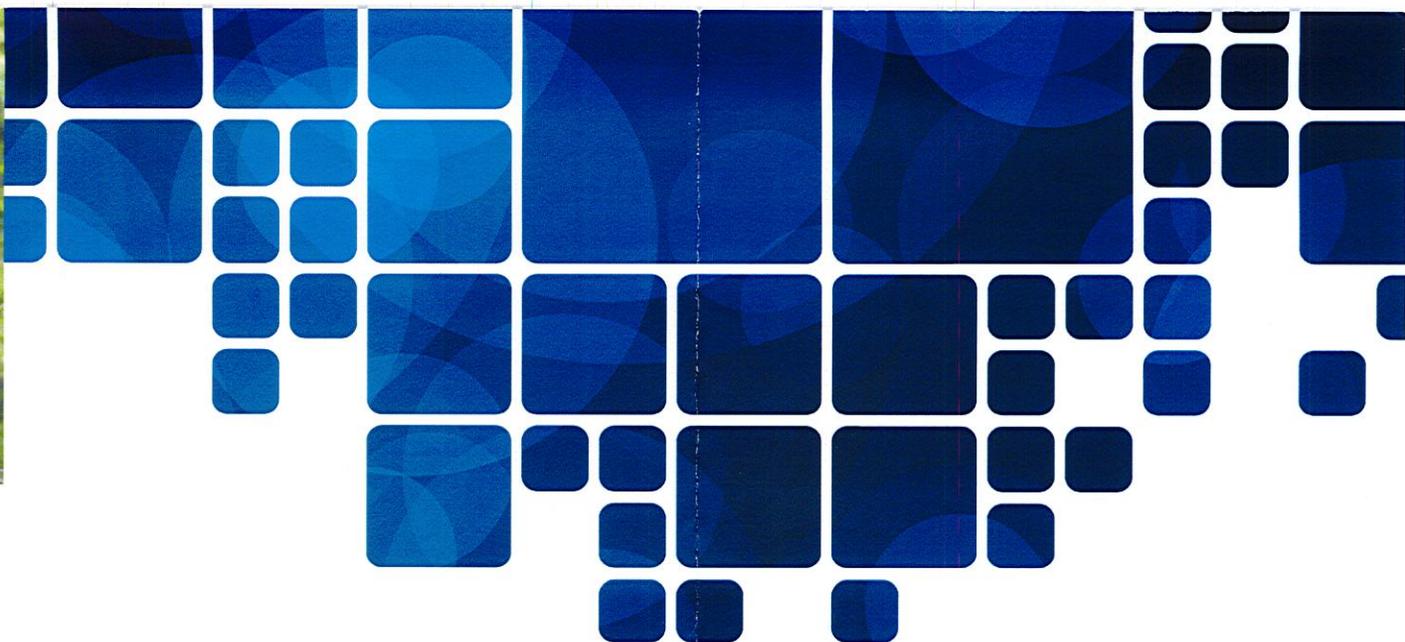


CONCUSSION

A concussion is a brain injury. It is caused by a bump or blow to the head. Appropriate diagnosis, management, referral and education are critical to achieve optimal recovery. The Brain Injury Advisory Council has contracted research assessments to understand the incidence rate of youth sports concussions in New Mexico and the incidence rate of concussions among New Mexico veterans. Using new and ongoing research findings on concussions will help to identify, diagnose and appropriately treat people. This information also helps with understanding the education, training and service needs in New Mexico.



SUPPORT & INFORMATION

If you or anyone you know has experienced a brain injury, we can help. Contact us for advice on which services best suit your needs, or for general information about the council.

New Mexico Brain Advisory Council
491 Old Santa Fe Trail
Santa Fe, NM 87501
Voice 505.476.7328 Fax 505.827.6328
Toll Free (in state only) 877.696.1470
E-mail: monica.a.montoya@state.nm.us
NMBIAC.COM

The Brain Injury Advisory Council is a program of the New Mexico Governor's Commission on Disability



TOLL FREE (in state only)
877-696-1470



NEW MEXICO

BRAIN INJURY ADVISORY COUNCIL

new mexico
**BRAIN INJURY
ADVISORY COUNCIL**



ADVOCACY • ASSESSMENT • AWARENESS • PREVENTION

ABOUT US

The New Mexico Brain Injury Advisory Council (BIAC) is appointed by the Governor. It was created by statute in 1995 to advise the Governor's Commission on Disability, the Governor, the Legislature and state agencies about a broad array of concerns and issues related to brain injury. The council exists in statute and is a program of the NM Governor's Commission on Disability. There are between 18 and 24 members from all areas of the state. Members of the council include individuals with brain injuries, family members, healthcare professionals and representatives from agencies that provide help for persons living with brain injuries.

The BIAC advocates for the development of a statewide system of comprehensive, community based resources that will maximize the personal choices and functional independence of persons with brain injuries.

The BIAC also promotes prevention and increased public awareness to decrease the incidence of preventable brain injuries.



WHAT IS BRAIN INJURY?

There are two types of brain injuries. Traumatic Brain Injury (TBI) is an insult to the brain caused by an external force. Causes include motor vehicle crashes, assaults, falls, and sports and blast injuries.

The second type of brain injury is an Acquired Brain Injury (ABI). An acquired brain injury is caused by internal conditions such as a stroke, a severe illness, exposure to toxic substances, a tumor, or any situation where the brain does not get enough oxygen. Both types of brain injuries produce the same symptoms.

HELMET DISTRIBUTION PROGRAM

Children who do not wear helmets while riding bicycles, tricycles, skateboards, scooters or skates are at risk for serious brain injury. The Brain Injury Advisory Council is currently engaged in distributing bicycle helmets and educational activity books targeting Pre-Kindergarten and Head Start programs in communities throughout the state. The educational activity books introduce adults and children to helmet use. This promotes the concept of when to wear a helmet and how to fit a helmet properly. In the last 5 years an estimated 10,000 helmets have been distributed to children throughout New Mexico.

DID YOU KNOW?

It is the law in New Mexico that every child under the age of 18 wear a helmet when riding a tricycle, bike, scooter, skateboard or skates on public property.



Brain Injury Services Fund Program

(Revised 11/18/2016)
(Short-Term Services for People Living with Brain Injury)



TIP SHEET

What is the Brain Injury Services Fund (BISF) Program?

This program provides short-term services to individuals with a crisis need, who have been diagnosed with a Brain Injury acquired through traumatic brain injury; shaken baby syndrome; stroke; brain tumor; anoxia; aneurysms / vascular lesions; brain infections; lightning / electrical shock; or exposure to toxic or chemical substances. The BISF Program provides three services: Service Coordination, Life Skills Independence Coaching, and Crisis Interim Services. It is funded from a \$5 fee, added to New Mexico moving traffic violation tickets.

Who is eligible for the BISF Program?

Individuals, who are in crisis, are eligible to receive short-term services from the NM BISF Program, if they have been diagnosed with a Brain Injury, which has been confirmed through written documentation by a licensed physician or psychologist. Eligible individuals must be residents of New Mexico. The BISF is the payer of last resort for individuals seeking assistance to live more independently in their homes and communities. The BISF is *not an entitlement* program, and not everyone living with a brain injury will qualify for services.

What services are available?

Service Coordination / Independence Coach Coordinators- Service Coordination is the point of entry for those who wish to receive program services. Service Coordinators are responsible for determining eligibility, assessing needs, identifying appropriate services, and helping participants access needed services and resources.

As Independence Coach Coordinators, they may also provide Life Skills Coaching assistance, unless a contracted and licensed entity is available to do so. Life Skills Independence Coaching is customized to provide assistance in meeting the unique needs of individuals living with a Brain Injury. Coaching services may include assistance with relearning activities of daily living (ADLs); time management; home organization; financial organization; dealing with personal relationships; anger management; the use of memory prompts; and how to access social, recreational, education resources and employment.

Crisis Interim Services- Crisis Interim Services are provided to a person in crisis following an initial event of brain injury, in the event of a worsening condition or to alleviate a new crisis. Funds may be used to pay for home health care; homemaker services; respite care; outpatient mental health; therapies; medically-related transportation and medications related to the brain injury; physician co-pays; special equipment, communication/assistive devices, and durable medical goods; professional life skills coaching / organizer services; once in a lifetime housing assistance; environmental modifications; and retrofit of an automobile. Funding is only available for services that are necessary due to an individual's brain injury. Funding is allocated regionally and may or may not be available for all services at the time of request. All requests for Crisis Interim Services must be processed through a BISF Service Coordinator.

How to Apply:

Please call the Service Coordination agency, listed to the right, which is nearest to your home, to learn more about the program and to get assistance in applying for BISF Program services.

Important Points to Remember:

Funding is Allocated Regionally- and may or may not be available for all services at the time of request.

To Inquire About Other Service Options- Please contact the NM Brain Injury Resource Center. Persons with Brain Injury in need of long-term services should contact the Aging and Disability Resource Center (800-432-2080) to be placed on the Central Registry for Brain Injury.

BISF SERVICE COORDINATION PROVIDERS:

METRO REGION

Goodwill Industries of NM
5000 San Mateo NE
Albuquerque, NM 87109
505-881-6401

NORTHEAST REGION

Goodwill Industries of NM
3060 Cerrillos Road
Santa Fe, NM 87507
505-216-3306

NORTHWEST REGION

Goodwill industries of NM
1820 E. Highway 66
Gallup, NM 87301
505-863-6374

SOUTHEAST REGION

Goodwill Industries of NM
2601 N. Main Street
Roswell, NM 88201
575-622-4980

SOUTHWEST REGION

Goodwill Industries of NM
2407 W. Picacho Street
Las Cruces, NM 88007
575-323-5147

NM BRAIN INJURY RESOURCE CENTER

(For Information, Referrals and Resources at ARCA)

844-3NM-BIRC

TRAUMATIC BRAIN INJURY AND DOMESTIC VIOLENCE

Women who are abused often suffer injury to their head, neck, and face. The high potential for women who are abused to have mild to severe Traumatic Brain Injury (TBI) is a growing concern, since the effects can cause irreversible psychological and physical harm. Women who are abused are more likely to have repeated injuries to the head. As injuries accumulate, likelihood of recovery dramatically decreases. In addition, sustaining another head trauma prior to the complete healing of the initial injury may be fatal.

Severe, obvious trauma does not have to occur for brain injury to exist. A woman can sustain a blow to the head without any loss of consciousness or apparent reason to seek medical assistance, yet display symptoms of TBI. (NOTE: While loss of consciousness can be significant in helping to determine the extent of the injury, people with minor TBI often do not lose consciousness, yet still have difficulties as a result of their injury). Many women suffer from a TBI unknowingly and misdiagnosis is common since symptoms may not be immediately apparent and may mirror those of mental health diagnoses. In addition, subtle injuries that are not identifiable through MRIs or CT scans may still lead to cognitive symptoms.

What is Traumatic Brain Injury?

Traumatic brain injury (TBI) is defined as an injury to the brain that is caused by external physical force and is not present at birth or degenerative.

TBI can be caused by:

- A blow to the head,
 - e.g., being hit on the head forcefully with object or fist, having one's head smashed against object/wall, falling and hitting head, gunshot to head.
- Shaking of the brain,
 - e.g., forceful whip-lash motion, actions that force the brain to hit the wall of the skull.
- A loss of oxygen to the brain (anoxia),
 - e.g., airway obstruction caused by choking, strangulation, near drowning or drug reactions.

TBI's fall into two categories:

- *Penetrating injuries* are caused when a foreign object (knife, bullet) enters through the skull and into the brain, damaging the specific parts of the brain that are localized along the route that the object traveled into the brain.

- *Closed Head Injuries* result when an external force impacts the head but does not fracture the skull. In these cases, two types of damage can occur to the brain:
 - *Primary Brain Damage*, in which the damage is complete at the time of injury.
 - *Secondary Brain Damage*, in which the damage continues to get worse for a period of hours to days after the incident.

TBI can result in mild, moderate, or severe impairments to cognition, behavior, and physical functioning. Symptoms of TBI include, but are not limited to:

Cognitive Symptoms:

- Decreased concentration, reduced attention span
- Difficulties with executive functioning (goal setting, self monitoring, initiating, modifying, and/or bringing to completion)
- Short-term and/or long-term memory loss
- Decreased ability to solve problems and think abstractly
- Difficulty thinking straight
- Difficulty displaying appropriate emotional/communication responses
(laugh during serious conversation, shout when everyone whispers)
- Difficulty in learning new information
- Difficulty making plans, setting goals, and organizing tasks
- May appear disorganized and impulsive
- Difficulty spelling, writing, and reading
- Difficulty finding the right words and constructing sentences
- Difficulty understanding written or spoken communication
- Difficulty interpreting verbal and non-verbal language
- Decreased functioning of speech muscles (lips, tongue)
- Difficulty feeling initiative, sustaining motivation
- Depression
- Memory distortions

Behavioral Symptoms:

- Changes in behavior, personality or temperament
- Increased aggression and/or anxiety
- Decreased or increased inhibitions
- Quickly agitated or saddened
- Changes in emotional expression (flat, non-emotional, inappropriate or overreactions)
- Avoidance of people, family, friends
- Difficulty sleeping
- Increased irritability or impatience

Physical Symptoms:

- Hearing loss
- Headaches, neck pain
- Nausea and vomiting
- Changes in vision (blurred, sensitive, seeing double, blindness)
- Ringing or buzzing in ears
- Dizziness, difficulty balancing

- Decrease in, or loss of, smell or taste
- Decreased coordination in limbs
- Loss of bowel or bladder control
- Increased sensitivity to noise or bright lights
- Seizures
- Weakness or numbness

** The most common and persistent symptoms are headaches, fatigue, loss of memory, depression, and communication difficulty.

Recommendations for Working With Women With TBI:

When a woman is experiencing *difficulty with attention and concentration*:

- Minimize distractions when having detailed conversations.
- Meet individually in quiet locations, with minimum bright lights, and keep meeting times limited.
- Incorporate short breaks.

When a woman is experiencing *difficulty with memory*:

- Write information down. Provide a notebook or calendar to help her remember important information such as police numbers, Order of Protection information, and court dates.
- Encourage the use of a journal or log.
- Discuss strategies for remembering important appointments and dates.
- Provide repetition of information.
- Develop checklists.

When a woman is experiencing *difficulty in executive functioning*:

- Assist in prioritizing goals and break them down into smaller, tangible steps.
- Reduce distractions and allow time when completing tasks.
- Write out steps to a planning or problem-solving task.

When a woman is experiencing *difficulty in processing information*:

- Focus on one task at a time. Break down messages or conversations in to smaller pieces and allow for repetition to assist her to understand and process information.
- Talk slowly and on point, repeat information if needed.
- Encourage her to take breaks if needed and to ask for information to be repeated or rephrased.

- Provide information in factual formats, avoiding abstract concepts.
- Double-check with her to ensure that she has understood information.

Additional suggestions:

- Provide reassurance, education, and structure to minimize anxiety.
- Help her fill out forms and make important phone calls.
- Assist her in communicating with others.
- Avoid open-ended questions by using a yes-no format.
- Identify supports, both social and medical, and consistently encourage as much self-determination as possible.
- Always ensure that she is a participant in the process of developing plans and in discussions.
- Offer information in writing or on tape.
- Provide respectful feedback to potential or obvious problem areas.
- Be supportive and continuously identify strengths.

A woman with a TBI who enters the criminal justice system may face additional challenges. She may appear to be disorganized, aggressive, temperamental, or confused. If her behaviors are misunderstood or misdiagnosed as indicating a mental health disability, which often happens, she may have difficulty obtaining custody or being credited as a victim or reliable witness. An increase in awareness of TBI among advocates and program staff will result in increased sensitivity, screening, referrals, accommodations, and ultimately, better outcomes, for women who are abused.

When working with a woman who is abused, it is crucial that appropriate questions are asked and a screening is done for possible TBI. Proper referrals for further screening, evaluation, and services should be given in the case that a TBI is suspected. The following is a brief screening tool that domestic violence program staff and advocates can use.

Domestic violence advocates and program staff should consistently screen women entering shelters and programs for TBI-related symptoms. One way to do this is to use the **HELPS**, a brief screening tool for TBI. **HELPS** was specifically designed to be used by professionals whose expertise does not include TBI.

The following two pages were created for programs to include during intake or screening procedures. They may be copied for this use.

HELPS Screening Tool for Traumatic Brain Injury¹

Directions: Score 1 point for every question answered 'Yes'. A score of 2 or more, particularly if the injury affects function (P), should be considered as a sign of a possible injury that needs to be further explored with a more extensive interview and medical or neuropsychological work-up.

<u>Question</u>	<u>No</u>	<u>Yes</u>	<u>Comments</u>
H = Did you ever <u>hit</u> your head? Were you ever hit on your head?			
E = Were you ever seen in an <u>emergency room</u> by a doctor or hospitalized? If so, for what reason?			
L = Did you ever <u>lose consciousness</u> ? For how long? For what reason?			
P = Did you have any <u>problems</u> after you were hit on the head? - Headaches - Dizziness - Anxiety - Depression - Difficulty concentrating - Difficulty remembering - Difficulty reading, writing, calculating - Difficulty performing your old job or school work - Changes in behavior or attitude - Difficulty problem solving - Changes in relationships			
S = Did you have any significant <u>sicknesses</u> after having your head hit?			

¹ Adapted with permission from the International Center for the Disabled, HELPS Screening Tool, 1992. Reprinted with permission of the Empire Justice Center, Building Bridges: A Cross-Systems Training Manual for Domestic Violence Programs and Disability Service Providers in New York, 2006

Using the HELPS Tool With Women Seeking Domestic Violence Services:

In the case of domestic violence, women should be asked about various forms of physical abuse that could lead to a brain injury. Advocates and program staff are encouraged to utilize the following checklist, which parallels the categories of the HELPS, to aid in determining if women entering into programs should be seen by a doctor for further evaluation.

- Did your partner ever **H**it you in the face or head? With what?
- Did your partner ever slam your head into a wall or another object, or push you so that you fell and hit your head?
- Did your partner ever shake you?
- Did your partner ever try to strangle or choke you, or do anything else that made it hard for you to breathe?

- Did you ever go to the **E**mergency room after an incident? Why?
- Did they ask you whether you had been hit on the head or indicate that they suspected a head injury or concussion?
- Was there ever a time when you thought you needed to go to the ER, but didn't go because you couldn't afford it or your partner prevented you?
- If you did go to the ER, did you think you got all the treatment you needed?

- Did you ever **L**ose consciousness or black out as a result of what your partner did to you?

- Have you been having **P**roblems concentrating or remembering things?
- Are you having trouble finishing things you start to do?
- Are people telling you that you don't seem like yourself, or that your behavior has changed?
- Does your *partner* say you have changed, and use that as an excuse to abuse you?
- Have you been having difficulty performing your usual activities?
- Are you experiencing mood swings that you don't understand?
- Has it gotten harder for you to function when you are under stress?

- Have you been **S**ick or had any physical problems? What kind?
- Do you experience any reoccurring headaches or fatigue?
- Have you experienced any changes in your vision, hearing, or sense of smell or taste?
- Do you find yourself dizzy or experiencing a lack of balance?

References:

Corrigan, J.D., Wolfe, M., Mysiw, J., Jackson, R.D., & Bogner, J.A. *Early identification of mild traumatic brain injury in female victims of domestic violence.* American Journal of Obstetrics and Gynecology, 188, S71 – S76.

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Jackson, H., Philp, E., Nuttall, R.L., & Diller, L. (2002). *Traumatic Brain Injury: A Hidden Consequence for Battered Women.* Professional Psychology: Research and Practice, 33, 1, 39-45.

International Center for the Disabled, *HELPS Screening Tool*, 1992

The New York State Office for the Prevention of Domestic Violence, *Victims of Domestic Violence with Traumatic Brain Injuries* (Powerpoint presentation), 2003.

Monahan, K. & O'Leary, K. D. (1999). Head injury and battered women: An initial inquiry. *Health & Social Work*, 24, #4, 269-278.

STRANGULATION ASSESSMENT CARD

SIGNS	SYMPTOMS	CHECKLIST	TRANSPORT
<ul style="list-style-type: none"> ● Red eyes or spots (Petechiae) ● Neck swelling ● Nausea or vomiting ● Unsteady ● Loss or lapse of memory ● Urinated ● Defecated ● Possible loss of consciousness ● Ptosis – droopy eyelid ● Droopy face ● Seizure ● Tongue injury ● Lip injury ● Mental status changes ● Voice changes 	<ul style="list-style-type: none"> ● Neck pain ● Jaw pain ● Scalp pain (from hair pulling) ● Sore throat ● Difficulty breathing ● Difficulty swallowing ● Vision changes (spots, tunnel vision, flashing lights) ● Hearing changes ● Light headedness ● Headache ● Weakness or numbness to arms or legs ● Voice changes 	<p>S Scene & Safety. Take in the scene. Make sure you and the victim are safe.</p> <p>T Trauma. The victim is traumatized. Be kind. Ask: what do you remember? See? Feel? Hear? Think?</p> <p>R Reassure & Resources. Reassure the victim that help is available and provide resources.</p> <p>A Assess. Assess the victim for signs and symptoms of strangulation and TBI.</p> <p>N Notes. Document your observations. Put victim statements in quotes.</p> <p>G Give. Give the victim an advisal about delayed consequences.</p> <p>L Loss of Consciousness. Victims may not remember. Lapse of memory? Change in location? Urination? Defecation?</p> <p>E Encourage. Encourage medical attention or transport if life-threatening injuries exist.</p>	<p>If the victim is Pregnant or has life-threatening injuries which include:</p> <ul style="list-style-type: none"> ● Difficulty breathing ● Difficulty swallowing ● Petechial hemorrhage ● Vision changes ● Loss of consciousness ● Urinated ● Defecated
			DELAYED CONSEQUENCES
			<p>Victims may look fine and say they are fine, but just underneath the skin there would be internal injury and/or delayed complications. Internal injury may take a few hours to be appreciated. The victim may develop delayed swelling, hematomas, vocal cord immobility, displaced laryngeal fractures, fractured hyoid bone, airway obstruction, stroke or even delayed death from a carotid dissection, bloodclot, respiratory complications, or anoxic brain damage.</p> <p><small>Taliaferro, E., Hawley, D., McClane, G.E. & Strack, G. (2009), Strangulation in Intimate Partner Violence. <i>Intimate Partner Violence: A Health-Based Perspective</i>. Oxford University Press, Inc.</small></p> <p><small>This project is supported all or in part by Grant No. 2014-TA-AX-K008 awarded by the Office on Violence Against Women, U.S. Dept. of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.</small></p>

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265 PEOPLE
9 DIFFERENT AGENCIES
1 MISSION
TO STOP VIOLENCE
AND ABUSE

The Family Advocacy Center is actually many different agencies all working together under one roof. The unique design of the facility dramatically reduces the stress and trauma often placed on victims and their families by giving them access to a wide range of support services all at one single location. Services include medical care, advocacy, legal and financial assistance, as well as law enforcement and prosecution. Below is a complete list of all of the Center's partner agencies.

- Albuquerque Police Department
- Child Protective Services / CYFD
- Crisis Outreach and Support Team (COAST)
- District Attorney (2ND Judicial District)
- DVRC (Domestic Violence Services)
- Enlace
- NM Crime Victims Reparation Commission
- NM Asian Family Center
- NM Legal Aid
- Para Los Niños
- Rape Crisis of Central New Mexico
- Albuquerque SANE (Sexual Assault Nurse Examiners)



Abuse is a never ending cycle.
We can help STOP it.



CALL 243-2333
625 SILVER SW, SUITE 200
ALBUQUERQUE, NM
OPEN M-F | 8AM-5PM
EMERGENCY SERVICE 24 HOURS
INTERPRETER SERVICES AVAILABLE



Anyone can be a victim.
We strive to ensure everyone
can become a survivor.

You can break the cycle.

We have the way.

Services are free and confidential. They include medical care, advocacy, legal and financial assistance, as well as law enforcement and prosecution.

There are a variety of services available at the Family Advocacy Center to assist you and your family.

We offer support services for families and victims of:

- Domestic Violence
- Violent Relationships
- Rape
- Sexual Assault
- Child Sexual Abuse
- Stalking
- Mental Health Issues

No matter where abuse starts, it ends here.

The Family Advocacy Center is on the corner of 7th and Silver in Downtown Albuquerque. The Center's address is 625 Silver SW, Suite 200, and is open M-F, 8 am to 5 pm. If you need information or help outside of those hours, please call 243-2333 and someone will be available to assist you. If it is an emergency, always dial 911.



There are a variety of free services available at the Family Advocacy Center to assist you and your family. These include:

Assistance with Domestic Violence.

Help understanding your risk of serious injury or even death by your partner.

Assistance with a safety plan to protect you and your children or other family members.



Medical/forensic exams that include a head to toe assessment for injuries; treatment for sexually transmitted infections and unwanted pregnancy; collection of any DNA evidence; forensic photography; referrals for other appropriate and/or needed services.

Comprehensive medical examinations for children and adolescents who have been sexually abused and sexually assaulted, laboratory evaluations, crisis counseling and anticipatory guidance.

Provision of limited food and clothing to you and/or your children if returning to your home is not practical.

Counseling services with social workers or a psychiatrist as indicated after meeting with program staff.

Assistance with reporting the crime to law enforcement if choosing to do so.

Assistance finding temporary housing.

Reimbursement assistance for costs related to being a victim of a violent crime. Things such as medical bills, counseling services, loss of wages, etc.

Transportation assistance for some services.

Referrals to other agencies who partner with the Family Advocacy Center.

For more information, please see our website <http://www.cabq.gov/family-advocacy-center>