


## Traumatic Brain Injury (TBI) and Family Violence



- Symptoms
- The HELPS screening Tool

www.robveale.com © Rob Veale Ltd – Not to be used without permission March 2020

## Cognitive symptoms

Cognitive difficulties may be recognised by:

- Decreased concentration, reduced attention span
- Executive functioning, goal setting
- Short and/or long term memory loss
- Problem solving ability and thinking straight
- Displaying appropriate emotional/communication responses
- Learning new information
- Making plans, organising tasks
- Spelling, writing and reading
- Finding the right words, constructing sentences
- Understanding written communication
- Interpreting verbal and non-verbal language
- Functions of speech muscles, tongue and lips
- Depression
- Memory distortion

www.robveale.com © Rob Veale Ltd – Not to be used without permission March 2020

## Behavioural symptoms

Behavioural symptoms may be recognised by:

- Changes in behaviour, personality or temperament
- Increased aggression and/or anxiety
- Decreased or increased inhibitions
- Quickly agitated or saddened
- Changes in emotional expression (flat, non-emotional, inappropriate or over-reactions)
- Avoidance of people, family or friends
- Difficulty sleeping
- Increased irritability or impatience

www.robveale.com © Rob Veale Ltd – Not to be used without permission March 2020

## Physical symptoms

Physical symptoms may be recognised by:

- Hearing loss
- Headaches, neck pain
- Nausea and vomiting
- Changes in vision (blurred, sensitive, seeing double, blindness)
- Ringing or buzzing in ears
- Dizziness, difficulty balancing
- Decrease in, or loss of, smell or taste
- Decreased coordination in limbs
- Loss of bowel or bladder control
- Increased sensitivity to noise or bright lights
- Seizures
- Weakness or numbness

www.robveale.com © Rob Veale Ltd – Not to be used without permission March 2020

## Screening Women with TBI

It is important that questions are asked and screening completed.

Advocates and programme staff should consistently screen women entering refuges and programmes for TBI-related symptoms.

**HELPS** was specifically designed to be used by professionals whose expertise does not include TBI.

www.robveale.com © Rob Veale Ltd – Not to be used without permission March 2020

## HELPS Screening Tool for TBI

Question	No	Yes	Comments
<b>H</b> – Did you ever hit your head? Were you ever hit on your head?			
<b>E</b> – Were you ever seen in an ED by a doctor or hospitalised? If, so for what reason?			
<b>L</b> – Did you ever lose consciousness? For how long? For what reason?			
<b>P</b> – Did you have any problems after you were hit on the head? (Headaches, dizziness, anxiety, depression, difficulties concentrating, remembering, reading, calculating, performing your old job, problem solving, changes in attitude or behaviour, changes in relationships)			
<b>S</b> – Did you have any significant sickness after having your head hit?			

www.robveale.com © Rob Veale Ltd – Not to be used without permission March 2020

### HELPS Screening Tool for TBI

Question	No	Yes	Comments
H – Did you ever hit your head? Were you ever hit on your head?			
<ul style="list-style-type: none"> <li>• Did your partner ever hit you in the face or head? With what?</li> <li>• Did your partner ever slam your head into a wall or another object, or push you so that you fell and hit your head?</li> <li>• Did your partner ever shake you?</li> <li>• Did your partner ever try to strangle or choke you, or did anything else that made it hard for you to breathe?</li> </ul>			

www.robveale.com © Rob Veale Ltd – Not to be used without permission March 2020

### HELPS Screening Tool for TBI

Question	No	Yes	Comments
H – Did you ever hit your head? Were you ever hit on your head?			
E – Were you ever seen in an ED by a doctor or hospitalised? If, so for what reason?			
<ul style="list-style-type: none"> <li>• Did you ever go to an Emergency Room after an incident? Why?</li> <li>• Did they ask you whether you had been hit on the head or indicate they suspected a head injury or concussion?</li> <li>• Was there ever a time when you thought you needed to go to the ER, but didn't go because you couldn't afford it or your partner prevented you?</li> <li>• If you did go to the ER, did you think you got all the treatment you needed?</li> </ul>			

www.robveale.com © Rob Veale Ltd – Not to be used without permission March 2020

### HELPS Screening Tool for TBI

Question	No	Yes	Comments
H – Did you ever hit your head? Were you ever hit on your head?			
E – Were you ever seen in an ED by a doctor or hospitalised? If, so for what reason?			
L – Did you ever lose consciousness? For how long? For what reason?			
<ul style="list-style-type: none"> <li>• Did you ever lose consciousness or black out as a result of what your partner did to you?</li> </ul>			

www.robveale.com © Rob Veale Ltd – Not to be used without permission March 2020

### HELPS Screening Tool for TBI

Question	No	Yes	Comments
H – Did you ever hit your head? Were you ever hit on your head?			
E – Were you ever seen in an ED by a doctor or hospitalised? If, so for what reason?			
L – Did you ever lose consciousness? For how long? For what reason?			
<ul style="list-style-type: none"> <li>• Have you been having problems concentrating or remembering things?</li> <li>• Are you having trouble finishing things you start to do?</li> <li>• Are people telling you that you don't seem like yourself, or that your behaviour has changed?</li> <li>• Does your partner say you have changed, and use that as an excuse to abuse you?</li> <li>• Have you been having difficulty performing your usual tasks?</li> <li>• Are you experiencing mood swings that you don't understand?</li> <li>• Has it gotten harder for you to function when you are under stress?</li> </ul>			
P – Did you have any problems after you were hit on the head? (Headaches, dizziness, anxiety, depression, difficulties concentrating, remembering, reading, calculating, performing your old job, problem solving, changes in attitude or behaviour, changes in relationships)			

www.robveale.com © Rob Veale Ltd – Not to be used without permission March 2020

### HELPS Screening Tool for TBI

Question	No	Yes	Comments
H – Did you ever hit your head? Were you ever hit on your head?			
E – Were you ever seen in an ED by a doctor or hospitalised? If, so for what reason?			
L – Did you ever lose consciousness? For how long? For what reason?			
<ul style="list-style-type: none"> <li>• Have you been sick or had any physical problems? What kind?</li> <li>• Do you experience any recurring headaches or fatigue?</li> <li>• Have you experienced any changes in you vision, hearing or sense of smell or taste?</li> <li>• Do you find yourself dizzy or experiencing a lack of balance?</li> </ul>			
P – Did you have any problems after you were hit on the head? (Headaches, dizziness, anxiety, depression, difficulties concentrating, remembering, reading, calculating, performing your old job, problem solving, changes in attitude or behaviour, changes in relationships)			
S – Did you have any significant sickness after having your head hit?			

www.robveale.com © Rob Veale Ltd – Not to be used without permission March 2020