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.

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 which could reflect a possible ABI:

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

A person experiencing Domestic and Family Violence (DFV) may be **punched** or **kicked in the head**, **hit over the head with an object**, **made to fall and hit their head**, **have their head shoved against a hard surface**, they may be **strangled**, **shaken**, **smothered**, **or sat on** in a way that causes **suffocation**. All such assaults put a person at risk of ABI. This risk increases with each subsequent physical assault.

General Practitioner (or other)

Effective treatment and responses will be supported by knowledge of:

- The range of behaviours that constitute DFV and risk factors for serious physical harm
- Referral options for people experiencing DFV
- The patient's history of injury
- The patient's history of symptoms
- The ABI-related health risks caused by DFV, including: concussion and other traumatic brain injury (TBI), anoxic/hypoxic brain injury, and other harm from strangulation or suffocation. See DVSM DFV/ABI Project Report
- Best practice in responding to these health risks
- Which specialist services for brain injury exist (see below).

The following support pathways exist and can be explored with the person

Scans show evidence of injury OR person has ongoing complaints consistent with ABI symptoms

Brain Injury Services

- Brain Injury Community Outreach
- Private Rehabilitation Specialist
- Private Neuropsychology Service

Brain injury service or specialist may provide advice to referring doctor re: patient's ongoing treatment and referral needs.

Violence and Abuse: Has the person been supported re: their safety and wellbeing?

Support for safety (inc. physical, emotional, financial, social wellbeing)

Domestic and Family Violence Services

Serious health issue/risk

Emergency Department

Doctor provides a medical response for individual neurocognitive symptoms and these are effective in improving overall health.

Violence and Abuse: Has the person been supported re: their safety and wellbeing?

Alternative diagnosis or co-morbid health issue

Other Services

- Mental Health Service
- Drug and Alcohol Service
- Pain Specialist/ Treatment

Person's neurocognitive symptoms recede as they engage in treatments for alternative or co-morbid health issue.

Violence and Abuse: Has the person been supported re: their safety and wellbeing?

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.

General Practitioner (or other)

Doctors working in a community setting are likely to see people experiencing the intersection of Domestic and Family Violence (DFV) and ABI. This includes general practitioners (GP), 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. This may include asking questions about a person's experiences of physical assaults that harmed their head, neck or airways.

These categorisations relate to DVSM Map 01 (DFV/ABI Project)

Emergency Department

In certain circumstances a person should be sent to the **emergency department (ED)**, especially if the assault was recent and the patient has high risk symptoms i.e. a changed voice within one week of being strangled; amnesia, nausea or fainting within one week of being hit on the head, or after asphyxiation by smothering.

Strangulation Assessment

Concussion/ TBI Assessments

The following guidelines provide instruction on medical assessment and referral to the ED after head injury or strangulation:

- The Royal College of Pathologists guidelines for 'Clinical Forensic Assessment and Management of Non-Fatal Strangulation', 2018.
- The NSW Motor Accidents Authority guidelines 'Mild Traumatic Brain Injury following Closed Head Injury', 2008.
- The Agency for Clinical Innovation guidelines for 'The Initial Management of Closed Head Injury in Adults', 2011.
- NSW Health Guidelines, 'Infants and Children: Acute Management of Head Injury', 2011.

At the time this map was developed, guidelines on medical response to asphyxiation by suffocation were not available.

Domestic Violence Services

DFV services can build on a person's awareness about DFV risks and safety, and provide responses that support their wellbeing, including their health. See DVSM Map 01 for a wider menu of services available specifically for people experiencing DFV. Or check the Health Pathways website for localised referral information around abuse and violence. Examples of state-wide services include:

Domestic Violence Line: 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: telephone counselling, online counselling, information and referrals for people who experience sexual assault & DFV: **1800 737 732**

Brain Injury Services

All Brain Injury Rehabilitation Programs in NSW have a community outreach service. The outreach teams receive referrals for people living in the community who may be impacted by a brain injury but do not meet criteria for inpatient services. The Brain Injury Community Outreach team at Westmead Hospital holds an outreach clinic once a fortnight that can provide assessment and advice for a person with any severity of brain injury. Written referrals required by Fax: 9635 8892 or Mail: Brain Injury Unit, Westmead Hospital, PO Box 533, Wentworthville NSW 2145.

Rehabilitation Specialists with knowledge of brain injury can work as practitioners in the community in private practice. One example of a rehabilitation practice in Sydney that can provide bulk billing in certain circumstances is Brain Injury Specialists PTY LTD.

Neuropsychologists provide in depth 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).

Responding to individual symptoms:

In some cases referral to brain injury services or other support services related to ABI may not be appropriate – for example, when a patient does not meet criterion for referral. In such cases the person's doctor can work with the them to monitor and treat individual symptoms. The doctor may also make referrals for specialist treatment of the individual symptoms that are the priority of the patient, for example, to a sleep specialist, or to a speech therapist. The Health Pathways site may have details about local specialist services for treatment of these symptoms.

Violence and Abuse:
Has the person been supported re: their safety and wellbeing?

Increasing awareness about violence and brain injury to support effective responses:

The range of behaviours that constitute DFV and risk factors for serious physical harm:

- Review The Whitebook - Abuse & Violence: Working with our Patients in General Practice (RACGP)
- Become familiar with the Domestic Violence Safety Assessment Tool Guide
- Use the NSW GPs Toolkit: It's time to talk, 2013

Referral options for people experiencing DFV:

- Look at DVSM Map 01 (DFV/ABI Project).
- Use the Health Pathways site to find out about DFV services in the Local Health District.

The ABI-related health risks caused by DFV, including: concussion and other traumatic brain injury (TBI), anoxic/hypoxic brain injury, and other harm from strangulation or suffocation:

- See: DVSM Reflections Paper 2.1 An Exploration of the Intersection between DFV & ABI
- See: DVSM DFV/ABI Project Report

Practice guides for responding to these health risks:

Partially addressed in ED Response Box – Alternative resources include:

- The University of Sydney 'Clinical Practice Guidelines for the Care of People Living with Traumatic Brain Injury in the Community', 2006. *Provides guidance for general practitioners on supporting people with co-morbid TBI and mental health or AOD concerns, includes concussion tools, symptom checklists, medication etc.*
- NSW Government, 'Care and Support Pathways for People with an Acquired Brain Injury: Referral and Service Options in NSW', 2011 – *At the time this map was developed this document was being updated.*

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