HAS YOUR HEAD BEEN HURT?

Sometimes when people are abused their head gets hurt. This can cause injuries that aren’t always obvious. Please answer the questions and talk with an advocate so we can help make services work best for you. We know how difficult it is to share this information—thank you for your courage. We are here to support you.

Has anyone ever put their hands around your neck, put something over your mouth, or done anything else that made you feel **choked**, strangled, suffocated, or like you couldn’t breathe?  

**YES**  

**NO**

Have you ever been **hit or hurt** in the **head**, neck, or face?  

**YES**  

**NO**

**After** you were hurt, did you ever feel dazed, confused, dizzy or in a fog, see stars, spots, or have trouble seeing clearly, couldn’t remember what happened, or blacked out? (Doctors call this **altered consciousness**.)

**YES**  

**NO**

Has any of the above happened recently? If yes, how long ago? ________

**YES**  

**NO**

Has any of the above happened more than once?  

**YES**  

**NO**

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

<table>
<thead>
<tr>
<th>PHYSICAL</th>
<th>EMOTIONS</th>
<th>THINKING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td>Worries and fears</td>
<td>Remembering things</td>
</tr>
<tr>
<td>Sleeping problems</td>
<td>Panic attacks</td>
<td>Multi-tasking</td>
</tr>
<tr>
<td>Sensitive to light or noise</td>
<td>Flashbacks</td>
<td>Paying attention or focusing</td>
</tr>
<tr>
<td>Vision problems</td>
<td>Sadness</td>
<td>Problem solving</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Depression</td>
<td>Getting things started</td>
</tr>
<tr>
<td>Balance problems</td>
<td>Hopelessness</td>
<td>Figuring out what to do next</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Anger or rage</td>
<td>Organizing things</td>
</tr>
<tr>
<td>Seizures</td>
<td>Irritable</td>
<td>Controlling emotions or reactions</td>
</tr>
</tbody>
</table>

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**

Even if you did not go, have you or anyone else (like a friend or family member) ever thought you should see a **doctor or a counselor**, go to the emergency room, or get help for anything above?  

**YES**  

**NO**
WE CAN HELP!

RESOURCES FOR HEALING

An advocate can give you a copy of JUST BREATHE and INVISIBLE INJURIES.

JUST BREATHE has self-care ideas for better sleep, calming your body, managing anger, and more!

INVISIBLE INJURIES has more information about what happens when your head has been hurt and coping with common physical, emotional, and thinking challenges.

DAILY LIFE

We want to make our services work for you. Here are some ways we might be able to help. We can also come up with other ideas.

<table>
<thead>
<tr>
<th>PHYSICAL</th>
<th>EMOTIONS</th>
<th>THINKING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide ear plugs and/or sleep masks to help with sleep</td>
<td>Create a CARE plan with an advocate and use other resources in JUST BREATHE</td>
<td>Creating checklists or calendars</td>
</tr>
<tr>
<td>Use sunglasses or adjust light as needed for light sensitivity</td>
<td>Extra check-ins</td>
<td>Shorter and more frequent meetings with staff; written summaries shared if helpful</td>
</tr>
<tr>
<td>For balance and dizziness challenges, assignment to a ground floor room if possible and help decluttering</td>
<td>Identifying and limiting triggers</td>
<td>Creating a routine</td>
</tr>
<tr>
<td></td>
<td>Help identify supports and coping strategies</td>
<td>Making appointments for time of day that you are most alert and clear</td>
</tr>
</tbody>
</table>

HEAD TRAUMA INFORMATION

Referral to: __________________________

RECENT

On _______________ (date), I:

☐ Was choked or strangled
☐ Was hit on the head
☐ Experienced altered consciousness

What I noticed immediately after: ______________________________________________________

I have a prior history of:

☐ Being choked or strangled
☐ Being hit on the head
☐ Experiencing altered consciousness

Approximate Number of Times: _______

Most Recent Time (date): _____________

I am most concerned about: ________________________________________________________________

This tool was produced by the Ohio Domestic Violence Network under grant 2016-VK-GX-K-12, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings and conclusions or recommendations expressed in this tool are those of the contributors and do not necessarily represent the official policies of the U.S Department of Justice.
Thank Them. Offer a Head Injury Card.

Ask? Would you like to share more about what happened?

Validate Feelings and Experiences.

Educate: There are things you can do on your own and things we can do together to help.

FIRST

IF RECENT

1. Identify possible dangerous symptoms.
   - Review and circle warning signs on card
   - Encourage medical follow-up if needed
2. Monitor symptoms for several days.
   - Identify safe place and person to stay with
   - If in shelter, schedule regular check-ins
3. Offer Invisible Injuries and highlight:
   - Page 5 - Track Symptoms
   - Page 11 - Tips for Anyone

IF REPEATED

Ask? What have you noticed that is different since your head was hurt?

Educate: Repeated head trauma can cause more problems.

IDENTIFY ACCOMMODATIONS

Ask? Can you share more with me about the troubles you circled?

Ask? What is currently bothering you the most?

Work together: Identify accommodations and implement them.

Educate: Review Invisible Injuries pages 8-10, if applicable.

IF “YES” TO:

Suicide. Additional suicide screening. Follow agency protocol. If indicated, connect to clinical care, do not leave person alone. Discuss rest of the topics later.

Substance use. Explain agency policies, discuss harm reduction offer referral for substance use services.

Health issues. Ask for more information. (Consider injuries, medication, allergies, etc.)

POSSIBLE REFERRAL

Determine need for medical or mental health referral.

Discuss sharing information about history of head trauma with provider.

Fill out applicable boxes under Head Trauma Information on the back of CHATS.

For More Information, Contact

www.odvn.org
614-781-9651
rachelr@odvn.org

CHATS helps you CONNECT with survivors, IDENTIFY and PROVIDE INFORMATION on head injuries, and ACCOMMODATE people’s needs.