

Brain injury

A practitioner guide

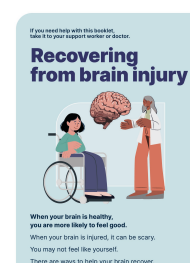
Despite the strong link between domestic, family and sexual violence (DFSV) and brain injury, there are limited resources available to support women with a brain injury resulting from violence.¹ Experiences of DFSV can lead to brain injuries from strangulation, suffocation, blows to the head and neck, and being shaken violently.²

This guide will improve your ability to respond to women who may have a mild brain injury by providing:

- key information about mild brain injury in the context of DFSV
- ways to initiate conversations about brain injury with women who have experienced DFSV
- ways to frame current medical advice, related to mild brain injury recovery, that is achievable for women living in violent and stressful domestic settings.

This guide will be useful to service providers working with women with a diagnosed or a suspected mild brain injury resulting from recent or historical DFSV. Information in this guide may also help you to support women recovering from more serious brain injuries, and women whose brain injuries are not the result of violence, including those injured in accidents and through engaging in sexual choking.

This guide is designed to be used in conjunction with the *Recovering from brain injury* booklet for women with experiences of DFSV.³



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Mild brain injury

A brain injury is any injury that causes structural or functional changes in the brain.⁴ Brain injuries are medically classified as mild, moderate or severe based upon the length of time the patient was unconscious, how their memory was affected, and their imaging results.

A mild brain injury is often described as a temporary injury, however initial injury severity is not necessarily predictive of the severity or duration of subsequent symptoms.⁵ A significant proportion of people diagnosed with a “mild” brain injury still experience ongoing symptoms.⁶

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Long-term impacts

There is growing evidence that people who are hit on the head or strangled frequently experience changes to the structure and function of their brain. Multiple brain injuries are associated with cognitive deficits and poor psychological and psychosocial outcomes later in life.^{7, 8} For example, research from the United Kingdom found that people aged between 50 and 90 who had experienced three or more mild traumatic brain injuries had poorer cognitive function than those who had not had a brain injury.⁹ Another study on consensual sexual choking found a significant association between women who had been choked more than five times in their lifetime and four mental health outcomes: depression, anxiety, sadness and loneliness.¹⁰

Symptoms

Every brain injury is different and people may experience a few symptoms or they may have many. Most people recover from a mild brain injury within 48 hours. It can also be common for there to be fluctuations in symptoms for up to 10 days.¹¹ Some people experience persistent symptoms that last weeks, months or even years.¹²

The signs and symptoms of brain injury overlap with many other experiences and health conditions, including symptoms that develop from experiencing DFSV, as well as stress, poor mental health, menopause, substance use, and thyroid conditions. These overlapping symptoms can contribute to misdiagnosis and dismissal of brain injury symptoms.^{13, 14}

Medical professionals and other service providers dismissal of brain injury symptoms can also occur because women find it hard to describe their symptoms. They may just say, "I just don't feel right."¹⁵ Women may describe their symptoms somatically, like "I feel like I have a cloud in my head" or "I saw stars."¹⁶ Culturally and linguistically diverse women may use different terminology, and have different ways of expressing symptoms somatically.

Brain injury symptoms include:

- feeling slow and foggy
- difficulty processing information, comprehending, or problem-solving
- memory problems
- changes in mood, which could include the following:
 - irritability
 - anxiety
 - sadness
 - low or flat affect
 - emotional sensitivity
 - feeling numb
 - difficulty controlling emotions and interacting with others
- vertigo or dizziness
- headaches that won't go away and/or migraines
- changes in vision or sight, like seeing spots or stars
- light or noise sensitivity
- nausea
- fatigue or tiredness
- changes in sleep:
 - trouble falling asleep
 - excessive sleep
- muscle fatigue and/or limb weakness
- balance disturbance, poor coordination, clumsiness or falling over more often.^{17, 18, 19}

When to seek urgent medical care

If the person you are supporting experiences any of the following signs and symptoms, encourage them to go their nearest hospital or call 000:

- loss of consciousness, blackouts or severe dizziness
- unable to be woken up
- has any seizures or spasms
- becomes confused (does not know what day it is, where they are, or who they are)
- slurred speech
- weakness or numbness in any part of their body
- repeated vomiting
- any fluid or blood coming from the ears or nose.²⁰

Effective response

While serious complications don't happen very often, it is important to respond to all brain injuries, because even a mild brain injury can have a big impact on someone's life.

Supporting women who have sustained a brain injury in the context of DFSV requires a holistic response that addresses their needs related to both the injury and the context in which it occurred. Alongside addressing the woman's medical needs, in an effective response, safety planning and mental health support needs to be discussed.

For more information on providing a multidisciplinary response to those with experiences of strangulation see

[Guidelines: Responding to non-fatal strangulation and sexual choking.](#)



Starting the conversation

Helping someone recognise they may have a brain injury is a key part of supporting their healing journey, but it can feel like a difficult conversation. There is significant stigma associated with brain injury. Women may also fear having a brain injury will negatively impact them in court proceedings, employment and/or reputation, including others' perception of their parenting.

By taking a health promotion approach to brain injury, we can empower women to make choices that support brain injury recovery and improve their long-term health. Effective health promotion considers the women's cultural parameters and experiences. It involves creating a supportive environment that enables people to make informed choices about their own health. Recognising the presence of a potential brain injury and its effects can enable women to understand and improve their situation. Health promotion messages should be evidence-based and informed by current medical and safety standards where they exist.

The health promotion approaches provide ways to raise the topic of brain injury and create an opportunity to hand the client the *Recovering from brain injury* booklet.²¹ The conversation starters should not be provided verbatim. Instead, use them as a foundation to inform your response and adjust the information you provide based on the unique context and needs of each woman. For example, it may not be helpful to tell her a demanding job will make things worse if attending work provides her with a safe space and reprieve from violence.

Remember to validate the woman's experience and reinforce that DFSV is never okay.



Brain injury: A practitioner guide

Approach

Build capacity to recognise experiences of DFSV can cause brain injury

Information to support responses to women

By supporting women to identify forms of DFSV as potential mechanisms of brain injury, you can improve their capacity to determine risk and increase their help-seeking behaviour. DFSV can cause a brain injury from direct force to the head inflicted during an assault. It can also occur from a lack of oxygen and/or blood supply going to or from the brain during strangulation or suffocation. Secondary injury, such as a stroke caused by damage to arterial walls during strangulation, can also result in a brain injury.²² Brain injuries are cumulative, putting people exposed to repeated acts of violence that injure their brain at a greater risk of experiencing long-term impacts.²³

Conversation starters

“Being shaken hard or thrown against things can have the same impact on your brain as being in a car accident can. We have learnt from those in car accidents that you don’t have to hit your head for your brain to get hurt.”

“Pressure being put on your neck, or being held in a way that makes it hard to breathe, can stop oxygen from getting to your brain. This can injure your brain in the same way being hit in the head can.”

Approach

Improve understanding of the signs and symptoms of brain injury and their connection to experiences of DFSV

Information to support responses to women

By creating connections between women’s symptoms and their experiences of DFSV, you can help them understand what’s going on in their body. This type of validation can reduce shame, correct self-misconceptions, and support women to identify services that might assist them.

Share information that improves the women’s understanding of brain injuries, such as:

- You don’t have to lose consciousness or experience memory loss to have a brain injury.
- Symptoms can be delayed and develop over time.
- Not all brain injuries show up on medical imaging.
- Signs and symptoms can overlap with other health conditions, making brain injuries hard to recognise.²⁴

Conversation starters

“Any hit to the head has the potential to hurt your brain – even if you didn’t notice any symptoms at the time.”

““You said you think being stressed is impacting your memory. Another thing that can cause memory problems is violence, like hits to the head or pressure being put on your neck. Has anyone ever put pressure on your neck or held you in a way that made it hard to breathe ... even during sex?”

“Head injuries can impact our emotions and our ability to manage stressful situations. It’s possible that the injury to your head last week made it harder for you to manage your frustration with the kids.”

Approach

Encourage help-seeking behaviour

Information to support responses to women

Women face multiple barriers accessing mainstream health systems. This can be doubly hard for those with a brain injury, who may find the process of explaining what is going on stressful or challenging.

Without medical review, potential brain injuries risk being missed or being managed as psychological issues. The Australian Women's Health Alliance emphasises that it is not helpful or accurate to attribute these symptoms to psychological trauma.²⁵

Connection to healthcare services can help women:

- identify if further treatment or specialist referral is needed
- access medication, for example pain relief or anti-nausea medication
- access medical advice for help managing symptoms
- collect information (medical reports and forensic evidence) to support legal outcomes
- access social supports like victims' compensation or the National Disability Insurance Scheme (NDIS).

Where possible, provide a warm referral by contacting the healthcare service on behalf of, or with, the client. Warm referrals increase the likelihood of women engaging with the service, and reduce unnecessary stress related to being believed about their experiences of violence, or nervousness about accessing an unfamiliar service. The [medical referral template](#) can help you provide a warm referral.²⁶

Conversation starters

"If you think you may have hurt your head, it's a good idea to see a doctor. A doctor may be able to help you manage the things that have been troubling you, like your sleep and memory."

"Finding the right doctor can be like finding the right counsellor. Sometimes you have to shop around until you find one you like. If this doctor doesn't work out, we can keep looking until we find one who works for you."

"Seeing a doctor might help you get support at work. You can also talk to the doctor about the possibility of accessing payments if you can't work."



Contextualising health advice

Information on brain injury recovery often fails to recognise the circumstances of women who experience DFSV, which means women might find medical advice unachievable in violent and stressful domestic settings. The information in this section demonstrates how you can discuss medical advice with women in a way that acknowledges their unique situation.

These discussion points directly relate to the information provided in the *Recovering from brain injury* booklet.²⁷ You should work with the woman to create a plan for how they can manage their brain injury at home. This plan should supplement safety planning processes. Where it is safe to do so, document their plan in the “My recovery plan” section of the booklet.

A brain injury may put women at risk of other types of abuse like neglect; isolation; sexual abuse; and blocked access to appointments, food or other resources. It can also compound the effects of abuse. The conversation starters may help you identify other forms of abuse the woman is experiencing and inform your holistic response.

Medical treatment for mild brain injury focuses on managing symptoms. It can be helpful to discuss with the woman how symptoms can be interconnected. This might mean that by managing one symptom, other symptoms could also improve or resolve. For example, improving sleep may positively impact mood, pain and fatigue.²⁸

The medical advice in this section reflects practice standards outlined by [NSW Health](#), the [Australian Sports Commission](#) and the [Centers for Disease Control and Prevention](#).

Discussion point

Keeping your brain safe

Information to support responses to women

Evidence suggests that people who experience repeat head injuries and repeated pressure on the neck experience changes to the structure and function of their brain.²⁹ Medical advice for patients with a mild brain injury is to avoid activities that risk repeat head injury.³⁰

More specific guidelines created for athletes include being removed from the field of play immediately after a suspected brain injury. Athletes diagnosed with a mild brain injury are recommended to have at least 14 symptom-free days before returning to contact/collision training and 21 symptom-free days before returning to full competition.³¹

Conversation starters

“While your brain is healing it can be easily hurt again. If you like, we can go through some safety planning together to see how we can keep you safe during this time.”

Discussion point

Keeping your brain safe

“You already have some good ways of keeping yourself safe at home. Do you think some of these strategies might also help reduce the risk of your partner hurting you again?”

“You stayed with a friend before when you didn’t feel safe. Have you thought about staying with them while you are recovering?”

Discussion point

Getting adequate rest

Information to support responses to women

When someone sustains a brain injury, their brain focuses on repairing itself and has less energy for other things. With less energy available for processing information, stimulating environments can be overwhelming and exacerbate symptoms, creating headaches, light and noise sensitivity, and irritability.³²

It can help to let people know that, in most cases, symptoms resolve within two days. However, it can also be common to experience fluctuations in symptoms that last longer. Resting when needed can reduce symptoms and decrease recovery time.³³

In the context of recent brain injuries, research indicates that there is an optimal work–rest ratio for recovery:

- relative rest (reduced physical and cognitive activity, including study and screen time) for 24 to 48 hours following injury
- strict rest (bed rest or no activity) beyond 48 hours is not recommended
- after 48 hours, gradually increase daily living and cognitive activities.³⁴

Medical advice also recommends:

- avoiding getting so tired symptoms worsen, and rest when needed
- reducing life stresses, such as a busy or demanding job, or study, which can make it harder to cope with a brain injury
- avoiding multitasking, for example, focusing only on walking, rather than walking and texting.^{35, 36}

Conversation starters

“When your brain is first injured, doctors suggest you take it easy for a couple of days before gradually doing more things. Is there anything you can drop over the next two days?”

“You might find that you take longer to do things that you used to find easy. As your brain and body recover it will get easier. Right now, do things at your own pace and take breaks if you need to.”

“It might help to break up jobs you find tiring. If you are finding it hard to finish washing the dishes, take a break. The dishes won’t run away.”

Discussion point

Managing cognitive symptoms

Information to support responses to women

Cognitive symptoms of a brain injury include poor concentration, memory impairment, and slower thinking and processing speed.³⁷ These symptoms may present as difficulty reading, an inability to fill out forms, or forgetting to turn the stove off.

Medical advice for longer term cognitive impairment centres upon practical solutions, such as setting digital reminders and writing notes.³⁸ These solutions may assist people with mild brain injuries too. Other advice relates to managing symptoms that exacerbate cognitive symptoms, such as fatigue.³⁹ In cases where women experience persistent memory loss or prolonged cognitive deficits, refer them to a GP for formal assessment for brain injury, particularly in the context of repeated strangulation or head injuries.⁴⁰

Conversation starters

“Be kind to yourself. As your brain heals, these symptoms will get better.”

“Maybe planning to do the hard stuff in the morning, when you feel your best, might make your day easier?”

“Some people who have a similar injury to you tell me that writing things down or setting alarms on their phone helps them remember important things. Would you like me to help you set some reminders?”

“You said it can be difficult to talk to new people who don’t know about your injury. Do you have a safe person who can go with you when you see the housing service?”

Discussion point

Managing emotions

Information to support responses to women

Symptoms of a mild brain injury include difficulty controlling emotions.⁴¹ This can present in many ways, including anxiety, sadness, less patience, being less able to manage stress, and poor impulse control.⁴²

Some of the advice provided to patients whose brain injury symptoms persist might be useful, including:

- leaving a room or walking away from a situation that is causing stress or frustration
- resting when needed to avoid feeling overwhelmed
- doing relaxation exercises, such as deep breathing or meditation
- talking with employers or educational institutions about extending time to complete tasks while recovering
- talking to trusted friends or loved ones about how they are feeling.⁴³

Conversation starters

“Feeling more frustrated than normal is normal with a brain injury. The breathing exercises you use for your anxiety might help when you’re frustrated, too.”

Discussion point**Managing emotions**

“Talking to people you trust, like friends or family, about what’s going on might help them understand what’s happening for you and let them support you better.”

“You said it has been overwhelming at work lately; you may be eligible for family and domestic violence leave. Is there someone you could talk to about it at work?”

Discussion point**Avoid alcohol, recreational drugs, and sleeping tablets****Information to support responses to women**

Alcohol and recreational drugs can affect the delicate balance of chemical processes in the brain. As a depressant, alcohol can suppress the brain’s ability to process information, make decisions and regulate emotions.⁴⁴

Alcohol and other drugs can cause further impairment when people have an existing brain injury.⁴⁵

Medical advice recommends avoiding drinking alcohol and taking recreational drugs while recovering from brain injury. It also suggests avoiding sleeping medication for 48 hours after a head injury.⁴⁶

Conversation starters

“Drinking and taking drugs can make your symptoms worse. It’s a good idea to avoid these, especially in the first 48 hours.”

“If you do drink, can we agree you do it with someone you trust?”

“You said drinking helps you sleep. We have some groups that talk about how you can improve your sleep in other ways. Would you be interested in coming to a group?”



Endnotes

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