

Assault Victims



Debra grew up in a housing project in Chicago. She saw a lot of violence as a child, but when she married she hoped for a better life. Unfortunately, Debra's husband was a controlling man who often fought with her. He came home drunk one night and began punching her, striking her head several times. In another incident many years later, during a fight between her sister and another woman the other woman hit Debra in the back of her head with a heavy combination lock.

Ultimately Debra divorced her husband and moved to another state. She has tried five times to pass the exam for her GED (high school equivalency) certificate, but has found she has trouble learning and remembering. She has had frequent headaches, difficulty concentrating and solving problems, a short temper, and problems with fatigue.

Debra received a brain injury due to repeated domestic assaults.

Like many people with a brain injury, Debra received no treatment following her first assault, and although she went to the emergency room after the second assault, she was never screened for a brain injury. When she finally learned that she had experienced a traumatic brain injury, her eyes lit up as she understood, "That's what's wrong with me!"

Debra finally got the support she needed when she entered a family violence shelter. She has since received affordable housing in exchange for looking after a drug- and violence-free building for women and children. She contacted her state affiliate of the Brain Injury Association of America, which provided additional resources. Through her state BIAA, Debra joined an adult academic program in her neighborhood, and now in addition to her regular classes, she works three or four times a week with a teacher who understands brain injury and how it affects her ability to learn. She is part of a multicultural outreach program and plans to take the GED exam again soon, this time hoping for success.

Have you been a victim of assault?

Assaults can take the form of a punch, violent shaking (which hurts babies in particular), strangulation, or even a gunshot. **Assaults cause 11% of all traumatic brain injuries.** A blow to the head—even a single punch—can result in a brain injury. When an object is used or the victim hits a surface, the impact can cause the brain to hit the inside of the skull, leading to more damage.

- Have you had a blow to your head? Were you choked, suffocated, shaken, or strangled?
- Did you lose consciousness? Did you feel dazed or confused?
- Are you having trouble concentrating, organizing, or remembering things?
- Are you experiencing emotional changes such as irritability, sadness, or lack of motivation?
- Do you have headaches, vision and/or hearing problems, or loss of balance?

If some of these apply to you, see a doctor and ask to be checked for a brain injury.

Call BIAA's National Brain Injury Information Center's toll-free number for information and individualized help at **1-800-444-6443** or visit our website, **www.biausa.org**

Lessons of Debra's experience:

- Never ignore a violent episode. If you are assaulted, get help right away and get out of the abusive environment.
- A brain injury doesn't need to keep you from making progress, becoming self-sufficient, and being proud of your achievements.

What you should do if you or someone you know is assaulted:

In general, someone who has experienced a brain injury is at greater risk for additional injuries. Repeated assaults can damage the brain further and make it even more difficult to do daily activities. The most important thing for a person who has been assaulted is to leave his or her dangerous environment. (For victims in abusive relationships, trying to leave can be a dangerous time. Your local domestic violence program can help.)

What you CAN do if you have been assaulted:

- Get medical care and help as soon as possible. You might need to call the police.
- Consult with a lawyer and schedule therapeutic counseling if necessary. Advocates from domestic violence programs may also be able to help with obtaining a restraining order (or protective order).
- If your partner abuses alcohol or drugs, learn as much as you can about addiction so that you are aware of the abusive potential of your situation. If possible, get out of that environment.
- Teach children nonviolent ways to solve problems.

The toll of domestic violence.

Debra was the victim of **domestic violence** (also known as intimate partner violence). **Domestic violence results in nearly 2 million injuries and 1,300 deaths nationwide every year.**

- 85% of the victims of domestic violence are women.
- *A significant number* of these women sustain brain injuries.
- Children are also at risk when the mother is being abused.
- People with disabilities and older adults are often victims of abuse.

(Source: Centers for Disease Control and Prevention (CDC). Costs of intimate partner violence against women in the United States. Atlanta (GA): CDC, National Center for Injury Prevention and Control; 2003. Available at www.cdc.gov/ncipc/pub-res/ipv_cost/ipv.htm.)

For more information and help:

National Domestic Violence Hotline:
1-800-799-SAFE

Adults and Children Together Against Violence: www.actagainstviolence.org

Rape, Abuse & Incest National Network (RAINN): 1-800-656-HOPE

Family Violence Prevention Fund:
www.endabuse.org

Centers for Disease Control and Prevention (CDC): www.cdc.gov/ncipc

American College of Emergency Physicians: www.acep.org



Call BIAA's National Brain Injury Information Center's toll-free number for information and individualized help at **1-800-444-6443** or visit our website, **www.biausa.org**

Traumatic Brain Injury



Alec was deployed to Iraq with the National Guard. While stationed there, he created the “Houses of Hope” program for displaced Iraqis. Living in a war zone, he feared biological weapons, but not brain injury. Yet during a training mission, his truck hit an oil slick and lost control. The driver was killed, and Alec was left unconscious—pinned underneath the truck. Thanks to the efforts of one of his soldiers, who lifted the truck 3 inches, Alec survived.

He was taken to several hospitals for observation, but it was not until Alec arrived home that his wife noticed changes. He slept often and didn’t want to see anyone. **Traumatic brain injury can be missed, especially when other injuries are present.**

It took Alec a while to accept that he had a brain injury, even though he was aware of his symptoms. He eventually had a neuropsychological assessment, and has since had speech, physical, and vision therapy. He has learned to read, count change, and drive (with the aid of a simulator) all over again.

Alec’s head injury was not diagnosed immediately due to other trauma.

Even though Alec attracted national media attention on *Nightline* and in *People* magazine, he is having trouble getting the support and benefits he needs. He has a 30% disability rating, and the consequences of his brain injury have seriously affected his life. He feels unable to work, but he does not meet the requirements for unemployment benefits, and his family is facing financial difficulties while Alec struggles to receive his benefits or prove himself able to be retrained for a new job.

Alec experiences fatigue and fears being overwhelmed by noise, activity, and people. He is quick to get angry, and his wife and two teenage children have had to adjust to his behavior. Alec does best with routine, quiet, and being with his family at home. He realizes his limitations, but he continues to learn, accept, and adjust.

Have you received a blow to the head?

In 19% of traumatic brain injuries, the person was struck by a moving or stationary object, struck against it, or collided with it.

An estimated **90% of concussions (a mild form of traumatic brain injury) occur without loss of consciousness**, making it likely the injury may not be noticed or treated. It is important to look for the following signs after the injury and weeks later:

- confusion
- fatigue
- dizziness
- neck pain
- lightheadedness

Regardless of the severity of the concussion, a rest period is necessary before returning to activity.

Call BIAA’s National Brain Injury Information Center’s toll-free number for information and individualized help at **1-800-444-6443** or visit our website, **www.biausa.org**

Since coming home, Alec has worked with the state affiliate of the Brain Injury Association of America to educate the public on brain injury, speaking at their annual conference on how he and his family are dealing with this change to their lives. The state association has been Alec's advocate, helping him and his family navigate the Federal and State Veterans Administration system to get the services and care that he needs.

Lessons Alec and his family have learned about living with brain injury:

- Family members and others need to be patient, but also firm. Don't take an outburst or inappropriate comment personally. Establish a family cue. His family's cue is, "Alec, you're sailing."
- Realize that you can not fix it, so avoid saying to the person with a brain injury "Why don't you just..."
- When asked "How's it going?" the individual with a brain injury and his or her family can be honest and just say there are good days and bad days.
- If you offer help, don't take it as an insult if the person with a brain injury or family members decline.

Statistics on Traumatic Brain Injury in the United States

- At least 5.3 million Americans currently live with disabilities resulting from a TBI.
- More than 1.4 million Americans experience a TBI every year.
- Each year, 1.1 million individuals are treated and released from an emergency department following a TBI.
- More than 50,000 people die every year as a result of TBI.
- The risk of TBI is highest among adolescents, young adults, and persons older than 75 years.
- Blasts are a leading cause of TBI for active duty military personnel in war zones.

For more information and help:

Center for Disease Control and Prevention (CDC): www.cdc.gov/ncipc

Defense and Veterans Brain Injury Center (DVBIC): www.dvbic.org

National Institute for Occupational Safety and Health (NIOSH): www.cdc.gov/niosh/

Occupational Safety and Health Administration (OSHA): www.osha.gov



Call BIAA's National Brain Injury Information Center's toll-free number for information and individualized help at **1-800-444-6443** or visit our website, **www.biausa.org**

Motor Vehicle Crashes



On her way to her sister's rehearsal for The Nutcracker ballet, three-year-old Olivia was buckled into a child safety seat behind her mother when a large SUV struck their minivan from behind. The van was pushed 60 feet and hit a guardrail. Both Olivia and her mother were unconscious as they and her sister were transported to a nearby hospital in Virginia.

Olivia sustained a severe traumatic brain injury. Her skull was fractured, and she had both brain swelling and bleeding, as well as contusions (bruising). She remained in a coma for a week in the hospital's pediatric intensive care unit.

Olivia was in a coma for a week following a motor vehicle crash.

When Olivia emerged from the coma, she was transferred to a rehabilitation hospital, where she underwent physical, occupational, speech, and recreational therapy twice daily. But her injury left her with cognitive difficulties that include poor recall, short-term memory problems, and low frustration thresholds. It is difficult for her to organize her time, process information, and learn new skills. She suffers from headaches, and she sometimes finds it hard to keep up with other children her age, either academically or physically.

As a result of her injury, Olivia will always have to work harder than her peers, but there are support systems in place to help her along. Olivia's parents contacted their state affiliate of the Brain Injury Association of America, which has provided support, guidance, and assistance in dealing with her injury. Her mother attended a state conference and has visited the state's website often. She and Olivia's father continually advocate for their daughter in the school system, and she now has an Individual Education Plan (IEP). In order to get the IEP and other services she needs, Olivia had a neuropsychological assessment to determine her cognitive limitations.

Overall, Olivia likes school and does well. Last summer, she attended Girl Scout camp, where she was on the swim team. Despite her many challenges, Olivia is a happy child who enjoys the support of her family.

Have you been in an motor vehicle crash?

Of all the causes of traumatic brain injury (TBI), motor vehicle crashes cause the **highest number of deaths** (16,800) **and hospitalizations** (59,000) in the United States each year. A much larger number sustain a TBI but either go untreated or are seen in an emergency room and sent home—some 250,000 each year.

Eleven percent of all children under 14 experience a brain injury due to a motor vehicle crash. Toddlers like Olivia have the highest rate of TBI-related emergency room visits from motor vehicle crashes.

The number of TBI deaths and injuries would be approximately twice as high if it were not for seat belts.

Call BIAA's National Brain Injury Information Center's toll-free number for information and individualized help at **1-800-444-6443** or visit our website, **www.biausa.org**

Lessons that Olivia's mother has learned from her child's experience:

- Appreciate that brain injury can happen to any one—educate yourself and others as much as possible to understand brain injury, its consequences, and how to prevent it.
- Always be an advocate to make sure your child receives needed services to which he or she is entitled.

Motor Vehicle Safety Tips for Children

- Children are safest riding in the back seat. Place infants and children under the age of 13 years in the back seat of the vehicle.
- Never place an infant in a rear-facing seat in front of an airbag. The force of a deployed airbag can injure or even kill a young child – even in a slow-speed crash.
- All infants should be placed in rear-facing seats until they are at least one year of age and weigh 20 pounds. If your baby weighs 20 pounds but is not yet one year of age, he/she should remain rear facing until at least the age of one.
- Children who are at least one and weigh 20 pounds can use a forward-facing car seat. Though it is safest, however, to keep your child rear facing until he/she reaches the weight and height limit for your particular rear-facing car seat.
- Children aged 4 to 8 and weighing less than 40 pounds, should ride in belt-positioning booster seats. Children in booster seats should always use lap and shoulder belts.
- Adult lap and shoulder belts will not fit properly until children are at least 4'9" tall. The shoulder belt should fit across the chest. The lap belt should fit snugly across the upper thighs and not over the stomach. Sitting with the back against the seat, the knees should bend comfortably over the edge of the seat.

General Transportation Safety

School Buses

One of the safest ways for children to get to school is to use school transportation. Based on the recommendation of the National Highway Traffic Safety Administration, school buses are now required to have closely spaced seats with energy-absorbing seat backs, which have been shown to help protect children from injuries.

Motorcycles

Traumatic brain injury is the leading cause of death in motorcycle crashes. Of all motorcycle crashes, 80% result in injury or death to the driver. A motorcyclist who has had a brain injury will need \$2 million worth of care and support over a lifetime. Wearing a helmet can significantly reduce the chances of having a brain injury from a motorcycle crash.

For more information and help:

Centers for Disease Control and Prevention: www.cdc.gov/ncipc (TBI; safety guidelines, fact sheets)

National Highway Traffic Safety Administration:
<http://www.nhtsa.dot.gov/>
1-888-327-4236

Safe Kids (Safety Belt Test):
www.usa.safekids.org
202-662-0600

American National Standards Institute:
<http://ansi.org/>
1-800-638-2772



Call BIAA's National Brain Injury Information Center's toll-free number for information and individualized help at **1-800-444-6443** or visit our website, **www.biausa.org**

Accidental Falls



Joe's life changed forever when he experienced a severe traumatic brain injury (TBI) due to a fall. He was riding bare-back on his cousin's horse when suddenly the horse jolted ahead. Joe was thrown and knocked unconscious.

Joe was rushed to the closest hospital, and within an hour he was flown to a trauma center in El Paso, Texas with severe right frontal lobe damage, brain swelling and bleeding, contusions (bruising), and stretching of the optical nerves. There he was put into a medically induced coma for three days to allow his brain to rest and heal. The tissue between his brain and skull had been completely destroyed, and when he awoke, he was seeing "multiple." Joe has no memory of those eight days in the hospital.

Falls are the leading cause of traumatic brain injury.

When the swelling began to recede he was transferred to a rehabilitation hospital in Albuquerque. There he received cognitive, physical, occupational, and speech therapy for a month. He was in continuous pain and had difficulty sleeping.

When he returned home, he planned to go back to work. For twenty years, he had counseled people with behavioral problems and had also worked with those with brain injury. He had been a child support enforcement and probation parole officer. Yet he found his own brain injury more difficult to deal with than those of people he had helped over the years. He had seizures, was easily angered, and found it difficult to handle his challenging clients. He had short-term memory problems, sometimes his speech would slur, and he was easily fatigued.

Joe sought out the state affiliate of the Brain Injury Association of America (BIAA) to learn more about his condition. BIAA helped provided support, guidance, and assistance in dealing with his injury. Now, Joe is seeing a therapist and has completed various training and rehabilitation programs.

In addition, Joe finds ways to help others with brain injury. Through his state brain injury association, he has participated in advocacy training, made presentations, counseled others who have been affected by a

You are at risk for a fall if you:

- Had a previous fall
- Have physical limitations including visual problems
- Have more than one chronic disease
- Take more than four medications or use psychoactive medications (e.g., antidepressants)
- Are cognitively impaired
- Have lower body weakness or gait or balance problems

Quick facts:

- Falls are the leading cause of TBI.
- Rates are highest for children from infancy to 4 years old, and for adults age 75 or older.
- For children, falls are also the leading cause of accidental injury, many of them occurring at playgrounds.
- For older adults, most falls are experienced in or near their home.
- One out of every three persons age 65 and older falls each year in the United States.

Call BIAA's National Brain Injury Information Center's toll-free number for information and individualized help at **1-800-444-6443** or visit our website, **www.biausa.org**

TBI, and is currently starting a support group. He attracted media attention to the cause with a 360-mile walk across the state, during which he carried crosses with the names of individuals who had suffered brain injuries. The Governor recently appointed him to the state's Brain Injury Advisory Council. Joe frequently visits and talks with others who are adjusting to a brain injury, and he is writing a book about his experiences, which he intends to entitle *Tears of a Cowboy*.

Lessons Joe has learned about living with brain injury:

- Use planning tools, memory aids, and training programs to help organize your activities and your life.
- Thank each person who has helped you.
- Let people love you, and learn to love yourself again.

For more information and help:

Centers for Disease Control and Prevention,
National Center for Injury Prevention and Control:
A Tool Kit to Prevent Senior Falls:
www.cdc.gov/ncipc/ 1-800-311-3435

Consumer Product Safety Commission:
www.cpsc.gov 1-800-638-2772

National Institute on Aging Information Center:
www.nia.nih.gov/HealthInformation; 1-800-222-2225

The HEROS © (Health, Education, Research Outreach for Seniors). Newton RA. The Fall Prevention Project:
www.temple.edu/older_adult

American Academy of Orthopaedic Surgeons:
www.orthoinfo.aaos.org; 1-800-824-BONES

KidsHealth: www.KidsHealth.org

Safe Kids Worldwide: www.usa.safekids.org; 202-662-0600

Tips for prevention of falls at home:

- Remove all tripping hazards from your home, including loose cords, boxes, clutter, throw rugs, spills, and equipment or furniture that is in pathways. Repair any loose floorboards, and tape or use slip-resistant rugs or carpets.
- Walk into a room, in a hall or stairs only when it is well-lighted; install light switches at the entrance of rooms and at the top and bottom of stairs. Use a night-light between the bedroom and bathroom, and in the bathroom.
- Install handrails on both sides of stairways. Use safety gates at the top and bottom of stairs when young children are around.
- Store items in closets and cabinets so that they are easy to reach; do not stand on chairs or boxes to reach an item.
- Install grab bars (if necessary) and use a rubber mat or nonskid adhesive strips in the tub or shower.
- Install window guards to keep young children from falling out of open windows
- Maintain a regular physical activity program, if your doctor agrees, to improve lower body strength and balance.



Call BIAA's National Brain Injury Information Center's toll-free number for information and individualized help at **1-800-444-6443** or visit our website, **www.biausa.org**