cope** and manage the **trauma**

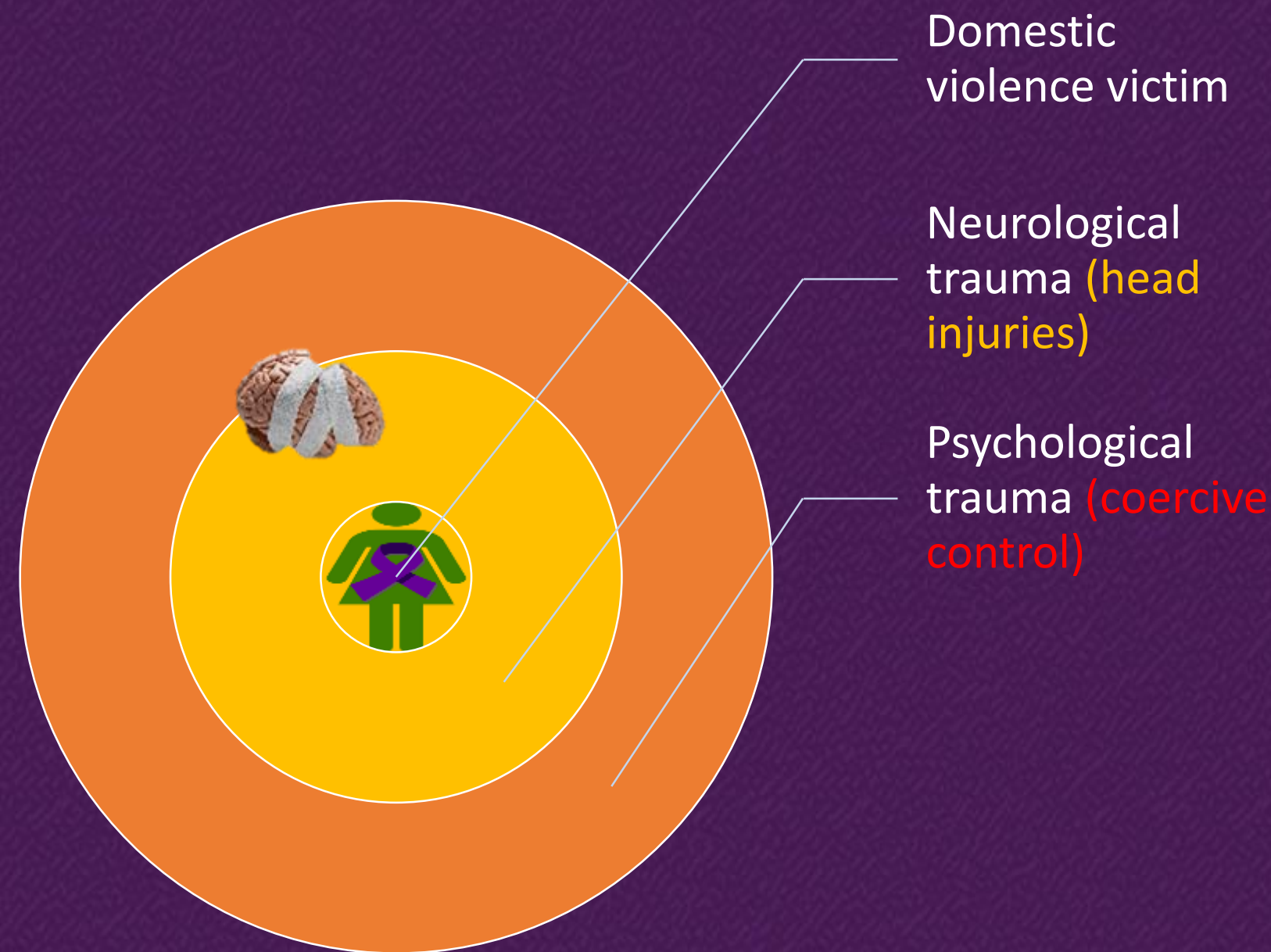
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McCarthy, K., Pei, F., Marsh, S., Emily, K., & Ferencik, S (In progress). Substance use coercion among survivors
of domestic violence in residential settings.

	Percentage
Has your partner or ex-partner ever made you use alcohol or other drugs or made you use more than you wanted?	53.7 %
Has your partner or ex-partner ever threatened to harm you in order to get you to use alcohol or other drugs?	33.3%
Do you ever use alcohol or other drugs to numb the effects of abuse?	68.5%
Does your partner or ex-partner control your access to alcohol or other drugs?	50.0%
Does your partner or ex-partner justify name-calling, criticizing, belittling, and undermining you based on your use of alcohol or other drugs?	63.0%
Has your partner or ex-partner told you that you are to blame for abuse or sexual assault because of your use of alcohol or other drugs?	53.7%
Has your partner or ex-partner ever forced or coerced you into engaging in illegal activities (e.g., dealing, stealing, trading sex) for drugs?	42.6%
Has your partner or ex-partner ever forced or coerced you into engaging in other activities that you felt uncomfortable with in order to obtain alcohol or other drugs?	50.0%
Have you ever been afraid to call the police for help because your partner or ex-partner said you would be arrested for using drugs?	59.3%
Have you ever been afraid to call the police for help because your partner or ex-partner said you would lose custody of your children because of your alcohol or drug use?	46.3%
Has your partner or ex-partner ever tried to manipulate you by making you go into withdrawal?	46.3%
Has your partner or ex-partner ever stopped you from cutting down or quitting alcohol or other drugs when you wanted to?	50.0%
Has your partner or ex-partner ever prevented you from attending a recovery meeting, interfered with your substance abuse treatment, or sabotaged your recovery in other ways?	50.0%

Mengo, C., Yoon, S., Kaitlin, C., Beaujolais, B., Flores, Y., Nemeth, J., Ramirez, R., Lancaster, K., Shockley McCarthy, K., Pei, F., Marsh, S., Emily, K., & Ferencik, S (In progress). Substance use coercion among survivors of domestic violence in residential settings.

Traumatic event in a traumatic environment

- Coercive control
- Escalating violence
- Entrapped victims
- Stalking
- Sexual coercion and assault
- Explosive, painful violence





DEFINITION

Partner-inflicted brain injury

An injury caused by a person's romantic partner **strangulation** and/or **blows to the head** resulting in a **traumatic brain injury, concussion, or other type of brain injury.**

What brain injury looks like



Thinking problems

- Difficulty remembering (particularly new information)
- Feeling slowed down or if brain is in a fog
- Delaying answering questions
- Difficulty concentrating
- Problems getting things started
- Problems organizing
- Self awareness

Emotion/Mood

- Irritability and personality changes
- Depression
- Increased emotions
- Anxiety
- Anger
- Sadness
- PTSD Symptoms

Behaviors

- Physical or verbal outbursts
- Impulsive behaviors
- Problems controlling emotions
- Problems with assessing risk
- Problems with self awareness

Physical Problems

- Headache
- Lack of energy/tired
- Dizzy or blurred vision
- Sensitive to light or noise
- Balance problems
- Nausea/vomiting
- Increased or decreased sleep
- Problems falling or staying asleep

Health conditions can be ACUTE or CHRONIC

Acute conditions happen,
heal, and go away



Chronic conditions happen,
heal some, but need to be
managed



To treat anything

Health
conditions must
be correctly

IDENTIFIED





Head Injuries Common in Domestic Violence

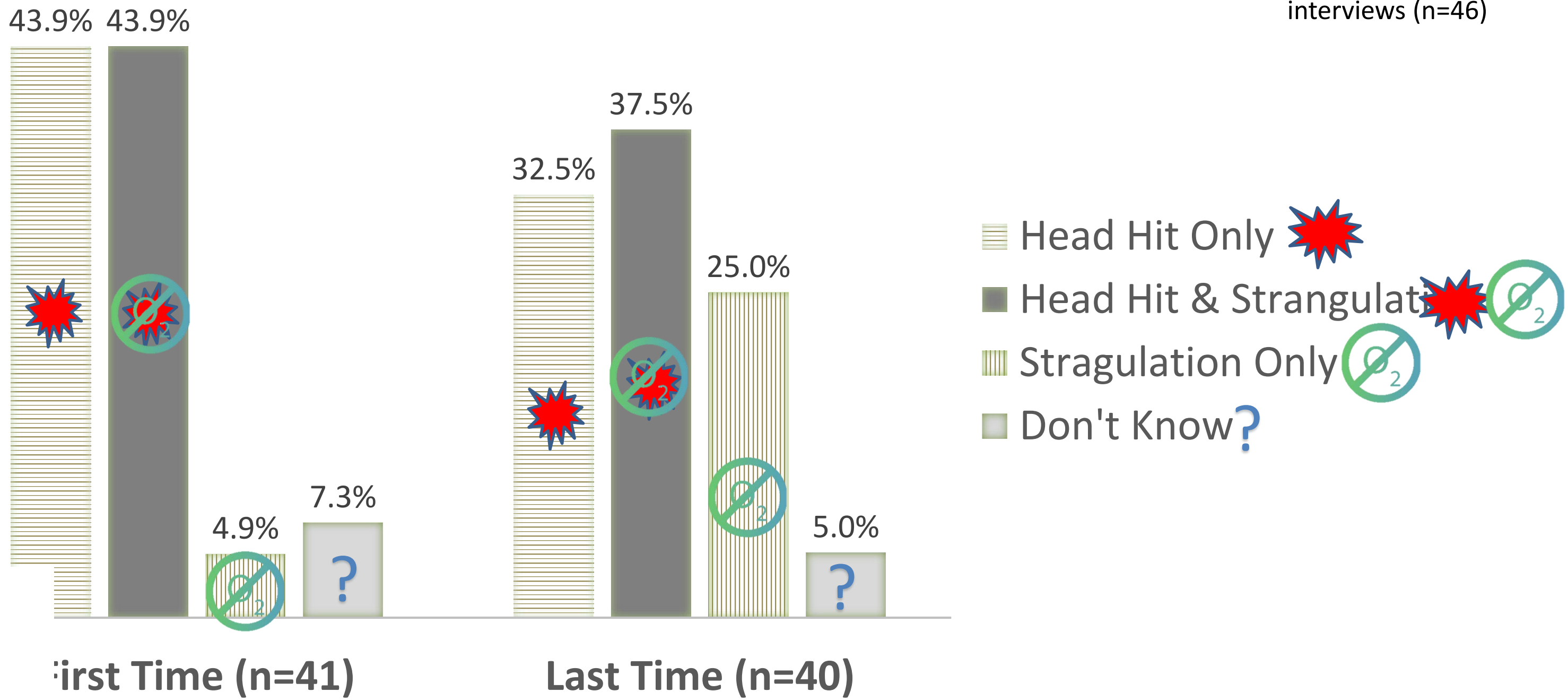
Traumatic Brain Injury (TBI): A change to how your brain normally works due to a bump, blow, or jolt to your head

Strangulation: When someone puts pressure on the throat or the neck that results in restriction of oxygen and bloodflow to the brain

Co-occurrence of hits to head and strangulation in first and last incidence of domestic violence in which a partner targeted the head and neck.



Survivor CARE outcome interviews (n=46)



Post-concussive syndrome (PCS)

- Symptoms persist for weeks and months after the injury
- No known cause—different possible contributions include:
 - Physical damage to the brain
 - Emotional reactions to the effects of brain injury
- More commonly reported by people struggling with life stress, PTSD, poor social support system, and mental health challenges
- In DSM-V, called major or mild neurocognitive disorder (NCD) due to a TBI



Post-Concussive Syndrome

Thinking/ Remembering

- Difficulty thinking clearly
- Feeling slowed down
- Difficulty concentrating
- Difficulty remembering new information

Physical

- Headache
- Nausea/vomiting
- Balance problems
- Dizziness
- Blurry vision
- Feeling tired
- Lack of energy
- Sensitivity to light or noise

Emotional/ Mood

- Irritability
- Depression
- Increased emotions
- Anxiety

Sleep disturbance

- Increased or decreased
- Trouble falling asleep

Some things help brain injuries heal...

tips for anyone with a head injury

GET GOOD SLEEP

Try to get good sleep and re-establish sleep patterns. Identify what helps you sleep (a dark room or sleeping with a fan).

MOVE YOUR BODY

Get exercise daily. Exercise improves your ability to think.

LESS SCREEN TIME

Avoid screens (television, tablets, phones) for a few days after the injury.

TAKE IT EASY

Try to stay away from things that are really demanding for a while. You are more vulnerable to pain, stress and fatigue after a head injury.

PLAN AHEAD

Plan ahead and schedule additional time to do things so you feel less frustrated.

TAKE BREAKS

Take frequent breaks and rest throughout the day.

MORNING BRAIN POWER

If you are going to do something stressful or hard, do it in the morning, when your brain is more rested.

START SLOW

Ease back into activities, jobs, or life obligations. Begin doing things for a short period of time. Gradually do things for a longer time so your brain and your body can adjust.

STAY SAFE

Problems last longer when your brain is hurt again and again without time for it to heal. Try to protect your head whenever possible.

- Sleep
- Brain rest
- Physical rest
- Avoiding screens
- Avoiding things that bring on symptoms or make symptoms worse
- Easing back into activities
- Moving your body
- Avoiding other head trauma

CARE Framework and CARE tools

Addressing head injuries in your setting



Connect
Acknowledge
Respond
Evaluate



What is CARE?



56

- Goals:

- Intentionally **raise awareness**
- Better meet people's needs
- Connect people to additional helpful services



care

CONNECT•ACKNOWLEDGE
RESPOND•EVALUATE





INVISIBLE INJURIES™ When Your Head is Hurt While Experiencing Domestic Violence

Your brain plays a role in everything your body does. So when it gets hurt, it can change everything.

Your brain could have been hurt if your partner ever...

- Choked or strangled you, or did something that made it hard to breathe
- Hit, hurt, punched, or kicked you in the head, neck, or face
- Made you fall and you banged your head, or shook you really hard

If you ever hit your head—like in an accident, tripping, falling—that could have hurt your brain, too.

This violence can cause a head injury, which happens when there is a change in how your brain normally works. Your brain can be affected for a few minutes, hours, or days... but sometimes it's weeks, months, years, or forever.

You Are NOT ALONE

Strangulation causes a head injury and hurts your brain! Strangulation is dangerous and deadly... even if you have no marks—most people don't... even if you don't pass out... even if you don't feel like it's a big deal—it is.

It's not over when it's over. People often thought they were going to die. It's a traumatic experience that affects our body, thoughts, and feelings.

You can be unconscious in seconds, and die within minutes.

It can impact your life for a long time. These injuries can make it more difficult for your brain to do many things it needs to for you to live your daily life, get and keep a job, and be healthy.

If you have been strangled, your partner is over 7 times more likely to kill you. **7X**

When You

INVISIBLE INJURIES®

ODVN HAS YOUR HEAD BEEN HURT?

Some men who sleep or are abused their head gets hurt. This can cause injuries that aren't always obvious. Please answer the questions as best as you know. It's okay if you don't know. We won't share your information with anyone else.

C Have you ever been hit or hurt in the head, neck or face? **YES NO**

A After you were hurt, did you ever feel dazed, confused, dizzy or "in a fog"? **YES NO**

H Have you ever had trouble seeing clearly, cut, dirt, or remember what happened, or "blacked out" (took a nap) after you were hurt? **YES NO**

T Has any of the above happened recently? If yes, how long ago? **YES NO**

Are you currently having trouble with anything below? Circle all that apply.

PHYSICAL	EMOTIONS	THINKING
Headaches	Worried or fearful	Remembering things
Blurry vision	Feeling sad	Understanding things
Double vision	Feeling nervous	Not being able to focus
Changes in your eyes	Feeling angry	Not being able to learn
Ringing in your ears	Feeling stressed	Not being able to concentrate
Dizziness or vertigo	Feeling anxious	Not being able to think clearly
Problems with your hearing	Feeling overwhelmed	Not being able to make decisions
Pain in your head or neck	Feeling hopeless	Not being able to solve problems
	Feeling like you are in a daze	Not being able to control your reactions

Are you having thoughts of suicide? **YES NO**

Are you struggling with alcohol or drugs? **YES NO**

Are you having any other health issues you want to share with us? **YES NO**

Are you or anyone else (like a friend or family member) over-thought you should see a doctor or a counselor, go to the emergency room, or get help? **YES NO**

HAS YOUR HEAD BEEN HURT?

It can affect your life in many different ways. Rest and time help, but you might need additional care, especially if your head has been hurt more than once.

Has your partner...

- Hit you in the face or head?
- Tried to choke or strangle you?
- Made you fall and you hit your head?
- Shaken you severely?
- Done something that made you have trouble breathing or pass out?

Are you having physical problems...

- Headaches?
- Fatigue, feeling dizzy, confused, or in a fog?
- Changes in your eyes?
- Ringing in your ears?
- Dizziness or vertigo?
- Problems with your hearing?
- Pain in your head or neck?

Are you having trouble...

- Concentrating or paying attention?
- Making plans?
- Remembering things or keeping things done?
- Getting things done?
- Finding words or following conversations?

IF YOU SAID YES TO ANY OF THESE, TALK TO A DOMESTIC VIOLENCE COUNSELOR OR GO TO WWW.ODVN.ORG

¿HA SUFRIDO UNA LESIÓN EN LA CABEZA?

Esto puede afectar su vida de muchas maneras diferentes. El descanso y el tiempo ayudan, pero especialmente si ha sufrido una lesión en la cabeza más de una vez.

Su pareja...

- Le ha golpeado en la cara o en la cabeza?
- Le ha tratado de asfixiarla o estrangularla?
- Le ha sacudido bruscamente?
- Le ha hecho algo que le haya causado problemas para respirar o desmayarse?

¿Tiene problemas físicos?

- ¿Fatiga?
- ¿Aturdida, confundida o desorientada?
- ¿Cambios en su visión?
- ¿Mareada o tiene problemas de equilibrio?
- ¿Dolor en su cabeza, cara o cuello?

¿Tiene problemas?

- ¿Para poner atención?
- ¿Para hacer planes?
- ¿Para recordar cosas o mantenerse organizada?
- ¿Para terminar de hacer las cosas?
- ¿Para seguir las conversaciones?
- ¿Para sentirse motivada?
- ¿Para controlar sus emociones?

SI CONTESTÓ SÍ A CUALQUIERA DE LAS OPCIONES MENCIONADAS, USTED PUEDE HABER SUFRIDO UNA LESIÓN GRAVE EN SU CABEZA. HABLE CON UN DEFENSOR DE VIOLENCIA DOMÉSTICA O VISITE [WWW.ODVN.ORG](http://www.odvn.org)

Using CHATS, survivors told us...

Survivor interviews
n=46



T

Are you currently having **trouble** with anything below? Circle all that apply:

PHYSICAL	EMOTIONS	THINKING
Headaches 59%	Worries and fears 83%	Remembering things 67%
Sleeping problems 78%	Panic attacks 78%	Understanding things 28%
Sensitive to light or noise 33%	Flashbacks 71%	Paying attention or focusing 70%
Vision problems n/a	Sadness 78%	Following directions 37%
Dizziness 28%	Depression 80%	Getting things started 46%
Balance problems 41%	Hopelessness 54%	Figuring out what to do next 54%
Fatigue 63%	Anger or rage 61%	Organizing things 48%
Seizures 15%	Irritable n/a	Controlling emotions or reactions 63%

Are you having thoughts of suicide?

11%

YES

NO

Are you struggling with alcohol or drugs?

13%

YES

NO

PINK Concussions International Partner-Inflicted Brain Injury Task Force

PINK CONCUSSIONS



- Build relationships between brain injury and domestic violence
- Leadership is researchers and practitioners from The United States and Canada
- Monthly free webinars
- Sign up at pinkconcussions.com/violence



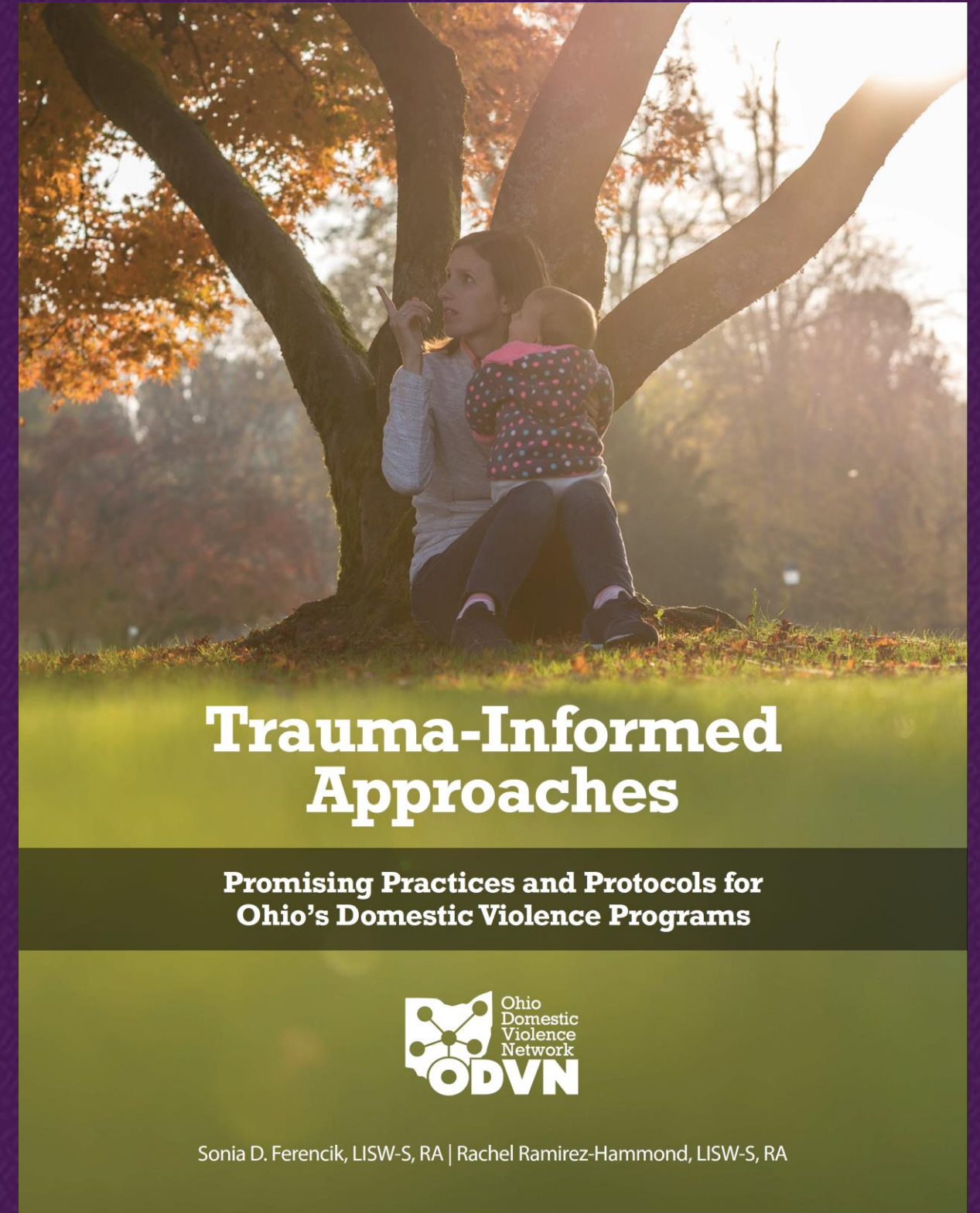
What's next?

- New three year OWW grant to build multidisciplinary collaboration between brain injury, domestic violence, sexual assault and forensic nursing
- Continued training across the country
- Conference presentations
- Research with federally qualified health centers

Trauma-Informed Approaches

Promising Practices and Protocols for Ohio DV programs (2019)

- Caring for the Advocate: Addressing Vicarious Trauma for the Individual and Within the Agency
- Understanding trauma
- Responding to trauma
- Best practices
- Protocols
- Appendices



Rachel Ramirez, LISW-S
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Ohio
Domestic
Violence
Network

ODVN

Continuing Education Credit - Please Note!

- You must miss no more than 10 minutes AND complete the CE Evaluation Survey in order to be eligible for continuing education
- You will receive an email at the email address you used to register that will contain a link to a required survey
- You will have 72 hours from the date/time you receive the email to complete the survey
- You will receive your CE Certificate in approximately 4-6 weeks

Mountain Plains ATTC GPRA

<https://ttc-gpra.org/P?s=932597>