



# Concussion Resources for Women's Support Workers





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The Concussion Awareness Training Tool (CATT) is a series of online educational modules and resources with the goal of standardizing concussion recognition, diagnosis, treatment, and management. Good concussion management may decrease the risk of brain damage and potentially reduce long-term health issues. Developed by Dr. Shelina Babul, Associate Director/Sports Injury Specialist with the BC Injury Research and Prevention Unit, BC Children’s Hospital, CATT is based upon the established principles of the Consensus Statement on Concussion in Sport and other evidence-based resources. The 2017 Berlin Concussion in Sport Group Consensus Statement builds on the principles outlined in previous concussion statements and aims to develop better understanding of sport-related concussion.

Research and evidence on concussions is evolving and the knowledge base is continually changing. As a result, this website is updated on a regular basis to provide current information, tools, and resources to support concussion recognition, diagnosis, treatment, and management.

SOAR (Supporting Survivors of Abuse and Brain Injury through Research) is a multi-disciplinary, community-engaged, research initiative led by the University of British Columbia - Okanagan. SOAR explores the incidence and effects of brain injury in women survivors of intimate partner violence (IPV), and develops education and training for those who work with survivors, as well as screening and supports for survivors themselves.

[cattonline.com](http://cattonline.com)

[soarproject.ca](http://soarproject.ca)

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# What You Need to Know About Concussion

This information sheet provides a brief overview on the appropriate care for an individual with a concussion. It outlines the three key steps in dealing with concussion to assist recovery from this injury: recognize, respond, and manage. Visit [cattonline.com](http://cattonline.com) for further information, resources, or to take one of the e-learning courses tailored for medical professionals, workers & workplaces, coaches, school professionals, and parents & caregivers.

## Recognize

A concussion is the most common form of brain injury caused by an impact or forceful motion to the head or body that causes the brain to move inside the skull. Common causes of concussion include **falls, motor vehicle crashes, and sport and recreational-related activities.**

There is no way to know for certain whether a particular event will lead to a concussion—a relatively minor impact may result in a concussion while a higher-magnitude impact may not. It is important to note that if there is a history of concussion, even a minor impact or forceful motion can cause a concussion.

The **signs** (observed in individual) **and symptoms** (experienced by individual) consistent with concussion may include, but are not limited to:

- Headaches
- Neck pain
- Dizziness or loss of balance
- Nausea
- Blurred vision or seeing “stars”
- Sensitivity to light or sound
- Ringing in the ears
- Confusion or fogginess

Some symptoms may be **delayed for hours or days** after an injury and can include:

- Frustration or irritability
- Concentration or memory issues
- Sadness
- Anxiety or nervousness
- Fatigue
- Trouble sleeping

Concussion signs to watch for in an **infant or toddler** may include:

- Crankiness and irritability (beyond their usual)
- Cannot be comforted or excessive crying
- Sudden changes in nursing, eating, sleeping or playing patterns
- Loss of balance, unsteady walking (more so than normal)
- Lack of interest in favourite toys or activities
- Listlessness or tiring easily
- Loss of ability to carry on with newly acquired skills (across any social and emotional, language, physical development domains)

## Respond

### Immediately:

Following a potential concussion-causing event, the individual should be removed from activity and assessed for a **medical emergency**.

If any of the **Red Flags** are present, call 911 or seek immediate medical care.

### Next steps if not a medical emergency:

- Do not leave the individual alone
- Notify an emergency contact person
- Continue to monitor for Red Flags and signs and symptoms of concussion
- Do not let the individual return to their activity
- Do not give the individual any immediate medication
- Do not let the individual leave by themselves
- Do not let the individual drive or ride a bike

RED FLAGS	
	Neck pain or tenderness
	Double vision
	Weakness or tingling/ burning in arms or legs
	Severe or increasing headache
	Seizure or convulsion
	Loss of consciousness
	Deteriorating conscious state
	Vomiting
	Increasingly restless, agitated, or combative

### Within 48 hours:

The individual should be monitored before assuming that a concussion has not occurred, including monitoring throughout the night following the initial injury. Do not wake the individual unless you have concerns about their breathing, changes in skin colour, or how they are sleeping. Call 911 or seek immediate medical care if the individual is slow to wake or shows any of the **Red Flags**.

- If any signs or symptoms are present, seek medical attention from a licensed medical professional such as a physician or nurse practitioner.
- If no signs or symptoms appear, the individual can return to normal activity while being monitored for several days. If no signs or symptoms appear, chances are that a concussion was not sustained. If unsure, see a medical professional for guidance.

## Manage

A concussion can have a significant impact on physical, cognitive, and emotional functioning. The recovery process involves managing activities in order to not trigger or worsen symptoms—the key is finding the “sweet spot” between doing too much and too little.

The recovery process is best approached in collaboration with key individuals, such as medical professionals, family members, friends, employers, teachers and school staff, and coaches.

### Within 48 hours:

**The first and most important step in recovery from a concussion is to rest for a maximum of 2 days.** The individual will need both physical and cognitive rest in order to allow the brain to heal.

## After 48 hours:

- Physical exertion should be limited to activities that do not result in an increased heart rate or breaking a sweat. Restrict: physically strenuous work, exercise, sports, running, biking, rough play, etc.
- Cognitive activity should be limited, minimizing activities that require concentration and learning. Restrict: work or schoolwork, reading, electronics (computers, smartphones, video games, TV), musical instruments, loud music, etc.

Once symptoms start to improve, the individual should begin to increase activities in a step-wise process to return to regular levels of activity, including work, school, and sports.

Symptoms should decrease over time, but some symptoms may return, worsen, or new symptoms may appear as new activity levels are introduced. If this happens, return to a lower level of activity that does not affect or bring on new symptoms. If you are worried that the individual is not improving, follow-up with a licensed medical professional, such as a physician or nurse practitioner.

**On average, it typically takes 2 to 4 weeks to recover from concussion.** However, 15 to 30 percent will continue to experience persistent symptoms beyond this period. Persistent symptoms have the potential to cause long-term difficulties. If there is no improvement or symptoms are worsening 4-12 weeks after a concussion, physician referral to an interdisciplinary clinic is recommended.

The recovery period may be influenced by:

- Previous concussions
- History of headaches or migraines
- Learning disabilities
- Mental health issues
- ADHD
- Use of drugs or alcohol
- Returning to activities too soon
- Lack of family or social supports
- Participating in high-risk sport

Proper management of a concussion can reduce the risk of complications. It is important that the individual has successfully returned to work or school before fully returning to sport and physical recreation activities. Returning to full activity too soon may result in more severe symptoms or long-term problems. As well, returning to high risk activities (contact sports, dangerous job duties) before full recovery and medical clearance can put the individual at risk of sustaining another concussion with more severe symptoms and a longer recovery period.

### REMEMBER:

Recovery is a fluctuating process. The individual can be doing well one day but not the next.

### REMEMBER:

CATT resources to support the recovery process include:

- Return to Work
- Return to Activity
- Return to School
- Return to Sport

# Moving Ahead

## Talking about brain Injury in intimate partner violence

The \*HELPS Brain Injury Screening Tool can identify survivors who've experienced, or may be at risk for, a brain injury.

The HELPS Tool does not diagnose concussion. It does provide a way to talk about head injury in the context of IPV, and can help survivors identify the source of some of their challenges.

92%

As many as 92% of women survivors of intimate partner violence (IPV) may also experience brain injury.

**H  
E  
L  
P  
S**

### ASK:

- 1.** Have you ever **H**it your head, or been hit on the head or shaken roughly? Did your partner strangle you?
- 2.** Were you ever seen in the **E**mergency room, hospital, or by a doctor because of a brain injury? Have you ever felt you needed medical attention but did not seek it?
- 3.** Did you ever **L**ose consciousness or experience a period of being dazed and confused because of an injury to your head?
- 4.** Do you experience any of these **P**roblems since you hurt your head?
- 5.** Have you experienced any significant **S**icknesses or physical symptoms?

**Headaches**

**Dizziness**

**Anxiety**

**Depression**

**Difficulty concentrating**

**Difficulty remembering**

**Difficulty reading,  
writing, calculating**

**Poor problem solving**

**Difficulty performing  
your job/school work**

**Change in relationships  
with others**

**Poor judgement  
(being fired from  
job, arrests, fights)**

If a survivor answers "Yes" to H, E, L, or S, and is experiencing at least two of the chronic problems listed under "P," the survivor may have experienced a brain injury. Remember, a positive screen is not a diagnosis. Only a licensed medical professional (such as a physician or nurse practitioner) can provide that.

If you suspect a survivor may have experienced a brain injury, refer to a local brain injury support agency. If the incident was recent, and symptoms are severe, recommend a doctor's visit.

\*The HELPS tool above is an adapted version of the original, which was developed by M. Picard, D. Scarisbrick, R. Paluck, 9/91, International Center for the Disabled, TBI-NET, U.S. Department of Education, Rehabilitation Services Administration, Grant #H128A00022. The original version has been adapted for brain injury in the context of intimate partner violence.

[www.soarproject.ca](http://www.soarproject.ca)

# Return to Activity

This tool is a guideline for managing an individual's return to activity following a concussion and does not replace medical advice. Timelines and activities may vary by direction of a health care professional.

STAGE 1:	STAGE 2:	STAGE 3:	STAGE 4:	STAGE 5:
<p><b>Initial rest</b></p> <ul style="list-style-type: none"> <li>Stay home in a quiet and calm environment.</li> <li>Limit your screen time (computer, television, and smartphone use).</li> <li>Keep any social visits brief.</li> <li>Sleep as much as your body needs while trying to maintain a regular night sleeping schedule.</li> </ul> <p><b>Note: The goal for each stage is to find the 'sweet spot' between doing too much and too little.</b></p>	<p><b>Prepare to return to activity</b></p> <ul style="list-style-type: none"> <li>Test your readiness by trying some simple, familiar tasks such as reading, using the computer, or shopping for groceries.</li> <li>Keep the time on each activity brief (e.g., less than 30 minutes) and take regular rest breaks.</li> <li>Go for walks or try other light physical activity (e.g., swimming, stationary bike), without becoming short of breath.</li> <li>Keep bed rest during the day to a minimum. It is unlikely to help your recovery.</li> </ul>	<p><b>Increase your activity</b></p> <ul style="list-style-type: none"> <li>Gradually return to usual activities and decrease rest breaks.</li> <li>Start with less demanding activities before harder ones.</li> <li>Physical activity might include jogging, lifting light weights, or non-contact sport drills, gardening, dancing.</li> </ul> <p><b>Note: You could start returning to school or work on a part-time basis (e.g., a few hours per day).</b></p>	<p><b>Gradually resume daily activities</b></p> <p>Resuming daily activities can be challenging because your energy and capacity for activities may be variable, but should improve day-to-day or week-to-week.</p> <p>Students and workers may require accommodations, such as reduced hours, reduced workload, extra time for assignments, or access to a quiet distraction-free work environment.</p>	<p><b>Full return to activity</b></p> <ul style="list-style-type: none"> <li>Full class schedule, with no rest breaks or accommodations.</li> <li>Full work schedule with usual expectations for productivity</li> <li>Student athletes should not return to sport competition until they have fully returned to school.</li> </ul> <p><b>Only return to contact sports or dangerous job duties (e.g., operating heavy equipment, working from heights) when cleared by your doctor.</b></p>
Rest	Get ready to return	Start your return	Continue your return	
When symptoms start to improve OR after resting for 2 days max, <b>BEGIN STAGE 2</b>	Tolerates simple, familiar tasks, <b>BEGIN STAGE 3</b>	Tolerates further increase in level of activity, <b>BEGIN STAGE 4</b>	Tolerates partial return to usual activities, <b>BEGIN STAGE 5</b>	

If new or worsening symptoms are experienced at any stage, go back to the previous stage for at least 24 hours. You may need to move back a stage more than once during the recovery process.

Each person will progress at his/her own pace. It is best not to "push" through symptoms. If you do too much, your symptoms may worsen. Decrease your activity level and your symptoms should settle. Then continue to gradually increase your activity in smaller increments.

# QUESTIONS TO ASK YOUR DOCTOR (For Adults)

If you suspect that you may have a concussion, you should see your doctor right away.  
This is a list of questions you can take with you.



## INITIAL TREATMENT AND OBSERVATION

What kind of medication can I take?  
Does someone need to be with me at all times?

## WHAT I CAN DO

Can I eat? Will I have an upset stomach?  
What kind of activities can I do at this stage of recovery?  
  
Can I read/use the computer/play video games?  
When can I go back to work?  
When can I return to physical activity?  
Can I drive?

## SYMPTOMS

What symptoms should I be watching for?  
How soon will symptoms begin to improve?  
How long will these problems last?

## THE RISKS

What is the risk of a future concussion?  
What is the risk of long-term complications?

## FOLLOW-UP WITH THE DOCTOR

When should I come back to see you?  
Under what circumstances should I call you?  
Should a specialist be consulted?  
Are there any resources you recommend?

**ADDITIONAL QUESTIONS:**

# What more can you do?

The HELPS\* Brain Injury Screening Tool can identify survivors who've experienced, or may be at risk for, brain injury.

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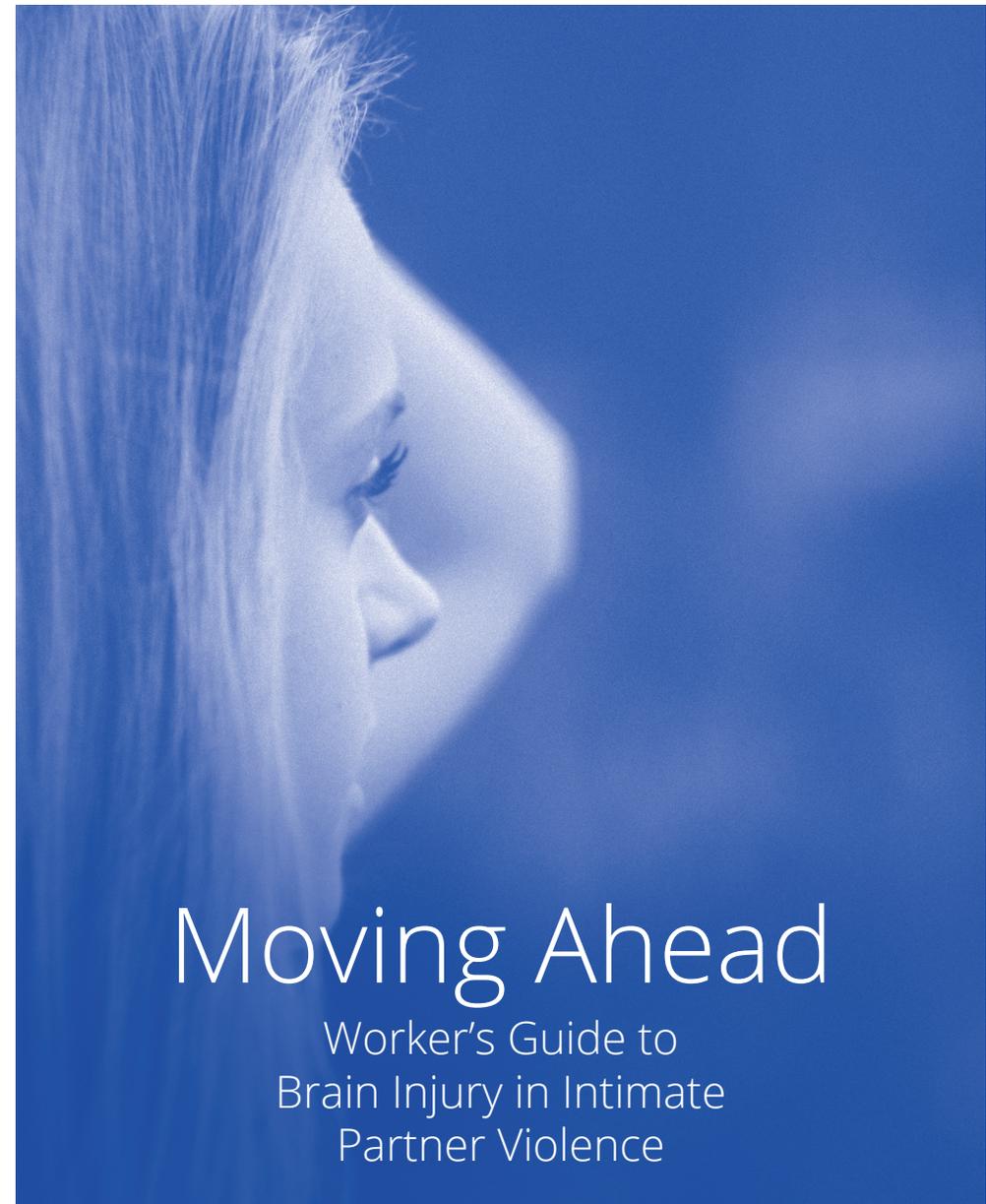
# HELPS

## ASK:

- 1.** Have you ever **H**it your head, or been hit on the head or shaken roughly? Did your partner strangle you?
- 2.** Were you ever seen in the **E**mergency room, hospital, or by a doctor because of a brain injury? Have you ever felt you needed medical attention but did not seek it?
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- 5.** Have you experienced any significant **S**icknesses or physical symptoms?

- Headaches
- Dizziness
- Anxiety
- Depression
- Difficulty concentrating
- Difficulty remembering
- Difficulty reading, writing, calculating
- Poor problem solving
- Difficulty performing your job/school work
- Change in relationships with others
- Poor judgement (being fired from job, arrests, fights)

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# Moving Ahead

Worker's Guide to  
Brain Injury in Intimate  
Partner Violence



## Did you know?

As many as 92% of women survivors of intimate partner violence (IPV) may also experience a brain injury.

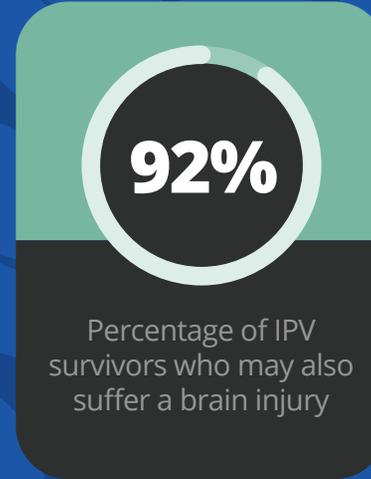
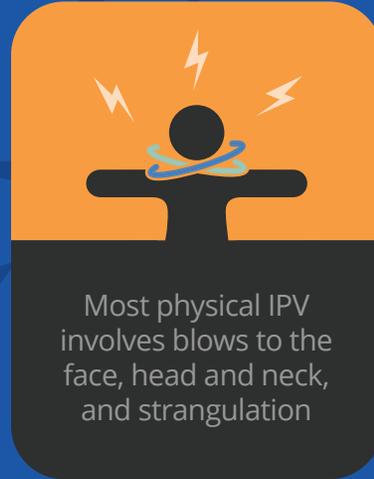
### WHAT IS BRAIN INJURY?

Brain injury is defined as an insult to the brain that causes a change in how the brain functions. It includes injury from loss of oxygen to the brain, and concussion from a hard blow to the head, neck, or body that causes the head or brain to move rapidly back and forth.

### BRAIN INJURY CAN HAPPEN FROM BEING:

- Punched, or hit in the head with an object.
- Violently shaken.
- Pushed down stairs.
- Thrown out of a moving vehicle.
- Strangled – Nearly ½ of survivors have been strangled.

It is one of the most lethal forms of IPV, and the top indicator of future fatality.



## How does brain injury show up?

Brain injury among IPV survivors often goes unnoticed, is mislabelled, or misunderstood. Knowing the signs and symptoms can help you provide better support.

### BRAIN INJURY CAN CAUSE:

- Headaches.
- Fatigue.
- Dizziness.
- Difficulty sleeping.
- Worries and fears.
- Depression.
- Sadness.
- Anger.
- Sensitivity to noise and light.

### SURVIVORS MAY:

- Not listen.
- Be easily distracted.
- Have difficulty learning things.
- Have trouble following instructions, and remembering appointments or chores
- Be tired, irritated, and quick to anger.
- Become easily overwhelmed.
- Have issues adapting to life in a communal setting such as a shelter.

## How can you help?

If you suspect a survivor may have experienced a brain injury, refer her to your local brain injury support agency. If the incident was recent, and symptoms are severe, recommend she see a physician.

### OTHER WAYS TO HELP INCLUDE:

- Speaking slowly and clearly.
- Taking more breaks.
- Asking her to repeat important information back.
- Dimming the lights.
- Conducting interactions in a quiet location.
- Working with her to fill out forms.
- Minimizing computer use.
- Encouraging rest.
- Helping her prioritize appointments and tasks.
- Providing earplugs to dull noise.
- Offering sunglasses or a hat to help shield light.

# After a Brain Injury

See a doctor if the injury was recent, or severe, or if any of the following red flags appear:

- Neck pain or tenderness.
- Double vision.
- Weakness or feelings of tingling or burning in the arms or legs.
- Seizure or convulsion.
- Loss of consciousness.
- Deteriorating conscious state.
- Vomiting.
- Becoming increasingly restless, agitated or combative.

## Self Care

Like any other injury, a brain injury needs time to heal. Here are some strategies that may help:

- Rest.
- Minimize sensitivity to light and noise by wearing sunglasses or a baseball hat, earplugs or noise-cancelling headphones.
- Seek out calm environments.
- Keep lights dim.
- Minimize screen time.
- Eat a balanced diet and stay hydrated.
- Use a calendar or lists to prioritize tasks and activities.
- If the injury was recent, follow the “return to activity” guideline:

<https://cattonline.com/wp-content/uploads/2017/11/CATT-Return-to-Activity-V2-June-2019.pdf>

For more ideas and help, consult your local brain injury support agency.



THE UNIVERSITY  
OF BRITISH COLUMBIA



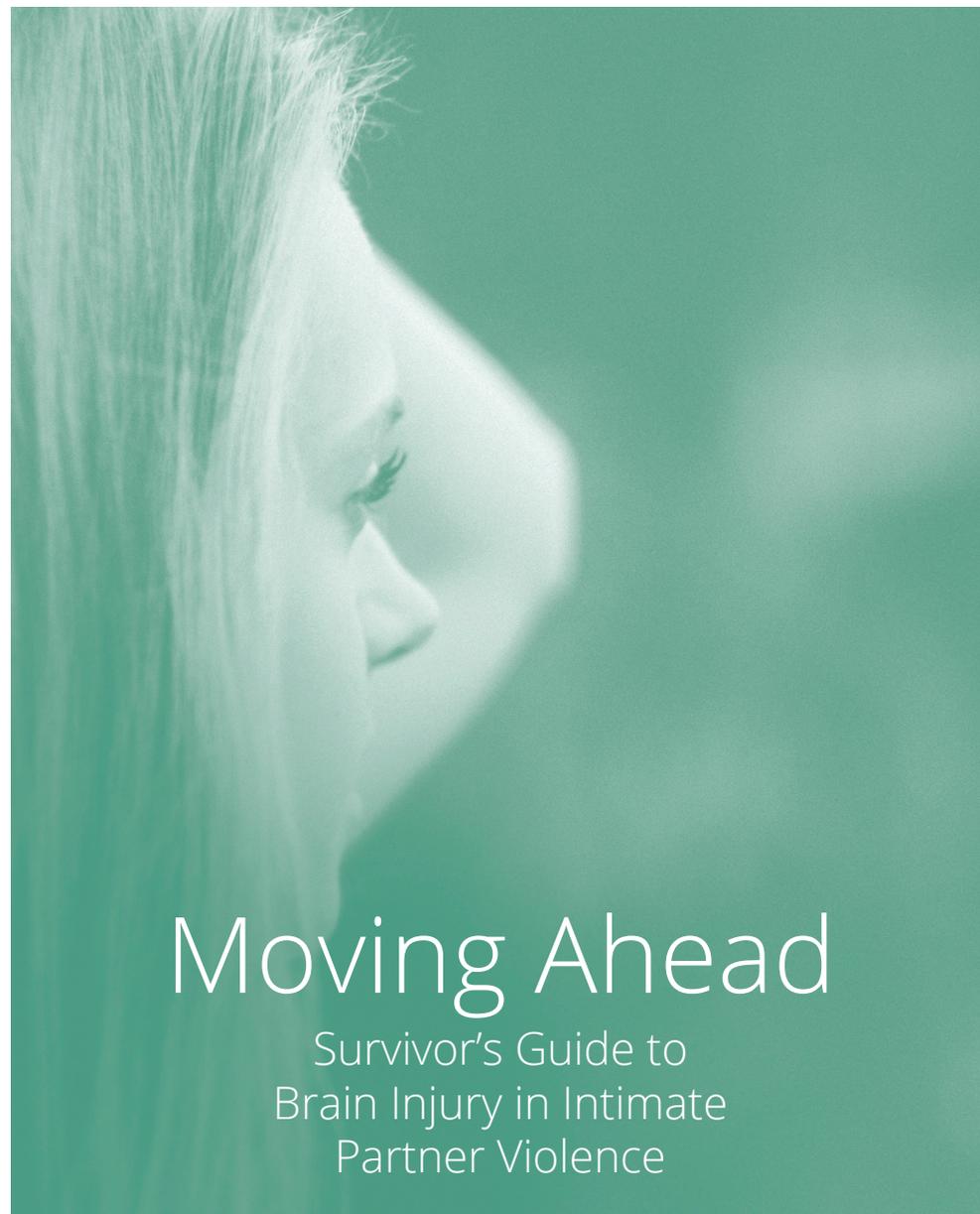
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Department of Women and Gender Equality



**SOAR**

SUPPORTING SURVIVORS  
OF ABUSE AND BRAIN INJURY  
THROUGH RESEARCH

[www.soarproject.ca](http://www.soarproject.ca)

# Did you know?

Most women survivors of intimate partner violence (IPV) may also suffer a brain injury.

If your partner has been violent to you, your brain may be injured.

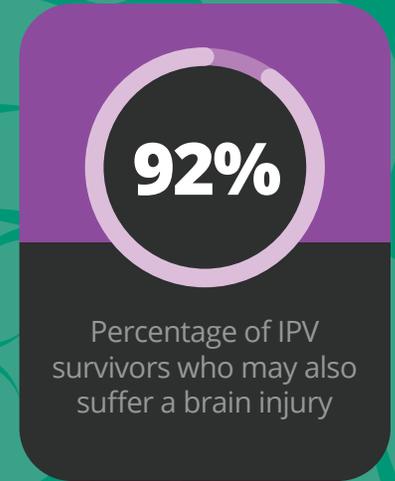
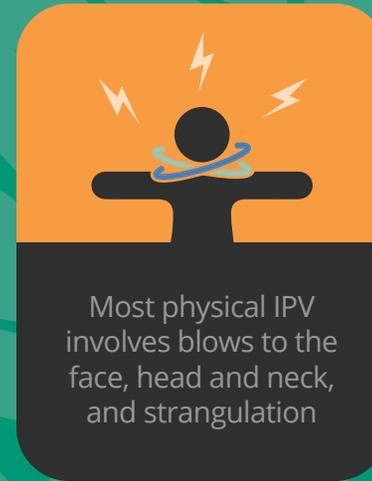
## WHAT IS BRAIN INJURY?

Brain injury happens when there's a change in how your brain works because of a hard blow or jolt that causes your head or brain to move rapidly back and forth. Brain injury can also happen from loss of oxygen to the brain, which can happen when someone strangles or chokes you.

## WHAT CAUSES IT?

Brain injury can happen when you are

- Punched, or hit in the head, face or neck with an object.
- Violently shaken.
- Pushed down stairs.
- Thrown out of a moving vehicle.
- Strangled/choked or suffocated. If you had trouble breathing or blacked out from something your partner did, you may have a brain injury. Strangulation can cause long term damage, and even death.



## Signs and Symptoms

Brain injury is an invisible wound that often goes unnoticed, is mislabeled, or misunderstood. It can cause physical, mental, and emotional difficulties, as well as changes in behaviour.

### YOU MAY EXPERIENCE:

- Headaches.
- Fatigue.
- Dizziness or balance problems.
- Sleep issues.
- Worries and fears.
- Depression.
- Sadness.
- Anger.
- Sensitivity to noise and light.

### YOU MIGHT:

- Have trouble listening.
- Be easily distracted.
- Have difficulty learning things.
- Have trouble following instructions.
- Forget appointments or chores.
- Be tired, irritated, or anger easily.
- Have issues adapting to change.
- Experience inappropriate emotional responses.
- Sleep too much or too little.

# Additional Resources

**ABI Research Lab, University of Toronto – Brain Injury 101, ABI Toolkit**

<https://abitoolkit.ca/brain-injury/brain-injury-basics>

**Acquired Brain Injury (ABI) Research Lab, University of Toronto – Read a survivor of intimate partner violence and brain injury’s story**

<https://abitoolkit.ca/stories>

**ABI Research Lab, University of Toronto – Screening for Brain Injury, ABI Toolkit**

<https://abitoolkit.ca/service-provision/screening-for-brain-injury>

**Brain Injury Canada – Find a Canadian brain injury support organization near you**

<https://www.braininjurycanada.ca/abi-associations/>

**Canadian Femicide Observatory for Justice and Accountability**

<https://femicideincanada.ca/welcome>

**Canadian Women’s Foundation – The Facts About Gender-Based Violence**

<https://canadianwomen.org/the-facts/gender-based-violence/>

**Ohio Domestic Violence Network – When your Head is Hurt**

<http://www.odvn.org/resource/Head%20Injury%20Booklet%20updated%2011.8.18%20fixed%20injury.pdf>

**Shelter Safe**

<https://www.sheltersafe.ca/>

**Training Institute on Strangulation Prevention, Alliance for Hope International – Strangulation: A concerning type of domestic abuse**

<https://www.strangulationtraininginstitute.com/strangulation-concerning-type-domestic-abuse/>

**Women’s Shelters Canada**

<https://www.endvaw.ca>

For more information and resources on concussion, please visit [cattonline.com](http://cattonline.com).



