

# Life After Domestic Violence

[00:00:00] **Stephen Calabria:** From the Mount Sinai Health System in New York City, this is Road to Resilience, a podcast about facing adversity. I'm Stephen Calabria.

[00:00:11] On this episode, in honor of March being Traumatic Brain Injury Awareness Month we're first joined by Kristen Dams O'Connor, Ph. D.

[00:00:19] **Stephen Calabria:** She's a clinical neuropsychologist, the director of the Brain Injury Research Center at Mount Sinai, and a professor in the Departments of Rehabilitation Medicine and Neurology at the Icahn School of Medicine at Mount Sinai.

[00:00:31] Dr. Dams-O'Connor discusses the vital research she and her team lead into the traumatic brain injuries brought about by intimate partner violence. We're also joined by Elizabeth DeJesus, a mother, director of a learning center for children, and a survivor of domestic violence.

[00:00:48] Together they illustrate the perseverance required of both domestic violence survivors and their caretakers and the monumental challenges they and their communities must endure.

[00:00:58] We're honored to have Dr. Dams-O'Connor and Ms. DeJesus on the show.

[00:01:01] Dr. Kristen Dams-O'Connor, welcome to Road to Resilience.

[00:01:07] **Kristen Dams-O'Connor:** Thank you.

[00:01:08] **Stephen Calabria:** Could you give us an overview of your background?

[00:01:10] **Kristen Dams-O'Connor:** Sure, I'm a clinical neuropsychologist who specializes in traumatic brain injury.

[00:01:16] I'm the director of the Brain Injury Research Center at Mount Sinai, where I'm the Vice chair of research in the Department of Rehabilitation and Human Performance and a professor of Rehabilitation and Human Performance and Neurology.

[00:01:32] **Stephen Calabria:** The types of brain injuries you study. Are there a specific kind or is it just generally traumatic brain injuries?

[00:01:41] **Kristen Dams-O'Connor:** Well, a traumatic brain injury is one that typically results from an external blow to the head, face, or neck, as opposed to an acquired brain injury, which is a broader term that includes things like stroke, brain cancer. So, we focus primarily on traumatic brain injuries.

[00:01:57] **Stephen Calabria:** So we've talked about neurodegenerative brain disorders. What are some of the ways that people develop neurodegenerative brain disorders?

[00:02:07] **Kristen Dams-O'Connor:** I wish I had an answer because then we would be able to treat them. There are many ways, a person can develop a neurodegenerative brain disease. Some are genetic, and even those that are genetic have a large environmental component.

[00:02:24] So there are certain environmental and lifestyle risk factors that can increase a person's risk for the development of a neurodegenerative disease like dementia.

[00:02:35] **Stephen Calabria:** In your work, what is your understanding of resilience?

[00:02:41] **Kristen Dams-O'Connor:** I think I have two answers to that. The first is that after surviving a trauma, such as a traumatic brain injury, resilience is the ability to live well. To live a good and meaningful life as is, after an injury.

[00:02:57] My second answer is that I hate that term. I don't like that the term resilience would ever imply that a person who is not able to achieve the level of recovery they had hoped for is somehow weaker than others who were able to achieve a more favorable recovery. Resilience is, if anything, a muscle. That we can train. It's an opportunity and everyone I think is capable of becoming more resilient.

[00:03:27] **Stephen Calabria:** Amen. Now you study brain disorders stemming from intimate partner violence, is that correct?

[00:03:36] **Kristen Dams-O'Connor:** We study the implications of traumatic brain injury that results from intimate partner violence.

[00:03:43] **Stephen Calabria:** And how do those injuries differ from those in people who don't suffer from that kind of violence?

[00:03:52] **Kristen Dams-O'Connor:** One of the things that we think about a lot in the context of IPV-related brain injury is the multitude of co-occurring types and mechanisms of brain injury that an IPV survivor might sustain.

[00:04:07] So, in addition to isolated blunt force trauma that might result in a traumatic brain injury, they also often experience multiple repetitive, what we might consider subclinical or subconcussive head trauma exposures.

[00:04:26] And many also experience nonfatal strangulation or other suffocation injuries that result in a decrease or blockage of blood flow to the brain. So we have in some cases, multiple types of brain injuries co-occurring in the same individual over the course of what is often a prolonged period of time.

[00:04:50] **Stephen Calabria:** Is there a common profile of both your typical patient and the most common circumstances of their dilemma?

[00:04:57] **Kristen Dams-O'Connor:** No, no. Brain injury in general is not always something that can be predicted. There are certain factors that may increase a person's risk for traumatic brain injury, but. It can happen to anyone.

[00:05:14] The same is true for intimate partner violence. This is not an experience that is limited to any individual group. There is the risk of experiencing violence, no matter who you are, where you live, what you do.

[00:05:35] **Stephen Calabria:** Right. So there's not a connection to demographics. There's no correlation between being of a certain age or a certain gender or race that correlates with intimate partner violence. It can happen to anyone at any time.

[00:05:49] **Kristen Dams-O'Connor:** There is some research that suggests that younger women under the age of about 30 or 40 are at elevated risk. Most women who experience partner violence have their first instance before the age of 25.

[00:06:03] There are some studies that suggest that racial or ethnic minority groups may be at elevated risk. There are some cultures where violence is more normative. So there are factors that can be associated with increased risk for exposure to partner violence.

[00:06:19] But it can happen to anyone.

[00:06:22] **Stephen Calabria:** From a treatment standpoint, you've talked about how vital it is to provide treatment through a lens of trauma-informed care. Could you walk us through what that means?

[00:06:31] **Kristen Dams-O'Connor:** Sure. Trauma-informed care is care that approaches an individual with an acknowledgement and awareness of how trauma impacts their day to day life experience.

[00:06:46] It's a type of care that acknowledges the need to understand a person's life experiences. in order to provide effective care. And I should say it's not limited to care providers in the traditional sense.

[00:06:59] Trauma informed care can and should be offered by anyone in the community or in community organizations that interacts with individuals who may have had an exposure to trauma.

[00:07:14] **Stephen Calabria:** You're not a frontline provider for people seeking refuge from a violent relationship, but I would like us to briefly explore the life cycle of treatment.

[00:07:23] It must require a great deal of resilience for patients to persist through intimate partner violence. What are some of the reasons patients often don't seek help?

[00:07:34] **Kristen Dams-O'Connor:** The list of why a person experiencing violence does not seek help is a very long one. A person takes a great risk in disclosing the fact that they're experiencing violence. Depending on a person's community and social support network, there may or may not be anyone who can help them find a pathway to safety.

[00:08:00] Many times, there is a financial incentive to stay. If the individual has children, protecting one's children is often and quite understandably the most important thing, and prioritized over one's safety.

[00:08:15] Even very basic needs like housing can be jeopardized if a person attempts to leave. The disincentives to leave a violent relationship often exceed the potential gain in safety.

[00:08:31] And it's very difficult for people who have not lived this experience or worked very closely with people who have lived this experience to fully understand why someone wouldn't simply leave.

[00:08:46] **Stephen Calabria:** For those who do leave, who face what must be a colossal, stultifying fear, is there often a breaking point for them that led them to seek help?

[00:08:56] **Kristen Dams-O'Connor:** I think the answer might differ across people but in my experience, a breaking point is commonly when the perpetrator hurts someone other than, usually the woman.

[00:09:10] For example, if the violent perpetrator harms or threatens harm to one's children, that is often the breaking point.

[00:09:20] **Stephen Calabria:** When a patient first approaches a frontline provider, what is their typical state of mind?

[00:09:26] **Kristen Dams-O'Connor:** I don't think that I can answer that, because I don't have this lived experience. In my observation, I have observed that individuals first seeking frontline care are in a state of absolute chaos.

[00:09:41] It is a life or death situation, in many cases. The ability to think calmly and clearly and logically is just as intact as it might be for any of us who are facing a life-threatening situation.

[00:09:56] This is not a time where a person is always able to carefully and logically consider risk tolerance. It is often a time where a person is in a full fight or flight response.

[00:10:11] **Stephen Calabria:** Having people there who have our back makes overcoming challenges that much easier. When a person seeks care, is social support something that's often emphasized?

[00:10:24] **Kristen Dams-O'Connor:** Social support is often an important pathway. It's a step in the process towards seeking care. When a person experiencing violence begins to recognize the need to leave a violent situation, one of the first things that we try to help them establish is a support network.

[00:10:45] And sometimes that means a safety contact or two or three. Whose house can you go to at the last minute if you need to leave immediately? Who can you call safely? And they will come and pick you up.

[00:11:00] Who are the people who will help you to tell your story to first responders? Those people, the support network, are usually the stepping stones towards achieving safety.

[00:11:18] **Stephen Calabria:** By the time a patient gets to you, they're often months or even years out from the abuse. At that point, what are the most common reasons they've approached you?

[00:11:29] **Kristen Dams-O'Connor:** Well, here in the Brain Injury Research Center at Mount Sinai, where we're co-located with the Rehabilitation Neuropsychology faculty practice, we provide neurocognitive evaluations and treatment in the form of cognitive rehabilitation with embedded psychotherapy for people who've experienced traumatic brain injury.

[00:11:53] So, by the time people make their way to a specialized brain injury treatment center, it is often only after they've begun to realize that some of the cognitive or emotional or behavioral challenges they're facing may be attributed or related to the head trauma that they experienced months or sometimes years ago.

[00:12:18] **Stephen Calabria:** What strategies do you employ to empower survivors of intimate partner violence with traumatic brain injuries to actively participate in their treatment and recovery process?

[00:12:30] **Kristen Dams-O'Connor:** I think like any type of care-seeking, a person approaches a treatment opportunity with a degree of hope that that care provider is going to help them to get better. So when we begin establishing an individualized treatment plan for a person with a brain injury, we do it in collaboration with the patient.

[00:12:54] What are your goals? What are you hoping to improve upon? What does that look like for you in your life? And that collaborative process allows us to measure the success of our treatments alongside the goals and milestones that the patient has set for themselves.

[00:13:11] **Stephen Calabria:** How do you address the stigma and misconceptions surrounding intimate partner violence within both a healthcare and research setting, particularly as it relates to traumatic brain injuries suffered as a result of that violence?

[00:13:25] **Kristen Dams-O'Connor:** We address the stigma by doing things like this. We speak up, we speak out, we use our research as a tool for advocacy, for awareness-raising.

[00:13:38] We hope that speaking out like this, increasing awareness of intimate partner violence and brain injury that can result from intimate partner violence, will help others to feel empowered, to seek care, to find safety.

[00:13:57] And for individuals who may be perpetrating violence to also receive that opportunity for education and awareness raising.

[00:14:07] **Stephen Calabria:** To cover the issue of the perpetrators themselves, is there a documented correlation between perpetrators of violence, having themselves been victims of violence?

[00:14:21] **Kristen Dams-O'Connor:** Interpersonal violence is often thought of as a cyclical phenomenon, such that individuals who have been exposed to violence, especially early in life are more likely to become perpetrators of violence.

[00:14:36] **Stephen Calabria:** Generally speaking, there has been considerable research on traumatic brain injuries. Could you talk about what that research has typically encompassed and why there is such little research on those injuries that stem from intimate partner violence?

[00:14:50] **Kristen Dams-O'Connor:** As you know, there has been an enormous upsurge in research studying the brain trauma sustained in the context of contact sports. We've learned a great deal from federal investments in research that has been focused on brain trauma sustained in the context of contact sports.

[00:15:14] Most of the individuals who have experienced repetitive head impacts in the course of participating in contact sports are men. We know far less about brain injury in women and we know very little about brain injury in women survivors of partner violence.

[00:15:35] We know very little about traumatic brain injury sustained in the context of partner violence. There may be several reasons for this. There historically has not been even nearly the level of federal funding devoted to the study of IPV related brain injury, which is shocking considering that one in three women have experienced intimate partner violence in their lifetimes and that far exceeds the number of men who have ever played elite contact sports.

[00:16:08] It can be challenging to design clean, experimental studies when you are investigating something as multi-determined and complex as partner violence and its implications for brain health.

[00:16:22] **Stephen Calabria:** What do you mean by clean?

[00:16:23] **Kristen Dams-O'Connor:** So, the most rigorous research is research that can be well defined, have pristine methods that are rigorous and replicable.

[00:16:36] And, It is very difficult to study something well when there are so many factors that can contribute to brain injury in individuals who face many independent risk factors for brain health challenges.

[00:16:57] And to isolate which of those can be directly attributable to the IPV related brain injury. One example is something we've learned from our research and that is that, in a series, for example, of women decedents who had a history of intimate partner violence, we found a truly staggering level of disease comorbidity in a relatively young group of women.

[00:17:28] So the number of untreated chronic medical conditions in women living with brain injury in the context of partner violence appears to far exceed the level of disease comorbidity and their uninjured, unexposed counterparts.

[00:17:49] Many of those chronic medical conditions are independent risk factors for dementia. And so when we try to isolate individual contributions of various factors that can contribute to brain health, it's very challenging.

[00:18:04] But just because something is difficult to study doesn't mean that we shouldn't be doing it.

[00:18:12] **Stephen Calabria:** Related to the dearth of research, you've mentioned in the past how funding agencies have balked at providing money for this kind of research, describing it as quote messy What is the explanation for that? Why would anybody have that reaction to that?

[00:18:28] **Kristen Dams-O'Connor:** I think it might be maybe, in part, related to the challenges that are just inherent in studying multi determined disease, if you will.



[00:18:38] If we consider the disease associated with IPV-related brain injury to be something that can represent the cumulative sum total of all life course exposures that have implications for brain health, that's complicated, right?

[00:18:53] And we know that individuals living in violent situations are less likely to seek and receive care for other medical conditions, each of which may have implications for brain health.

[00:19:04] There is often psychological trauma, there may be substance use, there may be many other things that each have implications for brain health. And so, that complexity, that messiness, if you will, poses methodological challenges to the research.

[00:19:21] But it's, that's really only, to be honest, a motivating factor. We think we can do this very well with well-powered, carefully-designed studies. These challenges can absolutely be overcome.

[00:19:37] And I think that we are getting much closer and we are seeing more of our federal funding agencies agreeing with us and recognizing the need to support research on IPV-related brain injury.

[00:19:51] **Stephen Calabria:** What are the next steps?

[00:19:53] **Kristen Dams-O'Connor:** Something that I hear a lot of survivors talk about is the desire to know their risk for developing dementia or challenges with brain health as they age. So, many women who have survived partner violence and sustained brain injuries hear the news headlines about the implications of brain injury.

[00:20:20] As people age, they see the news headlines about chronic traumatic encephalopathy as it has been described in mostly male contact sport athletes. And they wonder, what does this mean for me?

[00:20:33] If someone who's sustained multiple, repetitive, sub-concussive head impacts can develop this brain disease, what does that mean for someone who has sustained multiple, isolated, severe brain injuries? Or who has been strangled a dozen times?

[00:20:52] What does that mean for me, is what I hear survivors say. And so, that is how we inform our research questions. What is it that people who are living with a history of partner violence want to know? That drives our research. Those become our research questions.

[00:21:11] **Stephen Calabria:** You've expressed disdain for the word resilience, but the title of our show is Road to Resilience, so I have another resilience question. We've discussed the resilience of patients. I want to touch on the resilience of the caregiver.

[00:21:25] What self-care strategies do you employ to prevent burnout when working with survivors of intimate partner violence, considering the emotionally demanding nature of this work?

[00:21:37] **Kristen Dams-O'Connor:** That's a really important question, and one answer is providing a space for people to talk about their experiences at the end of the day. When we conduct research, when we provide clinical care to individuals who have experienced violence, we bear witness to stories that may be difficult to hear.

[00:22:05] We sit together with a person's discomfort. Part of trauma-informed care and research is not necessarily trying to fix or to undo the negative experiences and the emotional reactions a person has to their exposure to violence.

[00:22:26] And it can be challenging for someone doing work in this space to carry that with them and to draw a line between their work and their personal lives.

[00:22:38] I think having the ability to process the conversations, the lived experience, the, the experience of bearing witness to another person's trauma, is very important for anyone who's doing work in this space.

[00:22:55] **Stephen Calabria:** How can others help especially if they suspect someone may be unsafe?

[00:23:01] **Kristen Dams-O'Connor:** I have to say one of the upsides and one of the positive outcomes of doing research in this space has been what seems to be an increase in awareness, and it seems to me that every time I find myself speaking about our research on IPV-related brain injury, someone in the audience, someone at the dinner table, thinks to themselves, I might know someone who I've wondered about whether or not they're safe, and they want to know how, what should I do?

[00:23:34] What next? And that's one of the reasons we do this. That's one of the reasons we're doing this podcast today is because we want people to feel empowered to ask the question.

[00:23:49] I think, when I look through the individuals who've participated in our research studies, when I talk with survivors, when I look through the records of the decedents whose brains we have studied, who experienced violence, what I see is a lot of missed opportunities, opportunities where I think, if someone had asked, there may have been an opportunity to help that person find a pathway towards safety.

[00:24:18] But people are afraid to ask. I think people are afraid to ask their friends because it's an uncomfortable situation, they don't want to, you know, overstep, they don't want to violate a person's privacy.

[00:24:28] But sometimes asking is the first step towards safety for someone in a violent relationship. Clinicians rarely ask and that's a big missed opportunity.

[00:24:42] When a clinician has the opportunity to ask a patient about whether they're experiencing any violence at home, it's very important to ask a specific question.

[00:24:54] What I'll sometimes hear clinicians say is something like, "Things are, are good at home, right?" Or, "How are things with your relationship? Good?" Or, "Are things okay with your relationship?" "Is everything good with your relationship," is a common form of the question.

[00:25:14] The question can instead be something like, " I'd like to ask you, because I've discovered that some of my patients are not always safe in their relationship at home. Has anyone at home ever hurt you physically? Yelled at you? Screamed at you? Made you feel unsafe in any way?"

[00:25:35] The more specific, the better. And the level of specificity may differ across contexts and across relationships, but questions that include some of that detail, we have found in our research, dramatically increases the likelihood that someone experiencing violence will report it.

[00:25:58] **Stephen Calabria:** Before we finish, I'd like to commend you for your work. You're making a difference in people's lives and making the world a better place. So, Thank you very much for what it is you do.

[00:26:07] **Kristen Dams-O'Connor:** It's an honor to be able to do it.

[00:26:10] **Stephen Calabria:** Thanks to Dr. Kristen Dams O'Connor for her time and expertise. And now, for a patient's point of view, we turn to Elizabeth

de Jesus, a mother, advocate, and survivor of domestic violence. It's our pleasure to have Elizabeth on the show.

[00:26:26] Could you introduce yourself?

[00:26:29] **Elizabeth:** Hi, my name is Elizabeth DeJesus. I am a mom of two boys, ages 9 and 8. I am a recovery empowerment coach, a director of a learning center for children, and I am a domestic violence survivor.

[00:26:45] **Stephen Calabria:** You were in a relationship in which you suffered physical violence. Insofar as you're comfortable, could you give us an overview of what happened?

[00:26:56] **Elizabeth:** Sure. Well, I had married my one and only boyfriend, and I thought that I was in a blissful start of our union when his addiction started spilling out into episodes of abuse.

[00:27:08] And during the next eight years, the violence I endured took the form of physical, emotional, psychological, financial, and spiritual abuse.

[00:27:18] Our decisions to have children came during moments of perceived recovery. Unfortunately, those, those moments didn't stick. I'm grateful for the wonderful blessings that came from this union.

[00:27:31] My incredible boys who proved God's unconditional love to me over and over again. In 2018, I was at my wits end and I was barely surviving the constant abuse my life had become.

[00:27:43] And at that time I was also my grandparents' caregiver. My grandfather who had passed away from cancer and only two weeks after that, I had lost my marriage because of domestic violence.

[00:27:57] During that time, my most basic social supports were shoved out from under me, and that was my family and my church.

[00:28:09] They were my frontline defense against all things trauma in life. And because there wasn't enough awareness or training or equipping on how to deal with issues of domestic violence, I did not have their support.

[00:28:25] **Stephen Calabria:** How long did the abuse last?

[00:28:28] **Elizabeth:** The abuse started as psychological abuse while I was dating. And I was 19 when it started. That was in 2007, and I lost my marriage in 2018. About 11 years,

[00:28:47] **Stephen Calabria:** 11 years. In retrospect, why do you think you stayed that long?

[00:28:54] **Elizabeth:** It took me a while to understand that I was in a destructive marriage because of the gaslighting, because of the manipulation. Being able to correctly identify abuse because I think everybody has it within themselves to hurt somebody else.

[00:29:14] However, the context of abuse is one in which that hurt happens repeatedly over and over and over again, even after the person is being hurt and they, they no longer desire to be in that situation.

[00:29:28] **Stephen Calabria:** What was the turning point?

[00:29:32] **Elizabeth:** For me, the turning point was when the abuse started to trickle down to my children. They were about three and four years old, and I noticed bruises on my oldest son, and that's when I knew I had to act fast. And, um, leave the relationship.

[00:29:50] **Stephen Calabria:** What was it like for you and your boys immediately after?

[00:29:54] **Elizabeth:** It was scary. The road to recovery from domestic violence wasn't something that I had ever thought I'd be on. I, I didn't know that there was even a path to recovery. And so I was a single mom all of a sudden.

[00:30:13] And, and I had a very strong faith base that said, you know, if you get married, it's for life. And, I had very well-intentioned faith leaders who gave me very bad advice, who said, if you leave your marriage, you will be stepping outside of God's will.

[00:30:33] And so that was very scary for me to think that not only did I not have the support of my family, or my church, but I also might not have the support of God himself.

[00:30:45] **Stephen Calabria:** Before we continue, I just want to applaud your courage in this situation. No one should have had to go through what you went

through and you handled it, it seems about as well as anyone could ever expect. So I appreciate you sharing that with us.

[00:31:04] **Elizabeth:** Thank you.

[00:31:05] **Stephen Calabria:** Can you discuss a setback or difficult moment you experienced during your recovery and how you overcame it?

[00:31:14] **Elizabeth:** I think the hardest part was being right at the beginning of my recovery journey, not knowing how to be a single mom, not knowing if I could even hold down a job because my mind wasn't in it, because my mind was in turmoil, because I didn't know what the next step in front of me would hold.

[00:31:39] In 2019, I found myself surviving and just working multiple jobs to make ends meet. And at one point, I found myself packing for a shelter with my boys.

[00:31:51] And thankfully, I did regain my apartment before I was placed in the DV shelter. But it was a scary moment. However long that year was for me, God had, I think, provided a sister who would become my comrade in surviving domestic violence.

[00:32:08] And I think this is a big reason why I was able to continue down my path of recovery was because of my sister, Sofia Geraldo. Sofia is my chosen family and chosen family just basically means people who become so close to you. whether biological or not, that they become family, they are chosen. And so our friendship started in 2007 as singles at church.

[00:32:35] And we got to watch each other grow into a couple done with our spouses to be and then as married women and finally as moms. And as our friendship grew in each season, we were able to share, you know, intimate details of our lives with one another. And as we shared, we eventually came to realize that we were both in a destructive relationship.

[00:32:55] When my marriage failed, she took me in and I lived with her for a few days until her then, you know, husband threatened that if I didn't leave, he wouldn't pay child support.

[00:33:06] So it wasn't long before I regained my apartment and she came to live with me. And honestly, I don't know if I would have survived the two major losses of my grandfather and my marriage within those two weeks if it wasn't for her friendship and sisterhood.

[00:33:26] **Stephen Calabria:** You've talked about the role of faith in your recovery. Could you expound upon that a little more?

[00:33:35] **Elizabeth:** Well, my faith comes from a Christian worldview and one of the Bible verses that has impacted me throughout this entire journey from realizing that I was in a destructive relationship to deciding to leave and pursue recovery has been the Bible verse, that says that God has a hope and a future for us.

[00:34:00] And I believe that he has a hope and a future for us, and that that is displayed as we are connected in community. It was very difficult for me to, , connect with community during that time.

[00:34:15] And it was only through the connection that I had made with Sophia, who was also a part of my church community. She was also within the same faith and we had to dig for these resources, but we did find some resources online.

[00:34:28] We found a Christian coach who had a faith based community of women who were domestic violence survivors.

[00:34:36] And she was able to speak some truth into our lives. And one of the biggest truths that we held on to at that time was that although God loves the Institute of Marriage because he created it. He does not love the Institute more than he loves the people in the marriage individually and cares for their safety.

[00:34:57] **Stephen Calabria:** How is life now?

[00:35:00] **Elizabeth:** I'm still in my journey of survivorship. Domestic violence and intimate partner violence has touched my life more times than I would like. I think one time is enough.

[00:35:11] However, even indirectly, it's touched my life in a very profound way in that, just last year, my sister Sophia was viciously attacked by her ex husband in front of her three children.

[00:35:29] She's now been in a coma for a year and last year her children were put into my care and I became overnight a single mom of two boys to being a single mom of five boys.

[00:35:40] I had to stop the work that I was doing with my learning center. And so that was a stream of income that was lost. I was in a lot of financial trouble in regards to being late with rent and utilities.

[00:35:56] And have had to look for resources like public assistance for help. I am happy to say that today the boys have been rehoused with family out of state. They're doing great. They're on the honor roll.

[00:36:11] They're very, very happy. I'm glad to say that Sophia is evidence that miracles still happen because the doctors said she wouldn't open her eyes, but she has, it's inconsistent still, but she has opened her eyes.

[00:36:29] They said she wouldn't be able to communicate. But she has started to make vocalizations. They said she wouldn't be off of the ventilator and she has started breathing on her own, nine to 11 hours breathing on her own.

[00:36:45] And so she is showing progress slowly, but surely. I am starting to rebuild my learning center from scratch, but it is rebuilding.

[00:36:55] And so we are opening our doors to children who have been touched by domestic violence and their families to help them build community in the same way that Sophia and I were able to build a sisterhood and from there, encourage each other to build community.

[00:37:12] That's what uh, we're trying to do.

[00:37:14] **Stephen Calabria:** What advice would you give to someone else who may be going through a similar experience of domestic violence?

[00:37:22] **Elizabeth:** I'd say you have two choices. I'd say one of those choices are to stay well, and the other is to leave well. And in whatever choice that is, the key word is well, meaning I want them to be safe, and I want them to be healthy.

[00:37:42] For whatever reason, sometimes we, and I say we because I'm, I am a part of this community, we stay maybe because of our children, maybe because of finances, maybe because we're scared or maybe because we see that there is some glimmer of hope for that relationship and we choose to stay.

[00:38:03] And so my advice would be if you stay, make sure you're staying well, make sure that you are safe, that your children are safe, and that you are in



a healthy position to create boundaries within your home that will help keep you all safe.

[00:38:20] And if you choose to leave, please leave well. Make sure that you are safe by creating a safety plan alongside a therapist, a counselor, a caseworker, or a coach to help you have the best exit possible, especially if you have children,

[00:38:37] **Stephen Calabria:** What self care practices or activities have you incorporated into your life to promote your well being?

[00:38:46] **Elizabeth:** My two primary self care practices are spiritual, making sure that I'm connected with God through Bible reading, prayer, and staying close to the local church.

[00:38:59] And the other one is building community. So making sure that I am connected with folks who are Years into their recovery as well as folks who are just starting their recovery.

[00:39:13] **Stephen Calabria:** That was it for my questions. Was there anything else you wanted to say?

[00:39:18] **Elizabeth:** As a rule of thumb, they say, that the first 14 days after you leave an abusive relationship is the most dangerous. However, for my sister, Sophia, she had left her abusive relationship about four years ago, but in October, she finally had the resources to officially file for divorce.

[00:39:45] That was in October. and the attack happened in December. And so I just want to say with that it's still important no matter how far out you are in your survivorship to maintain community, to maintain all of your safety nets that helped you come out of it initially.

[00:40:06] Thank you so much.

[00:40:07] **Stephen Calabria:** Thank you.

[00:40:08] . Dr. Kristen Dams-O'Connor is a clinical neuropsychologist, the director of the Brain Injury Research Center at Mount Sinai and professor in the Departments of Rehabilitation Medicine and Neurology at the Icahn School of Medicine at Mount Sinai.

[00:40:22] Elizabeth Dejesus is a mother, advocate, and survivor.

[00:40:27] That's all for this episode of Road to Resilience. If you enjoyed it, please rate, podcast on your favorite podcast platform.

[00:40:34] Road to Resilience is a production of the Mount Sinai Health System. It's produced by me, Stephen Calabria, and our executive producer, Lucia Lee. From all of us here at Mount Sinai, thanks for listening and we'll catch you next time.