

The need for an integrated approach to rehabilitating individuals with a brain injury as the result of violence

Background

There is limited research regarding the effect of assault-related or violence related traumatic brain injuries (TBIs; Bates, Matthews, Simpson & Bates, 2016). Violence-related TBIs are estimated to range from 6% to 26% as a proportion of all TBIs.

Severe assault-related Traumatic Brain Injury's (TBIs) are approximately 12 per cent of admissions to hospitals (Morisse et al., 2014).

Method

Retrospective data mining of 467 files of all patients reviewed by the Brain Injury Rehabilitation Social Work Service between 2011 and 2015 with a TBI was completed. Eighty-Four (18%) were assault-related TBI's. These files were examined to identify socio-demographic factors associated with this patient cohort.

Results

Thirty-Six individuals had contact with at least one agency within the criminal justice system regarding the violence that caused their injury.

Those participants who did not have contact with a criminal justice agency, were more likely to use alcohol after their injury.

Of those who did have contact with a criminal justice agency, they were more likely to report difficulty with planning, organisation and undertaking tasks and indicated that they were thinking more slowly and having difficulty with expression.



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Conclusions

For those people who are interacting with both the health care and criminal justice systems, it is important that they can communicate what occurred and the subsequent effects clearly.

Multi-disciplinary healthcare teams may need to work together to ensure that individuals injured by violence are supported as they interact with the criminal justice system due to the cognitive changes.



References

Bates, A., Matthews, S., Simpson, G., & Bates, L. (2016). Brain injury as the result of violence: A systematic scoping review. *Journal of Social Work in Disability and Rehabilitation*, 15(3-4), 305-331. doi:dx.doi.org/10.1080/1536710X.2016.1220886
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