

# BRAIN HEALTH & SURVIVOR SAFETY

INSIGHTS ON THE HCDVCC  
CROSS-SECTOR CONVENING  
ON RESEARCH & PRACTICE

MAY 2026



**The second annual Brain Health & Survivor Safety convening was held on April 22, 2026 at Rice's Bioscience Research Collaborative. These insights demonstrate why this work matters now.**

For more than 30 years, the Harris County Domestic Violence Coordinating Council (HCDVCC), has played a unique role in Houston: bringing systems together and making them work better for survivors. Under the leadership of Executive Director Barbie Brashear, this work has remained grounded in a clear principle: that improving outcomes for survivors requires systems to work together, not in parallel. This approach centers collaboration, bringing together partners across sectors to align around what actually improves safety.

HCDVCC coordinates across courts, law enforcement, healthcare, and domestic violence providers to identify and close gaps for those facing the highest risk to prevent homicide. We incubate new approaches, support their implementation across the region, and serve as an intermediary to move resources where they are needed most. And we convene, ensuring that survivor realities are not only part of the conversation, but central to the solutions.

On April 22 our second annual Brain Health & Survivor Safety convening, brought together 60 leaders across research, public health, clinical practice, and community systems to explore a reality that is gaining urgency:

**“We cannot take brain health seriously if we do not account for domestic violence.” - Barbie Brashear, Executive Director, HCDVCC**

## KEY STATS

- 1 in 4 women and 1 in 7 men in the U.S. have experienced severe physical violence by an intimate partner.<sup>1</sup>
- Up to 75% of survivors have experienced traumatic brain injury.<sup>2</sup>
- Survivors who experience non-fatal strangulation are 7.5 times more likely to be killed by that partner.<sup>3</sup>
- A single domestic violence homicide can cost over \$15 million in public systems and lost productivity.<sup>4</sup>

### Sources:

<sup>1</sup> Centers for Disease Control and Prevention (NISVS)

<sup>2</sup> Ohio Domestic Violence Network; Brain Injury Association of America

<sup>3</sup> Jacquelyn Campbell et al., 2008

<sup>4</sup> National Institute of Justice; Centers for Disease Control and Prevention economic analyses

# RESEARCH: BRAIN INJURY IS HIDDEN IN PLAIN SIGHT

Michael W. Williams  
Ph.D. Associate Professor,  
Clinical Psychology  
Director, Measurement  
and Intervention for  
Neuropsychological  
Disorders (MIND)  
Laboratory



## Notes & Reflections

Dr. Michael W. Williams, Director of the MIND Lab at the University of Houston, opened the convening by grounding participants in the neuroscience of traumatic brain injury.

### Takeaway

**Brain injury among survivors is common, cumulative, and often overlooked.**

Even injuries labeled “mild” can have serious and lasting consequences. Survivors frequently experience repeated, untreated injuries over time, each one compounding the last. TBI affects:

- Cognitive functioning: attention, memory, executive function
- Emotional regulation: anxiety, depression, adjustment
- Physical health: fatigue, pain, sleep disruption

These changes directly influence outcomes that systems are designed to measure and respond to:

- Ability to maintain employment
- Navigation of legal processes
- Parenting and caregiving
- Housing stability
- Overall quality of life

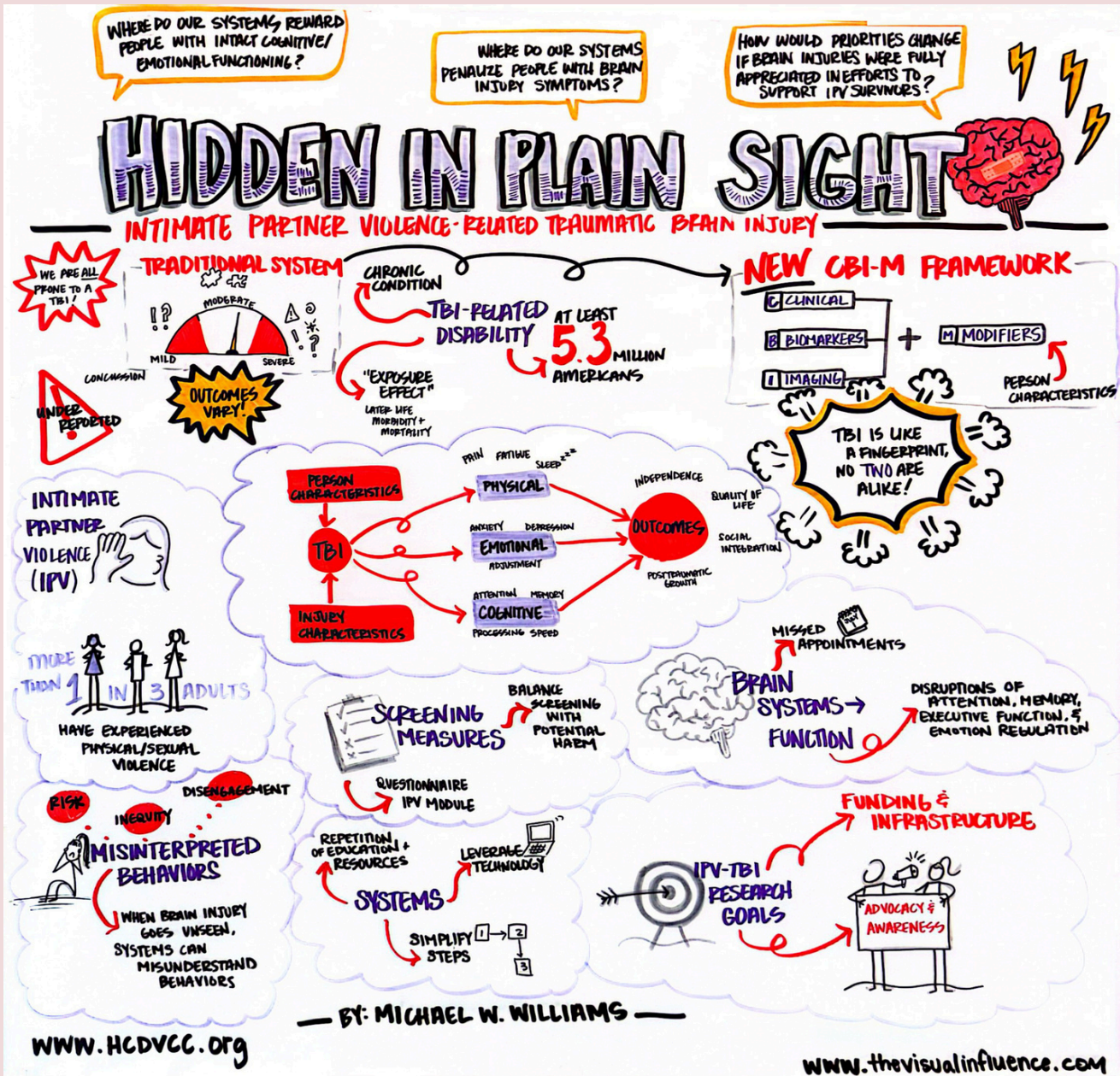
Importantly, Dr. Williams emphasized that TBI is not a one-time event. It is a chronic condition that requires ongoing, adaptive support. Each survivor’s experience is unique, “like a fingerprint”, shaped by both the nature of the injury and the context of their life.

He also underscored a critical gap: under-identification. Survivors with TBI often go unrecognized, particularly when symptoms are subtle or dismissed due to the term “mild.”

## Implication for the system

**Survivors are being asked to navigate complex systems with altered brain function, without those systems recognizing or accommodating that reality.**

# Reflections from the room





# RELATIONSHIPS AS REGULATION

Abeer Monem, Senior Director of Innovative Services at HCDVCC, framed neuroregulation as a foundational approach – helping calm the nervous system and restore the brain’s ability to process, decide, and connect.

But the most consistent driver of healing, she noted, is the presence of a trusted advocate:

**“Like these modalities, being in relationship with your advocate, can cue safety and joy in your mind and body to help calm your system.”**  
**- Abeer Monem, Sr. Director of Innovative Services, HCDVCC**

This relationship becomes especially critical for survivors with TBI, who may struggle with executive functioning and need support in understand their options.

## Takeaway

**Healing requires both choice and trust: access to multiple approaches, grounded in a strong advocate relationship.**

# A NOTE ON FUNDING

Practitioners emphasized that innovation is happening, but not yet at scale. HCDVCC's role as an incubator and intermediary has been central to addressing this gap. We prioritize testing new approaches, supporting their implementation, and working with partners to expand access across the region.

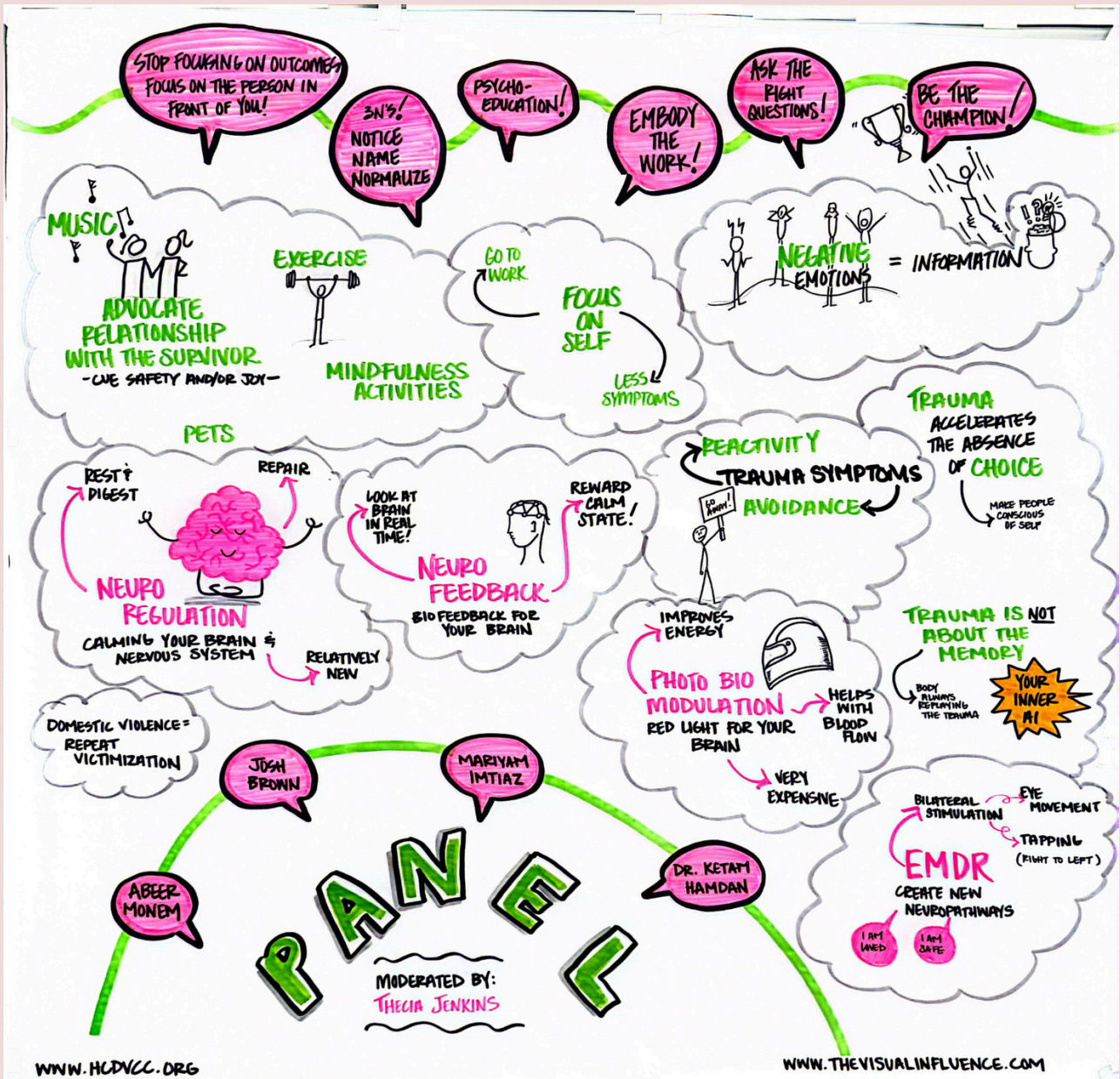
Many of these approaches:

- Are difficult to fund through traditional public funding streams
- Require flexibility to tailor to individual needs
- Depend on trust and continuity in relationships

## Implication for funders

**Flexible, unrestricted funding is not just helpful, it is trauma-informed. It allows providers to focus on what is working rather than what is easiest to report. This includes sustained and valuable relationships between advocates and clients.**

# Reflections from the room



# SYSTEMS GAPS: WHEN SURVIVORS ARE MISUNDERSTOOD

Katsiaryna Kazhuro, PhD,  
CCC-SLP  
Clinical Educator, University  
of Houston Department of  
Communication Sciences  
and Disorders  
Licensed Speech-Language  
Pathologist



## Notes, & Reflections

Dr. Katsiaryna Kazhuro's session brought attention to how brain injury impacts communication, and how systems often misinterpret those impacts. Her research and clinical experience show that individuals with TBI reconstruct memories from fragments.

### Takeaway

**When telling their stories, many characteristics of those with TBI can be misunderstood as deception or inconsistency**

Because individuals with TBI reconstruct memories from fragments. Their narratives may appear:

- Disjointed
- Inconsistent
- Lacking emotional detail

But these characteristics are not indicators of deception.

- Fragmentation is not fabrication.
- Variability is not inconsistency.
- Omission is not absence of experience.

These misunderstandings have real consequences. Survivors may be:

- Dismissed in legal settings
- Misdiagnosed in healthcare
- Viewed as unreliable in service systems

## Implication for the system

**Without adjustments, our systems are not just ineffective; they can actively harm the people they are designed to support.**

# Reflections from the room

**OUR BRAINS ARE NOT CAMERAS!**



**WHAT WE ASSUME...**

-RECORD & PLAYBACK-

**WHAT ACTUALLY HAPPENS!**



-RECONSTRUCT FROM FRAGMENTS-



**THE SCIENCE**

**OF TELLING A STORY**

BY: KATSIARYNA KAZHURO

**INVISIBLE DOES NOT MEAN ABSENT**

**LIMITED CAPACITY**

WORKING MEMORY REDUCED AFTER INJURY



**MISDIRECTED ATTENTION**



COGNITIVE CAPACITY GREATLY INTACT

**WHAT YOU MAY BE SEEING...**

**FRAGMENTATION IS NOT FABRICATION**

**REORDERING IS NOT DECEPTION**

**VARIABILITY ACROSS RETELLINGS OVER TIME IS NOT INCONSISTENCY**

**OMISSION OF EMOTIONAL CONTENT IS NOT ABSENCE OF EMOTIONAL EXPERIENCE OR RETELL INSTABILITY**

# REGIONAL PERSPECTIVE: BRAIN HEALTH AND THE ECONOMY

David Gow, CEO, Center for Houston's Future;  
Chairman, Gow Media and  
MSAI (Multi-Sensor Artificial  
Intelligence); Board Member,  
Goose Capital



## Notes, & Reflections

The convening concluded with a conversation with David Gow, CEO of the Center for Houston's Future, bringing a regional and economic lens to the day's discussions. Gow's work through Vision 2050 and Project Metis frames brain health not as a standalone issue, but as a foundational driver of economic growth.

### Takeaway

**The brain economy starts with healthy brains. Then you add skills to those brains to create brain capital, and the marketplace of that brain capital is the brain economy.**

In this framing, brain health is not peripheral – it is the starting point. Without it, workforce participation, productivity, and long-term economic growth are fundamentally limited.

This perspective is especially relevant in a moment shaped by rapid technological change. As artificial intelligence continues to reshape work, Gow emphasized that human cognition – focus, critical thinking, emotional regulation – becomes even more valuable.

Throughout the conversation, a clear connection emerged between this economic framing and the realities of domestic violence. Trauma and brain injury are not only health issues, they directly influence how individuals engage in the workforce and broader economy.

At the same time, Gow drew a parallel between the stigma surrounding mental health and the stigma surrounding domestic violence. In both cases, silence leads to underreporting, which in turn limits understanding and investment. This gap is not due to a lack of need, but a lack of visibility and alignment.

**“There is a big gap between the reality, scope, and scale of the problem and the resources to address it.” - David Gow**

Project Metis offers one model for addressing this fragmentation, particularly through its focus on workplace environments. Gow described a dual approach:

Defense: Reducing the risk of mental health challenges by creating supportive environments

Offense: Enhancing brain productivity by enabling focus, stability, and performance

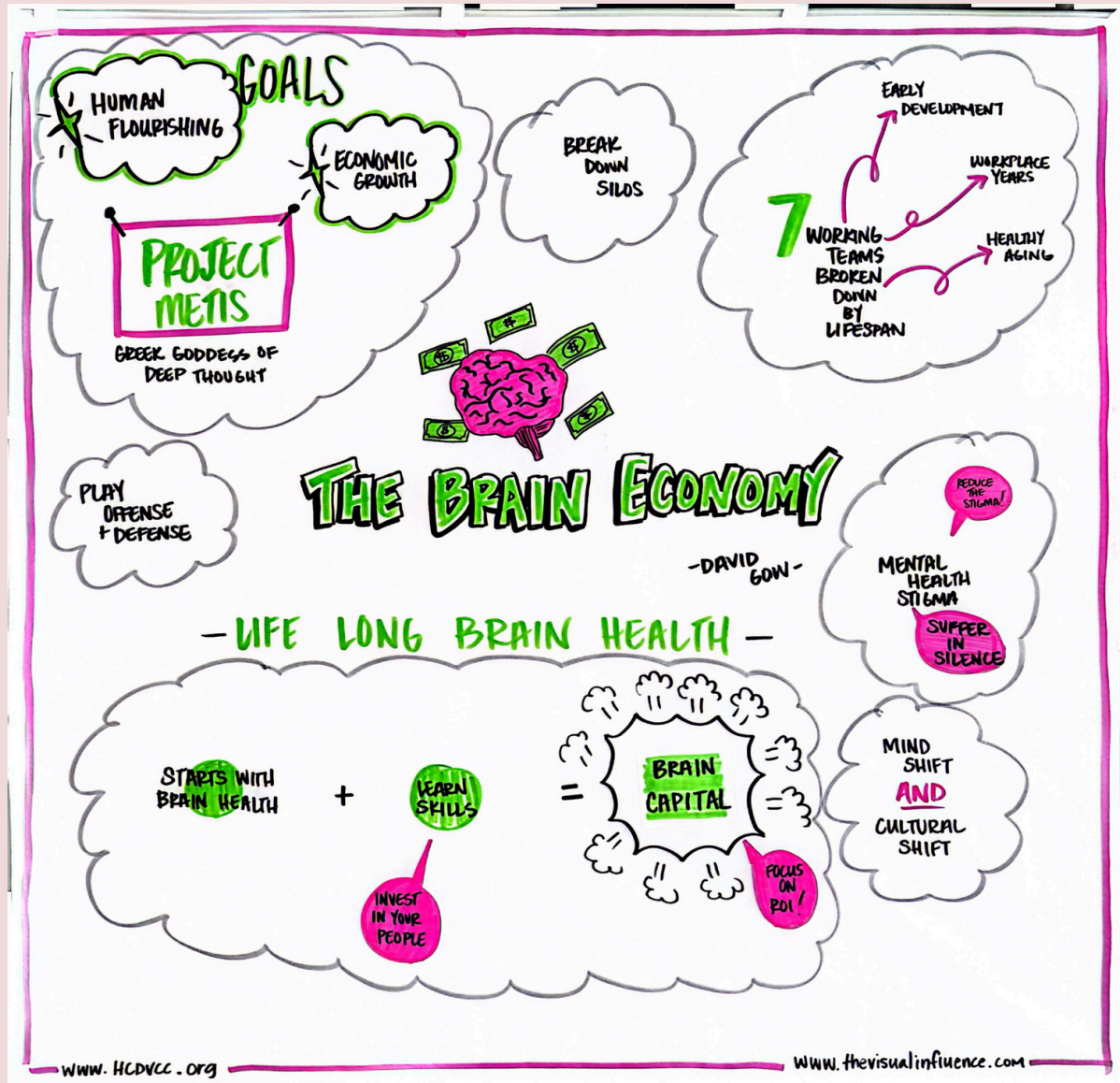
This dual framing shifts the conversation from risk mitigation to opportunity. When organizations begin to see brain health as an investment, rather than a cost, the pathway to broader adoption becomes clearer.

This shift has direct implications for how domestic violence is positioned within broader systems. If brain health is a driver of economic outcomes, and domestic violence is a significant contributor to trauma and brain injury, then survivor safety is not separate from economic strategy – it is part of it.

The conversation returned repeatedly to the challenge of silos. Brain health, like domestic violence, cuts across every system, but responses remain fragmented. The opportunity ahead is not only to innovate within individual systems, but to align them—designing interventions that can be tested, implemented, and scaled across sectors.

**“The real progress comes from when we find ways to bring all the parties together as you have today.” - David Gow**

# Reflections from the room



# Opportunities for Action and Investment

As highlighted throughout the day, Houston is already doing this work in pockets. The challenge – and opportunity – is to connect those efforts into a coordinated approach that reflects the full scope of the issue. Throughout the day, several clear opportunities emerged for stakeholders and funders

## **1.** Flexible, Survivor-Centered Funding

Rapid, adaptable funding enables survivors and advocates to:

- Meet immediate safety needs
- Stabilize their environment
- Improve long-term outcomes

This approach is especially important for survivors with traumatic brain injury (TBI), who must navigate systems that are often slow and complex.

Since 2021, HCDVCC has led this work through coordinated funding and systems alignment, including the Domestic Violence Assistance Fund, the Early Childhood Resiliency Fund, and the Survivor Safety Fund. These efforts show what it looks like to invest in survivor safety as part of a broader strategy for brain health and long-term stability.

# 2.

## Scaling What Works

Across the region, promising approaches are already improving brain health outcomes for survivors. The opportunity ahead is to expand and sustain what is working.

HCDVCC's approach centers on incubation and scale—testing new models in real time and expanding them with partners across the system.

One example is Coordinated Housing Access, which uses a shared assessment to prioritize safe housing based on risk for serious harm or homicide. HCDVCC convenes and facilitates this system, now in its 11th year.

HCDVCC is also advancing neurofeedback and other neuroregulation approaches through partnerships with local providers, alongside mobile advocacy, where Trauma Support Partners meet survivors where they are—reducing barriers to care.

### Opportunity for Investment

- Expansion of neuroregulation and trauma-informed modalities
- Evaluation and replication of promising practices
- Cross-agency implementation and coordination

# 3.

## Strengthening Intermediary Infrastructure

The convening made clear that survivors with traumatic brain injury (TBI) need flexible, long-term support, grounded in strong relationships between service providers and funders.

HCDVCC plays a critical intermediary role across both traditional and non-traditional agencies. This includes Domestic Violence Coordinated Access, which prioritizes housing based on risk, as well as the Domestic Violence Assistance Fund and the Early Childhood Resiliency Fund.

Across these efforts, HCDVCC coordinates systems, identifies real-time gaps, and moves resources quickly to where they are needed most. We also partner with grantees to provide technical assistance and advocate for greater trust, flexibility, and ease between funders and providers.

### Opportunity for Investment

- Strengthen coordinated, cross-agency response
- Expand flexible funding models
- Increase access by supporting non-traditional service providers

# 4.

## Reducing System Burden

Survivors with traumatic brain injury (TBI) often experience challenges with cognitive functioning, emotional regulation, and communication, which can lead to misunderstanding in systems like healthcare, law enforcement, and courts.

These challenges are compounded by the need to navigate multiple, fragmented systems while managing ongoing safety concerns. At the same time, providers must balance coordination with critical confidentiality protections.

HCDVCC approaches this work with the understanding that systems are people, convening partners to improve coordination and reduce friction. One example is the Coordinated Access model, which uses a shared assessment to prioritize housing by risk, reducing duplication and aligning providers.

### Opportunities for Investment

- Shared data systems
- Reduced redundancy in intake processes
- Technology that minimizes retraumatization

# 5.

## Cross-Sector Collaboration

The convening brought together leaders from across systems—including the District Attorney’s Office, the homelessness response system, researchers, and medical experts from UHealth—reflecting the reality that no single sector can address these challenges alone.

As David Gow noted, “Real progress comes when we find ways to bring all the parties together.”

Convening and relationship-building are central to HCDVCC’s role. For over 30 years, HCDVCC has worked to bring systems together and strengthen how they respond to survivors, ensuring efforts are aligned rather than fragmented.

There is great need and opportunity to invest in efforts that bring together partners across healthcare, public systems, community organizations, and the broader economy.

# Integration as the Path Forward

We cannot improve brain health outcomes without addressing domestic violence.

And we cannot prevent domestic violence without understanding its impact on the brain.

Houston has the opportunity to lead – not just in innovation, but in integration.

By aligning research, practice, and systems, we can move from fragmented responses to coordinated solutions that reflect the full reality of survivors' lives.

Sustaining this work requires continued collaboration across sectors. As demonstrated through HCDVCC's leadership, aligning systems around survivor safety is not only possible—it is essential to improving both individual and community outcomes.

# GRATITUDE

Graphic Facilitation by Meg Ratto |  
[thevisualinfluence.com](http://thevisualinfluence.com)

Brunch by PX Project | [www.pxproject.org](http://www.pxproject.org)

Gifts from the Journey HTX community garden |  
[journeyhtx.org](http://journeyhtx.org)

Our speakers and our venue, Bioscience Research Collaborative – for your time, space, and expertise.

You – for carrying this forward and including survivors in your work.

## Stay Connected

A few ways to keep this work moving:

- Visit our website: [hcdvcc.org](http://hcdvcc.org)
- Sign up for our newsletter
- Attend a monthly community meeting: 2nd Thursday of every month at 2:30pm (United Way of Greater Houston)
- Request a training for your team: [theciajenkins@hcdvcc.org](mailto:theciajenkins@hcdvcc.org)
- Support direct assistance for survivors: [hcdvcc.org/ssf](http://hcdvcc.org/ssf)
- Share ideas and opportunities for collaboration: connect with Barbie Brashear, Executive Director ([barbie@hcdvcc.org](mailto:barbie@hcdvcc.org))