

# Assault-related traumatic brain injuries: Factors related to stress, depression and anxiety

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# Acknowledgements

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# Background

- Violence has been described as public health concern causing disability, injury and death (Krug, Mercy, Dahlberg, & Zwi, 2002)
- Violence related TBIs, as a proportion of all TBIs range from 6% to 26% (Bates, Matthews, Simpson & Bates, 2016)
- Individuals with violence-related TBIs comprise of a distinct clinical subgroup (Gerhart, Mellick, & Weintraub, 2003)
- Informal caregivers are vital to the rehabilitative process (Foster et al., 2012)

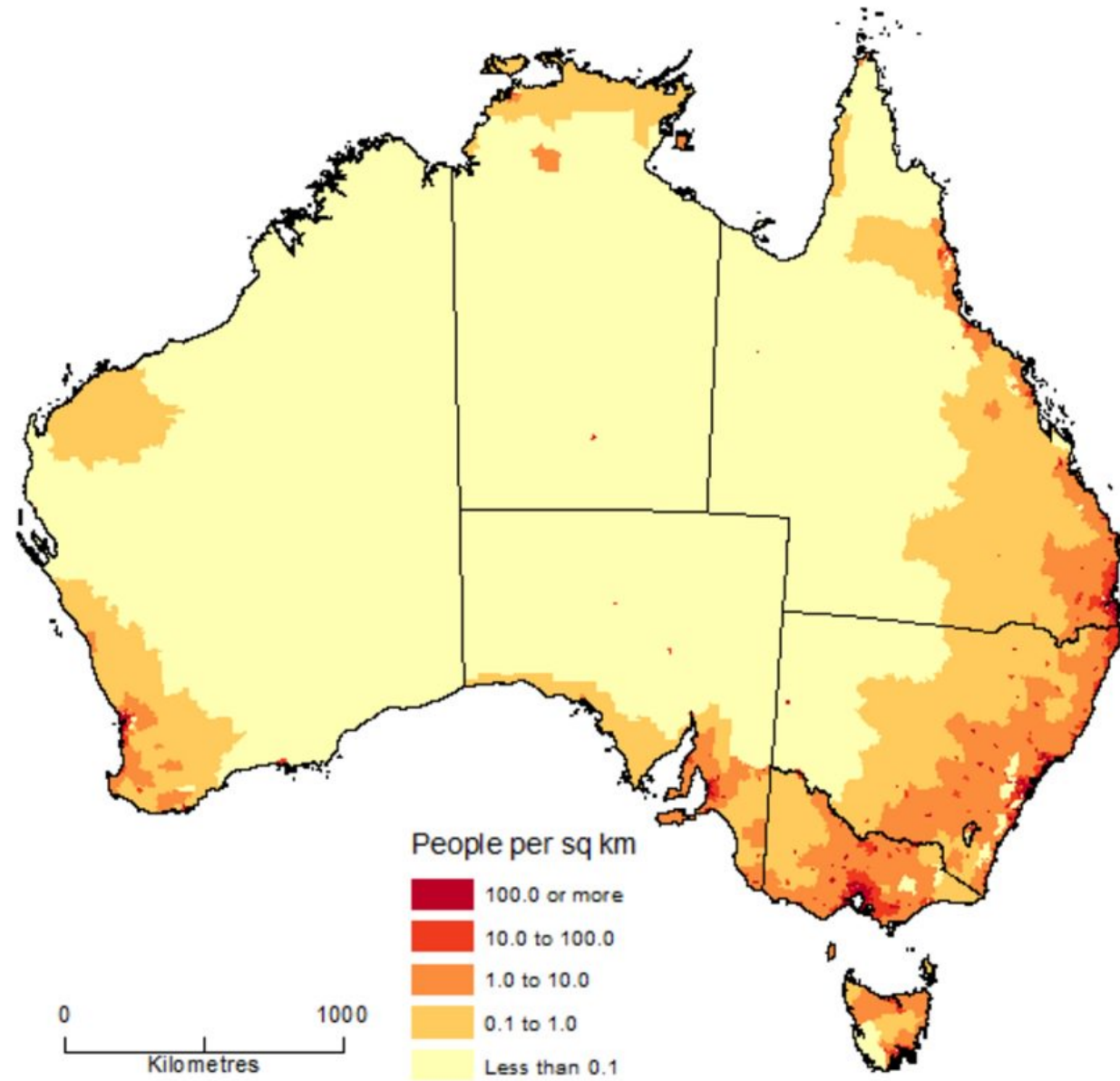
# Background

- Rehabilitation is imperative for positive outcomes post-injury (Khan, Baguley, & Cameron, 2003)
- Persons with violence-related TBIs may encounter challenges when accessing rehabilitation and long-term supports needs in the health system (Esselman et al., 2004)
- Those with assault-related TBIs may have to navigate the criminal justice (Bates, Matthews, Simpsons & Bates, 2016)

# Brain Injury Rehabilitation Service



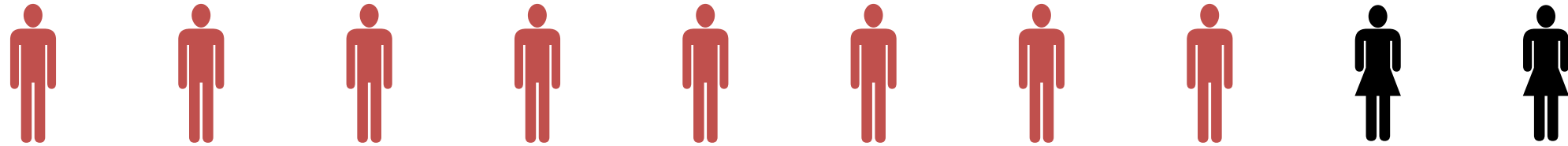
- Queensland-wide service
- In patient and out patient
- Must be an adult



# Participants



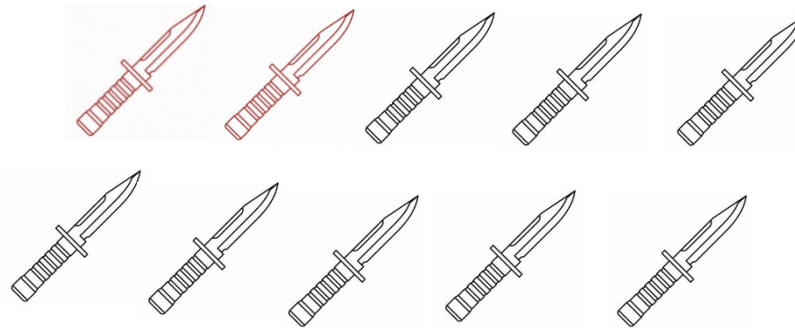
Mean age = 33.63 (sd = 11.34)



78.9% males



26.3% involved alcohol



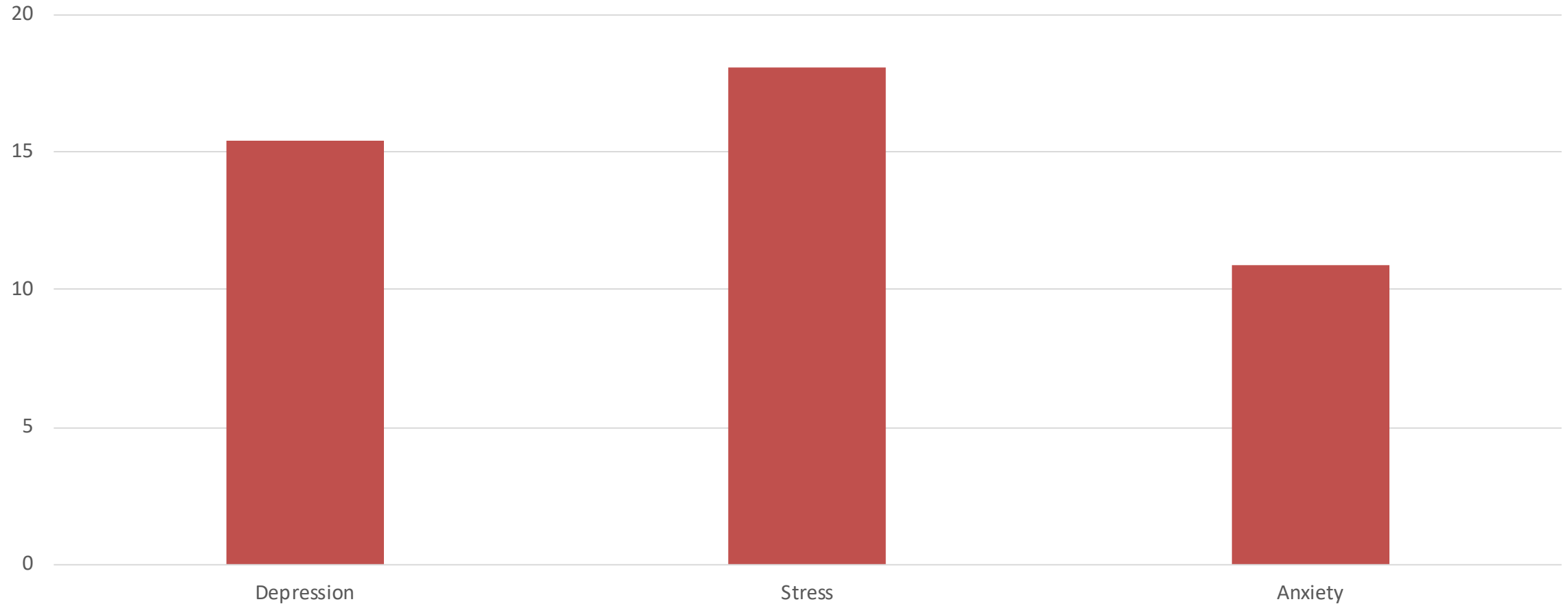
17.6% involved weapons



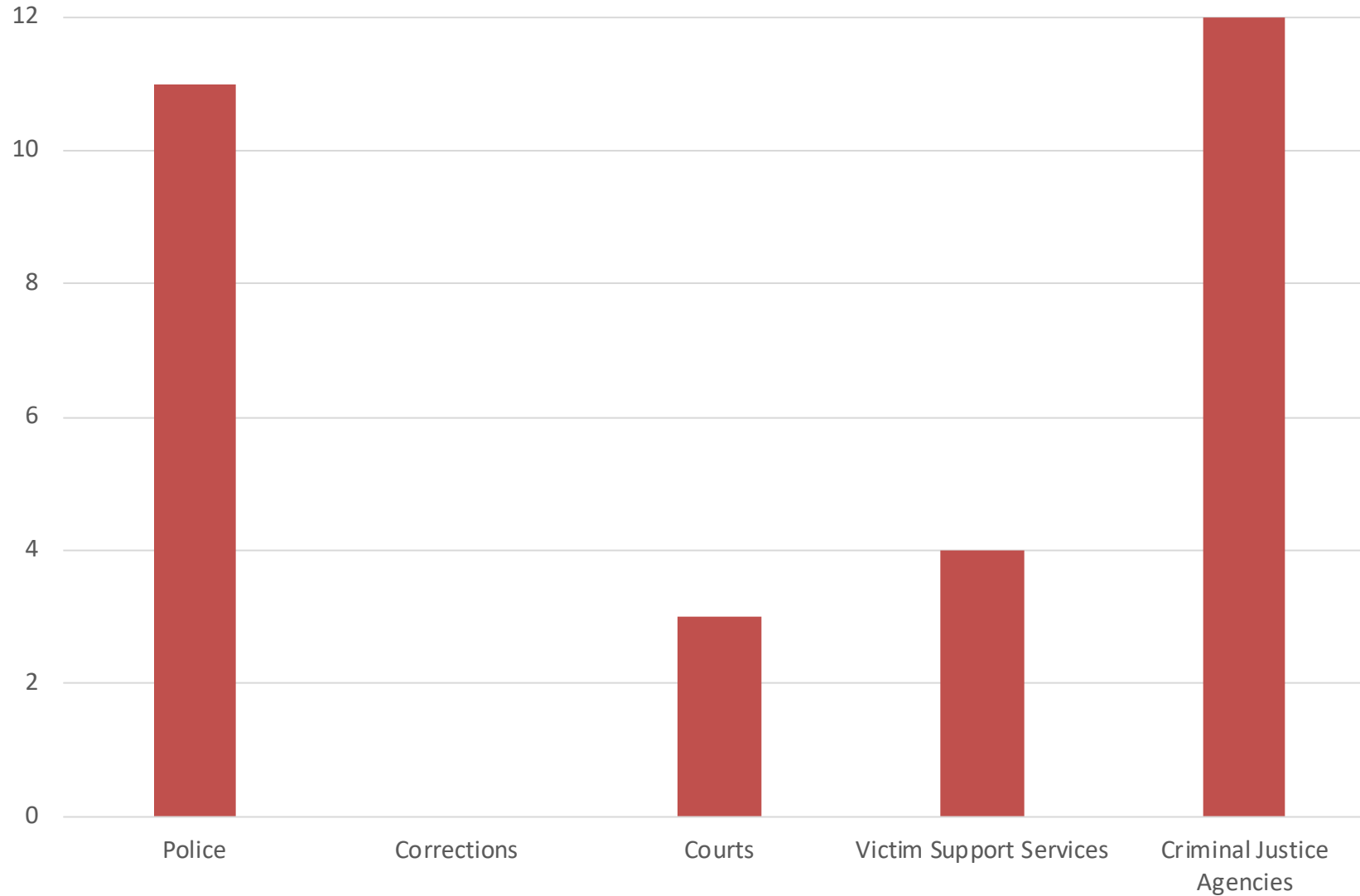
89.5% identified as victims



# Mean DASS21 scores



# Contact with criminal justice system



# Relationship between CJS and DASS

Agency	Depression	Stress	Anxiety
Police		↑	?
Corrections			
Courts			
Victim Support Services			?
Criminal Justice Agencies			

# Social support

- Looked at two measures of social support
  - Felt socially supported by informal caregivers
  - Married at time of injury



# Relationship between social support and DASS

Support	Depression	Stress	Anxiety
Felt socially supported outside the hospital (n = 13)	↓		
Married (n = 4 married; n = 11 not married)			↓

# Implications and recommendations

- Measure depression, stress and anxiety for BI patients
- Ensure rehabilitation professionals are able to provide mental health support as well
- Benefits in having qualified mental health professionals in some criminal justice agencies (e.g. police, victim support services)
- Encourage family members and others to support the injured person
- Provide support to family members as well

# Limitations and future research

- Limitations
  - Small sample size
  - One hospital site (although service covers the entire state)
- Future research
  - Use different methodologies to explore issues in-depth (semi-structured interviews)
  - Examine if informal support networks facilitate contact with criminal justice system

# References

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# Questions?

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