

What is a concussion? What is a mild-TBI?

Concussion is a form of mild-Traumatic Brain Injury (m-TBI) caused by a blow or jolt to the head (usually because of an accident or an assault) that causes changes to the brain. Some people use the term ‘concussion’ and some people use the term ‘mild-TBI’.

For women and girls that attend an Australian hospital for Domestic and Family Violence injuries, 61 % of the time these injuries involve the head or neck (AIHW, 2018). Many people who experience concussion do not seek medical advice, especially where they may not realise they have a concussion. A person who is experiencing violence may have specific reasons for not discussing assaults and injuries with a doctor that relate to their safety.

Examples of perpetrator behaviours that could put a person at risk of concussion / mild-TBI include:

- Attacking a person’s face, head, or neck with bodily force i.e. punching, kicking
- Attacking a person’s face, head or neck with a weapon i.e. hammer, other household item
- Causing someone to fall and hurt their head
- Shoving a person’s head against a wall or hard surface
- Shaking a person vigorously (especially a child or infant)

How the body responds to serious assaults that harm the brain: Signs of concussion/mild-TBI

When the person perpetrating violence targets at a person’s face, head, or neck the person who is assaulted experiences one or more of the following bodily reactions during or after the assault:

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| <ul style="list-style-type: none"> • headache • amnesia (for less than 30 minutes after the assault) • blurred vision • dizziness • nausea • balance problems • fatigue (unusual levels for the person) | <ul style="list-style-type: none"> • sleep problems • confusion and disorientation • sensitivity to light • numbness/tingling • poor concentration • convulsions, seizures • loss of consciousness (or ‘passing out’) |
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Adapted from: *Headwest Brain Injury Association of WA Inc. (2014), Mild-Traumatic Brain Injury/ Concussion Report 2014, Alfred Cove, Western Australia.*

Safety: People experiencing domestic and family violence (DFV) are already mitigating the risks they face and have strategies in place to increase their safety. **Follow My Lead, My Safety Kit and My Dignity** are support resources described below and available via DVSM’s initiative Insight Exchange www.insightexchange.net

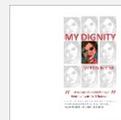


Follow My Lead is an awareness raising resource which speaks from the voice of people with lived experience of domestic and family violence (DFV) who need the professionals and their social networks to be more prepared to respond effectively; more prepared to respond in ways that uphold dignity and build on safety.



My Safety Kit is a reflection resource that speaks in the voice of the reader who may be reflecting on their own relationships and (possible) experiences of domestic and family violence.

A physical assault targeted at a person’s face, head or neck, or that tries to cut off their breathing may be perpetrated in the context of sexualised violence. **My Dignity - My body is mine** - an information and reflection resource for anyone who may be or has experienced sexualised violence, and anyone who may be responding. The intent of My Dignity is to provide information, support reflection, share lived experience insight from others, and signpost to contacts and supports.



Asking permission to ask: “Is it ok if I ask you a few questions about the assault to explore any health risks or harms it may have caused, and to better understand the violence?”

Exploring violence and resistance and responses to violence

In what ways did your partner (or other person) assault you?

How did you respond? Can you remember any actions you took or made when they were assaulting you?

How were these responses important or helpful to you?

What stopped the assault in the end?

When we ask a person about their responses to violence, we gain a better understanding of the violence, and of the risks to safety and wellbeing the person faced.

Exploring Risk of Concussion/Mild-TBI

Was the assault directed at your face, head or neck? **[IF ‘YES’ CONTINUE]**

Did they touch or apply pressure on your neck at all?

[IF YES, USE [DFV/ABI Resource 03: DFV & Strangulation](#)]

[IF NO, CONTINUE]

What happened in your body when they attacked you like that?

Did you feel light-headed, dizzy or confused? Did you pass out?

Did you notice any new health problems or changes afterwards? **[SEE SIDE A EXAMPLES]**

Did you notice that any of those health problems went away? Have any remained?

How recent was this assault? **[IF WITHIN THE PAST WEEK USE A [NSW HEALTH HEAD INJURY ADVICE SHEET](#)]**

These questions relate to Awareness examples 02 & 04 in the [DFV/ABI Project Report](#).

Practice Note:

How can we support a person experiencing concussion/mild-TBI?



Ask

Ask the person about their health and their experiences of violence (See questions above). Ask the person about what medical attention or advice they have received. Ask the person how we can support them with following this advice.

Watch

If the person has experienced an assault that may have caused concussion within the last week, watch for any high risk or worsening symptoms and advise the person to access an Emergency Department. High Risk Symptoms are listed on any [Head Injury Advice Sheet](#) available through NSW Health.

Support recovery and wellbeing

- Make the physical environment safe to reduce risk of falls or further head injuries.
- Meet in restful spaces. Reconsider holding meetings in busy, noisy, or bright spaces. If they suffer from headaches, consider using a soft lamp in the meeting space, rather than bright fluorescent lights.
- Support the person to engage in activities that are not stressful but require them to use different parts of their brain, such as: cooking, shopping, art, reading magazines, mild exercise (i.e. walking).
- Listen to their limits and boundaries. Are they getting tired or experiencing an increase in symptoms? Ask them if they would like to stop case-work and rest, or if they feel ok to continue.
- Discuss referral to a service that can assist with concussion and mild-TBI. Some pathways for referral in Western Sydney are outlined in [Map 01 DFV/ABI Intersection: Responses and Service Pathways \(Western Sydney\)](#).

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Thanks and acknowledgement: Our thanks extend to all contributors, critical friends and communities, who have engaged directly or indirectly with this resource. Most significantly, our thanks go to all people with lived experience of domestic and family violence who have generously shared their insights for the benefit of others.