



Department
of Health

Office for the
Prevention of
Domestic Violence

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Dear Colleagues:

I write to bring to your attention the very important issue of screening patients for signs and symptoms of **traumatic brain injury (TBI)**, particularly patients who report or are suspected victims/survivors of domestic and sexual violence. TBI is an injury to the brain or skull caused by an external force, such as a strike or impact. Nearly 156 incidents of TBI occur daily in New York State, resulting in hospital treatment or death. Each year, TBIs result in more than 2,200 deaths, 17,000 hospitalizations, and almost 38,000 emergency department visits among New York State residents.

Victims/survivors of violence who have been hit in the face or head, fallen and hit their head, or been shaken, strangled or choked are at risk for TBI. Victims/survivors of domestic violence are at increased risk of TBI. Domestic or sexual violence victims/survivors may suffer a brain injury when objects strike the head or neck, when they are pushed against a wall or other surface or pushed down a flight of stairs, or from physical shaking or strangulation. Empirical studies suggest that TBI is present in 19 percent¹ to 75 percent² of intimate partner violence cases.

Brain injuries are often permanent and disabling, and therefore timely recognition and appropriate response is crucial to improve all patients' health outcomes. However, many victims/survivors of domestic violence may choose not to fully disclose their injuries, or they may sustain a TBI without their knowledge. Making matters more dangerous, many individuals may

¹ Iverson K. M., Dardis C. M., Pogoda T. K. (2017). Traumatic brain injury and PTSD symptoms as a consequence of intimate partner violence. *Comprehensive Psychiatry*, 74, 80–87. doi:10.1016/j.comppsy.2017.01.007

² Valera E. M., Cao A., Pasternak O., Shenton M. E., Kubicki M., Makris N., Adra N. (2018). White matter correlates of mild traumatic brain injuries in women subjected to intimate partner violence: A preliminary study. *Journal of Neurotrauma*, 36, 661–668. doi:10.1089/neu.2018.5734.

not seek medical care or intervention at the time of injury, thus dramatically increasing the likelihood of recurrent TBI(s), which may result in more severe neurological damage.

A provider's role in screening domestic and sexual violence victims/survivors for TBI is crucial, as diligent screenings and appropriate referrals are essential to improve patient outcomes. I ask you to please carefully review the following screening questions and tools to ensure this vulnerable patient group is properly assessed and promptly treated.

Signs of TBI

Patients with a head injury, including TBI, may report or show signs of:

- Repeated vomiting
- Worsening or severe headache
- Being unable to stay awake during times you would normally be awake
- Severe drowsiness or difficulty being awakened
- One pupil larger than the other
- Convulsions or seizures
- Inability to recognize people or places
- Growing increasingly confused, restless, or agitated
- Difficulty walking, with balance or decreased coordination
- Difficulty with vision
- Slurred speech
- Unusual behavior
- Loss of consciousness (a brief loss of consciousness should be taken seriously and the person should be carefully monitored)

Screening Questions

All hospitals are required to have written policies on the identification, assessment, treatment and referral of confirmed or suspected cases of domestic violence. For more information on these policies including recommended screening practices, please refer to the August 11, 2021 Dear Colleague letter, available [here](#). When screening for domestic violence, ask your patients the following questions to assess whether they may be at risk for a TBI:

1. Has your partner ever:

- a. Hit you in the face or head?
- b. Made you fall and hit your head?
- c. Shaken you?
- d. Tried to strangle or choke you?

2. Are you having trouble:

- a. Concentrating?
- b. Remembering things?
- c. Finishing what you started?

3. Are you having physical problems like:

- a. Headaches?
- b. Fatigue?
- c. Changes in your vision?
- d. Ringing in your ears?
- e. Dizziness or problems with balance?

Assessment Tools

The federal Centers for Disease Control and Prevention (CDC) has created Acute Concussion Evaluation (ACE) Forms and Care Plans to assist the provider when assessing and responding to patients who may have had a head injury, [HEADS UP to Health Care Providers: Tools for Providers | HEADS UP | CDC Injury Center](#), and has also developed an online Concussion Training Course for Clinicians, [HEADS UP Online Training Courses | HEADS UP | CDC Injury Center](#). These are useful starting places to build head injury screenings into your existing patient assessment protocols and help assess whether a more serious head injury, including TBI, exists and warrants diagnostic testing. Free continuing education credits are also available through the American Academy of Pediatrics for providers who complete the HEADS UP online training course.

Keeping a Trauma-Informed Response

Providers should implement a trauma-informed approach when caring for patients who report or appear to be victims/survivors of domestic and sexual violence. This requires providers to not only screen patients using the approaches and tools above, but also to establish a connection with the patient that is based on respect and allows for collaboration in the treatment plan. To engage in this respectful collaboration, providers should engage in active listening and validate the individual's emotional state, even if the patient is not choosing to leave the abusive situation or seek help. This strategy enables the service provider to foster trust and guide the patient through strategies to reduce the risk of further trauma.

While all providers are encouraged to practice trauma-informed care, I also remind providers in an Article 28 General Hospital that, pursuant to Section 2805-z of the Public Health Law, upon admittance or commencement of treatment of a confirmed or suspected domestic violence victim/survivor, the hospital must advise the patient of the availability of the services of a domestic violence or victim assistance organization, and contact the appropriate organization and request that a victim assistance advocate be provided if the patient requests one.

Further Resources:

- Department of Health's [Traumatic Brain Injury webpage](#)
- Department of Health's [Domestic Violence and Public Health Law § 2805-z webpage](#)
- Public Health Law § 2805-z [Dear Administrator letter](#), which includes a [model domestic violence policy](#) for hospitals
- Hospital Staff Domestic Violence [training](#) video
- [Traumatic Brain Injury Waiver](#) information
- Office for the Prevention of Domestic Violence's [Domestic Violence Service Providers](#)
- Office for the Prevention of Domestic Violence's [Sexual Violence Service Providers](#)

Thank you for your time and attention to this important matter.

Sincerely,

James V. McDonald, M.D., M.P.H.

Kelli Owens