

DOMESTIC AND FAMILY VIOLENCE AND NEUROCOGNITIVE DIFFICULTIES

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. These assaults may cause damage to parts of the brain that are used in day to day life, and the person experiencing violence may notice changes in their cognitive abilities. These changes may be temporary or long term, and may influence their wellbeing and their ability to respond to threats to their safety.

Perpetrators may also notice these changes and use them to further abuse and control a person i.e. undermining their confidence and credibility by using stigmas around cognitive impairment and disability, calling them ‘stupid’, or making them doubt the accuracy of their memories about assaults.

You may consider asking the following questions:

Examples of some neurocognitive difficulties that could reflect a possible Acquired Brain Injury:

- Headaches
- Fatigue
- Sleep Problems
- Low mood
- Anxiety
- Forgetfulness/memory problems
- Difficulty with reading
- Difficulty with communicating
- Difficulty with problem solving
- Difficulty with attention/concentration
- Dizziness
- Chronic pain
- Slow information processing
- Seizures
- Mood Changes (that feel unusual to them)
- Visual/ eyesight problems
- Difficulty with planning
- Loss of balance
- Sensitivity to light

Asking permission to ask: “Is it ok if I ask you a few questions about your health so that I can better understand how we can support your wellbeing?”

Exploring health concerns

- Are there any specific health concerns that you want me to be aware of?
- I’ve noticed that you sometimes seem to struggle with _____. Is this true in your experience?

Exploring existing knowledge, strategies and ideas

- When do you notice this concern most? At what time of day? In what kinds of situations?
- When is it not so bad? At what time of day? In what kinds of environments?
- What things do you do to try and avoid it, or manage it? When do these strategies work?
- Are there other things you have considered trying? What are the risks and benefits of taking that course of action?
- Is there anything else you’d like to tell me?



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

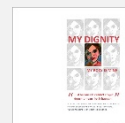


[Follow My Lead](#) is an awareness raising resource which speaks from the voice of people with lived experience of domestic and family violence (DFV) who need the professionals and their social networks to be more prepared to respond effectively; more prepared to respond in ways that uphold dignity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



Getting A professional opinion Re: Neurocognitive difficulties

If a person has concerns about the neurocognitive changes and difficulties they are experiencing, you can discuss options for accessing a professional assessment and opinion. Referral pathways will differ depending on how long the person has been experiencing these difficulties. Useful tools in identifying a referral pathway include: [DVSM Map 01: Responses and Services Pathways \(Western Sydney\)](#), and [DVSM Map 03: Neurocognitive Changes After Physical Assaults – When and How to See a Neuropsychologist](#).



Adapting to specific neurocognitive difficulties

Our brains work best when we are able to sleep enough, eat well, and are lightly active. These three areas of wellbeing are especially important when a person is experiencing neurocognitive difficulties. The strategies below have been effective for some people and may be discussed with a person experiencing these concerns.

Memory Problems

- Consider having daily routines.
- Try to have your appointments and meetings scheduled at the same time each week/ fortnight/month.
- Use calendars, alarms and reminders to help you keep track of your plans.
- Keep important personal items and objects in the same place.
- Use a notebook, or a phone app to make to-do lists.
- Use post-it/sticky notes. Stick them on things that you need to remember to do.
- Ask practitioners or services that you see to write down any new information and to give you a copy.
- Repeat important information aloud.

Attention and Concentration Difficulty

- Do one task at a time.
- If a task seems big, break it down into small step and take a break after each step.
- Ask to have meetings and important appointments in spaces that are quiet with few disturbances.
- Think about what time of day you are the most focused and try to do important activities around that time.
- Take rest breaks during conversations or activities that require concentration.
- When someone tells you something important repeat it back to them.
- Write important information down during a conversation or activity.
- Eat food regularly throughout the day, especially first thing in the morning.
- Put the phone on silent and turn off the TV or radio when you need to concentrate.

Problem Solving

If you are facing a tough problem try going through these steps:

- Describe the problem - give the problem a name or write down a short description of the problem.
- Write down a few different options for solving the problem.
- Discuss or write down the benefits and risks of taking each option. (See [DVSM benefits/risks tool](#) or watch the Insight Exchange 3.5 min animation using the [decision-making tool](#) within My Safety Kit)
- Decide which option you are going to take.
- If the option is something you can rehearse, try to role-play the situation with someone and practice what you want to say or do.

Slowed Thinking or Reading Difficulties

- Ask people to slow down when they speak.
- Take as much time as you need to answer questions or make a plan.
- Ask someone to help you with reading and filling out important paperwork.
- Practice reading short articles or information sources and write down a summary of them afterwards.
- Ask for a longer appointment or meeting to allow yourself more time to think/read documents.

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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.