

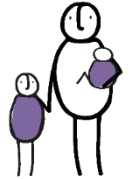
Every time a perpetrator of violence physically assaults a person’s face, head, neck, or airways, they are putting that person at risk of Acquired Brain Injury.

TYPES OF ABI

Acquired Brain Injury (ABI)

Acquired Brain Injury is the term used to describe any damage to the brain that happens *after* birth. Whether severe, moderate or mild an ABI can influence a person’s day to day life and wellbeing.

The term Acquired Brain Injury includes a range of ways that a person’s brain can become injured, *including*:



Traumatic Brain Injury (TBI)

Traumatic Brain Injury (TBI) – which means an injury that is caused by a physical trauma to the head. 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). People who experience serious or repeated physical injuries to the head or neck, are at higher risk of experiencing a Traumatic Brain Injury. TBIs can be mild, moderate, or severe. The most common type of TBI is:

Concussion or mild-TBI

Concussion is a form of mild-TBI (m-TBI) caused by a blow or jolt to the head. Some people prefer the term ‘concussion’ some people prefer the term ‘mild-TBI’. People who have experienced multiple concussions are at higher risk of experiencing long-term changes in their brain. See [DFV/ABI Resource 02: DFV & Concussion](#)

Anoxic & Hypoxic Brain Injury

Our brains need a continuous flow of oxygen to work. An *Anoxic Brain Injury* occurs when oxygen to the brain is completely cut off. A *Hypoxic Brain Injury* occurs when there is a small supply of oxygen to the brain, but not enough to support regular brain function. Hypoxic and Anoxic Brain Injuries can be caused by strangulation, suffocation, poisoning and drowning. See [DFV/ABI Resource 03: Strangulation & DFV](#)

Examples of perpetrator behaviours that could put a person at risk of acquired brain injury 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
- Strangling a person using hands or an object i.e. rope, belt
- Shaking a person vigorously (especially a child or infant)
- Driving a vehicle into someone
- Trying to drown a person
- Poisoning a person
- Suffocating a person by smothering or other means of covering their airways.

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

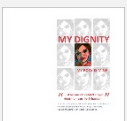


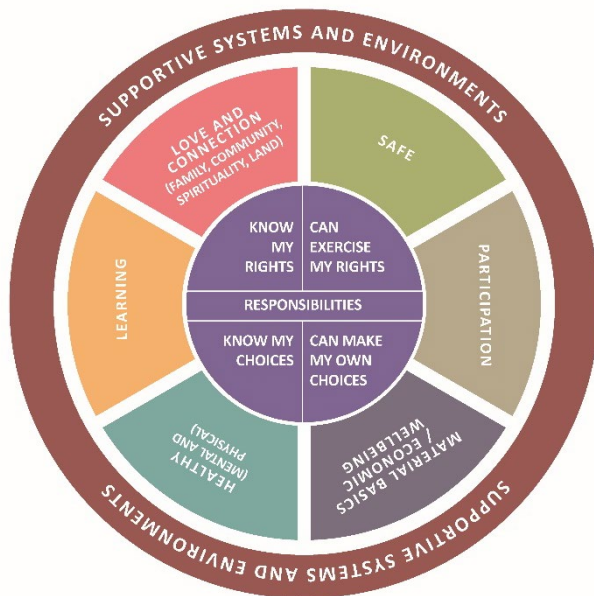
[Follow My Lead](#) is an awareness raising resource which speaks from the voice of people with lived experience of domestic and family violence (DFV) who need the professionals and their social networks to be more prepared to respond effectively; more prepared to respond in ways that uphold dignity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





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Our responses to a person experiencing domestic and family violence should be **informing, empowering and supportive of their long term wellbeing.**

A person who has experienced physical assaults to the face, head, neck, or airways, may be experiencing one or more of the following symptoms which could reflect a possible ABI:

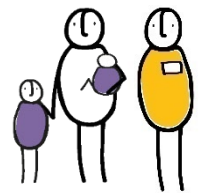
- Headaches
- Nausea
- Insomnia
- Low mood
- Anxiety
- Fatigue (unusual levels for the person)
- Forgetfulness/memory problems
- Difficulty with reading
- Difficulty with communicating
- Chronic pain
- Difficulty with problem solving
- Poor attention/concentration
- Dizziness
- Slow information processing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

A person experiencing violence may access support soon after being assaulted, months after, or years later. They may be experiencing symptoms of a possible ABI that was caused by these assaults. Service responses will differ according to how recently the assaults occurred. See: [Map 01 DFV/ABI Intersection: Responses and Service Pathways \(Western Sydney\)](#)

HOW CAN WE RESPOND?

As domestic and family violence practitioners

- ✗ We **cannot diagnose** an Acquired Brain Injury
- ✗ We **cannot suggest** that a certain health issue is more likely to occur than any other
- ✓ We **can ask** a person about their experiences of violence, including how their bodies and minds responded to the assaults (before, during, and after) See: [DFV/ABI Resource 02: DFV & Concussion](#) & [DFV/ABI Resource 03: DFV & Strangulation](#)
- ✓ We **can inform** a person that certain assaults may have put their brain at risk of harm
- ✓ We **can explore** what a person’s health concerns are, including the history of those health concerns, and which strategies they have used, or are using to manage those health concerns. See: [DFV/ABI Resource 04: DFV & Neurocognitive Difficulties](#)
- ✓ We **can support** a person to access medical services, specialists and testing if they have concerns that their brain has been harmed by physical assaults



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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.