The Washington Post

Democracy Dies in Darkness

Opinion This group has a shocking concussion rate. It's not football players.

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October 31, 2022 at 7:00 a.m. EDT

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Halfway through the National Football League season, it's no surprise that player <u>concussions</u> have been <u>generating</u> <u>headlines</u> full of outrage and worry. But with every outburst of public attention toward injured athletes, we, as experts in brain injury, can't help thinking of another group that experiences concussions at an alarmingly high rate and whose plight goes largely ignored: domestic violence survivors.

Research at Ohio's domestic violence agencies has shown that <u>over 80 percent</u> of survivors accessing services have experienced some type of abuse that could lead to concussion or another type of brain injury. They've been punched in the head. Thrown against an object. Hit in the skull with something hard. And all without the protection of a football helmet.

Given that 1 in 3 women worldwide will experience intimate partner violence at some point in their lives, it is likely that millions of victims have experienced concussions or other head, neck and brain injuries from violence — including strangulation, chokeholds and suffocation. Not only that, but severe, repetitive head trauma is extremely common, with close to 50 percent of survivors having been hit in the head too many times to count.

This is a crisis. And it should garner at least as much attention as the stories of concussed football players.

We were reminded of this again last month after Miami Dolphins quarterback Tua Tagovailoa experienced not one but two dangerous blows to the head just days apart. The footage was horrifying. In each case — rightly so — Tagovailoa was swiftly attended to on the field, then removed and given further medical attention. In the aftermath, there was heated discussion about whether proper concussion protocols had been followed.

Domestic violence survivors, by contrast, experience these injuries alone. For them, there is no "return to play" protocol. Rest is the foundation of concussion recovery. Yet nearly all survivors soldier on — working, parenting, carrying on activities — unaware of the damage to their brains. Without the proper time to heal, survivors can experience physical and psychological symptoms long after their initial injury. And their symptoms are often misdiagnosed or ignored.

Brain injury from concussions can cause memory and concentration difficulties, increased anxiety and depression, and problems with headaches, vision and balance. In domestic violence survivors, these symptoms are often misidentified by law enforcement and first responders as substance use, mental health issues, or purely erratic behavior — not as the signs of acute head trauma they are.

These misdiagnoses don't only imperil survivors' health. The symptoms above can also be used *against* victims. Abusers claim that survivors are lying, mentally ill or on drugs and that violence never occurred. Survivors, unaware of their injuries, are gaslighted into believing they're "crazy." Law enforcement, service providers and the judicial system fail victims when the effect of brain injury is ignored. Even worse, at the evidence of cognitive challenges, they question the validity of survivors' experiences.

We must do better.

Law enforcement officers at the scene of a domestic disturbance should be aware that victims could have sustained a brain injury, especially when visual injuries or attacks to the head, neck or face — or strangulation — are reported. Concussion symptoms can influence how a survivor behaves. Rather than attribute odd behavior to substance use or psychiatric concerns, law enforcement should consider the possibility of brain injury.

As survivors seek services from domestic violence agencies, the people interacting with them must make education about brain injury a priority. Organizations should consider implementing "Care," an evidence-based approach to advocacy that gives providers the tools they need to address brain injuries and their effects on survivors.

Without prompt and appropriate medical care, survivors can go decades without making the connection between being hit in the head and their chronic headaches, memory loss and concentration issues. Seemingly unrelated struggles such as maintaining a job, experiencing nonspecific health problems and keeping custody of children can be long-term consequences of unidentified brain injury.

After each of Tagovailoa's hits on the football field, people were right to be concerned. But he is one man. Imagine if this type of attention were focused on the millions of domestic violence survivors, most of them women, who will experience or have experienced terrible, untreated brain injuries. These survivors live with the consequences for years. It is high time we stop ignoring them.