

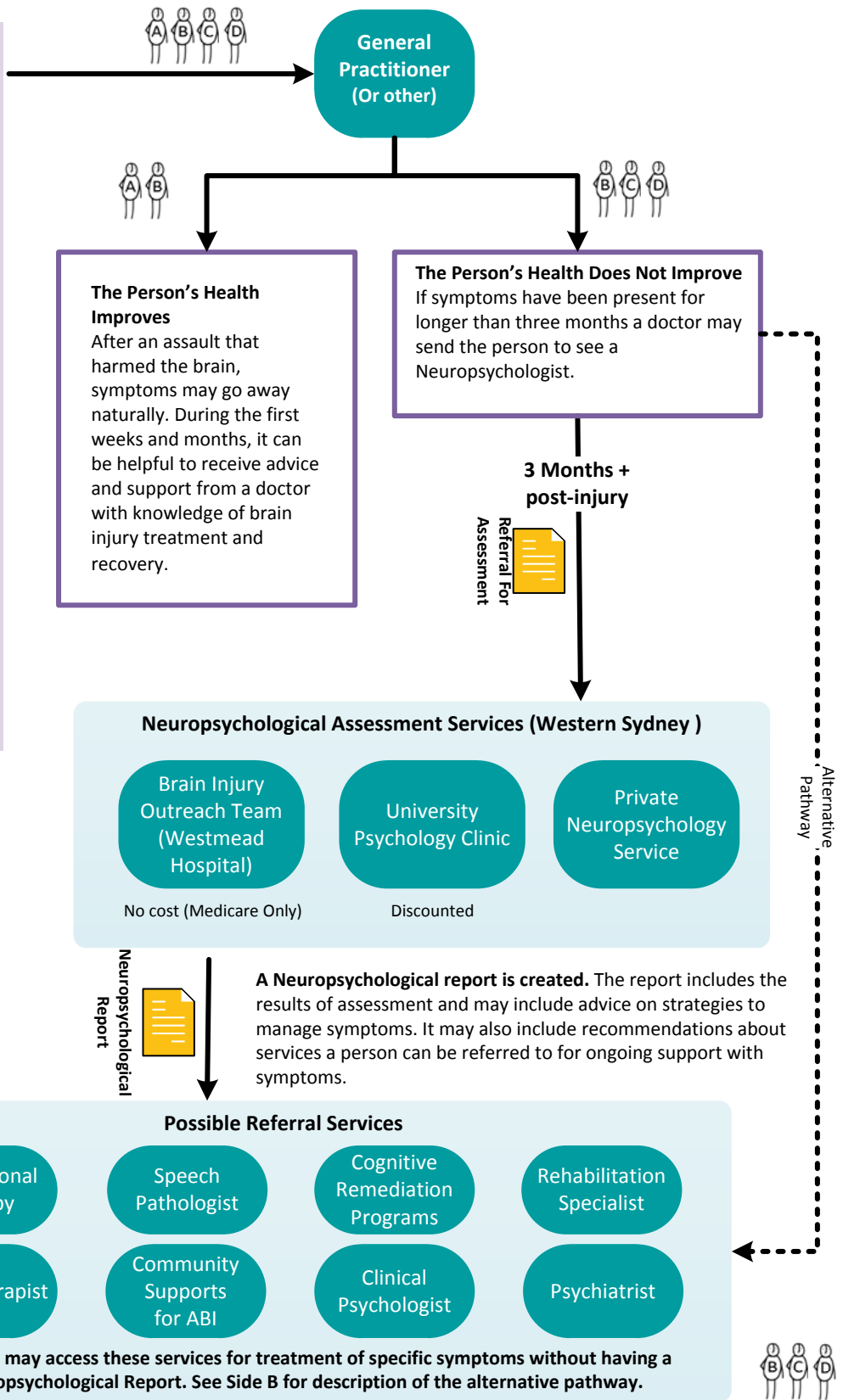
**Safety:** People experiencing Domestic and Family Violence (DFV) are already navigating their safety before they ever reach out for support. They are self-assessing the risks they face and use strategies to mitigate the risk of harm. Any advice given or action taken by a practitioner may unintentionally 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.

‘Neurocognitive changes’ means changes in parts of the brain used for everyday living. A person who has experienced DFV that included physical assaults to the head, neck, or airways, may be experiencing one or more of the following symptoms:

- Headaches
- Fatigue
- Nausea
- Insomnia
- Low mood
- Anxiety
- Forgetfulness/memory problems
- Difficulty with reading
- Difficulty with communicating
- Chronic pain
- Difficulty with problem solving
- Poor attention/concentration
- Dizziness
- Slow information processing
- Seizures
- Mood changes
- Visual disturbances
- Difficulty with planning
- Loss of balance
- Sensitivity to light

These symptoms may represent neurocognitive changes that reflect a possible Acquired Brain Injury (ABI).

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.



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These categorisations relate to DVSM [Map 01 \(DFV/ABI Project\)](#)

**General Practitioner (or other)**

All doctors can refer to a Neuropsychologist, this includes general practitioners, hospital or private specialists, psychiatrists and paediatricians. There are a range of resources available to support doctors, especially GPs, in having conversations about violence with their patients. These have been outlined on DVSM [Map 04 \(DFV/ABI Project\)](#).

**The Person’s Health Improves**

Support from a doctor with awareness of concussion/mild-TBI and brain injury treatment and recovery, can help a person in managing their symptoms in the early stages of recovery. The person may ask their GP for referral to a doctor with specialist knowledge such as a brain injury rehabilitation specialist (see ‘Private Rehabilitation Specialist’ below).



**Referral for Assessment**

Referrals for Neuropsychological assessment can be made by a doctor only. If it is desired by the person being referred, non medical practitioners can provide supporting information that will support the Neuropsychologist in understanding the person’s symptoms. A Neuropsychological assessment usually takes 3-4 hours. The person is asked to bring someone who knows them who will be asked questions about their level of neurocognitive functioning before the changes occurred.



**The Neuropsychological Report**

The Neuropsychological report outlines what areas of brain function have changed or have been impaired. The report may also make recommendations about what professionals or programs a person can access to treat or improve those areas that are impacted.

**Neuropsychological Assessment Services (Western Sydney) (Not an exhaustive list)**

**Brain Injury Outreach Team (Westmead Hospital)**

All Brain Injury Rehabilitation Programs in NSW have a community outreach service. Neuropsychological assessment can be accessed through the Brain Injury Outreach Team. Referral criteria apply. Written referrals required by Fax: 9635 8892 or Mail: Brain Injury Unit, Westmead Hospital, PO Box 533, Wentworthville NSW 2145.

**University Psychology Clinic**

Certain universities in NSW have psychological clinics through which a person can access neuropsychological assessment for a discounted price. The assessment is conducted by neuropsychology students under the supervision of senior practitioners. An example of a university offering these services is: Macquarie University.

**Private Neuropsychology Service**

A list of Neuropsychologists working in private practice in NSW can be accessed through the [Synapse](#) website. Synapse also provide [brokerage](#) for Neuropsychological Assessment in some circumstances.

**Occupational Therapy**

Occupational Therapy may be recommended to strengthen cognitive skills for certain day to day activities, for example: planning skills; or hand eye coordination.

**Private Rehabilitation Specialist**

[Rehabilitation Specialists](#) can work as practitioners in the community in private medical practices. One such private practice rehabilitation service in Sydney that can provide bulk billing in some circumstances is [Brain Injury Specialists PTY LTD](#).

**Speech Pathologist**

The report may advise a person to see a speech pathologist if a person’s communication and voice have been affected by physical assaults that impacted the brain, and other organs that relate to speech.

**Clinical Psychologist**

The report may recommend that a person see a clinical psychologist for counselling or for one-to-one cognitive remediation training.

**Cognitive Remediation Programs**

Cognitive Remediation Programs provide strategies, training and support for people who have experienced changes in certain areas of brain function, such as: memory, attention and problem solving. These are generally expensive programs but may at times be covered by the NDIS or private health insurance.

**Community Supports for ABI**

Community supports for ABI may be recommended where a person requires ongoing supports to have their primary needs met. This could include assistance to access the Disability Support Pension, the NDIS and advocacy for systems and services to be more accessible for the person. See: DVSM [Map 01 \(DFV/ABI Project\)](#).

**Physiotherapist**

The report may advise the person to see a physiotherapist for support to strengthen muscles that will help improve a person’s movements, balance and coordination.

**Psychiatrist**

The report may advise the person to see a psychiatrist for medications or treatments for problems affecting a person’s sleep and mood.

**Alternative Pathway** – If the person is able to access a doctor with knowledge of brain injury treatment and recovery, the doctor may be able to identify the primary symptoms of concern and refer the person directly to the appropriate practitioner from the list above. It can be difficult, however, to understand how a person’s brain has been harmed by violence, especially when the assaults occurred a long time ago, or when a person has multiple health concerns and symptoms. In these circumstances a **Neuropsychological Assessment and Report** may be particularly useful in:

- Clearly identifying which functions of the brain are functioning well and which are in difficulty
- Outlining steps and a plan for treatment that the person can follow to improve overall brain health
- Providing evidence for NDIS applications, court cases, or other processes which require evidence that the person’s brain has been harmed.

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