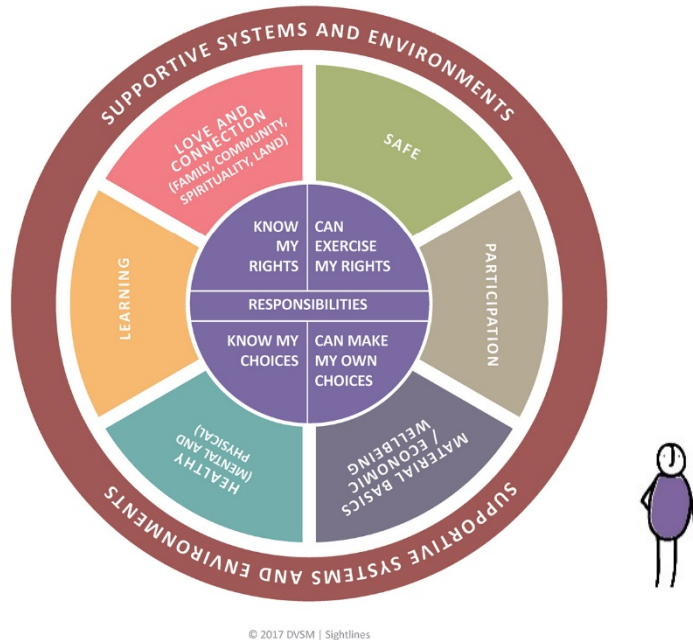


Wellbeing matters to adults, children and young people and this includes their safety. Being 'safe' is more than being physically safe – it includes all aspects of wellbeing.



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Wellbeing can be defined as being made up of interdependent areas each of which will look different in each person's life. The value and weight of these will also change over time as a person's needs, priorities and circumstance change.

Domestic and Family Violence and Health responders play a critical role in responding to people who experience this intersection.

All supports for people experiencing this intersection need to be **informing, empowering and supportive of a person's long term wellbeing.**

Our collaborative efforts need to uphold a person's dignity, support their rights and choices relating safety and wellbeing, including their health.

How do we keep Domestic and Family Violence central to the picture?

When supporting people with a possible Acquired Brain Injury resulting from Domestic and Family Violence we must hold central that people experiencing this intersection face a range of risks to their safety and wellbeing caused by Domestic and Family Violence.

Domestic and Family Violence informed responses are based on an understanding of violence being a social issue, that:

- (i) people resist violence to uphold their dignity and to manage risk and safety
- (ii) people are already navigating their safety before they ever reach out for support. They are self-assessing the risks they face and use strategies to mitigate the risk of harm
- (iii) any advice given or action taken by a practitioner may unintentionally or unknowingly increase the harm and threat that a person may face as a result of not fully understanding a person's situation and context.

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Disclaimer: This resource is an excerpt from the [DFV/ABI Project Report](#). Whilst great care has been taken to do no harm and to improve responses, DVSM and the contributing organisations assume no responsibility for how the information in this resource is used.



Map 01 – Page 2 of 4 – DFV/ABI Intersection: Responses

This spectrum describes some ways that people accessing Domestic and Family Violence services may present. These are based on descriptions by practitioners working in the DFV sector in Western Sydney. This is not an exhaustive list.

Person who requires immediate medical care

This is a person who is seen within seven days of experiencing an assault that was targeted at their head, neck, or airways (strangulation, suffocation) – serious health risks, such as stroke or death, are highest during this period. For further details about health risks see DVSM [Table 01 \(DFV/ABI Project Report\)](#).

The majority of people recover from minor head injuries, however, initial care of head injuries and strangulation injuries can influence the length and difficulty of a person’s recovery.

If a person prefers not to access medical care at this time, services should provide information about health risks and medical options in a way that prioritises the person’s safety, and upholds the person’s dignity and choice.

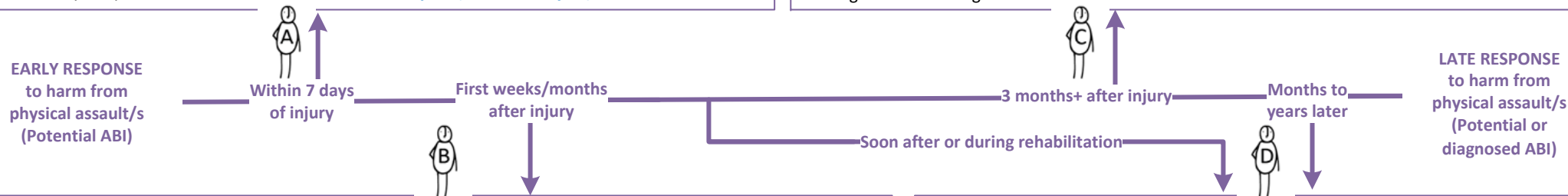
*This is also a key period for accessing forensic medical services to collect evidence of assault if this is desired by the person who was attacked. See DVSM [Map 02 \(DFV/ABI Project\)](#).

Person who may be experiencing undiagnosed ABI that has influenced their wellbeing for an extended period

This is a person experiencing Domestic and Family Violence (DFV) who has been experiencing neurocognitive changes and symptoms that may relate to physical assaults to the head, neck or airways that occurred in the past.

This person may not be aware that the assaults they experienced put them at risk of an ABI, and other ‘diagnoses’ or health concerns may be preferred by the person, or by the services they engage with. Nevertheless a person has a right to information and the opportunity to explore the possibility of brain injury further with health professionals. See DVSM [Map 03 \(DFV/ABI Project\)](#).

DFV services may support a person in responding to the changes in health and wellbeing they have experienced as a result of violence. This may involve building on the existing knowledge of the person about the relationship between violence and their health, and supporting them in their strategies for wellbeing.



Person who may benefit from early intervention to reduce the long term impact of a possible ABI

This is a person who accesses support one week to three months after injury and has neurocognitive symptoms that developed after assault/s to the head, neck or airways. The early weeks and months after the assault/s are a key time for self-care and strategies that will reduce the long-term impact of brain injury. Strangulation in particular can cause serious harm weeks and months after an assault and the person should be informed about the risks and medical pathways for support.

This is a key period for the person to access a doctor or health practitioner who has knowledge of brain injury if they would like to support to reduce the long-term impact of assault/s on their health. See DVSM Map 04 (DFV/ABI Project).

The person may attribute their symptoms to other factors such as stress or illness. The simplest way to learn if physical attack/s may have affected a person’s health is to ask about these experiences and if the person has noticed changes since the assault/s. This can be done in a way that explores a person’s resistance and upholds their dignity.

Person with a diagnosed ABI who requires DFV Support

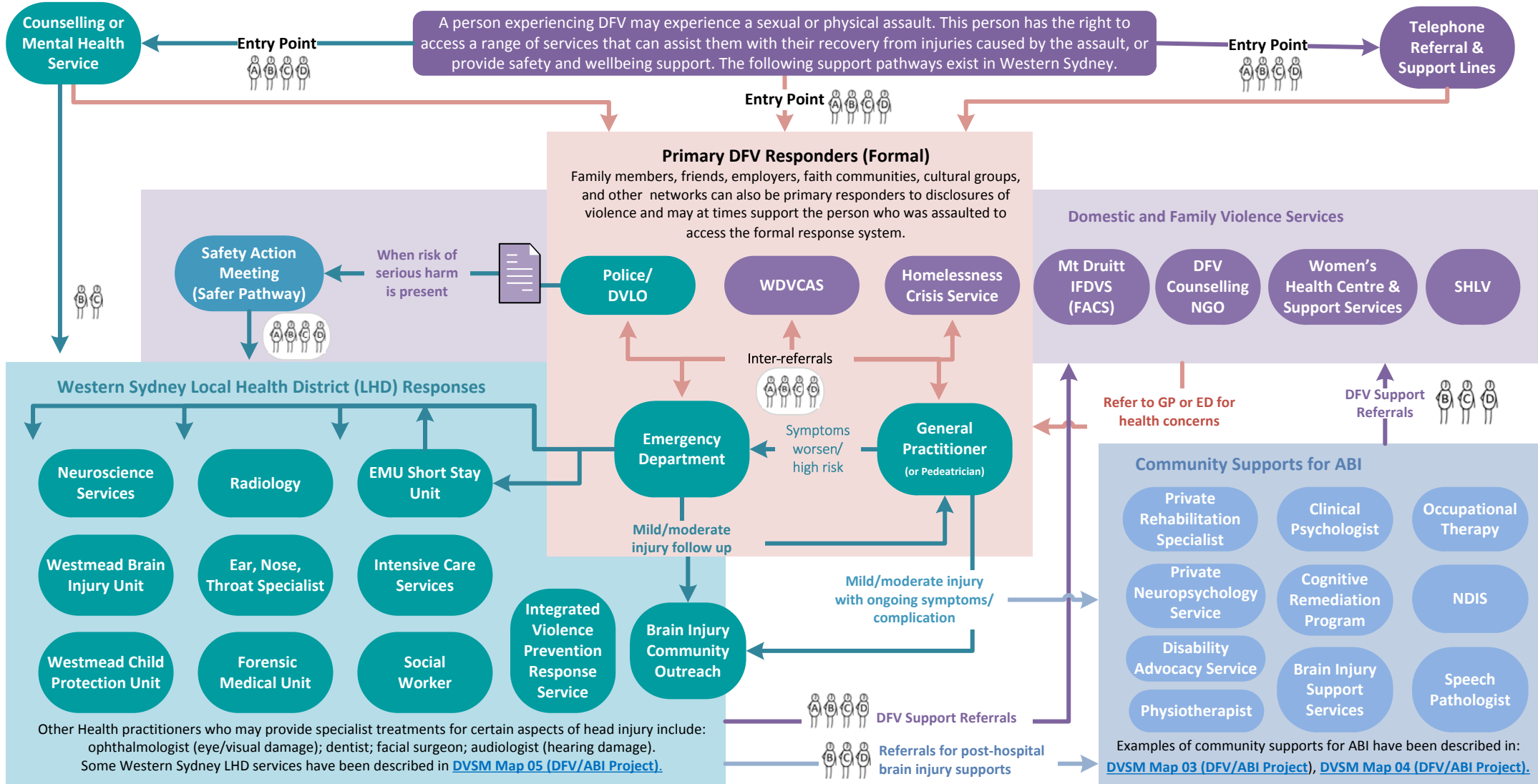
This is a person who may access DFV supports on exit from a brain injury unit in the hospital, or they may be living in the community with a diagnosed ABI and experiencing DFV. This person could have severe physical and cognitive impairments (i.e. limb paralysis, severe cognitive delay, hearing loss, visual impairment etc.) that may or may not have been caused by violence. The person may already have disability supports in place, or they may not be able to access disability supports due to the violence they are experiencing.

This person has the right to access DFV supports that are accessible for people with disabilities and understand the intersectionality of disability and violence. It is also crucial that they can access Disability Supports that have an understanding of:

- The range of behaviours that constitute DFV and risk factors for serious physical harm.
- Referral options for people experiencing DFV.

Map 01 – Page 3 of 4: DFV/ABI Intersection: Responses and Service Pathways (Western Sydney)

Limitations: For more information on the intersection of DFV and ABI see [Reflections Paper 2.1 An Exploration of the Intersection between DFV & ABI](#). The purpose of this map is to represent a menu of services and pathways that exist in Western Sydney for people experiencing the intersection of DFV and ABI. Access to these pathways is dependant on the awareness of organisations, institutions, and communities about the links between DFV and ABI. This is not an exhaustive menu of available services in Western Sydney. Access to some of these pathways and services is affected by service eligibility criterion. A person may access many or a few of the services in these pathways simultaneously. Coordinated, whole-of-person responses are key to supporting this person’s wellbeing.



Safety: People experiencing Domestic and Family Violence (DFV) are already navigating their safety before they ever reach out for support. They are self-assessing the risks they face and use strategies to mitigate the risk of harm. Any advice given or action taken by a practitioner may unintentionally or unknowingly increase the harm and threat that a person may face as a result of not fully understanding a person’s situation and context. [Follow My Lead](#) is a resource designed for all social and service responders to build awareness of concepts of safety in order to improve and inform responses.

Map 01 – Page 4 of 4: DFV/ABI Intersection: Responses and Service Pathways (Western Sydney) Professional Services

Telephone Support Lines (These are not exhaustive)			
Link2home is a central referral line for anyone in NSW that is experiencing homelessness and requires emergency accommodation: 1800 152 152	Domestic Violence Line is a NSW state-wide telephone crisis counselling and referral service for women and persons who identify as female who are experiencing DFV: 1800 656 463	Family Referral Service provides referral information, advice and support for families with children who are at risk of harm but do not reach the threshold for FACS intervention: 1300 403 373	1800RESPECT provides telephone counselling, online counselling, information and referrals for people who experience sexual assault & DFV: 1800 737 732
Domestic & Family Violence Services (These are not exhaustive)			
Women's Domestic Violence Court Advocacy Service (WDVCAS) : provides information, assistance and court advocacy services for women and children experiencing DFV. The WDVCAS is also the Local Coordination Point for Safer Pathway referrals. Western Sydney WDVCASs are available at: Blacktown, Penrith and Parramatta. Referrals: 1800 938 227	Mt Druitt IFDVS (FACS) : Integrated Family and Domestic Violence Service (IFDVS) is a multiagency response coordinated by FACS to prevent the escalation of Domestic and Family Violence among high risk target groups in targeted communities. The service is coordinated with Police, Health and non-government organisations.	Homelessness Crisis Services : includes (but is not limited to): Specialist Homelessness Services (SHS) , emergency support services for people experiencing homelessness or at risk of homelessness; The Domestic Violence After Hours Response Service (DVAHS). DVAHS is the Domestic Violence Response Enhancement (DVRE) program for Western Sydney, providing flexible brokerage, wellbeing support, case management, assessment and referral after hours (weekends and week nights). DVRE funded programs are available in other areas also. For referral to SHS and DVRE programs call Link2Home: 1800 152 152 .	Women's Health Centres : in Western Sydney these include: Blacktown Women's and Girl's Health Centre and Cumberland Women's Health Centre . Examples of other services that can provide support for women experiencing DFV in Western Sydney include: The Wash House and Immigrant Women's Speak Out .
DFV Counselling (NGO) : A number of non-government organisations in Western Sydney can provide counselling services for people experiencing DFV. Examples include: Rosie's Place (children and young people); Blacktown Women & Girls Centre ; Marrin Weejali Aboriginal Corporation ; Relationships Australia .		Staying Home Leaving Violence programs (SHLV) : aim to prevent homelessness by working with NSW Police to remove DFV perpetrators from the home so that women and children experiencing violence can remain (if that is their preference). SHLV programs in Western Sydney are run at Blacktown: 9677 1962 , & Parramatta, Holroyd: 9636 8437	
Western Sydney LHD Hospital Responses (These are not exhaustive)			
Westmead Child Protection Unit : The Child Protection Unit provides forensic, medical and counselling health services for children, young people and their families following allegations of child abuse and neglect. CPUs provide NSW Sexual Assault services for children. CPUs work in partnership with FACS and the Police.	General Practitioners (GPs) and paediatricians in the community are likely to see people experiencing DFV who may also experience ABI. Resources are available to support doctors in having conversations about violence with their patients. See: DVSM Map 04 (DFV/ABI Project) .	Police / Domestic Violence Liaison Officers (DVLOs) : DVLOs are able to provide support and advice to people experiencing DFV. DVLOs are available in some Police Stations in Western Sydney.	The Safety Action Meeting (SAM) : a part of the NSW Government's Safer Pathway response. The SAM is a meeting of local service providers to prevent or lessen serious threats to people experiencing domestic violence through targeted information sharing. The Domestic Violence Safety Assessment Tool (DVSAT) is used to identify risk of serious physical harm, and supports referrals to a SAM.
The Forensic Medical Unit (Western Sydney & Nepean Blue Mountains LHDs) : provides forensic medical and nursing services. These services include examinations and collection of evidence for sexual assault cases and domestic violence cases. The unit also provides expert opinions for a range of assault matters. For information about accessing the FMU see: DVSM Map 02 (DFV/ABI Project) .	Westmead Brain Injury Unit : one of the five inpatient Brain Injury Rehabilitation Programs (BIRPs) in Sydney. The unit provides multidisciplinary support for people recovering from a severe traumatic brain injury. Adult brain injury services exist at: Westmead Hospital, Liverpool Hospital, & Royal Rehab. Children's brain injury services exist at Sydney Children's Hospital & Westmead Children's Hospital.	Brain Injury Community Outreach : All Brain Injury Rehabilitation Programs in NSW have a community outreach service. The Brain Injury Community Outreach team at Westmead Hospital holds a clinic once a fortnight. The clinic will respond to any level of brain injury including concussion and mild-TBI. Referrals can be made by ED doctors, other hospital specialists, and general practitioners in the community. Written referrals required by Fax: 9635 8892 or Mail: Brain Injury Unit, Westmead Hospital, PO Box 533, Wentworthville NSW 2145	
Community Supports for ABI (These are not exhaustive)			
Private Neuropsychology Service : Neuropsychologists provides assessments that highlight any areas of cognitive, behavioural and emotional difficulty that relate to disorders of the brain, including ABI. See DVSM Map 03 (DFV/ABI Project) for processes around accessing a Neuropsychologist in Western Sydney.	Cognitive Remediation program : provides strategies, training and specialist support for people who have an impairment in cognitive domains such as memory, attention and problem solving etc. Some clinical psychologists can provide one to one cognitive remediation under Medicare.	Private Rehabilitation Specialist : Rehabilitation Specialists can work as practitioners in the community in private medical practices. An example of a brain injury rehabilitation service in Sydney that can bulk bill (in some circumstances) is: Brain Injury Specialists .	Disability Advocacy Service : can support someone living with brain injury to access the services they are entitled to as well as provide other forms of person-centred support. Examples include: People with Disability Australia ; IDEAS and the Multicultural Disability Advocacy Organisation .
Brain Injury Support Services : In NSW there are various government and non-government services that provide support to people living with a diagnosed brain injury in the community. Some of these supports are outlined in the NSW Health - Care and Support Pathways for People Living with Acquired Brain Injury . Note: <i>The availability of some services in this document may have changed since the introduction of the NDIS.</i>		NDIS (National Disability Insurance Scheme) : People with diagnosed brain injuries can sometimes access the NDIS, though this is very dependent on the severity of the injury, and on the provision of required evidence. To discuss the referral criterion and application process contact the National Disability Insurance Agency: 1800 800 110	

Acknowledgements – DVSM thanks practitioners from the following services for their feedback and contributions to this map: Western Sydney Integrated Violence Prevention and Response Service; Forensic Medical Unit (Western Sydney/Nepean Blue Mountains); Blacktown Mt Druitt Hospitals Department of Social Work; Westmead Auburn Hospitals Department of Social Work; Westmead Hospital Brain Injury Unit; Hunter New England Brain Injury Unit; The Wash House and the Western Sydney Family Referral Service; Liverpool Brain Injury Unit; The Education Centre Against Violence (NSW Health); Dr. Susan Pullman & Associates; Brain Injury Specialists PTY LTD.