Becoming brain trauma-informed

	Trauma-informed	Family violence-informed	Brain trauma-informed
Core assumption	The danger has passed; focus is on internal coping and processing	The danger is ongoing; focus is on stopping violence and restoring rights and freedoms	The danger is ongoing; focus is on stopping violence and accommodating TBI-related impairments
Main focus	Emotional recovery from past trauma	Preventing further or ongoing harm and restoring safety, stability, and wellbeing	Preventing further abuse and further cognitive, physical, and life impacts
View of the victim	Passive survivor of past trauma	Active manager of (and expert in) current risks of violence	Active manager of current risks while also facing cognitive and functional barriers
Intervention emphasis	Supporting emotional healing	Stopping perpetrators' violence, increasing safety, and restoring wellbeing/ opportunities	Adapting advocacy to cognitive needs; preventing worsening brain health outcomes and increasing safety and wellbeing
Key risks	Emotional triggers and flashbacks (primarily psychological risks)	Further violence including lethality and coercive control, as well as worse social outcomes and system barriers (risks across all domains of life)	Undiagnosed or untreated TBI, worsening disability, cumulative social, economic, and health harm (risks across all domains of life including cognitive/neurological)
Advocate role	Support emotional healing and resilience	Challenge perpetrators, increase responsiveness of systems; restore opportunities	Modify services to reduce cognitive load and advocate for TBI-specific supports

WOMEN'S REFUGE

Support in practice

Check it out and communicate accordingly

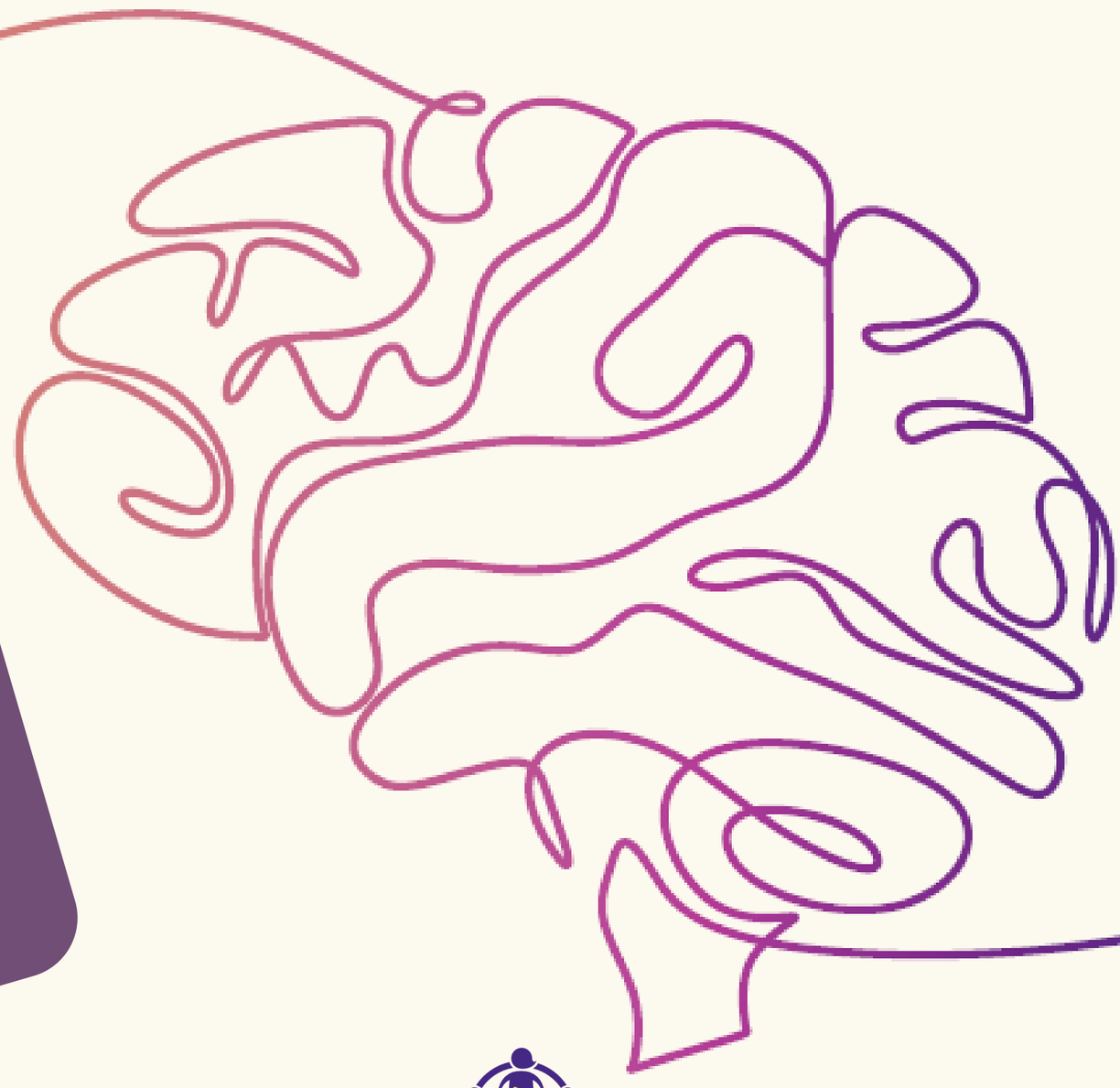
- Assume that a TBI is more likely than not
- Routinely screen/ask - then get medical checks, referrals, and claims done
- Use clear, simple, and concrete language
- Offer written versions of info, notes, and plans
- Allow extra time and break it into chunks
- Offer audio options or visual aids
- If there are memory gaps, confusion, or circular conversations, gently re-orient and summarise what's been said
- Recap and review regularly
- Make sure they can opt out of any memory-based or story-telling activity

Keep it calm and predictable

- Limit overwhelming stimuli (lights, noise) and provide quiet spaces for rest and regulation
- Use gradual, slow transitions
- Assume anger, dysregulation, or non-adherence/non-attendance stem from neurological injury, not intent
- When someone with a TBI is angry or distressed, stay calm, reduce sensory input, avoid shaming responses, and give options like taking a break
- Have non-punitive pathways to de-escalate and support
- Recognise that inconsistent accounts of violence are normal
- Recognise that apparent disengagement is actually due to brain fog, fatigue, or sensory overload

Tailor plans to TBI realities

- Co-develop realistic, low-cognitive-load safety strategies
- Encourage tech aids
- Put the onus on agencies, not the individual (individual to 'activate')
- Use concrete tools (e.g. cards, checklists, visual scales)
- Find ways to relieve everyday responsibilities
- Avoid ever assuming they can take on multiple tasks
- Minimise sudden changes and support memory with reminders, prompts, and calendars
- Expect irritability, emotional lability, and slower or inconsistent responses (and help others understand these too)
- Proactively explain (with her consent) the context/challenges



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