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A deeper trauma

Brain injuries from domestic violence often undetected, study finds

By Rita Price

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A study that found domestic violence survivors had suffered staggering rates of head trauma and violent choking incidents suggests that many are left with ongoing health problems from “invisible injuries” to the brain.

But the effects of such injuries often go unrecognized by advocates, health care providers, law enforcement and even the victims themselves, researchers said. “It’s a matter of making the connection,” said lead researcher Julianna Nemeth, an assistant professor of health behavior and health promotion at Ohio State University. “Wherever they’re presenting, we should recognize that that person before us could very well have a brain injury. We should almost be assuming.”

In a community-based study conducted through state domestic violence agencies, researchers from Ohio State and the Ohio Domestic Violence Network found that 81% of women who had been abused by their partners and sought help had suffered a head injury.

An even larger share — 83% — had been violently choked.

Yet those working to help them weren’t likely to consider that lasting harm could have been done. Head injuries and episodes of oxygen deprivation can cause various physical, cognitive and mood problems that might be mistakenly attributed to stress or mental illness.

“You can have ongoing effects for years,” Nemeth said.

Almost half of the women in the study said they had been hit in the head or had their head shoved into another object “too many times to remember.”

More than half were choked “a few times,” and one in five said it had happened “too many times to remember.”

Some survivors had lived through both experiences multiple times.

“One in three women in the United States has experienced intimate-partner violence,” Nemeth said. “What we found leads us to believe that many people are walking around with undiagnosed brain injury, and we have to address that.”

The Ohio Domestic Violence Network already has adjusted its training and educational materials to help advocates better understand injuries to the brain, said Rachel Ramirez, a study co-author and training director for the network.

She said brain injury hadn’t been discussed much and wasn’t previously a part



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of routine training, even as research has long shown that victims are often hit in the head or choked.

“It’s like a connection that hadn’t been made,” Ramirez said. “If we don’t figure it out, we can’t treat it.”

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The study is the first to establish that many survivors probably have experienced both repeated head injuries and oxygen deprivation — a combination that could lead to severe problems, including memory loss, anxiety, and vision and hearing disturbances.

Emily Kulow, accessibility project coordinator for the network, said some people who mix up counseling appointment times or argue with shelter roommates might be unfairly seen as troublemakers when in reality they are experiencing effects of a brain injury.

Almost all of the best-practice recommendations for traumatic brain injury are focused on athletes and veterans, the two populations that receive much of the focus.

“So if you think about it, that means most of the study has been on men,” Nemeth said.

She said she once talked to a survivor whose brain injury caused by being violently choked wasn’t diagnosed until 10 years later, when she underwent a brain scan after a car crash.

By then, the woman had suffered many mental-health crises.

“Those actually came from a brain injury, and not from going ‘crazy,’” Nemeth said.

The study included 49 survivors from Ohio and 62 staff and administrators from five agencies in the state. Results appear in the July Journal of Aggression, Maltreatment & Trauma.

“This is a public health issue, and it’s under the radar right now,” Nemeth said. “Hopefully our work and our future work will bring to light that we need to be looking for this.”

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