

CRIME VICTIMS RESOURCE CENTER

FALL 2026 Newsletter

Serving victims in Mower County since 1977 • To subscribe or unsubscribe, email miller.tori@mayo.edu

October is Domestic Violence Awareness Month! Throughout October, you may notice victim service agencies, including ours, displaying purple ribbons and raising awareness about domestic violence. You may ask yourself: Why is a whole month dedicated to awareness of something most people already know exists? Well, it hasn't always been that way.

History

In the 60s and 70s, the Women's Movement began, which greatly shifted the social culture and views around domestic violence (DV), also known as intimate partner violence (IPV). IPV was seen as a strictly private family matter and was not talked about. Most victims didn't know they could reach out for help, let alone know where to go and were encouraged not to seek help. It wasn't until 1974 that the first domestic violence shelter was opened in the United States in St. Paul. Advocates fought hard during this time to raise awareness of IPV. In 1978, a march involving nearly 100,000 advocates, survivors, and others affected by IPV approached the capital in D.C. in support of equal rights. Many of them wore purple in solidarity. This is where the domestic violence awareness ribbon color originates.

As awareness efforts grew, October was first observed as Domestic Violence Awareness Month in 1987 and was designated by Congress in 1989. [The designation](#) identified the prevalence of domestic violence, called to attention that many judicial and law enforcement officers were hesitant to treat domestic assault as a crime, the need for society to understand how domestic violence affects victims and children, the importance of having accessible shelters for victims, and much more.



What's changed?

The U.S. has come a long way since 1989. We have seen improvements in the information collection regarding DV. The Center for Disease Control is required to gather information on DV through the National Intimate Partner and Sexual Violence Survey. This helps collect valuable data about DV in our society that can be used to lead prevention efforts and inform public health policies.

Resource access has increased as well. There are nearly 2,000 shelters designated for survivors of domestic violence; with over 600,000 victims served a year. We see this expansion in our own region, this year, the Rochester Women's Shelter expanded their bed capacity from 34 to 75 and they are now able to provide shelter to male survivors of domestic violence as well. 54% of our clients at Crime Victims Resource Center are domestic violence victims. In 2025, we assisted 384 victims of domestic violence here in Mower County.

What was once a taboo topic is now common discourse. Conversations about domestic violence and the long-term effects it has on its victims occur regularly both in the media and everyday life. Many of the victims that we work with have shared that openly speaking about their experiences has been positively received. It's not uncommon for these individuals to have people reach out, stating that hearing their stories helped them gather

the strength to take steps towards leaving their own abusive relationships.

Here at CVRC, Domestic Violence Awareness Month serves as a great opportunity to shine a light on the thousands of victims who have shared their stories and showed incredible bravery. October also serves as an important reminder for everyone that domestic violence often goes unreported, and many victims never disclose for many reasons. Regardless of whether someone chooses to report or not, their experiences are valid; they deserve support, safety, and compassion. They are not alone and we are here to support them.

For more information on the history of Domestic Violence Awareness Month and ideas on how to get involved, visit Domesticshelters.org

Hidden Wounds

For many that have experienced intimate partner violence (IPV), the wounds are often hidden from those around them. Abusers will typically injure victims where they think there is a less likelihood of someone else seeing visible marks. Many victims talk about the toll of not just physical abuse but also the long-lasting impacts of emotional abuse. I have heard so many say "I can handle the physical pain. It's the emotional scars that are hard to live with."

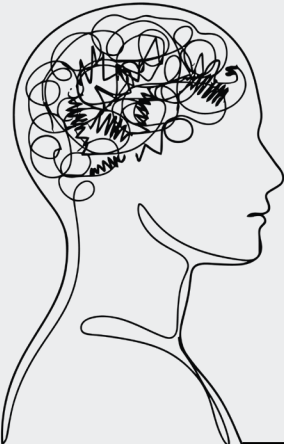
As I thought about this more, I started to wonder what other hidden wounds victims may carry with them. What things

might they be experiencing that they don't quite understand what is happening or why?

I started looking into the prevalence of Traumatic Brain Injuries as a result of intimate partner violence. One of the most [eye-opening articles](#) I stumbled upon was shared by the Minnesota Brain Injury Alliance. Below, I have shared parts of that article.

Intimate Partner Violence and Brain Injuries

According to the Centers for Disease Control and Prevention's 2024 National Intimate Partner and Sexual Violence Survey (NISVS) "about 41 percent of women and 26 percent of men experienced contact sexual violence, physical violence, or stalking by an intimate partner during their lifetime and reported a related impact." And yet, when IPV victims present with headaches, memory issues, or trouble concentrating, these are often chalked up to stress, trauma, or mental illness. Rarely is a Traumatic Brain Injury (TBI) even considered.



This gap in recognition is something Rachel Ramirez, Director of Health and Disability Programs at the Ohio Domestic Violence Network (ODVN), has worked tirelessly to address. In collaboration with Ohio State University and the Brain Injury Association of Ohio, her team found that more than 80 percent of women accessing domestic violence services had experienced at least one head injury from abuse, with many sustaining repeated injuries over time.

These findings, corroborated by a 2019 study by Nemeth et al. and a 2017 Barrow Neurological Institute survey, raised new and pressing questions: what if what we often labeled as trauma was, in fact, a physical injury? And what if that injury shaped a survivor's ability to remember safety plans, navigate appointments, or even speak clearly in court?

These injuries rarely show up on scans but often result in chronic symptoms like headaches, confusion, memory loss, light sensitivity, and difficulty concentrating. Strangulation is especially insidious as it often leaves no marks but drastically increases the risk of death.

It can also lead to oxygen deprivation, triggering long-term neurological damage. "When blood flow is impeded or blocked to your brain, that's strangulation" Ramirez said. "Strangulation can be manual, with hands, or with a cord, a pillow, even someone sitting on your chest. But many survivors don't connect with the word 'strangulation.' They know they couldn't breathe. They know something happened. And that's what matters. We need to listen and document it accurately, even when the language doesn't match." Survivors often describe symptoms like fogginess, disorientation, or emotional volatility without knowing why. Many don't realize they've experienced a TBI at all.

Resources

If you or someone you know has a TBI as a result of domestic violence know that you are not alone and there is help out there. The Minnesota Brain Injury Alliance offers many ways to learn more about the impacts of TBIs and provide support to caregivers.

Visit braininjurymn.org to learn more.

Screening Tools: HELPS and CHATS

HELPS and CHATS are two vital tools used to screen for possible brain injuries in survivors of intimate partner violence (IPV), helping advocates recognize invisible trauma and connect individuals with needed support.

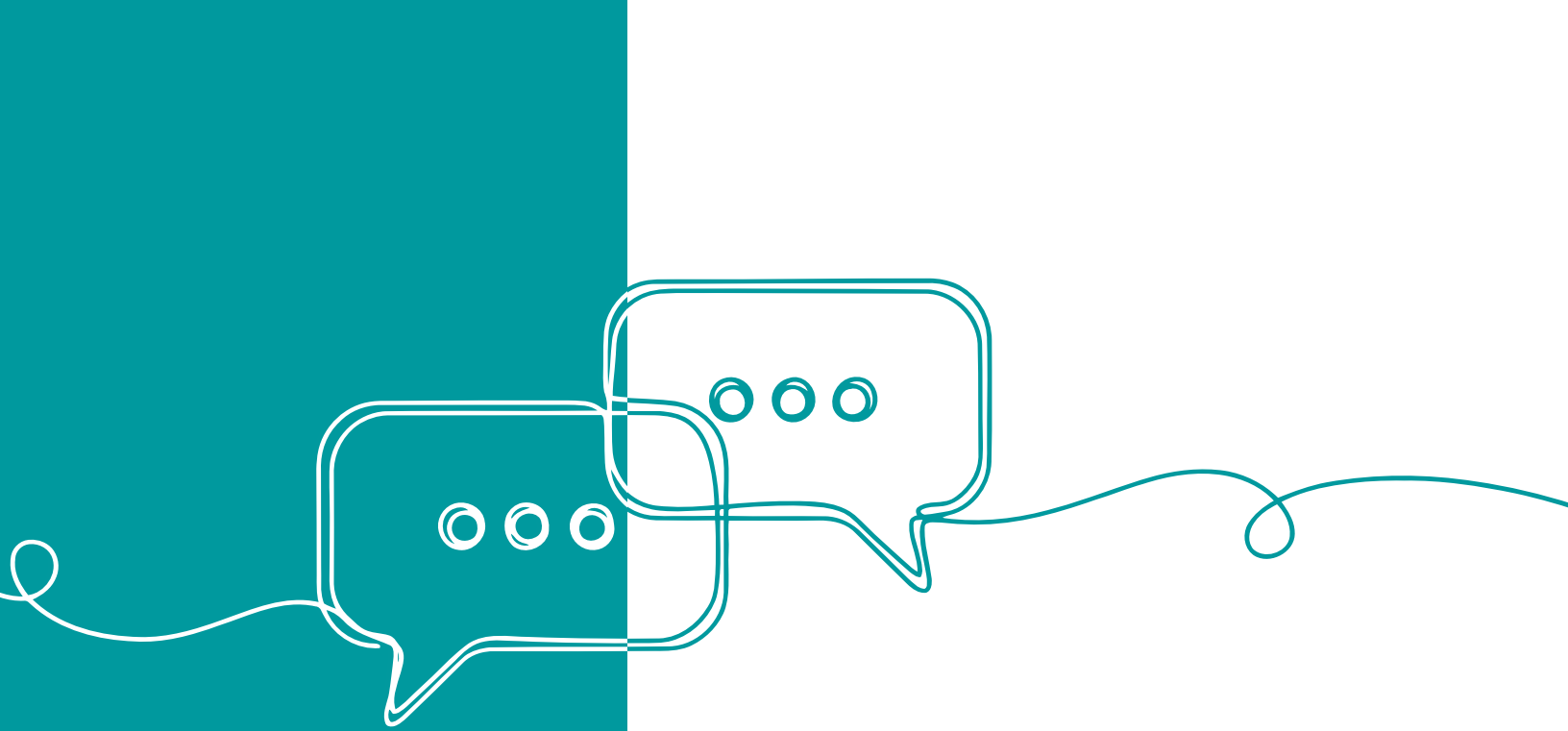
HELPS is a five-question screener that looks for signs of head injury by asking about:

1. **H**itting the head
2. **E**mergency visits
3. **L**oss of consciousness
4. **P**ersistent problems afterward
5. **S**erious sickness following injury

A score of two or more suggests the need for further evaluation by medical or neuropsychological professionals.

CHATS, developed by the Ohio Domestic Violence Network, offers a trauma-informed, conversation-based approach. It guides advocates to ask about head, face, and neck injuries, symptoms like dizziness or memory loss, and barriers in daily life. CHATS supports a survivor-centered response: connecting people to resources, identifying signs of brain injury, and tailoring accommodations to help survivors navigate healing.

Both tools serve as crucial entry points for recognizing and addressing brain injury in IPV contexts, offering survivors not just awareness, but real pathways to care.



TIPS

Informed Conversations About Domestic Violence

NEVER victim blame.

Abuse is never the victim's fault. As a society, we continue to place blame on victims by asking, "What did she do to deserve that?" or, "What were they wearing?" or, "Why was he there?" or, "Why couldn't she just keep her knees together?" Yet, we do not ask these questions to victims of other crimes. We must stop asking these questions of domestic violence and sexual assault survivors. Believe, support, and trust survivors. Instead of second-guessing their experiences, let's rightfully place the responsibility on abusers and perpetrators to end the abuse.

Challenge widely held perceptions about domestic violence.

Unfortunately, misconceptions about domestic violence persist – such as the notions that survivors can "just leave," that only certain people can be victims, that domestic violence only includes physical violence, or that domestic violence is a "private, family matter." Each one of these myths persists, despite our work to challenge these perceptions. Survivors must think about their own physical safety, financial security, the safety and welfare of their children and pets, potential housing, and where they can "just leave" to, among a myriad of other issues. Domestic violence can include physical, financial, emotional, psychological, and sexual abuse.

Almost
1 in 2
women and
more than
4 in 10 men
have reported
experiencing
sexual
violence,
physical
violence, and/
or stalking.

Understand that abuse is rooted in power and control.

Abuse is intentional. It is a myth that someone who abuses their partner is “out of control;” in fact, they are in total control (How often do they “lose control” at work? With a friend? With other family members?) and purposely choose tactics to control their partner. Power is hard to give up or share, and abusive actions are purposeful with the goal of gaining power and control over a partner. Strategically isolating victims is a common tactic to gain power and control over a victim. For example, perpetrators may trap their partners by withholding, lying about, or hiding financial assets, which is also a form of abuse.

Communicate that domestic violence is not a “private, family matter.”

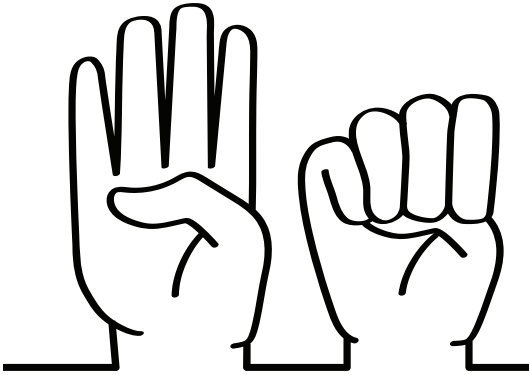
Almost one in two women and more than four in 10 men have reported experiencing sexual violence, physical violence, and/or stalking by an intimate partner at some point in their lifetime. Domestic violence affects us all; victims are our family members, neighbors, coworkers, and friends. All of us must be part of the solution.

Trust the survivor’s perspective.

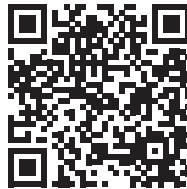
Survivors know their experience and story better than anyone. Taking a survivor-centered approach empowers survivors by prioritizing their needs and wants. Often, abusers deny their partners’ self-determination; empowering survivors returns their control and enables them to make their own decisions. Listen! Ask survivors what they need individually to be safe – there is no one-size-fits-all approach to addressing domestic violence.

Resource: <https://nnedv.org/content/10-tips-informed-conversation/>

KNOW THE SIGN



A distress and domestic violence hand signal was created at the start of Covid lock down as a way for domestic violence victims to non-verbally seek help. It is now recognized as an international signal for 'Help Me.' Scan QR Code to see it in action.



Learn it. Watch for it. Share it with others.

1. Palm facing outwards.
2. Place thumb on the palm.
3. Move fingers down over thumb.

Crime Victims Resource Center

1000 First Drive NW, Austin · 507-437-6680

Empowering victims of crime through education, intervention, support and advocacy.

The Crime Victims Resource Center will help individuals who have been victims of many different types of crime. Some of the specific crimes we work with are:

- Accidents involving intoxicated driver
- Assault
- Burglary
- Child Abuse
- Domestic Abuse/Assault
- Elder Abuse
- Harassment
- Sexual Abuse/Assault
- Stalking
- Terroristic Threats
- Theft



Tori Miller
Director



Sasha Border
Victim Advocate



Coleena Snyder
Victim Advocate

Victim Support Services

- 24 hour crisis hotline
- Crisis counseling
- Safety planning
- Arranging emergency shelter
- Support groups
- Referrals to other agencies
- Emergency transportation
- Support during hospital examinations
- Support during police reporting
- Assistance with Orders for Protection and Harassment Restraining Orders
- Assistance with understanding the criminal justice system
- Accompaniment to court proceedings for support
- Updates on the progress of court proceedings
- Notification of victims' rights

Free and confidential service funded by The Hormel Foundation, Minnesota Department of Public Safety-Office of Justice Programs, and United Way of Mower County.