



Go Blue for Brain Injury Awareness Month Snapshots March 2020

Traumatic Brain Injury in Prisons and Jails

According to the Centers for Disease Control Nationally:

- Traumatic Brain Injury (TBI) in prisons and jails is recognized as an important public health problem.
- More than two million people currently reside in U.S. prisons and jails.
- According to jail and prison studies, 25 – 87% of inmates report having experienced a head injury or TBI as compared to 8.5% of the general population reporting a history of TBI.
- Prisoners who have head injuries may also experience difficulties with processing information, impulsivity, mental health problems such as severe depression, anxiety, substance use disorders, difficulty controlling anger, or suicidal thoughts and/or attempts.

In Vermont, the Department of Corrections has begun screening all individuals entering the correctional system for lifetime history of traumatic brain injury using the HELPS screening tool. Initial data analysis indicates that approximately 20% of Vermont inmates are screening positive for lifetime history of traumatic brain injury.

Traumatic brain injury symptoms can complicate the management and treatment of individuals while they are incarcerated.



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Acquired Brain Injury

Did you know that an acquired brain injury is also called a non-traumatic brain injury?

Non-traumatic brain injuries are caused by something that happens inside the body or by a substance introduced into the body that damages brain tissues. They can include:

- Ischemic stroke
- Hemorrhagic stroke
- Aneurysm
- Seizure disorders
- Brain tumor
- Poisoning
- Substance Abuse
- Opioid Overdose
- Meningitis
- Encephalitis
- Hydrocephalus
- Vasculitis
- Hematoma

The effects of an acquired brain injury can show immediately or increase/decrease over time. Every individual will experience a unique combination of challenges and changes related to physical, cognitive, emotional or behavioral health.



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Opioid Overdose

According to the Centers for Disease Control, Vermont experienced 134 deaths from opioid overdose in 2017.

The Vermont Department of Health February 2019 data brief reports that most opioid-related fatalities involve multiple substances. The most common combination of was involving fentanyl and heroin, which accounted for nearly half (47%) of all opioid-related fatalities substances. Over one-third of deaths involved fentanyl and cocaine (35%). The third most common combination was cocaine and heroin, found in 21% of deaths. These three substances together – fentanyl, heroin and cocaine – were found in 19% of opioid-related accidental and undetermined fatalities.

What happens to individuals who do not die from an overdose?

Opioids cause the respiratory system to become slowed or depressed. If an individual takes too much or overdoses on opioids, this may cause the individual to have slowed breathing or to stop breathing causing oxygen deprivation to the brain. Lack of oxygen to the brain can cause a hypoxic or anoxic brain injury. Brain cells are very sensitive to a lack of oxygen. Brain cells can start dying less than 5 minutes after their oxygen supply disappears. As a result, brain hypoxia can rapidly cause severe brain damage.

According to the Brain Injury Association of America, individuals who do not die from an overdose often require rehabilitation from a brain injury service provider. Increasingly, providers recognize the need to integrate treatment models for substance use/misuse with brain injury rehabilitation techniques that will result in the highest levels of health, independence and life satisfaction.



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Intimate Partner Violence (IPV) and Traumatic Brain Injury are a Public Health Issue

The National Intimate Partner and Sexual Violence Survey (NISVS) as well as other research indicates that 1 in 4 women in the United States experience severe violence during her lifetime.

According to the Journal of Neurology and Neuromedicine, Traumatic Brain Injury research, particularly, Chronic Traumatic Encephalopathy (CTE), has been studied in male professional sports players but has been largely overlooked in the female population.

Women may spend decades in an abuse relationship where head and brain injury frequently occur, but is not typically reported, diagnosed or treated.

NISVS defines intimate partner violence as consistent and coercive verbal, emotional, and physical violence directed toward a current or former intimate partner. Physical violence is defined as kicking, choking, stabbing, being burned or shot.

The most common difficulties associated with Traumatic Brain Injury reported by women survivors of IPV include persistent cognitive, behavioral and emotional challenges; disease morbidity and social difficulties.



If you are in immediate danger, call or text 911 right away.

For free and anonymous information & support, call:

- [VT Network \(link is external\)](#) Domestic Violence Hotline: 800-228-7395
- [VT Network \(link is external\)](#) Sexual Violence and Rape Hotline: 800-489-7273
- [Vermont Adult Protective Services \(link is external\)](#): 800-564-1612
- [Love Is Respect \(link is external\)](#) Teen Dating Abuse Hotline: 866-331-9474
- Visit the [Vermont Network Against Domestic & Sexual Violence \(link is external\)](#) for local support.



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Falls

From 2010-2014:

- Nearly all (96%) Traumatic Brain Injury hospitalizations and ED visits also have an injury listed. Of these, 54% were due to falls.
- 687 Vermont adults, died as the result of a fall, 90% of these deaths were among Vermonters 65 and older.
- Nearly 10 thousand older adults in Vermont were hospitalized and over 100 thousand went to local emergency departments due to a fall.

The Centers for Disease Control and Prevention has termed traumatic brain injury (TBI) the “silent epidemic,”¹ and within this silent epidemic, there is a seemingly silent population: older adults with TBI.

In Vermont, falls among older adults are a leading cause of injury and injury-related death.

- 6,232 EMS calls for a fall in 2018 among Vermont residents age 65 or over
- Older age is known to negatively influence outcome after TBI.
- The Alzheimer’s Association reports certain types of traumatic brain injury may increase the risk of developing Alzheimer’s or another type of dementia years after the injury takes place.

Talk to your doctor about your fall history, have them evaluate your risk for future falls, and review your medications.

Stay active with strength and balance exercises, such as Tai Chi.

Complete a home safety assessment and make modifications to prevent falls at home.

Many people do not tell their doctor when they have had a fall, but a previous fall increases your chances of falling again.

Visit the Falls Free Vermont Coalition: <https://fallsfreevermont.org/index.php>